

Skokie Hospital

9600 Gross Point Road
Skokie, IL 60076
www.northshore.org

February 4, 2013

(847) 933-6002
(847) 933-6012 Fax
kmurtos@northshore.org

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RECEIVED

FEB 13 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: Alteration Request
Permit # 12-020
NorthShore University HealthSystem
Skokie Hospital

Dear Ms. Avery:

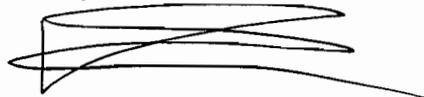
NorthShore University HealthSystem respectfully requests an alteration to the above-referenced project, to add four Class C operating rooms and expand the PACU/recovery and same day surgery areas. The alteration will increase the project cost by approximately 1.8%, and will be addressed through the re-designation of "non-clinical" space designated as Department of Surgery, public and circulation, on-call rooms, residents, and mechanical areas in the *Application for Permit*, which was unanimously approved by the State Board on June 5, 2012.

In the *Application*, letters were provided by area physicians, identifying "incremental" surgical cases to be brought to Skokie Hospital within two years of the project's completion. Those letters, when combined with historical utilization, documented a need for 9.53 operating rooms, as noted in the State Agency Report. Since the filing of the original *Application*, additional physicians have expressed a desire to move cases to Skokie Hospital, accounting for an additional 2,520 hours of operating room time, and, when combined with the current caseload and the previously-provided physician letters, support twelve operating rooms.

Attached are the recently-received letters from surgeons, as well as revised pages to the original *Application*, addressing the alteration. Also enclosed is a check in the amount of \$1,000.00, as the required filing fee.

Should any additional documentation be required, please do not hesitate to contact Jack Axel.

Sincerely,



Kristen Murtos
President, Skokie Hospital

cc H. Skinner
J. Axel

Attachments

REMITTANCE STATEMENT

INVOICE NUMBER	DATE	PO NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
SH-BT-CON	01/30/13		1000.00	0.00	1000.00
			1000.00	0.00	1000.00

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CHECK DATE
01/30/13

NorthShore
University HealthSystem

1301 Central Street
Evanston, IL 60201
847-570-5100

JPMorgan Chase Bank N.A.
Chicago, IL

2-1/7-10

CHECK NUMBER
1683943

PAY TO THE ORDER OF **1000.00**
ONLY ONE PER ITEM PER CHECKS

AMOUNT
\$1,000.00

PAY TO THE ORDER OF: ILLINOIS DEPT OF PUBLIC HEALTH
535 W JEFFERSON ST
ATTN: VICKIE WILLIAMS
SPRINGFIELD IL 62702

CASH PROMPTLY
VOID AFTER
90 DAYS
IF NOT CASHED

Dany E. White
AUTHORIZED SIGNATURE

12-020 Skokie Hospital

⑈ 1683943 ⑈ ⑆ 071000013 ⑆ 5129710 ⑈

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	TOTAL
Project Cost:			
Preplanning Costs	\$1,332,291	\$1,004,908	\$2,337,199
Site Survey and Soil Investigation	\$11,250	\$13,750	\$25,000
Site Preparation	\$1,415,500	\$1,856,975	\$3,272,475
Off Site Work	\$90,000	\$130,000	\$220,000
New Construction Contracts	\$27,476,970	\$38,229,181	\$65,706,151
Modernization Contracts	\$32,278,188	\$9,203,999	\$41,482,187
Contingencies-New Construction	\$1,223,500	\$2,255,646	\$3,479,146
Contingencies-Modernization/Renovation	\$2,138,060	\$818,240	\$2,956,300
Architectural/Engineering Fees	\$3,300,000	\$4,240,133	\$7,540,133
Consulting and Other Fees	\$4,450,942	\$2,578,620	\$7,029,562
Movable and Other Equipment	\$19,581,000	\$2,903,000	\$22,484,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized	\$165,000	\$345,000	\$510,000
Acquisition of Building or Other Property			
ESTIMATED TOTAL PROJECT COST	\$93,462,701	\$63,579,452	\$157,042,153
Sources of Funds:			
Cash and Securities	\$93,462,701	\$63,579,452	\$157,042,153
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL FUNDS	\$93,462,701	\$63,579,452	\$157,042,153
2/1/2013			

