

Roate, George

From: Jack Axel [jacobmaxel@msn.com]
Sent: Wednesday, March 07, 2012 11:00 AM
To: Roate, George
Subject: Central DuPage application
Attachments: ATT 22b4 SERVICE DEMAND.doc

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

George,
Attached please find ATTACHMENT 22b4 to the above-referenced recently-filed application. This document was inadvertently omitted when the application was assembled for filing.
Jack

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SERVICE DEMAND

The applicants propose to expand Central DuPage Hospital's acute mental illness (AMI) service from fifteen to 26 beds, and to expand their programmatic commitment to AMI services from a general, adult-oriented unit to a service that also provides inpatient adolescent psychiatry and gero-psychiatry programming.

Central DuPage Hospital's AMI unit has historically operated far in excess of the IHFSRB's 85% target occupancy level. As identified to the IDPH by Central DuPage Hospital through its 2009 and 2010 *Annual Hospital Questionnaire* filings, during each of the past two years Central DuPage Hospital has provided a volume of AMI services that has forced it to locate AMI patients on medical/surgical units, because no beds have been available on the AMI unit. This circumstance is documented in the copies of filings with the IDPH provided in ATTACHMENT 15, which show that in 2009 1,178 AMI patient days of care were provided on the hospital's medical/surgical units, and in 2010 1,884 AMI patient days of care were provided on the hospital's medical/surgical units. Because of the design of the IDPH Hospital *Profile*, which uses the *Questionnaire* as its source document, occupancy rates identified on the *Profile* cannot exceed 100%. In reality, Central DuPage Hospital's 2009 AMI occupancy rate was 121.5%, and its actual 2010 AMI occupancy rate was 134.4%. This anomaly has been discussed with IDPH staff.

In 2010 7,359 AMI patient days of care were provided, resulting in an average daily census of 20.2 patients, supporting a need for 24 beds. 6,653 AMI patient days were provided at the hospital in 2009, resulting in an average daily census of 18.2 patients, supporting a need for 22 beds.

Included in ATTACHMENT 15 are letters from twelve area psychiatrists, indicating that had the proposed adolescent and gero-psychiatry programs been in place and had beds been available, they would have cumulatively admitted an additional 364 patients. Assuming an average length of stay of 6.0 days, the 364 incremental admissions would have resulted in 2,184 additional AMI patient days, or a total of 9,543 patient days, supporting a need for 31 beds, compared to the proposed 26 beds.