

Constantino, Mike

From: Ranalli, Clare [Cranalli@mwe.com]
Sent: Tuesday, March 05, 2013 11:34 AM
To: Constantino, Mike
Subject: Lindenhurst Hospital CON / Project 12-081

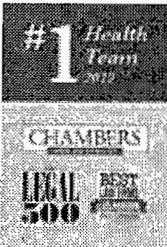
Hi Mike -

Thank you for attaching the appendices which we submitted to you in response to the opposition to the Lindenhurst project. You may want to post this email to put them in context. Thank you.

Sincerely,

Clare Connor Ranalli | Partner
McDermott, Will & Emery LLP
227 W. Monroe Street | Suite 4700 | Chicago, IL. 60606
312-984-3365 | cranalli@mwe.com

Only Tier 1 National Law Firm - Healthcare
Chambers USA (2010-2012)
Legal 500 USA (2012)



IRS Circular 230 Disclosure: To comply with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained herein (including any attachments), unless specifically stated otherwise, is not intended or written to be used, and cannot be used, for the purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter herein.

This message is a PRIVILEGED AND CONFIDENTIAL communication. This message and all attachments are a private communication sent by a law firm and may be confidential or protected by privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in or attached to this message is strictly prohibited. Please notify the sender of the delivery error by replying to this message, and then delete it from your system. Thank you.

Please visit <http://www.mwe.com/> for more information about our Firm.

APPENDIX A

ASSET PURCHASE AGREEMENT
BY AND AMONG
VICTORY HEALTH SERVICES,
VISTA HEALTH,
VICTORY MEMORIAL HOSPITAL,
VICTORY AMBULATORY SERVICES,
VICTORY CARE CENTERS
AND
WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
AND
CHS/COMMUNITY HEALTH SYSTEMS, INC.

February 2, 2006

pay for emergent and medically necessary care. This covenant shall be subject in all respects to changes in governmental policy.

10.14 Continuation of Services. For a period of at least ten (10) years following the Closing, Buyer will continue to operate a Hospital as a general acute care facility in Waukegan, Illinois and will continue to provide, at a minimum, medical, surgical, critical care, emergency, obstetrics, mental health and inpatient rehabilitation services, in each case subject to the following exceptions: (i) if Buyer determines that the continued provision of an essential service has had and will continue to have a material adverse effect on the financial condition or results of operations of the Buyer or (ii) if qualified physicians on the Hospital's medical staff are not available to support such essential service after reasonable efforts have been made to recruit physicians to provide such services. No essential service may be discontinued without the prior written approval of the Board of Trustees. This covenant shall be subject to changes in governmental policy which make it unduly burdensome for Buyer to maintain an essential service.

10.15 Capital Expenditures. Prior to Closing, Seller shall complete at the Hospitals the capital expenditures specified on Schedule 10.15. During the first five (5) years following the Closing, Buyer shall fund at least Sixty Six Million Dollars (\$66,000,000) of capital expenditures at the Hospitals. As used in this Section 10.15, "capital expenditures" shall mean expenditures for new equipment, equipment replacement, facility renovations, new facilities, medical office space, development of new services, physician recruitment, information systems and other capital improvements, and the associated costs of obtaining a Certificate of Need, if necessary. As used herein, "capital expenditures" may include equipment leased pursuant to operating (other than operating leases existing as of the Closing Date and assumed by Buyer) or capital leases relating to new equipment or equipment replacement.

10.16 Physician Recruitment. Buyer shall implement a physician recruitment plan based upon community, physician and Hospital input and needs, and shall pursue physician integration strategies following the Closing Date.

10.17 Healthcare Education and Community Service. For a period of at least five (5) years following the Closing, Buyer shall continue the healthcare education and other community services set forth on Exhibit E hereto.

10.18 Quality of Care Monitoring. So long as the Hospital shall remain an acute care hospital, on a regular basis and under the guidance of the Board of Trustees, Buyer shall conduct a review of its progress in achieving quality standards to be developed from time to time by the Board of Trustees. Such standards may relate to patient satisfaction, mortality, morbidity and readmission rates, JCAHO scores and the like; provided, however, that the foregoing requirement may be changed by the Board of Trustees.

10.19 Use of Controlled Substance Permits. To the extent permitted by applicable law, Buyer shall have the right, for a period not to exceed one hundred twenty (120) days following the Closing Date, to operate under the licenses and registrations of Seller relating to controlled substances and the operations of pharmacies and laboratories, until Buyer is able to obtain such licenses and registrations for itself. In furtherance thereof, Seller shall execute and deliver to



STATE OF ILLINOIS
HEALTH FACILITIES PLANNING BOARD

525 WEST JEFFERSON STREET • SPRINGFIELD, ILLINOIS 62761 • (217)782-3516

June 15, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jacob M. Axel
Axel & Associates, Inc.
675 North Court, Suite 210
Palatine, Illinois 60067

RE: Change of Ownership Exemption, Health Facilities Planning Act--Part 1130 Exemption.
Exemption #: 008-06 St. Therese Medical Center
Exemption Holder: Waukegan Illinois Hospital Company, LLC, Community Health Systems, Inc.
Owner of Physical Plant: Waukegan Illinois Hospital Company, LLC
Entity to be Licensed: Waukegan Illinois Hospital Company, LLC

Dear Mr. Axel:

On June 6, 2006, the Illinois Health Facilities Planning Board under 77 IAC 1130.560(b) approved your request for a change of ownership exemption. The approval was based upon the application's compliance with applicable provisions of 77 IAC 1130.520. The exemption is for St. Therese Medical Center. The entity to be licensed is Waukegan Illinois Hospital Company, LLC.

The exemption involves a purchase resulting in the issuance of a license to an entity different than the current licensee. The fair market value is \$44,100,000.

You are reminded that this exemption is valid for only 24 months from the date of approval and is not transferable or assignable. This exemption must be completed within the 24-month period. To demonstrate completion of this transaction the exemption holder must provide the State Agency with the date that the ownership change occurred and also provide a copy of the license or certification issued pursuant to the change of ownership. Failure to provide the required notification shall subject the exemption holder to the sanctions provided under Section 14 of the Illinois Health Facilities Planning Act. The exemption holder is also reminded that 77 IAC 1130.140 defines transactions that constitute a change of ownership of a health care facility. You should become familiar with those definitions.

The State Board's approval does not exempt the transaction from any other regulatory, certification or licensure requirements that may be applicable prior to acquisition. The exemption will be invalid should the facility for which the change of ownership was granted cease to be an existing health care facility as defined in 77 IAC 1130.140.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey S. Mark', written over a horizontal line.

Jeffrey S. Mark
Executive Secretary

OFFICE OF THE EXECUTIVE SECRETARY

APPENDIX B

Vista Health System
CHS Capital Investment

Major Capital Projects

Cath Lab - rebuild and renovation	(CER: 186-09-503)	- completed April 2010; total spend:	\$1,045,695.58
GI Suite - addition of the GI Suite	(CER: 186-09-040 & 186-10-507)	- completed September 2010; total spend:	\$1,331,489.36
ICU - renovation and expansion	(CER: 186-07-201 & 186-08-800)	- completed November 2009; total spend:	\$7,261,426.92
Life Safety	(CER: 186-09-504)	- completed February 2011; total spend:	1,824,335.35
Lindenhurst ED	(CER 186-07-200 & 186-10-508)	- completed April 2011; total spend:	3,349,621.23
Lindenhurst MOB/Oncology Center	(CER: 186-12-506)	- completed November 2012; total spend to date:	\$807,462.65
Maternal Child Renovation to a brand new boutique unit	(CER: 186-10-515)	- in process December 2012; total spend to date: Additional capital requirements	\$8,264,400.85 \$2,000,000.00
PCU Unit - renovation and expansion	(CER: 186-10-513)	- completed June 2011; total spend:	\$4,907,819.24
Same Day Surgery renovation	186-10-503 & 186-10-514)	- completed October 2011; total spend:	\$2,692,407.17
		Total Major Capital Projects	\$33,484,658.35

Routine capital including Medical Equipment, Software and Hardware, Systems, Leasehold Improvement, Physician Practice acquisitions and build outs

Year ended December 31, 2012	\$	1,726,953	
Year ended December 31, 2011	\$	6,508,573	
Year ended December 31, 2010	\$	4,675,589	
Year ended December 31, 2009	\$	3,715,411	
Year ended December 31, 2008	\$	3,737,526	
Year ended December 31, 2007	\$	3,261,329	
Year ended December 31, 2006	\$	1,714,641	
		Total routine capital as described above	\$ 25,340,022

Operating Leases

\$ 8,715,000

Total Capital Investment

\$67,539,680.06

Routine capital including Medical Equipment, Software and Hardware, Systems, Leasehold Improvement, Physician Practice acquisitions and build outs

Year	New (Replace) Equipment	Facility Renovation	New Facility	Med. Office Space	Dev. of New Service	Physician Recruit	IS Systems	Cost - CON	Lease for equip	TOTAL
2006	973,464	625,999	0	28,890	41,364	0	44,923	0	0	1,714,641
2007	574,010	442,538	0	52,067	1,349,569	0	33,232	727,579	82,334	3,261,329
2008	2,335,542	852,787	0	0	0	0	467,103	82,094	0	3,737,526
2009	2,117,727	741,009	0	119,265	20,506	114,358	592,752	9,794	0	3,715,411
2010	3,559,646	476,917	0	135,168	11,107	109,353	206,458	176,941	0	4,675,589
2011	1,511,756	1,852,598	0	29,642	0	423,453	2,603,782	87,342	0	6,508,573
2012	306,010	840,189	0	105,825	0	105,583	210,149	159,197	0	1,726,953
	11,378,155	5,832,038	0	470,856	1,422,547	752,746	4,158,400	1,242,947	82,334	25,340,022