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**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Skokie Hospital			CITY: Skokie		
REPORTING PERIOD DATES: From: January 1, 2011 to: December 31, 2011					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	173	6,214	30,156	-35	138
Obstetrics					
Pediatrics	2	0	0		2
Intensive Care	20	960	3,826	-4	16
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	195	7,174	33,982	-39	156

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
Surgery	10	8
Recovery	14	48*

*28 Level 1 and 4 Level 2 stations in PACU and
16 Level 2 stations in Same Day Surgery

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

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 ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ITEMIZATION OF PROJECT COSTS
(Total Project Costs)

Preplanning Costs (\$2,337,199)

Evaluation of alternatives, master planning and feasibility assessments.

Site Survey and Soil Investigation (\$25,000)

Estimate, based on projects of a similar scope.

Site Preparation (\$3,272,475)

Preparation of site for cranes and equipment, safety fencing, temporary enclosures at entrances, storm drainage retention, electrical and gas service relocation, crane rental and repair of site/landscaping at conclusion of project.

Off-Site Work (\$220,000)

Sewer extensions and connections, roadways and walkways.

New Construction Contracts (\$65,706,151)

Construction, consistent with ATTACHMENT 76c.

Modernization Contracts (\$41,482,187)

Extensive renovation to existing medical/surgical units, including replacement of plumbing, HVAC, etc. to facilitate the conversion of semi-private to private patient rooms, and renovations to other areas, consistent with ATTACHMENT 76c.

Contingencies-New Construction (\$3,479,146)

Allowance for new construction-related contingencies.

Contingencies-Modernization (\$2,956,300)

Allowance for renovation-related contingencies.

Architectural and Engineering Fees (\$7,540,133)

Estimate of professional fees associated with the project design, preparation of all documents, and interface with IDPH and local authorities, through the project's completion. Estimated fees are based on the standards included in Section 1120, Appendix A: new construction: 7.5% of construction and construction contingencies, modernization (reviewable): 8.1% of renovation and contingencies, and modernization (non-reviewable): 8.5% of renovation and contingencies.

Consulting and Other Fees (\$7,029,562)

CON-related consulting and review fees, IDPH and municipal review fees, zoning, legal fees, bid preparation and bid solicitation, traffic and parking studies, utility systems analyses, sound engineer, BIM coordinator, elevator consultant, equipment planning consultant, life safety

code consultant, kitchen planner, environmental impact assessment, project management services, reimbursables, site security, insurance, materials testing, interior design consultant and miscellaneous costs.

Moveable and Other Equipment (\$22,484,000)

Furnishing, fixtures and all non-fixed clinical and non-clinical equipment, as delineated on the attached table.

Other Costs to be Capitalized \$510,000

Costs associated with asbestos removal and repairs to parking lots resulting from other aspects of the project.