CER #	Description	Date Ordered	Booked to GL in 2012	
n/a	Krause - Corp Interco Charge		92,542.00	1
586-12-500	2012 Infrastructure Improvements	3/30/2012	92,209.00	1
	Minor Equipment: Jan - Dec.		81,520.43	1
800-11-225	Survey - Steam Trap		78,563.00	1
186-09-010	Balloon Pumps (3)	5/11/2009	70,004.67	1
n/a	First American Title Insurance		67,659.05	1
186-08-032	Dynamics Server, Minitower Workstation with LCD monitors	9/24/2008	66,310.23	1
586-07-001	Exterior signs for Vista West	3/2/2007	66,200.48	1
186-12-014	Light Fixtures - 3rd Fl Patient Room	5/2/2012	59,840.00	1
n/a	Kronos Project - Interco Charge		54,980.53	1
546-08-005	Replacement of heating/cooling air compressors	6/12/2008	53,404.00	1
186-11-056	Hyperbaric Oxygen Supply - Turnkey Piping Project	10/5/2011	52,142.00	1
186-11-016	Infant Warmers (3)	3/28/2011	50,385.15	1
800-10-628	Vista West Safety Upgrade		50,165.75	1
186-07-072	CCTV upgrade	PO issued	49,837.48	1
586-09-016	Prepare Space for move for business office to West	8/31/2009	47,115.00	1
546-06-001	VISION LICENSES & HARDWARE		45,387.50	1
186-12-009	Parking Lot Improvement	3/21/2012	45,026.38	1
186-09-009	Lab Supplemental cooling	4/2/2009	44,000.00	1
186-10-042	Olympus Short payment	11/23/2010	43,615.32	1
186-12-007	EMU system	3/5/2012	43,466.97	1
	Bell South Telecom System (corp interco charge)		43,246.47	1
186-10-033	Bone Density Machine	12/15/2010	42,500.00	1
186-10-025	Q-Tel RMS System Master Tower	9/15/2010	42,361.72	1
186-06-065	New service for chronic vent patients		41,364.22	1
186-09-044	Radio system to record EMS calls	10/26/2009	39,944.72	1
586-09-009	Emergency Chill Water Connection	4/2/2009	39,400.00	1
n/a	Sentillion - Corp Interco Charge		38,802.50	1
186-12-005	Dialysis Telemetry	2/6/2012	37,245.38	1
186-11-059	Patient Room Renovations	11/1/2011	36,729.50	1
586-09-010	Sonosite Ultrasound System	4/7/2009	36,074.43	1
586-09-006	Fire Pump	4/2/2009	34,756.00	1
186-11-004	Medrad Angiojet Rheolytic thrombectomy System	1/28/2011	34,531.25	1
586-09-007	Light location sign	4/2/2009	34,464.00	1
186-08-024	PowerLift Stirrups (6)	6/6/2008	33,824.60	1
586-08-018	Replace step down transformer	6/23/2008	33,225.00	1
186-06-019	Shoulder Repair Set		33,207.94	1
186-12-003	3rd floor west corridor and peds room renovation	1/20/2012	32,910.00	1
186-11-019	PCs and Laptops	4/5/2011	32,491.44	1
186-11-048	Computers for Business Office	10/6/2001	32,320.95	1
186-10-026	Portable Aspirator and Crash Cart Pole Mount (33)	12/21/2010	32,239.97	1
186-06-024	Demo Eyelite Laser		32,196.25	1
586-09-003	Life Safety Corrections	4/2/2009	31,989.00	1
186-11-801	Minor Equipment		31,144.04	1
186-08-025	Stryker Stretchers (10)	6/6/2008	30,281.25	1
546-08-003	Sprinkler upgrade	3/28/2008	30,274.94	1
186-09-008	Elevator upgrades	4/2/2009	28,774.70	1
186-11-063	3rd Floor West Corridor Phase 1	11/3/2011	28,500.00	1
547-07-100	Install Novi Brick System on MRI Exterior	10/16/2007	28,500.00	1
186-11-029	PCs and Laptops	6/22/2011	27,987.79	1
186-11-008	Respironics Esprit Ventilators - Reconditioned	2/17/2011	27,625.00	1
586-12-006	Chemistry Analyzer lease buyout	10/12/2012	27,014.06	1
586-07-003	Urgent Care Computer Equipment	6/15/2007	26,842.39	1
XXX-08-801	Minor Equipment		26,473.83	1
186-11-021	Carpet replacement - 6 East	5/10/2011	25,858.81	1

586-07-004	Chill water pump	7/20/2007	25,844.00	1
186-06-009	SYSTEM		25,419.84	1
186-06-020	Video Colonoscope		24,650.09	1
586-11-501	Replacement of fire alarm system	4/20/2011	24,371.55	1
186-06-027	Versa Trac Lumbar Retractor System		24,187.50	1
186-06-028	ACF RETRACTOR SET		24,187.50	1
186-11-023	Headlights (3)	7/21/2011	24,094.84	1
586-08-003	west Campus Carpet Replacement - Stairs and 2nd Floor	4/14/2008	24,000.00	1
XXX-09-801	Minor Equipment		23,607.96	1
186-09-014	Lab Automation Construction	5/6/2009	23,440.00	1
186-09-011	Hardware upgrade	4/28/2009	22,990.75	1
186-11-025	EEG System	5/31/2011	22,960.62	1
186-06-021	Video Gastroscope		22,700.38	1
186-08-007	Arthroscope, ACLV 4.0 X 30 deg (6)	3/3/2008	22,587.14	1
186-10-021	Gemstar Infusion System	7/9/2010	22,328.57	1
186-07-072	CCTV upgrade	12/3/2007	22,307.76	1
186-12-012	Elevators Renovation	4/12/2012	22,290.00	1
186-07-061	Central Scheduling -Cubes, Electric and phone sets	10/15/2007	22,147.99	1
186-11-043	Gator - John Deere XUV 825i	8/15/2011	21,679.64	1
186-09-013	Replace fire-smoke dampers required by code - clearing JACHO RFI	6/11/2009	21,370.00	1
546-09-003	Olympus Scopes (4) and Insufflator (1)	6/29/2009	21,330.35	1
186-12-027	Sealcoating and Restriping	7/5/2012	21,285.00	1
186-06-040	Courier Van		21,245.69	1
186-10-801	Minor Equipment		21,185.47	1
186-08-012	Olympus Hysteroscopy Set (4)	3/3/2008	21,125.91	1
546-08-006	Super Q Yag Laser	10/29/2008	20,987.50	1
186-07-032	OPT-E-Man Additional costs	6/26/2007	20,984.00	1
186-10-029	Pro-Med at VSC	11/8/2010	20,820.21	1
186-12-801	Minor Equipment		20,658.97	1
	Mercatus Imaging Center Acquisition (corp interco charge)		20,506.00	1
586-08-011	Fire alarm devices (19)	8/1/2008	20,400.00	1
786-11-004	Laptops and Desktops	8/17/2011	20,363.65	1
186-10-002	Tabletop	2/3/2010	20,000.00	1
186-11-062	Vital Sign Monitors for Pediatrics (8) Funded by GRANT	10/31/2011	19,991.30	1
186-09-027	Natus Newborn Hearing Screener	6/26/2009	19,931.70	1
186-08-044	Ultrasound Vascular Transducer 9L4	10/29/2008	19,656.25	1
186-06-018	Datascope Passport Monitoring System		19,329.68	1
586-09-018	EMS area carpet	9/25/2009	19,300.00	1
186-06-023	Novasure RF controller		18,816.87	1
586-12-001	Various Renovation	2/22/2012	18,688.00	1
546-06-002	Signs for new name		18,213.75	1
586-10-002	Carpet Installation - dining room	5/4/2010	18,212.90	1
586-12-007	Bioness Functional Estim System	8/28/2012	18,100.00	1
186-11-058	Truck - used	12/12/2011	18,068.56	1
186-07-051	HRSA GRANT - Stryker Power Drill	8/28/2007	17,917.93	1
586-08-004	Computer Hardware for ED West	5/29/2008	17,686.30	1
186-12-017	Philips Patient Monitoring System	5/10/2012	17,608.51	1
186-10-027	Installation of time clocks and purchase of PVC ID printer	10/12/2010	17,594.08	1
186-11-047	Dash Physiological Monitors (3)	10/5/2011	17,582.95	1
546-10-001	Security system upgrade	2/15/2010	17,500.00	1
186-06-022	Brochofiberscope		17,419.50	1
586-11-002	Gator - John Deere XUV 825i	6/22/2011	17,337.50	1
	ECT EQPT MECTA 5000Q 4 STIMULUS MODEL W/ SOFTWARE TO EXPORT DATA AND MOTION SENSOR TO HELP MEASURE			
586-06-001	SEIZURE ACTIVITY		16,807.13	1
186-07-054	HRSA GRANT - Bladder Scan	8/28/2007	16,757.08	1
800-10-011	Keane Lab Upgrade - Intero Charge		16,676.60	1

186-12-013	Paving - front area	4/30/2012	16,550.00	1
586-10-003	EMG Machine	7/6/2010	16,532.92	1
186-11-002	Three units of Respiroics Vision Bypaps	1/11/2011	16,527.72	1
800-08-615	HV and Utility Server and installation		16,412.70	1
186-12-028	Syngo Dynamic Server Update	9/18/2012	16,285.45	1
186-11-032	Bovie Machine	6/20/2011	16,082.13	1
186-11-060	New Heat Coil	10/26/2011	15,920.50	1
186-11-053	OR room 8 Floor Renovation	9/22/2011	15,751.98	1
186-07-020	Fiber Upgrade for Pacs	3/30/2007	15,700.00	1
186-08-030	Misc Open Heart Instruments	6/30/2008	15,329.25	1
186-09-006	Equipment needed for the conversion to digital channel reception	4/2/2009	15,084.22	1
546-09-005	Seal-coat and Restripe parking lot area	10/27/2009	15,000.00	1
586-06-002	CISCO COMPUTER SYSTEM, WITH CABLING, ANTENNA AND SETUP		14,850.61	1
186-09-018	Parking lot resealing	5/26/2009	14,400.00	1
186-11-044	HFA-100 Instrument	8/22/2011	14,343.75	1
186-10-035	Medi-Thermo	12/15/2010	14,343.75	1
186-07-027	Board Room Furniture	4/24/2007	14,241.25	1
186-12-046	Digital Security System "GRANT"	9/21/2012	13,714.20	1
186-07-060	Update Sprinkler System to code	9/12/2007	13,525.00	1
186-07-057	call center software & hardware for central scheduling	10/15/2007	13,410.00	1
186-10-007	Software and Hardware upgrade for physicians answering Service	3/22/2010	13,246.31	1
186-09-042	Environmental Containment Unit with HEPA negative Air Machine (Grant)	10/16/2009	13,094.48	1
186-06-058	A5 0021A endoeeye digital videoscope	11/29/2006	12,835.00	1
186-08-004	Diego Footswitch, Pk Console, Handpiece Triggerenabled, Pk Footswitch	3/21/2008	12,810.29	1
786-11-005	Network Cable Jobs at Clinics	11/29/2011	12,790.38	1
186-10-008	WAN Optimization	3/29/2010	12,783.99	1
186-12-006	Kitchen Tile Replacement	2/21/2012	12,753.00	1
186-09-007	Repair and Replace fire-smoke dampers required by code	4/2/2009	12,712.00	1
186-10-036	Sleeper Sofas and bedsdie tables (9)	11/18/2010	12,639.17	1
586-08-017	Bladder Scanner	10/29/2008	12,616.92	1
186-10-014	Philips HeartStart MRx Defibrillator, Biphasic	6/23/2010	12,293.75	1
186-09-025	Hydrasys Sebia Eletrophoresis System	8/6/2009	12,218.75	1
186-11-052	Lobby Carpert Replacement	9/22/2011	12,108.61	1
186-12-051	Electrical Panel and Access Point	10/8/2012	12,023.00	1
186-06-014	INSTALL BATTERY BACKUP LIGHTING FOR EM LIGHTING		12,000.00	1
186-09-003	Appollo Servers for Open Heart and Cardiac Cath and Mselect Windows Server (software)	3/6/2009	11,906.24	1
186-06-059	A50001A VISERA ENDOEYE DIGITAL 10MM		11,900.00	1
586-08-015	Fire sprinkler	9/24/2008	11,864.64	1
586-10-001	Security Camera Upgrade	3/17/2010	11,852.42	1
186-10-005	Shelter Large Casualty mgmt 24X16 - Grant	2/15/2010	11,820.45	1
186-10-023	Pharmaceutical Refrigerators	7/28/2010	11,406.03	1
186-10-034	Carts	12/15/2010	11,380.46	1
586-07-002	Circuits	4/13/2007	11,327.61	1
586-08-002	ACT-10 Hematology Analyzer	4/14/2008	11,248.26	1
586-09-002	West campus Air Dryer	4/2/2009	11,140.00	1
186-12-049	Signages	10/1/2012	10,960.63	1
800-10-603	Enterprise Mirth Appliance - Interco Charge		10,949.27	1
186-08-027	carpet for the appearance of the Medical Staff hallway off of the Admin hallway	9/15/2008	10,932.00	1
186-07-035	Chair recliner w/nylon casters	7/31/2007	10,844.60	1
586-12-501	Security Locking System "Grant"	6/5/2012	10,790.00	1
800-09-124	X3550 M2, Xeon Quad Core (corp interco charge)		10,700.31	1
586-08-020	Replace non-functioning morgue coils compressor	5/7/2008	10,650.00	1

186-07-028	Auto Paper folder/envelope stuffer	5/17/2007	10,535.00	1
186-11-049	Syringe Modules (10) - Lease buy-out	9/22/2011	10,386.00	1
586-08-010	Microtome, HM 325 PKG	8/13/2008	10,296.58	1
186-12-023	Bariatric Chairs and Recliners	6/29/2012	10,209.27	1
186-09-047	Computers and Printers	12/18/2009	10,184.70	1
186-11-610	Medquest Equipment Purchase - Corp Interco Charge		10,127.59	1
186-10-030	Corp health Set up at VSC	11/9/2010	9,858.94	1
186-11-035	Vein Viewing System	9/22/2011	9,801.00	1
186-12-004	Vacuum Pump at VSC	4/9/2012	9,786.00	1
186-09-035	Install Additional disk and memory on AS 400	8/25/2009	9,650.00	1
586-11-001	Posey Bed	1/7/2011	9,551.88	1
186-06-056	Renovation of 1st & Ground Floor	12/6/2006	9,519.00	1
586-12-003	Panic Alarm for psychic unit "GRANT"	7/26/2012	9,418.00	1
186-11-013	Video Laryngoscope	3/22/2011	9,395.69	1
186-12-042	Improvement-Doctor's entrance at SDS	9/21/2012	9,309.00	1
186-09-005	Fast flow fluid warmer	9/23/2009	9,142.77	1
186-07-030	Computer Equipment	5/29/2007	9,138.09	1
786-10-008	IT equipment for Dr. Min Lin's office	12/22/2010	8,992.33	1
547-07-038	Paint & Carpet replacement	9/5/2007	8,989.97	1
186-07-045	HRSA GRANT - Fixed Position Satellite Phone	8/28/2007	8,904.84	1
n/a	Olympus America Equipment purchase - Corp Interco Charge		8,877.58	1
186-10-020	UPS backup system	7/8/2010	8,749.19	1
186-12-019	Desktop Computers	6/13/2012	8,722.06	1
186-12-016	Sink Installation at Dialysis Store Room	5/15/2012	8,680.00	1
186-08-011	10mm 30 deg HD Telescope Long (2)	2/26/2008	8,608.00	1
186-09-001	Installation of automatic tank gauging system	1/5/2009	8,607.00	1
800-08-088	256MB video card (6), 17" LCD monitor (12)		8,551.28	1
186-06-010	3 DINAMAP PROCARE 300 UNITS THAT DOES HEART RATE, BLOOD PRESSURE & PULSE OXIMETRY		8,545.93	1
186-10-028	Vital Sign Monitors - Philips (6), Demo units	9/15/2000	8,487.48	1
186-08-018	Passport 2 -Monitor - Non Invasive BP	4/3/2008	8,445.30	1
186-08-528	Installation of 3 Satellite telephone at VMCE "ASPR GRANT"	7/20/2008	8,366.76	1
186-09-002	Olympus BX41 Microscope with Double Head	2/4/2009	8,274.52	1
186-12-034	Cage buildout "GRANT"	8/20/2012	8,260.25	1
586-09-014	Installation of Satellite Telephones paid for by ASPR Grant	9/3/2009	8,186.65	1
186-12-002	Conduits for future Vista sign	1/20/2012	8,124.16	1
586-09-012	Asphalt Patch for West Campus Parking and Road	5/19/2009	8,100.00	1
186-08-020	Upgrade server disk space and processor	4/28/2008	8,012.97	1
186-11-003	Medquist-eSign Charts system	2/1/2011	7,994.41	1
586-11-003	EKG Machine	9/21/2011	7,963.44	1
586-09-001	12 Channel Digital TV reception system	5/17/2009	7,924.00	1
186-11-050	Sterilization Trays	10/28/2011	7,919.99	1
186-10-009	WAN Redundancy	5/11/2010	7,863.46	1
186-060-066	5 laptops		7,861.70	1
186-10-506	Philips IntelliVue Monitors	7/13/2010	7,780.00	1
186-12-001	ID Badge Printer	1/24/2012	7,740.55	1
546-09-001	VSC Life Safety Corrections to meet correct Code	9/1/2009	7,722.00	1
186-08-006	10 LCD TVs for Bone & Joint Center on 4 West	4/3/2008	7,719.44	1
186-12-041	Helmer Centrifuge	9/10/2012	7,696.25	1
186-07-069	ceiling LCD projector/motorized screen in the ground fl conf rm	10/12/2007	7,647.82	1
186-06-052	Radiology Shoulder Coil		7,581.46	1
186-08-009	10mm 30 deg Telescope Long (2)	2/26/2008	7,551.93	1
186-11-010	Microtome with knife holder	2/22/2011	7,541.58	1
186-06-007	PLASMA SCREENS, WALL MOUNTS AND PCS		7,416.00	1
186-12-011	Compressor Replacement	4/2/2012	7,383.00	1
186-07-048	HRSA GRANT - PAPRs (10 units)	8/28/2007	7,373.47	1
186-08-010	5mm 30 deg HD Telescope (2)	2/26/2008	7,344.00	1
586-09-005	Three ton cooling unit serving data room	4/2/2009	7,342.00	1

186-08-029	Blood Bank Cell Washer	9/12/2008	7,298.59	1
186-12-010	Door Locking System	4/3/2012	7,210.00	1
546-09-002	VSC Elevator Upgrades to meet State Code	9/1/2009	7,138.00	1
186-08-028	Infant CPAP Machine	10/23/2008	6,995.00	1
586-09-013	Olympus BX45 Microscope	6/11/2009	6,989.58	1
186-08-021	Laptops-Dell D630 (3), Printers-HP LJ 4250TN (2)	5/30/2008	6,982.72	1
186-09-021	Gyrus Diego Handpiece Trigger Enabled	6/8/2009	6,921.39	1
186-12-020	Hemochron Elite Coagulation Analyzer	6/18/2012	6,906.25	1
186-09-030	Ascom Phones (6)	10/26/2009	6,862.69	1
186-07-063	2- Billilite model 33`	10/16/2007	6,790.00	1
186-10-019	Eye Trays	7/8/2010	6,671.30	1
186-07-024	Glass Table top	4/19/2007	6,670.64	1
186-07-013	Dinamap Non invasive blood pressure monitor	9/12/2007	6,662.54	1
586-08-008	Security Camera Upgrade	9/24/2008	6,661.78	1
186-07-036	Oncology Digital Camera, Software	8/28/2007	6,632.37	1
186-06-062	5 HP LASERJET 4250N		6,611.97	1
186-09-038	BiliSoft LED Phototherapy System	10/16/2009	6,560.00	1
186-07-012	Dinamap Non invasive blood pressure monitor	9/12/2007	6,552.67	1
186-12-018	Large Glide Mats	5/24/2012	6,548.60	1
546-08-002	PACS Monitor	4/1/2008	6,535.23	1
186-06-032	Signs for New Name		6,477.95	1
186-07-014	Dinamap Non invasive blood pressure monitor	5/15/2007	6,458.50	1
n/a	Equipment from Dr. Khurana Practice Purchase		6,457.50	1
n/a	Emprint Document Solutions - Corp Interco Charge		6,375.00	1
186-11-033	Airway Manikin Heads (4)	6/27/2011	6,353.75	1
186-11-027	Exam Lamp	9/22/2011	6,340.98	1
186-11-022	Recliners (5)	7/21/2011	6,293.03	1
186-10-041	Rad Shield	11/24/2010	6,285.00	1
186-06-036	GI Lab Printers (2)		6,252.68	1
186-12-015	Security Locking System "Grant"	5/2/2012	6,180.00	1
786-11-002	IT set up for Dr. Khurana	3/31/2011	6,077.43	1
186-07-040	HRSA GRANT - Handhold Radio/Accessories (16 units)	8/30/2007	6,074.56	1
186-09-037	Ergometer/Uplight Nautilus Bike	9/25/2009	6,050.45	1
586-08-016	7th Fl baseboard installation	8/12/2008	5,937.75	1
186-12-030	Refrigerator	7/27/2012	5,926.20	1
547-06-003	Signs for New Name		5,900.68	1
186-08-031	Transport Ventilator	9/15/2008	5,900.00	1
800-09-612	System X3550 Xeon E5430 (corp interco charge)		5,888.93	1
186-12-024	Lindenhurst Surgery Center Reception/MRI Renov.	6/29/2012	5,795.00	1
186-09-045	Pacemaker Generator	10/28/2009	5,737.50	1
186-08-023	Trauma Cart **HRSA GRANT**	7/7/2008	5,662.17	1
186-06-033	Ice machine at Vista Physical Med		5,611.67	1
586-08-014	Fabricate custom pads for Quiet Room	9/11/2008	5,600.00	1
186-07-031	3 EKG Machines	6/20/2007	5,563.13	1
186-10-510	Philips Allura Xper FD20 System	7/16/2010	5,484.00	1
186-11-015	Kronos Time Clock	3/22/2011	5,459.94	1
546-06-001	Computer hardware	10/26/2006	5,452.62	1
786-11-001	Centrifuges (2)	1/28/2011	5,419.20	1
186-11-037	Multi-Parameter Simulator	7/20/2011	5,419.14	1
186-11-020	Recliners (4)	12/6/2011	5,389.00	1
186-11-046	Elliptical Trainer Sports Art	9/21/2011	5,384.48	1
186-10-024	Blood Bank Refrigerator	8/16/2010	5,366.33	1
186-11-061	New Transfer Switch	10/26/2011	5,341.19	1
786-11-003	Laptops (4)	5/10/2011	5,323.68	1
186-11-038	Lounge Chair and Loveseat	9/22/2011	5,262.36	1
186-10-039	Surgistool (5)	12/15/2010	5,259.38	1
186-07-019	MERCI Radio Installation ** HRSA GRANT	3/22/2007	5,225.00	1
186-07-017	3 Semi auto aed ** HRSA GRANT	4/12/2007	5,167.42	1