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet		Amount of proposed Total Square Feet			Vacated Space
		Existing	Proposed	New Const.	That is:		
					Modernized	As Is	
Reviewable							
Med/Surg Units	\$ 42,480,990	64,995	79,470	14,475	64,995		
ICU	\$ 8,149,414	11,800	10,950	10,950		11,800	
Surgery	\$ 20,325,000	23,465	29,130	19,890	9,240		
PACU/Recovery	\$ 4,200,000	3,355	6,220		6,220	3,355	
Same Day Surg.	\$ 12,238,584	4,975	26,093	3,520	22,573	4,975	
Acute Dialysis	\$ 260,088	715	715		715		
Rehab Services	\$ 693,567	1,580	1,580		1,580		
Respiratory Care	\$ 606,871	1,580	1,580		1,580		
Pharmacy	\$ 4,508,187						
	\$ 93,462,701	3,810	7,515	7,515		3,810	
		116,275	163,253	56,350	106,903	23,940	
Non-Reviewable							
Sterile Processing	\$ 3,849,759	6,020	7,245	7,245			
Cafeteria	\$ 3,376,981	2,930	6,770	5,085	1,685		
Food Service	\$ 3,512,060	2,535	9,825	5,810	4,015		
Conference Ctr.	\$ 2,769,125		7,340	3,680	3,660		
Administration	\$ 8,700,000	32,610	29,605	21,355	8,250	32,610	
Support Serv. Off.	\$ 3,376,981		7,890	6,835	1,055		
Simulation Lab.	\$ 1,418,322	1,740	2,975		2,975		
Hospitalists	\$ 878,015		2,775		2,775		
Care Management	\$ 607,857		2,045		2,045		
On-Call Rooms	\$ 968,427		3,675		3,675		
Dept. of Surgery	\$ 2,400,000		6,380	2,645	3,735		
Telecommun.	\$ 472,777	1,580	1,580		1,580		
Residents	\$ 970,555	1,010	2,500	1,450	1,050		
Public & Circ.	\$ 8,726,740		14,608	10,873	3,735		
Mechanicals	\$ 15,068,049		37,250	36,815	435		
DGSF->>BGSF	\$ 6,483,804			15,814			
	\$ 63,579,452	48,425	142,463	117,607	40,670	32,610	
	\$ 157,042,153	164,700	305,716	173,957	147,573	56,550	

SIZE OF PROJECT

The proposed project involves approximately 174,000 DGSF of new construction and approximately 148,000 DGSF of renovation, with nearly 65,000 square feet of the renovation taking place on the hospital's existing medical/surgical units. As a result of a lengthy and multidisciplinary planning process, the applicants are confident that the proposed scope of the project is necessary and not excessive.

The project, as presented in this application, is consistent with all of the applicable IHFSRB-developed space standards.

The proposed project involves four departments/functional areas for which the IHFSRB maintains space standards. Cumulatively, the space allocated to those four areas is 11,085 DGSF below the sum of the standards:

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Med/Surg Units (138) beds	84,295	91,080	(6,785)	yes
ICU (16 beds)	10,950	10,960	(10)	yes
Surgery (12 operating rms)	29,130	33,000	(3,870)	yes
PACU (28 L1 & 4 L2)	<u>6,220</u>	<u>6,640</u>	<u>(420)</u>	yes
Total	130,595	141,680	(11,085)	

PROJECT SERVICES UTILIZATION

The proposed project involves three departments/services for which the IHFSRB maintains utilization standards, and those standards will be met by the second year following the project costs completion.

1. Medical/Surgical Beds.

The proposed project results in a reduction in the hospital's approved number of medical/surgical beds from 173 to 138 beds. Consistent with the IHFSRB's practice, the average utilization over the past two years (2009 and 2010), 34,396 patient days and an average daily census (ADC) of 94.23 patients were used as the baseline for utilization projections. In addition, during that two-year period 5,656 observation patient days were provided through the use of the hospital's medical/surgical beds (the hospital does not operate a separate "observation" unit), resulting in an additional ADC of 7.74 patients.

The hospital has been very successful over the past year in recruiting additional members to its medical staff, and letters from fifteen physicians, identifying projected incremental admissions to Skokie Hospital are provided at the end of this ATTACHMENT. Those letters are summarized in the table below, and identify a total of 1,841 incremental admissions, within two years of the project's completion.