186-08-003	Panorama Telepacks (3)	1/23/2008	5,098.53	1
186-08-015	Micro Kerrisons Set (3)	2/26/2008	5,081.25	1
186-10-305	Uterescope	9/7/2010	4,993.75	1
186-06-034	ISO Chamber-Domestic (ordered without going through the cer process		4,905.00	1
586-11-306	Pump and Air Comprssor Replacement	11/4/2011	4,902.38	1
186-09-020	HP 9050 Printer	6/22/2009	4,782.17	1
186-12-316	New Carpet for 5W Nurse Station	1/19/2012	4,763.75	1
186-08-525	Harmonic Scalpel Hand Pieces (3)	8/5/2008	4,759.83	1
186-06-060	3 NOTEBOOK COMPUTERS		4,717.03	1
186-08-533	Stryker Evacuation Chairs (2) ** HRSA GRANT **	6/24/2008	4,712.58	1
586-08-507	Stryker Evacuation Chairs (2) ** HRSA GRANT **	6/24/2008	4,712.57	1
186-09-307	EKG Cart	12/22/2009	4,675.00	1
186-08-001	notebook computers for new ED director, Case Manager, Corp. Health Director (3)	2/11/2008	4,634.63	1
186-08-005	notebook computers for Director of Patient Access and two Case Managers (3)	2/11/2008	4,634.63	1
186-08-046	Heat exchanger	12/4/2008	4,621.88	1
186-06-047	2 Telescopes 30 degree 10 MM autoclavable quicklock		4,585.75	1
186-06-044	Overhead helper	11/15/2006	4,576.92	1
186-07-050	HRSA GRANT- Tychem F PPE Suits (30 each of 5 sizes)	8/29/2007	4,496.97	1
186-09-302	Nu Step TRS 4000 Recumbent Cross Trainer	8/24/2009	4,486.00	1
186-11-042	Module for HPF Implemenation - ILE and registration scanning	8/10/2011	4,478.61	1
186-09-022	Citow Cervical Visualizer	6/9/2009	4,475.00	1
186-09-303	Sunopic Xenon Lightsource	4/17/2009	4,382.80	1
186-12-022	Storage Room for Emergency Mgmt "GRANT"	6/18/2022	4,377.00	1
186-11-329	Hospital Channel with Media Player	11/18/2011	4,372.19	1
186-11-325	Crosstrainer Recumbent NuStep TRS4000	9/26/2011	4,357.04	1
186-12-040	Monitor/Oximeter	9/12/2012	4,350.94	1
186-07-006	Non magnetic wheelchair	2/19/2007	4,264.20	1
586-12-005	Glass replacement	7/31/2012	4,255.09	1
186-11-327	Network Equipment for Dr. Shah and Dr. Martinez	9/29/2011	4,254.58	1
186-10-303	Mettler Sonicare Applicator	8/26/2010	4,236.60	1
186-10-306	Refrigerators (2) - medical grade	9/27/2010	4,192.51	1
186-07-026	4-Chan Combo Intellect Ultrasound & applicators	4/19/2007	4,113.84	1
186-08-516	medical grade refrigerator and freezer	5/5/2008	4,090.67	1
800-10-623	Valve Replacement Vista West Basement		4,088.35	1
186-11-306	Bariatric Chairs	4/8/2011	3,870.00	1
186-12-038	Fluorescent Bulb Crusher	8/28/2012	3,818.33	1
186-07-053	HRSA GRANT - Epideral Positioning Device	8/28/2007	3,800.81	1
186-07-071	HRSA GRANT - Sherishield Hood System	11/30/2007	3,753.42	1
186-07-043	ID Badge Software/Digital Camera	8/28/2007	3,712.83	1
805-10-019	RDM Reader - Corp Interco Charge		3,702.07	1
186-07-007	Non magnetic gurney	2/27/2007	3,700.15	1
586-12-304	Inatall Handicap mirrors in Rehab bathrooms	1/19/2012	3,690.00	1
786-11-006	Network for new Zion Clinic	11/29/2011	3,674.14	1
186-06-015	INSTALL SAFETY GLASS AT TRIAGE DESKS IN ER		3,673.31	1
186-06-057	1 Telescopes 30 degree 5 MM autoclavable quicklock		3,672.00	1
186-06-012	STAT SPIN EXPRESS 2 CENTRIFUGE & ROTOR TO SPIN BLOOD FASTER IN ORDER TO IMPROVE TURNAROUND TIME FOR ER PATIENTS		3,657.79	1
186-12-308	Compressor replacement in Medicoool Chiller	3/26/2012	3,615.00	1
186-11-301	External Pacemaker Analyzer	2/11/2011	3,566.57	1
186-07-049	HRSA GRANT - PAPR Filters (20 bags of 6)	8/29/2007	3,534.74	1
546-07-001	VSC New Phone Installation	7/11/2007	3,526.00	1
186-11-302	Dura Repair System	2/25/2011	3,503.10	1
546-07-002	Wrist Arthroscopy	6/20/2007	3,462.45	1
186-10-310	Vacuum Regulators (10)	12/3/2010	3,446.75	1

186-12-311	Tono-Pen	3/26/2012	3,395.92	1
586-10-302	Chairs for ED	11/23/2010	3,374.42	1
586-09-019	H/W and S/W for Site Alert with Call Locator	10/26/2009	3,336.88	1
186-06-037	Steris Warming Cabinet		3,317.85	1
186-07-044	HRSA GRANT - 250W Wabble Lights (20 units)	8/28/2007	3,302.74	1
186-08-032	Dynamics Server, Minitower Workstation with LCD monitors	9/24/2008	3,289.60	1
186-07-067	1 Procure 300 Monitor	10/5/2007	3,242.17	1
186-11-310	Chairs at VSC ED	4/20/2011	3,240.54	1
186-06-013	TO REPLACE OLD TREATMENT RECLINERS NEEDED; 2 RECLINERS W/ ARMREST FOR EKG & 4 RECLINERS W/O ARMREST FOR ONCOLOGY		3,225.00	1
186-06-008	Drop Safes	8/31/2006	3,221.49	1
186-11-318	Ascom Phones (4)	7/14/2011	3,217.81	1
186-07-073	Dinamap Monitor	11/30/2007	3,197.91	1
186-11-313	Microscope	5/13/2011	3,192.76	1
186-07-062	2- Steris Amsco Examiner Lighting System	11/14/2007	3,184.52	1
186-08-534	Hand Trauma Instrument Tray	10/23/2008	3,171.74	1
186-08-523	warming Cabinet	7/21/2008	3,123.04	1
186-07-070	2 notebook computers for new educator and ACEO	11/6/2007	3,091.70	1
586-12-009	Bariatric Recliners (2)	9/10/2012	3,090.00	1
186-12-055	Eye Wash Stations	11/5/2012	3,085.00	1
186-12-503	Portable Radios "GRANT"	4/18/2012	3,073.08	1
186-11-309	Transformer Wall at VSC Corp Health	4/20/2011	3,063.84	1
186-11-315	Pewter Mini Wedge Enclosed Trailer	6/10/2011	3,057.34	1
586-08-500	SeroSpin for ABO/RH testing	3/27/2008	3,053.25	1
586-12-303	Vital Sign Monitor	5/16/2012	3,020.52	1
586-12-010	HVAC upgrade at West lab	9/21/2012	2,971.00	1
186-09-304	HeartStart FRx Defibrillator	8/25/2009	2,947.66	1
186-07-042	ID Badge Printer	8/28/2007	2,947.51	1
786-06-002	Dell Ultra Sharp 170 Flat Panel Monitor	9/14/2006	2,887.40	1
186-12-304	Replacement of Motors	2/16/2012	2,885.00	1
186-08-527	Materesses, Sealy Double (4)	7/21/2008	2,871.25	1
186-08-026	Innovative Card Scan (corp interco charge)		2,865.60	1
186-08-026	Architect and Design Fees for Facility Master Plan	8/13/2008	2,846.98	1
786-11-301	Signage at Grays Lake MOB	1/6/2011	2,845.00	1
186-08-517	MPA amp with stand	4/30/2008	2,841.53	1
186-11-316	Truck - 2001 Ford E-250	6/10/2011	2,800.00	1
186-10-304	HDTVs for Pediatric rooms (4)	9/12/2010	2,791.68	1
586-11-301	Refrigerator	6/10/2011	2,773.84	1
186-11-314	Vision Screener	5/18/2011	2,757.66	1
586-11-304	Ice and Water Dispenser	9/26/2011	2,744.76	1
586-12-011	Locking window at ED	11/2/2012	2,744.55	1
186-11-317	Ultrasonic cleaner	7/19/2011	2,735.94	1
186-07-005	Perforator -PAID stamp	2/13/2007	2,720.70	1
586-11-303	Ice and Water Dispenser	8/17/2011	2,694.76	1
186-12-302	Ophthalmology Trays	1/19/2012	2,676.63	1
586-12-301	Heating Pump	2/12/2012	2,670.00	1
186-10-042	Olympus Short payment	11/23/2010	2,647.29	1
186-11-319	Ascom Phones (3)	8/3/2011	2,641.57	1
800-10-643	HMS - Interco Charge		2,625.00	1
586-10-301	Vision Screener	6/17/2010	2,619.00	1
186-11-311	Microscope	5/10/2011	2,611.55	1
586-06-003	Data Card, Carrying case & tray	11/17/2006	2,542.12	1
186-12-029	Power Table	7/20/2012	2,522.35	1
186-08-518	Centrifuge for rapid spin of ED/STAT specimens	4/29/2008	2,500.88	1
186-12-031	Phone Board	7/31/2012	2,498.00	1
586-12-002	Computers (3)	6/5/2012	2,484.54	1
186-12-306	Door Operator	3/6/2012	2,483.00	1

186-11-328	Replacement of Window	10/18/2011	2,477.82	1
586-08-504	Art Work - lobby area	5/5/2008	2,469.67	1
586-09-301	Scale Wheelchair Digital Bariatric	10/16/2009	2,463.07	1
186-08-524	Defibrillator (2)	5/29/2008	2,431.06	1
186-12-309	MRI Chiller Contactor replacement	3/26/2012	2,417.00	1
186-11-305	Ascom Phones (3)	3/25/2011	2,413.13	1
186-11-307	Ascom Phones (3)	4/15/2011	2,413.13	1
186-11-308	Ascom Phones (3)	4/15/2011	2,413.13	1
186-07-033	Non Invasive Blood Pressure Monitors (3)	6/18/2007	2,371.47	1
586-08-506	Art Work - corridor	8/18/2008	2,367.50	1
186-11-312	Laptops for Command Center - funded by Grant	5/13/2011	2,354.49	1
186-11-320	SHARPS Storage Cabinet	8/3/2011	2,344.38	1
186-11-330	SHARPS Cabinet	11/18/2011	2,325.81	1
186-11-304	AccuPoint HC System	3/24/2011	2,279.29	1
186-12-301	Install Economizers to MRI Roof top A/C units	1/19/2012	2,265.00	1
186-10-003	Replacement parts for Emergency Mgmt - PANFLU Grant	2/15/2010	2,225.57	1
186-06-041	Fax Machines		2,204.82	1
586-09-017	Hardware needed for the instrument interface at VMCW Lab	10/16/2009	2,203.00	1
186-08-522	Window Tinting	7/30/2008	2,185.00	1
186-08-526	50" Plasma TV	8/6/2008	2,167.64	1
186-08-043	handfree display - Nortel	10/27/2008	2,160.51	1
186-12-025	Laptop Computers with docking stations (2)	6/27/2012	2,145.37	1
586-08-508	Stainless Steel Phone	10/29/2008	2,024.49	1
186-08-519	HICS Vests to comply with CHS EMP (53) **HRSA GRANT**	6/23/2008	1,994.96	1
186-10-307	Blower unit (2)	10/17/2010	1,955.64	1
186-06-004	DOORS TO NEW FRAME		1,950.00	1
586-08-503	Side Chairs for ED	4/22/2008	1,933.75	1
186-08-531	Print/Scan Kit and Fax Kit	11/5/2008	1,915.69	1
186-09-047	Computers and Printers	12/18/2009	1,841.06	1
786-11-302	Laptop (1) and Desktop (1)	4/13/2011	1,830.54	1
186-08-530	Carpet extractor	11/5/2008	1,785.99	1
186-07-046	HRSA GRANT - HCIS Vests (2 units)	8/29/2007	1,780.32	1
800-10-679	Innovative Card Scanning - Interco Charge		1,732.55	1
186-12-305	Power Module	3/5/2012	1,732.32	1
186-07-041	HRSA GRANT - Computer Hard Drives	8/30/2007	1,715.70	1
186-12-310	Annon Circuit Board	3/26/2012	1,688.66	1
186-07-047	HRSA GRANT - 12' Collapsible Patient Roller System	8/29/2007	1,684.30	1
186-06-011	Benchmark It IHC/Ish-		1,669.24	1
186-12-026	Spill Kit Kaddie (3) "GRANT"	1/0/1900	1,646.40	1
586-08-502	GUS Soak Station w/ filter plan	4/23/2008	1,643.88	1
186-12-050	Carts and Drawers	10/22/2012	1,633.54	1
186-11-324	Chars (10)	9/9/2011	1,630.63	1
186-07-023	Centrifuge statspin express 2	4/26/2007	1,627.56	1
186-11-322	Sleeper Sofa	8/14/2011	1,622.36	1
186-12-032	Desktop Computers (2)	8/13/2012	1,616.26	1
586-12-302	New Window	2/12/2012	1,607.36	1
586-08-501	Premier Broselow Cart	4/7/2008	1,594.34	1
186-10-301	Pharmacy Refreigerator	4/14/2010	1,579.36	1
186-10-302	Defibrillator	6/17/2010	1,576.51	1
186-07-064	1 Dell Latitude D630 Notebook w/ CHS Standard Image	10/12/2007	1,545.85	1
186-07-068	1 notebook computer for new PACS Administrator	10/24/2007	1,545.85	1
186-08-520	Laptop (Dell Latitude D630)	7/29/2008	1,544.88	1
186-09-043	Retractors, Wilson Frame System, and Cornerstone Select	10/26/2009	1,540.58	1
786-11-303	Furniture for new physicians	6/27/2011	1,505.58	1
546-08-500	Premier Broselow Cart	2/1/2008	1,497.32	1
n/a	ProMed		1,492.36	1
186-09-024	TDD Telephone (ASPR Grant)	6/9/2009	1,463.94	1
186-07-034	Non Invasive Blood Pressure Monitor with Pulse Ox (1)	6/20/2007	1,445.09	1

186-07-037	Laptop	7/31/2007	1,431.05	1
186-08-515	HP Laserjet Printer 4250TN	5/5/2008	1,429.83	1
186-12-021	Manual Cash Drawers (9)	6/15/2012	1,424.16	1
186-10-036	Sleeper Sofas and bedstie tables (9)	11/18/2010	1,402.50	1
186-07-052	HRSA GRANT - Jumbo Nayo Stands (2 units)	8/28/2007	1,386.82	1
186-12-036	Panic Alarmn (3)	8/8/2012	1,385.00	1
186-12-313	Crash Cart	4/5/2012	1,381.31	1
186-06-016	PACS KODAK DICOM data	10/30/2006	1,375.00	1
586-09-015	Pro-Med	various	1,356.70	1
186-06-039	Dietary garbage disposal		1,338.88	1
586-12-008	Check Valve	8/28/2012	1,322.25	1
186-10-030	Corp health Set up at VSC	11/9/2010	1,248.35	1
586-11-305	Psychiatric Bed	10/18/2011	1,236.75	1
186-10-309	Cart for Pharmacy	12/3/2010	1,220.19	1
786-06-006	Service Agreement 11/06-1/08	11/1/2006	1,214.10	1
786-06-007	Service Agreement 11/06-1/08	11/1/2006	1,214.10	1
N/A	Allocation from Corporate		1,213.00	1
n/a	Innovative Card Scanning- Corp Interco Charge		1,178.53	1
186-09-306	ES100X Surgical Minidop Detector	12/22/2009	1,136.87	1
186-08-529	Monitor, 42" Plasma	8/4/2008	1,132.94	1
186-08-501	42" plasma monitor	1/14/2008	1,105.13	1
186-08-502	42" plasma monitor	1/14/2008	1,105.13	1
186-08-503	LCD wall mount (10)	1/14/2008	1,105.13	1
186-08-504	42" plasma monitor	1/14/2008	1,105.13	1
186-08-506	42" plasma monitor	1/14/2008	1,105.13	1
186-08-507	42" plasma monitor	1/14/2008	1,105.13	1
186-08-508	42" plasma monitor	1/14/2008	1,105.13	1
186-08-505	42" plasma monitor	1/14/2008	1,098.11	1
	FIRE DAMPER INSTALLATION-IDPHS IDENTIFIED MISSING FIRE			
186-06-005	DAMPER DURING INSPECTION		1,090.00	1
186-07-015	3 printer dock combos ** HRSA GRANT	3/30/2007	1,084.08	1
186-12-312	Tank Assembly in Kitchen	4/5/2012	1,068.12	1
186-08-532	Data Trend Chart Rccorders(2)	8/15/2008	1,062.42	1
186-07-059	Additional computer with DSS software	10/1/2007	1,039.90	1
186-08-509	Glass for Board Room	3/6/2008	1,032.75	1
186-08-500	42" plasma monitor	1/14/2008	1,002.00	1
186-06-008	5 DROP SAFES, 4 FLOOR SAFES		978.72	1
186-07-018	3 ALS Baby Heads ** HRSA GRANT	3/22/2007	975.00	1
186-07-001	Marketing Software and printer	2/12/2007	945.96	1
186-07-010	Body Sling for PALS scale and lift	4/12/2007	893.26	1
586-06-002	Tax on Cisco Hardware		805.01	1
186-10-034	Carts	12/15/2010	711.28	1
186-10-026	Portable Aspirator and Crash Cart Pole Mount (33)	12/21/2010	635.34	1
186-12-039	PACSSCAN SW and Scanner	9/12/2012	555.94	1
186-07-016	6 worklight-portable ** HRSA GRANT	4/20/2007	518.00	1
	Olympus HD video system, monitor, HD Camera Head, and high intensity			
186-07-074	zenon light source	12/1/2007	507.81	1
186-11-061	New Transfer Switch	10/26/2011	464.81	1
186-09-038	BiliSoft LED Phototherapy System	10/16/2009	410.00	1
186-10-041	Rad Shield	11/24/2010	392.81	1
586-09-014	Installation of Satellite Telephones paid for by ASPR Grant	9/3/2009	345.00	1
186-11-330	SHARPS Cabinet	11/18/2011	252.37	1
586-08-011	Fire alarm devices (19)	8/1/2008	240.00	1
186-09-041	Computers and Printers	10/26/2009	189.05	1
186-08-530	Carpet extractor	11/5/2008	187.33	1
186-11-329	Hospital Channel with Media Player	11/18/2011	143.60	1
186-10-309	Cart for Pharmacy	12/3/2010	129.45	1
186-08-531	Print/Scan Kit and Fax Kit	11/5/2008	127.26	1

586-08-508	Stainless Steel Phone	10/29/2008	126.53	1
186-10-029	Pro-Med at VSC	11/8/2010	102.60	1
186-10-310	Vacuum Regulators (10)	12/3/2010	86.82	1
186-09-030	Ascom Phones (6)	11/13/2009	80.74	1
186-11-042	Module for HPF Implementation - ILE and registration scanning	12/31/2011	37.84	1
	Routine Capital		5,610,204.00	1 Total
186-11-502	PBX Replacement	5/26/2011	1,115,850.55	2
586-11-501	Replacement of fire alarm system	4/20/2011	463,059.45	2
186-12-502	2012 Infrastructure Projects	4/18/2012	323,752.81	2
586-09-015	Pro-Med	8/3/2009	55,077.36	2
186-11-502	PBX Replacement	5/26/2011	44,424.82	2
546-08-001	new phone switch for ASC (Vista Surgery Center)	2/12/2008	22,669.50	2
	PBX, Alarm, Infrastructure		2,024,834.49	2 Total
800-11-641	Meaningful Use - Minor Equipment, Corp Interco Charge		1,672,560.82	3
800-11-641	Meaningful Use - Minor Equipment, Corp Interco Charge Project: WA-000015527, Vista IBM eServer 8204-121409 PO28707 (corp interco charge)		547,653.44	3
800-09-291	Upgrade VMCW network infrastructure to the required CHS level	10/31/2008	424,598.38	3
586-08-013	PACS Software - to be reclassified to software		271,881.43	3
186-11-028	Monument Consulting		176,524.25	3
n/a	CDW		89,530.10	3
n/a	Hardware for Meaningful Use - Corp Interco Charge		89,365.21	3
800-11-641	PC Replacement	3/16/2010	86,725.89	3
186-10-011	Project: WA-15636III, Vista-McKesson-123009 (corp interco charge)		78,417.25	3
586-08-013	Upgrade VMCW network infrastructure	10/31/2008	66,900.00	3
186-09-041	Computers and Printers	11/25/2009	55,731.65	3
186-10-001	PowerPath by IMPAC-licensed software, professional service, interfaces, hardware	1/19/2010	35,026.48	3
n/a	Pharmacy Computer System Upgrade - Interco Charge		28,193.80	3
186-10-013	300GB disk drives for each sWFM server	4/6/2010	17,919.85	3
	IT related		3,647,327.82	3 Total
786-10-001	Pedro Palu-ay MDSC Acquisition (corp interco charge)		114,358.00	4
n/a	Harmony Multi-Application Aesthetic System for Dr. Tkalevcic	2/3/2010	97,589.44	4
n/a	Dr. Agarwal Practice Purchase		91,601.63	4
786-08-001	Improvement of POB	9/8/2008	61,250.00	4
786-10-002	Various Equipment Purchase for Round Lake Beach Clinic	5/25/2010	53,604.70	4
n/a	Equipment from Dr. Frazin's Practice purchase		47,300.00	4
786-07-004	Dr Thain's office furniture, fixture and equipment - new purchase	11/7/2007	33,486.33	4
786-09-004	IT Equipment for Dr. Palu-ay and Dr. Andaleon	9/3/2009	33,191.10	4
786-12-002	Audiology equipment	6/15/2012	32,170.17	4
786-09-002	For Dr. Tkalevcic's office set-up	8/13/2009	30,960.18	4
786-12-008	Leasehold Improvement for new Zion Clinic	8/29/2012	29,383.20	4
786-09-006	Esprit Duette Microdermabrasion System	10/6/2009	19,300.00	4
786-12-005	Zion Clinic - Network/Cabling	8/13/2012	17,436.76	4
786-09-001	Office Move for Dr. Magolin	8/10/2009	16,756.24	4
786-06-003	INSTALL 3 EXAM ROOM SINKS FOR DR KOGAN		14,350.00	4
786-09-007	Light, Cart and full body booth for Dr. Tkalevcic	12/15/2009	11,912.22	4
n/a	Equipment from Dr. Shah Practice Purchase		10,650.00	4
786-10-003	SeroSpin Package (3)	9/16/2010	9,356.40	4
786-07-001	ECG SYS INTERPRETIVE W/ SPIROMETRY REPLACES CER 786-	1/31/2007	9,094.51	4
n/a	Equipment from Dr. Min Lin's Practice purchase		8,448.00	4
786-06-002	10 OPTIPLEX GX620 ULTRA SMALL FORMA PENTIUM D, W/		8,101.24	4
n/a	Equipment - Dr. Granada Practice Purchase		8,000.00	4
786-07-002	Dr Thain's office Computer Equipment	10/1/2007	7,939.93	4
786-10-007	laptops (5) for Clinic doctors/providers	10/21/2010	6,845.76	4
n/a	Equipment - Dr. Gerald Havey Practice Purchase		5,981.00	4
786-12-004	Zion Clinic - Gateway	7/20/2012	5,914.14	4
786-09-005	Exam Table for Dr. Kimberly Mostadt	9/25/2009	5,779.08	4
786-10-006	Signage for Round Lake Beach Office	9/29/2010	5,450.00	4