Specialty	Name	7/10-6/11 non Skokie Hosp. Admissions	Projected Skokie Hosp. Admissions
Internal Medicine	S. Murray	7	7
Otolaryngology	M. Bhayani	28	28
Urology	S. Park	201	201
General Surgery	A. Agor	145	145
General Surgery	J. Boffa	100	100
Vascular Surgery	T. Desai	102	102
Urology	M. McGuire	300	150
Thoracic Surgery	K. Wan Kim	36	36
General Surgery	T. Moon-Young	202	202
Family Medicine	Y. Cherny	10	10
Internal Medicine	S. Wolfman	239	140
Orthopedic Surgery	R. Ghate	372	298
Orthopedic Surgery	S. Kodros	67	50
Orthopedic Surgery	M. Dolan	215	172
Internal Medicine	N. Gutmann	<u>809</u>	<u>200</u>
		2,833	1,841

As noted in the table above, the fifteen physicians cumulatively anticipate to relocate approximately 65% of their admissions to Skokie Hospital. The 1,841 projected incremental admissions, assuming the hospital's current 4.8-day average length of stay (compared to 5.2 days in 2009/2010), equates to an incremental ADC of 24.21 patients. When combined with the historical ADC of 101.97 patients, the projected ADC within two years of the project's completion increases to 126.18 patients. That projected ADC supports a "need" for 149 beds, based on the IHFSRB's 85% target utilization level. As noted above, the hospital's medical/surgical bed complement will be reduced to 138 beds, and a bed complement of less than 149 is being proposed for two reasons: The first reason is to lend conservatism to the project. The second reason is to account for unanticipated medical staff attrition that will inevitably occur, either through retirement

or for other reasons, prior to the project's completion (which could be offset by additions to the Medical Staff not currently known to the applicants).

2. ICU

The proposed project includes the replacement of the hospital's two existing ICUs with a single ICU, resulting in a reduction of ICU beds from 20 to 16. During the 2-year period ending December 31, 2010 the hospital provided 8,520 patient days of care in its ICUs, resulting in an average daily census of 11.67 patients. The hospital's ICU average daily census is projected to remain in the 11.5-12.0 patient range through the second year following the project's completion, resulting in occupancy rates of 71.9-75.0%. Utilization is anticipated to remain at or near the current level, despite projected modest increases in medical/surgical utilization largely because of the availability of private medical/surgical rooms, and increased telemetry capabilities on the medical/surgical units. As noted above, all of the medical/surgical beds will, upon the project's completion, be located in private rooms. The availability of private rooms will eliminate the need to treat selected patients in the ICU for infection control purposes (or keep them longer for that reason). At the same time, an increased number of "monitored" beds on the medical/surgical units will allow the relocation of certain patients from the ICU to a less costly medical/surgical room.

3. Surgery

Through the proposed project, Skokie Hospital's surgical suite will be increased in size from ten to twelve operating rooms, all of which will be Class C suites.

Utilization projections for surgery were developed in a fashion similar to that of the medical/surgical beds, using the average of 2009 and 2010 utilization as a baseline. During those two years, an average of 10,984 hours of OR usage were identified, consistent with the IDPH Hospital *Profiles*, and supporting a “need” for 7.32 operating rooms, based on the IHFSRB’s standard of 1,500 hours per operating room. As noted in the table provided in the discussion of medical/surgical admissions above, eleven of the fifteen physicians providing letters addressing incremental admissions are surgeons, and collectively they are anticipating 1,484 incremental surgical admissions. For planning purposes, each surgical admission is projected to result in one surgical procedure, and the specialty-specific hours are projected to remain constant at the hospital’s 2010 hours/case levels (1.0 hour for otolaryngology, 1.5 hours for urology, 2.3 hours for general surgery, 2.4 hours for orthopedic surgery, and 3.6 hours for thoracic and vascular surgery), resulting in 3,325 incremental operating room hours within two years of the project’s completion. In addition, and since the awarding of the Permit for this project, three additional orthopedic surgeons (Drs. Mirkovic, Koh and Bowen) have provided letters (attached) indicating their intent to perform 1,050 incremental cases at Skokie Hospital by the second year following the project’s completion, resulting in 2,520 incremental operating room hours. When combined with the historical utilization, and the incremental hours documented in the original Application (10,984+3,325), 16,829 projected hours of operating room time are identified, supporting the twelve proposed operating rooms.