n/a	Equipment from Dr. Martinez Practice Purchase		5,400.00	4
786-12-003	Desktop (2) and Laptop computers (3)	7/20/2012	4,338.60	4
786-06-004	Dr Potermin Office Shelving Units		4,140.72	4
786-12-301	North Chicago Clinic - Buildout Architect Fee	3/23/2012	4,000.00	4
786-10-301	Carpet Installation - Lake Villa Office	9/30/2010	3,836.13	4
786-12-007	Desktop (5) and software	8/21/2012	3,779.00	4
786-10-004	Network Gear for Dr. Sekharan's office	9/16/2010	2,438.96	4
786-12-001	Cabling work for Dr. Granada's office	1/24/2012	2,250.00	4
n/a	Clinics Equipment - Corp Inteco Charge		2,040.55	4
786-07-003	Dr Kogan Laptop for MD tablet	9/12/2007	1,545.85	4
786-12-009	Desktop (2) and Software	8/29/2012	1,474.26	4
786-09-003	Labtop for Dr. Adamson's office	8/10/2009	1,366.48	4
786-08-500	Lab Quality Refrigerator & Wall Cabinets	3/10/2008	1,348.00	4
786-06-009	Exam Table (2)		1,319.00	4
786-12-012	Interface Card	10/5/2012	1,092.96	4
786-06-001	5 FLOOR SAFES		978.72	4
786-12-006	Desktop and software	8/21/2012	755.80	4
786-10-008	IT equipment for Dr. Min Lin's office	12/22/2010	658.67	4
786-12-014	Desktop computers and Voice/Data Install at North Chicago Clinic	11/12/2012	577.44	4
786-12-013	Computers	11/5/2012	457.83	4
	Bonuses		530,000	4
786-12-010	Desktop and Software	10/10/2012	154.46	4
	Waukegan Clinic corp		1,370,163.46	4 Total
186-08-039	Call Monitoring Project	11/7/2008	851,893.63	5
186-10-510	Philips Allura Xper FD20 System	7/16/2010	749,862.00	5
186-10-511	Various equipment purchase for Nursing Units	6/25/2010	589,621.15	5
186-09-501	Brilliance CT Big Bore Radiology System	3/6/2009	551,548.00	5
186-09-502	GI Suite equipment upgrade	4/1/2009	512,943.92	5
586-10-500	Underground Storage tank and converters	5/5/2010	375,097.48	5
186-10-512	Fabius-GS Premium Anesthesia Machine (8)	4/20/2010	320,704.02	5
186-10-506	Philips IntelliVue Monitors	7/13/2010	318,323.41	5
186-11-014	Power Driil System	4/6/2011	274,698.79	5
186-09-016	CardinalHealth Alaris System	6/19/2009	251,015.63	5
186-10-006	Video Towers (3) and Camera Heads (8)	2/26/2010	215,817.48	5
186-10-015	Ultrasound Units	5/6/2010	198,364.92	5
186-08-008	Stryker Video Tower w/ Insufflator & HD Camera Head (3)	4/22/2008	198,194.22	5
800-09-606	West Psych Unit Renovation	various	187,708.28	5
186-11-504	Sterrad 100NX and Steris Steam Sterilizer	11/3/2011	183,167.54	5
186-08-014	Stryker Power Systems 6 (4)	4/30/2008	172,382.22	5
186-10-032	Philips i33 system - Cardiovascular Ultrasound	11/12/2010	134,459.38	5
186-06-006	FETAL MONITORS-INCLUDING ACCESSORIES & MONITOR CARTS		125,004.87	5
n/a	Johnson & Johnson - Corp Inteco Charge		123,549.16	5
186-08-002	Echocardiography digital system	2/15/2008	122,145.00	5
186-10-022	Stryker HD Video System	7/26/2010	118,109.10	5
586-09-011	Renovation of 7th floor rehab	6/3/2009	113,266.20	5
186-07-074	Olympus HD video system, monitor, HD Camera Head, and high intensity zenon light source	12/1/2007	106,795.72	5
186-06-011	1 BENCHMARK LT IHC/ISH FULL SYSTEM & 1 NEXES SPECIAL STAINS MODULE		102,531.25	5
186-08-017	Echocardiography digital system	3/26/2008	101,790.37	5
186-08-013	Stryker Power Systems 4300 (5)	4/30/2008	101,775.43	5
186-11-006	Phaco machines	2/16/2011	95,625.00	5
186-10-509	Hana Table	6/10/2010	95,487.88	5
186-08-045	Blood Bank Automation system and Gel Tech Manual Work Station (2)	11/21/2008	94,578.50	5
186-06-055	Er Fast Track		88,771.88	5
186-10-511	Various equipment purchase for Nursing Units	6/25/2010	83,980.50	5

186-07-100	PACS lease	4/9/2007	82,333.50	5
186-09-031	PCA module for Cardinal Health Alaris System	9/25/2009	80,962.50	5
186-09-043	Retractors, Wilson Frame System, and Cornerstone Select	10/26/2009	79,383.77	5
186-08-048	Curvilinear array (CLA) ultrasound bronchofiberoptic and VE Monitor	12/19/2008	76,211.89	5
186-10-004	DynaCAD Digital Imaging Workstation, SMS 1.5T 4ch Breast Array, BBD Breast Biopsy Device	2/3/2010	74,672.50	5
186-09-500	Digital Mammography System (5), MRI Compatible Anesthesia Machine	7/14/2009	72,864.59	5
186-08-040	Equipment purchase for nursing units	11/5/2008	67,594.76	5
186-09-026	Stryker HD Video Tower	6/30/2009	62,088.46	5
186-06-002	KODAK PACS SYSTEM		61,823.25	5
186-06-017	POLYSMITH 1 BED SLEEP SYSTEM		61,168.21	5
186-11-012	LIDO System - WPC	3/22/2011	59,606.25	5
186-06-025	Stryker Neuro/Spine Surgery kits		58,092.72	5
586-09-004	Elevator upgrade	4/2/2009	57,845.00	5
186-11-504	Sterrad 100NX and Steris Steam Sterilizer	11/3/2011	56,621.42	5
186-07-025	Min R Mammography processor	5/9/2007	42,962.97	5
186-08-019	Amsco Ortho Vision Orthopedic & Fracture Table & Standard Accessory Package	5/2/2008	41,020.13	5
186-06-026	Dual Sided DSD201 Disinfector with Leak Tester		40,678.34	5
186-08-041	Vigilance II CCO/Svo2 Monitors (4)	10/30/2008	39,312.50	5
186-08-033	OR6 monitor-open heart	9/24/2008	37,814.67	5
186-10-018	Adult Volume Ventilators	5/28/2010	36,801.88	5
186-10-504	HeartStart MRx monitor/defib (20), Emergency Carts (3), Pediatric Carts (4)	4/22/2010	34,502.97	5
186-11-041	Various Surgical tools for Open Heart and Plastic Surgery	10/31/2011	28,544.64	5
186-11-039	Panorex	7/22/2011	20,708.13	5
186-07-101	Pacs Additional cabling/lt Work	7/11/2007	17,844.03	5
186-07-204	Open Heart Project	various	13,206.22	5
186-06-001	KODAK PACS SYSTEM		7,733.00	5
	Major Equipment		8,871,611.23	5 Total
186-07-204	Open Heart Project	various	932,617.32	6
186-06-054	3w nursing renovation		448,319.48	6
186-07-058	Joint Center	10/1/2007	403,745.87	6
586-08-001	E.D. West Project	3/31/2008	273,630.90	6
586-08-005	Psychiatric Department Renovation	5/30/2008	212,093.00	6
586-07-200	Renovation - West Psych	3/31/2007	175,514.18	6
186-06-056	renovation ground and l		118,855.25	6
586-08-006	Outpatient Psychiatric Unit carpet replacement and new paint	6/20/2008	85,394.00	6
186-07-008	Exterior signs for Vista East	2/23/2007	51,818.75	6
	Other Projects		2,701,988.75	6 Total
			24,226,129.75	Grand Total

APPENDIX C

McDermott Will & Emery

Boston Brussels Chicago Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.
Strategic alliance with MWE China Law Offices (Shanghai)

Clare C. Ranalli
Attorney at Law
cranalli@mwe.com
+1 312 984 3365

March 1, 2013

Via Electronic and Regular Mail

Mike Constantino
Supervisor
Illinois Health Facilities & Services Review Board
525 W. Jefferson, 2nd Fl.
Springfield, IL 62761

Re: Vista Medical Center East

Dear Mr. Constantino:

I am writing to request, on behalf of Vista Medical Center East and as its legal counsel, a correction to the 2010 and 2011 Responses to the Annual Hospital Questionnaires. In both the 2010 and 2011 inventories, Vista East reported pediatric admissions for patients aged 0-14 as medical surgical admissions, and reported zero admissions for pediatrics. This was an error. The patients aged 0-14 should have been listed as pediatric admissions. In fact in 2010 Vista East had 399 pediatric admits and 798 inpatient days and in 2011 it had 369 pediatric admits and 727 inpatient days. Also, for your information, in 2010 the beds set up and staffed as of October 1 were 10 and 10 respectively, the peak beds set up and staffed were 10 and 10 and the peak census was 9 and 9. There were no observation days in pediatrics for years 2010 and 2011.

Please let us know if you require further information from me in order to correct the responses at issue, and be assured that Vista Medical Center East will report accurately for 2012.

Thank you.

Very Truly Yours,



Clare Connor Ranalli

cc: Courtney Avery – via email

U.S. practice conducted through McDermott Will & Emery LLP.

197 West Madison Street, Chicago, Illinois 60606-5096 Telephone: +1 312 372 2000 Facsimile: +1 312 984 7700 www.mwe.com

East 2010

Welcome to the
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)
ANNUAL HOSPITAL QUESTIONNAIRE FOR CALENDAR YEAR 2010

This is a formal request by IDPH for full, complete and accurate information as stated herein. request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960]. Failure to respond may result in sanctions including the following:

"A person subject to this Act who fails to provide information requested by the State Board of Health or State Agency within 30 days of a formal written request shall be fined an amount not to exceed \$1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

PLEASE NOTE

This questionnaire is divided into 2 sections.

Part I

Collects information on your facility and facility utilization.
This part **MUST BE REPORTED FOR CALENDAR YEAR 2010.**

Part II

Collects Financial and Capital Expenditure information for your facility.
This part **MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.**

This survey must be completed and submitted by March 31, 2011.

Facilities failing to submit this questionnaire within the required time frame will be reported to the State Board for the State Board's consideration of imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please check the [help] links provided. If you still have problems, contact this office via e-mail at DPH.FacilitySurvey@illinois.gov, or telephone at 217-782-3516.

Click the button marked 'Next' at the bottom of this page to begin the survey.

Next >

Save

inquiry

**SURVEY
INSTRUCTIONS**

NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE.

ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.

IMPORTANT

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. **YOU MUST DO THIS ONLY ONCE; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.** The link provided in your e-mail notice **WILL NOT** access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: DPH.FacilitySurvey@illinois.gov

Telephone: 217-782-3516

Hospital Name	Vista Medical Center East		
Hospital Address	1324 North Sheridan Road		
Hospital City	Waukegan	State	IL Zip Code 60085

Authorized Hospital Bed Capacity (CON)

		December 31, 2009	December 31, 2010
	Information	Medical-Surgical	256
		Pediatrics	35
Health Service Area	8	Intensive Care	16
Hospital Planning Area	A-09	Obstetrics	29
County	LAKE	Neonatal Level III	0
Approved for LTC Swing Beds?		Long-Term Care	0
[Help]		Acute Mental Illness	0
		Rehabilitation	0
		Long-Term Acute Care (LTACH)	0
		[Help]	

[< Back](#) [Next >](#) [Save](#)

inqui

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

QUESTION I. INPATIENT SERVICES UTILIZATION

Report the utilization data for each category of service in the spaces below.

OBSERVATION DAYS are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS divided by 24.**

PEAK BEDS SET UP AND STAFFED is the highest number of authorized service beds available for use at any point in time in the calendar year.

PEAK CENSUS is the highest number of inpatients in the unit at any point in time in the calendar year.

A. MEDICAL-SURGICAL UTILIZATION:

If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	399	798				
A2. Medical-Surgical 15-44 years	1723	5399				
A3. Medical-Surgical 45-64 years	2888	11438				
A4. Medical-Surgical 65-74 years	1339	6550				
A5. Medical-Surgical 75 +	2141	10717				
A6. Medical-Surgical Totals	8490	34902	158	158	131	544

B. PEDIATRIC UTILIZATION: Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years.

If this service is provided in an AUTHORIZED Pediatric Unit, the data is to be recorded in this section on line B.

If there is no AUTHORIZED Pediatric Unit, report Medical Surgical care for 0-14 year olds on line A1.

B. Pediatric Utilization	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
	0	0	0	0	0	0

C. INTENSIVE CARE UTILIZATION: In this section, report the utilization of your Intensive Care unit, if you have one.

Neonatal Level III (Neonatal Intensive Care) is not to be reported here.

Intermediate care units are components of Medical-Surgical care and should be included in section A.

If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.

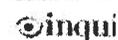
	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
C1. Inpatients Admitted Directly to ICU	1534	5188				
C2. Patients Transferred to ICU from another Unit of the Hospital	183	619				
C3. TOTAL ICU UTILIZATION	1717	5807	23	23	23	0

D. OBSTETRIC/GYNECOLOGY UTILIZATION:

Obstetrics care includes both Ante-Partum and Post-Partum.
Clean Gynaecology is the non-maternity care.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
D1. Obstetrics Patients	1590	3501				
D2. Clean Gynecology Patients	5	11				
D3. Total Obstetrics/Gynecology Patients	1595	3512	35	35	18	94

< Back Next > Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

E. NEONATAL LEVEL III (NEONATAL INTENSIVE CARE) UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days Neonatal Level Nursing Unit
E. Neonatal Level III [Help]	0	0	0	0	0	0

F. LONG-TERM NURSING CARE UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days Long-Term Care Nursing Unit
F. Long-Term Care (LTC) [Help]	0	0	0	0	0	0

G. LONG-TERM CARE SWING BEDS (MEDICARE-CERTIFIED) UTILIZATION:

	Admissions	Inpatient Days	Peak Census
G. LTC Swing Beds (Medicare-certified) [Help]	0	0	0

H. ACUTE MENTAL ILLNESS UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days Acute Mental Illness Nursing Unit
H. Acute Mental Illness [Help]	0	0	0	0	0	0

I. REHABILITATION UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days Rehabilitation Nursing Unit
I. Rehabilitation [Help]	0	0	0	0	0	0

J. LONG-TERM ACUTE CARE UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days Rehabilitation Nursing Unit
J. Long-Term Acute Care (LTACH) [Help]	0	0	0	0	0	0

K. OBSERVATION DAYS OUTSIDE A NURSING UNIT:

If patient observation prior to admission takes place in dedicated observation beds or stations (not occurring in inpatient nursing units listed A through J), report the number of dedicated observation beds or stations and the number of observation days here:

	Dedicated Observation Beds or Stations	Observation Days in Dedicated Observation Beds or Stations
K. Dedicated Observation Beds or Stations	0	0

FACILITY TOTAL UTILIZATION:

Report the Total Hospital Utilization Statistics in the spaces provided. TOTALS MUST INCLUDE ALL AUTHORIZED HOSPITAL SERVICES. The sub-totals reported below must equal the sum of the categories of service figures on Lines A6, B, C3, D3, E, F, G, H, I, J and K. Total Utilization is the same as on the Sub-Total line, except Intensive Care Transfers (line C2) are deducted from Admissions.

	Total Admissions	Total Inpatient Days	Total Beds Set Up and Staffed on Oct. 1, 2010	Total Observation Days in Hospital
SUB-TOTAL OF ITEMS A - K	11802	44221	216	638
Minus ICU Transfers from C2	183			
L. TOTAL HOSPITAL UTILIZATION	11619	44221	216	638

[< Back](#) [Next >](#) [Save](#)



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

L. INPATIENT UTILIZATION BY RACIAL GROUP AND ETHNICITY:

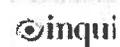
Report the number of Inpatients admitted to the hospital and the number of Patient Days of Care provided to Inpatients by the hospital during Calendar Year 2010 by the Racial Group and Ethnicity of the patient.

TOTAL ADMISSIONS AND INPATIENT DAYS IN SECTION 1 as well as in SECTION 2 (not a combination) MUST AGREE WITH THE FIGURES REPORTED ON LINE L, PAGE 4.

SECTION 1. RACIAL GROUPS	Inpatients Admitted	Patient Days
Asian	156	659
American Indian or Native Alaskan	27	65
Black or African American	3140	12079
Native Hawaiian or Pacific Islander	0	0
White	8165	31012
Unknown	131	406
TOTALS - SECTION 1	11619	44221

SECTION 2. ETHNIC GROUPS	Inpatients Admitted	Patient Days
Hispanic or Latino	2653	7706
Not Hispanic or Latino	8835	36109
Unknown	131	406
TOTALS - SECTION 2	11619	44221

[< Back](#) [Next >](#) [Save](#)



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question II. FACILITY OWNERSHIP AND ADMINISTRATION:

A. Legal Entity that operates the facility [\[Help\]](#)

Community Health Systems

B. Legal Entity that owns the physical plant [\[Help\]](#)

Community Health Systems

C. Indicate the type of organization managing the facility (MARK ONLY ONE SELECTION):

FOR PROFIT	GOVERNMENTAL	NOT FOR PROFIT
<input checked="" type="radio"/> For Profit Corporation	<input type="radio"/> County	<input type="radio"/> Church-Related
<input type="radio"/> Limited Partnership	<input type="radio"/> City	<input type="radio"/> Not for Profit Corporation (Not Church-Related)
<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Township	<input type="radio"/> Other Not For Profit (specify below)
<input type="radio"/> Limited Liability Company	<input type="radio"/> Hospital District	
<input type="radio"/> Other For Profit (specify below)	<input type="radio"/> Other Governmental (specify below)	

Other Ownership Type

D. Indicate any contracts for management of services: List any contractors who manage the selected services performed in the hospital.

Contract Management

Psychiatric Service

Rehabilitation Service

Emergency Service

Midway Emergency Physicians, LLC

E. Is your ENTIRE facility CERTIFIED by the Center for Medicare and Medicaid Services (CMS) as either of the following? (Check to indicate certification)

<input type="checkbox"/> Critical Access Hospital
<input type="checkbox"/> LongTerm Acute Care Hospital (LTACH)

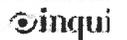
F. Is your ENTIRE facility characterized as any of the following? (Check if applicable)

<input checked="" type="checkbox"/> General Hospital
<input type="checkbox"/> Rehabilitation Hospital
<input type="checkbox"/> Children's Speciality Care Hospital
<input type="checkbox"/> Psychiatric Hospital

< Back

Next >

Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question III. SURGICAL PROCEDURES - O.R. (Class C):

Record times in HOURS. Round ALL reported times UP to the next full hour. For example: 1927 minutes of surgery divided by 60 = 32.11 hours, rounds up to 33 hours. Hours of surgery are ACTUAL hours, not SCHEDULED hours.

OPERATING ROOM (CLASS C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)
'COMBINED' O.R.s are operating rooms used for BOTH inpatient and outpatient surgeries, NOT the sum of inpatient and outpatient operating rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time for set-up and clean-up of the operating room.

	<u>OPERATING ROOMS (CLASS C)</u>				<u>SURGICAL CASES TREATED</u>		<u>SURGICAL HOURS</u>		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Cardiovascular	0	0	1	1	62	17	269	10	279
Dermatology	0	0	0	0	0	0	0	0	0
General Surgery	0	0	8	8	404	889	468	1052	1520
Gastroenterology	0	0	2	2	716	1579	349	790	1139
Neurology	0	0	0	0	51	181	90	383	473
OB/Gynecology	0	0	2	2	151	866	126	834	960
Oral/Maxillofacial	0	0	0	0	18	139	22	207	229
Ophthalmology	0	0	0	0	4	189	3	388	391
Orthopedic	0	0	0	0	208	1038	273	1459	1732
Otolaryngology	0	0	0	0	13	317	17	283	300
Plastic Surgery	0	0	0	0	2	4	3	4	7
Podiatry	0	0	0	0	15	56	15	81	96
Thoracic	0	0	0	0	248	55	294	51	345
Urology	0	0	1	1	132	318	101	296	397
TOTAL SURGERIES	0	0	14	14	2024	5648	2030	5838	7868

[< Back](#) | [Next >](#) | [Save](#)



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question IIIA. SURGICAL PROCEDURES - Invasive, Non OR

DEDICATED SURGICAL PROCEDURE ROOMS - Class B:

Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Report how many rooms your hospital has dedicated for surgical procedures not included in the table above (Question III), by Inpatient, Outpatient and Combined Inpatient/Outpatient rooms. Also report the number of Inpatients and Outpatients special procedure cases in the reporting year, and the number of surgical hours the procedures required, for both Inpatient and Outpatient procedures.