Dept./ Service	Historical Utilization (Patient Days) (TREATMENTS) ETC.	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
		YEAR 1	YEAR 2		
Med/Surg (138 beds)	35,275 pt days	42,310	43,318	42,505+	yes
ICU (16 beds)	4,209 pt days	4,199	4,380	3,286+pt days	yes
Surgery (12 ORs)	11,845 hrs	15,500 hrs	16,829 hrs	16,501+ hrs	yes

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

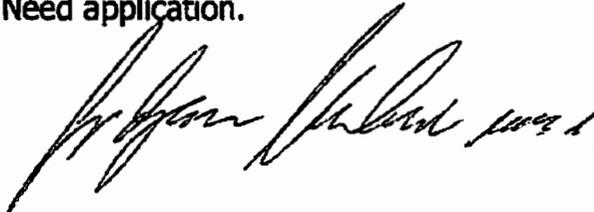
To Whom It May Concern:

During the 12-month period ending December 30, 2012 I performed approximately 200 surgical cases in Chicago area facilities, excluding Skokie Hospital.

Within two years following the completion of Skokie Hospital's proposed modernization program, I anticipate that I will perform approximately 250 surgical cases annually at Skokie Hospital.

This information is true and correct to the best of my knowledge, and the patients referenced above have not been used to support any other Certificate of Need application.

Sincerely,



Printed Name: Srdjan Mirkovic, MD

Specialty: Orthopaedic Spine

Office Address: Department of Orthopaedic Surgery
2650 Ridge, Suite 2505
Evanston, IL 60201

Notarized:



11/14/13

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

During the 12-month period ending December 31, 2012 I performed approximately 350 surgical cases in Chicago area facilities, excluding Skokie Hospital.

Within two years following the completion of Skokie Hospital's proposed modernization program, I anticipate that I will perform approximately 400 surgical cases annually at Skokie Hospital.

This information is true and correct to the best of my knowledge, and the patients referenced above have not been used to support any other Certificate of Need application.

Sincerely,

Jason Koh MD

Printed Name: Jason Koh, MD

Specialty: Orthopaedic Sports Medicine

Office Address: Department of Orthopaedic Surgery
2650 Ridge, Suite 2505
Evanston, IL 60201

Notarized:



Kristine Stojek
1-14-13

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

During the 12-month period ending December 31, 2012 I performed approximately 500 surgical cases in Chicago area facilities, excluding Skokie Hospital.

Within two years following the completion of Skokie Hospital's proposed modernization program, I anticipate that I will perform approximately 550 surgical cases annually at Skokie Hospital.

This information is true and correct to the best of my knowledge, and the patients referenced above have not been used to support any other Certificate of Need application.

Sincerely,

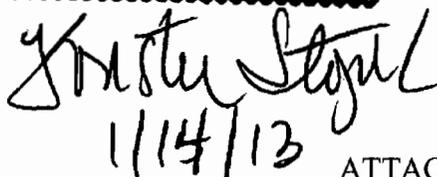


Printed Name: Mark Bowen, MD

Specialty: Orthopaedic Sports Medicine

Office Address: Department of Orthopaedic Surgery
2650 Ridge, Suite 2505
Evanston, IL 60201

Notarized:



1/14/13

ATTACHMENT 15

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project includes a number of clinical areas that are not categories of service, and two of those areas, surgery and recovery (PACU) have IHFSRB-developed utilization standards. In both cases, the proposed project is consistent with those standards. Twelve operating rooms are being provided, with utilization projected to reach over 16,800 hours by the second year following the project's completion, supporting a "need" for the twelve operating rooms, based on the IHFSRB-adopted standard. 48 recovery stations will be provided (32 in the PACU and 16 in the same day surgery area), consistent with the adopted standard of four stations per operating room.

The modernization of the surgical suite will include a near replacement (approximately 70% to be addressed through new construction), to provide a contemporary surgical suite. The existing suite was designed and constructed in the early 1960's, and lacks the infrastructure of contemporary suites.

A new, and greatly expanded same day surgery department will be developed contiguous to the surgical suite on the second floor of the hospital. Aside from relocating the department from the first floor, the new department will be designed and organized to provide pre-operative and recovery (Level 2) services, as well as family areas. This area is being developed in response to an expanding outpatient surgery presence at the

hospital. When the existing same day surgery area was developed, no more than 20% of the hospital's surgery was performed on an outpatient basis. In comparison, in 2010, nearly 40% of the surgical caseload was outpatient, and that percentage is anticipated to increase.

The inpatient pharmacy is being relocated to provide space for the necessary expansion of food service and the kitchen, which are located contiguous to the existing inpatient pharmacy, on the first floor of the bed tower.

A satellite physical therapy/rehabilitation area is being provided contiguous to the inpatient unit to be used by orthopedic surgery patients, as a convenience to the patients and to reduce patient transport time and associated costs. A significant number of knee and hip replacements have historically been performed at Skokie Hospital, in part as a result of the age of the hospital's patient population. These patients will be among the satellite area's most frequent users.

Last, the two remaining areas, acute dialysis and respiratory therapy will both undergo renovation at their current location, due primarily to the age of the facilities and the associated wear.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A		B		C		D		E		F		G		H		Total	
	Cost/Sq. Foot	Mod.	Gross Sq. Ft.	New	Gross Sq. Ft.	Circ.	Gross Sq. Ft.	Circ.	Mod.	Gross Sq. Ft.	Circ.	Const. \$	Mod. \$	(A x C)	(B x E)	Costs	(G + H)	
Reviewable																		
Med/Surg Units	\$ 422.65	\$ 294.25	19,300	19,300	64,995							\$ 8,157,145	\$ 19,124,779	\$ 8,157,145	\$ 19,124,779	\$ 27,281,924	\$ 27,281,924	
ICU	\$ 477.95	\$ 338.25	10,950	10,950	9,240							\$ 5,233,553	\$ 3,125,430	\$ 5,233,553	\$ 3,125,430	\$ 5,233,553	\$ 5,233,553	
Surgery	\$ 485.85	\$ 338.25	19,890	19,890	6,220							\$ 9,663,557	\$ 2,103,915	\$ 9,663,557	\$ 2,103,915	\$ 12,788,987	\$ 12,788,987	
PACU/Recovery	\$ 485.85	\$ 305.25	3,520	3,520	22,573							\$ -	\$ 6,890,408	\$ -	\$ 6,890,408	\$ 2,103,915	\$ 2,103,915	
Same Day Surg.	\$ 438.45	\$ 266.75			715							\$ 1,543,344	\$ 190,726	\$ 1,543,344	\$ 190,726	\$ 8,433,752	\$ 8,433,752	
Acute Dialysis		\$ 266.75			1,580							\$ -	\$ 421,465	\$ -	\$ 421,465	\$ 421,465	\$ 421,465	
Rehab Services		\$ 266.75			1,580							\$ -	\$ 421,465	\$ -	\$ 421,465	\$ 421,465	\$ 421,465	
Respiratory Care		\$ 266.75			1,580							\$ -	\$ 421,465	\$ -	\$ 421,465	\$ 421,465	\$ 421,465	
Pharmacy	\$ 383.15		7,515	7,515								\$ 2,879,372	\$ -	\$ 2,879,372	\$ -	\$ 2,879,372	\$ 2,879,372	
	\$ 449.15	\$ 301.94	61,175	61,175	106,903							\$ 27,476,970	\$ 32,278,188	\$ 27,476,970	\$ 32,278,188	\$ 59,755,159	\$ 59,755,159	
contingency	\$ 20.00	\$ 20.00										\$ 1,223,500	\$ 2,138,060	\$ 1,223,500	\$ 2,138,060	\$ 3,361,560	\$ 3,361,560	
												\$ 28,700,470	\$ 34,416,248	\$ 28,700,470	\$ 34,416,248	\$ 63,116,719	\$ 63,116,719	
Non-Reviewable																		
Sterile Processing	\$ 405.27		7,245	7,245								\$ 2,936,181	\$ -	\$ 2,936,181	\$ -	\$ 2,936,181	\$ 2,936,181	
Cafeteria	\$ 405.27	\$ 282.15	5,085	5,085	1,685							\$ 2,060,798	\$ 475,423	\$ 2,060,798	\$ 475,423	\$ 2,536,221	\$ 2,536,221	
Food Service	\$ 307.15	\$ 213.84	5,810	5,810	4,015							\$ 1,784,553	\$ 858,568	\$ 1,784,553	\$ 858,568	\$ 2,643,121	\$ 2,643,121	
Conference Ctr.	\$ 342.05	\$ 234.63	3,680	3,680	3,660							\$ 1,258,744	\$ 858,746	\$ 1,258,744	\$ 858,746	\$ 2,117,490	\$ 2,117,490	
Administration	\$ 342.05	\$ 117.99	16,530	16,530	8,250							\$ 5,654,087	\$ 973,418	\$ 5,654,087	\$ 973,418	\$ 6,627,505	\$ 6,627,505	
Support Serv. Off.	\$ 342.05	\$ 234.63	6,835	6,835	1,055							\$ 2,337,912	\$ 247,535	\$ 2,337,912	\$ 247,535	\$ 2,585,446	\$ 2,585,446	
Simulation Lab.		\$ 365.31			2,975							\$ -	\$ 1,086,797	\$ -	\$ 1,086,797	\$ 1,086,797	\$ 1,086,797	
Hospitalists		\$ 234.63			2,775							\$ -	\$ 651,098	\$ -	\$ 651,098	\$ 651,098	\$ 651,098	
Care Management		\$ 234.63			2,045							\$ -	\$ 479,818	\$ -	\$ 479,818	\$ 479,818	\$ 479,818	
On-Call Rooms		\$ 234.63			3,675							\$ -	\$ 862,265	\$ -	\$ 862,265	\$ 862,265	\$ 862,265	
Dept. of Surgery	\$ 342.05	\$ 234.63	2,645	2,645	3,735							\$ 904,722	\$ 876,343	\$ 904,722	\$ 876,343	\$ 1,781,065	\$ 1,781,065	
Telecommun.		\$ 234.63			1,580							\$ -	\$ 370,715	\$ -	\$ 370,715	\$ 370,715	\$ 370,715	
Residents	\$ 342.05	\$ 234.63	1,450	1,450	1,050							\$ 495,973	\$ 246,362	\$ 495,973	\$ 246,362	\$ 742,334	\$ 742,334	
Public & Circ.	\$ 405.27	\$ 282.15	10,873	10,873	3,977							\$ 4,406,501	\$ 1,122,111	\$ 4,406,501	\$ 1,122,111	\$ 5,528,611	\$ 5,528,611	
Mechanicals	\$ 311.42	\$ 217.93	36,815	36,815	435							\$ 11,464,854	\$ 94,801	\$ 11,464,854	\$ 94,801	\$ 11,559,654	\$ 11,559,654	
DGSE->BGSF	\$ 311.42		15,814	15,814								\$ 4,924,858	\$ -	\$ 4,924,858	\$ -	\$ 4,924,858	\$ 4,924,858	
	\$ 338.96	\$ 224.97	112,782	112,782	40,912							\$ 38,229,181	\$ 9,203,999	\$ 38,229,181	\$ 9,203,999	\$ 47,433,233	\$ 47,433,233	
contingency	\$ 20.00	\$ 20.00										\$ 2,255,646	\$ 818,240	\$ 2,255,646	\$ 818,240	\$ 3,073,886	\$ 3,073,886	
												\$ 40,484,827	\$ 10,022,239	\$ 40,484,827	\$ 10,022,239	\$ 50,507,119	\$ 50,507,119	
Total			173,957	173,957	147,815							\$ 69,185,298	\$ 44,438,487	\$ 69,185,298	\$ 44,438,487	\$ 113,623,837	\$ 113,623,837	
1-Feb																		

CHM INT 4 NC