TOTAL ROOMS should be the sum of Inpatient, Outpatient and Combined rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time to set-up and clean-up the procedure room.

TOTAL SURGICAL HOURS should be the total of Inpatient and Outpatient surgical hours.

	DEDICATED PROCEDURE ROOMS				CASES		SURGICAL PROCEDURE HOURS		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Gastro-Intestinal Procedures	0	0	0	0	0	0	0	0	0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0
Pain Management Procedures	0	0	0	0	0	0	0	0	0
Cystoscopy Procedures	0	0	0	0	0	0	0	0	0
Multipurpose (Non-Dedicated) Procedure Rooms (enter data for surgical speciality eg., Ophthalmology, General surgery, Minor procedures etc)									
Pain Mgmt	0	0	1	1	44	104	31	83	114
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0

SURGICAL RECOVERY STATIONS

How many surgical recovery stations does your hospital maintain?

Stage 1 - Post-Anesthesia Recovery Stations

Stage 2 - Step-down Ambulatory Recovery Stations

15

16

Question IV. Labor, Delivery and Recovery/Newborn Care:

a. Number of Labor Rooms	<input type="text" value="7"/>	b. Number of Delivery Rooms	<input type="text" value="1"/>	c. Number of Birthing Rooms	<input type="text" value="0"/>
d. Labor-Delivery-Recovery (LDR) Rooms	<input type="text" value="5"/>	e. Labor-Delivery-Recovery-PostPartum (LDRP) Rooms	<input type="text" value="0"/>		
f. Number of Dedicated C-Section Rooms	<input type="text" value="2"/>	g. Number of Total C-Sections Performed	<input type="text" value="495"/>		

h. Births and Newborn Care

Report the number of Total Births (Live and Stillborn), Live Births, Newborn Level I, Level II and Level II+ patient days of care, as defined by the Perinatal Advisory Committee, in the spaces provided.

Number	Total Births	Live Births	Newborn Level I Patient Days	Newborn Level II Patient Days	Newborn Level II+ Patient Days
	<input type="text" value="1537"/>	<input type="text" value="1527"/>	<input type="text" value="2767"/>	<input type="text" value="801"/>	<input type="text" value="105"/>



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question V. Organ Transplantation:

A. Does your hospital perform organ transplants? Yes No

	Heart	Heart/Lung	Kidney	Liver	Lung	Pancreas
B. Transplants Performed in 2010	0	0	0	0	0	0

Question VI. Cardiac Surgery (Open Heart Surgery) For definitions and information, click the [Help] link.

	Age 0-14	Age 15 and Over
a. Cardiac Surgery Cases by Age Group	0	61
b. Total Cardiac Surgery Cases (All ages)	61	
c. Of Cases in b., Number of Coronary Artery Bypass Grafts (CABGs) [Help]	0	

Question VII. Cardiac Catheterization For definitions and information, click the [Help] link.

PHYSICAL SET UP:

	LABS
1. Total Cardiac Catheterization labs (includes Dedicated and Non-Dedicated labs for diagnostic/interventional/EP)	3
a. Catheterization labs dedicated to only Diagnostic procedures	0
b. Catheterization labs dedicated to only Interventional procedures	1
c. Catheterization labs dedicated to only Electro-Physiological procedures	1
d. Of the catheterization labs listed in line 1, the number shared with radiology for Angiography procedures	1

UTILIZATION (Procedures Performed by Age Group)

	Age 0-14	Age 15 and Over
2. Indicate the total catheterization procedures performed including all diagnostic, interventional, and EP procedures for all age groups.	1022	
a. Diagnostic Cardiac Catheterizations	0	685
b. Interventional Cardiac Catheterizations	0	164
c. Electro-Physiological (EP) Procedures [Help]	173	

Question VIII: Emergency/Trauma Care:

A. Category of EMERGENCY Services : (as defined by IL Hospital Licensing Act) COMPREHENSIVE BASIC STAND BY

B. Are you a designated trauma center (by Emergency Medical Services (EMS)): YES NO

C. Type of the trauma center:

D. List the number of Operating rooms dedicated or reserved (24/7) for trauma:

E. List the number of stations in Emergency Room (ER):

F. Indicate the number of visits to Emergency and Trauma. Also list the number that resulted in admissions to the hospital.

	EMERGENCY (ED)	TRAUMA	TOTAL VISITS
Number of Visits	38102	0	38102
Admissions to Hospital (subset of visits that resulted in admission)	7525	0	

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

A. Visits at the Hospital/Hospital Campus	74783
B. Visits in the facilities Off site/Off Campus	34096
C. TOTAL	108879

Question X. Patients Served during Calendar Year 2010 by Primary Payor:

Patients are to be reported by PRIMARY PAYOR - Primary Payor is the one responsible for most of the charges (generally, 50% or more). TOTAL INPATIENTS REPORTED (including Charity Care inpatients) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED ON PAGE 4, LI

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	4680	3084	0	2769	789	11322
OUTPATIENTS	28933	32309	0	40890	5158	107290

* OTHER PUBLIC includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

PRIVATE INSURANCE includes any payments made through private insurance policies.

PRIVATE PAYMENT includes money from a private account (for example, a medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

CHARITY CARE* PATIENTS

	INPATIENTS	OUTPATIENTS
Charity Care Patients	297	1589

***Charity care* means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

A Charity Care Patient is one without third-party coverage who received charity care as defined above.

Charity Care patients are not to be included in the above chart on Primary Payor.

As per AICPA guidelines, determination of charity care can be made at any time during the entire process, although it is preferred to be done when the patient presents.

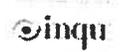
Question XI. LABORATORY STUDIES:

Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is all considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	311832	144765	0

< Back Next > Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question XII. DIAGNOSTIC AND THERAPEUTIC EQUIPMENT:

A. Indicate the number of pieces of equipment your hospital had in operation on site (Fixed owned/ Fixed leased during the reporting year and the number of inpatient, outpatient and contractually-performed examinations or treatment courses performed during the reporting year.

EXAMINATIONS are to be reported - NOT patients served. If one patient had several examinations during the reporting year, EACH examination is counted separately. It is the the number of times a machine is used per exam/procedure or treatment course. If the hospital has a contract with an equipment supplier to provide inpatient or outpatient services on the campus of the hospital, the examinations are to be listed under exams by contractu agreement column.

DIAGNOSTIC/IMAGING	PIECES OF EQUIPMENT		EXAMS/ PROCEDURES			
	Hospital Owned	Contracted (list below)	Inpatient	Outpatient	Contractual Agreement	
					Inpatient	Outpatient
1. General Radiography/Fluoroscopy	19	0	16211	25319	0	0
2. Nuclear Medicine	8	0	1152	1055	0	0
3. Mammography	6	0	7	16009	0	0
4. Ultrasound	11	0	2299	10468	0	0
5. CT Tomography	5	0	7329	13466	0	0
6. PET Tomography	0	1	0	136	0	0
7. Magnetic Resonance Imaging (MRI)	5	0	1065	4203	0	0
8. Angiography Equipment*	1	0				
a. Diagnostic Angiography			1	0	0	0
b. Interventional Angiography			861	643	0	0

*Report Angiography Equipment on line 8, and Angiography Procedures on lines a and b.

INTERVENTIONAL & RADIATION THERAPIES	Hospital Owned	Contracted (list below)	Treatment Courses
9. Lithotripsy	0	0	0
Radiation Therapy Equipment			
10. Linear Accelerators*	0	0	0
a. Image Guided Radiation Therapy (IGRT)			0
b. Intensity Modulated Radiotherapy (IMRT)			0
11. High Dose Brachytherapy	0	0	0
12. Proton Beam Therapy	0	0	0
13. Gamma knife	0	0	0
14. Cyber knife	0	0	0

*Report Linear Accelerators and Treatments on line 10.

Specialized use of linear accelerators for IGRT and IMRT should be reported on lines a and b.

B. List contractors for each type of equipment reported in Question XII, Part A.

If you reported any Contracted Equipment in Section A, column 3 above, list the type of equipment and the name(s) of the companies or persons with whom your hospital has contracted for equipment.

	Type of Equipment	Company/Individual Contracted With
1.	PET-CT	Shared Medical Services
2.		

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

Question XIII. INFECTION PREVENTION AND CONTROL

Please provide the following information regarding Infection Prevention and Control staff. If a staff member fills multiple positions, use the percentage of their time that is devoted to Infection Prevention and Control, e.g., if a staff member spends 2 days a week working on Infection Control and 3 days a week working on Employee Health, only 2 days per week, or 0.4 FTE, should be counted for Infection Prevention and Control activities. Categories of employees to exclude: administrative support and data entry personnel and physician hospital epidemiologists

Infection Prevention and Control Staff	FTEs*
How many full-time equivalent staff (FTEs) were employed in your facility's infection prevention and control department, as of December 31, 2010?	1
How many of the FTEs indicated in the previous question were filled by an individual who is certified in infection control (CIC), as determined by the Certification Board in Infection Control, as of December 31, 2010?	1

CONTACT FOR INFECTION PREVENTION AND CONTROL INFORMATION

Please provide a contact person for information regarding Infection Prevention and Control efforts at your facility. If you have any comments pertaining to Infection Control and/or your efforts in this area, please enter them into space provided.

Name	<input type="text" value="Karen Obenauf, RN"/>
Telephone	<input type="text" value="847-360-4052"/>
Email	<input type="text" value="Karen_Obenauf@CHS.net"/>
Comments	<input type="text" value="none"/>



Responses saved. Add this page to your favorites or bookmarks.

IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART II

Page 13 of 18

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

THE DATA REQUESTED BY THIS QUESTIONNAIRE ARE AUTHORIZED PURSUANT TO THE ILLINOIS HEALTH FACILITIES PLANNING ACT [20 ILCS 3960/5.3]

THESE DOLLAR AMOUNTS MUST BE TAKEN FROM YOUR MOST RECENT ANNUAL FINANCIAL STATEMENTS WHICH INCLUDES YOUR INCOME STATEMENT AND BALANCE SHEET. FINANCIAL STATEMENTS ARE DEFINED AS AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION of the FINANCIAL STATEMENTS, OR TAX RETURN FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.

This part of the survey collects Financial and Capital Expenditure information for your facility. This part **MUST** be reported for the MOST RECENT FISCAL YEAR AVAILABLE to you.

If you have problems providing the information requested, contact this office via e-mail at DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

**INDICATE THE STARTING AND ENDING DATES
OF YOUR MOST RECENT FISCAL YEAR (mm/dd/yyyy)**

Starting Ending

Source of Financial Data Used



 inquiry

**ILLINOIS HEALTH FACILITIES PLANNING BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

1. CAPITAL EXPENDITURES

Provide the following information for all projects / capital expenditures IN EXCESS OF \$293,500 obligated by or on behalf of the health care facility for your reported FISCAL YEAR (click the link below the table for definitions of terms):

	Description of Project / Capital Expenditure	Amount Obligated (\$)	Method of Financing	CON Project Number (if reviewed)
1.	Cath Lab Addition/Renovation	1431643	Equity	
2.	Philips Intellivue Monitors	318323	Equity	
3.	GI Room Revovation/ICU Waiting Rm Renov.	1257537	Equity	
4.	Philips Allura Xper FD20 System	749862	Equity	
5.	Nursing Unit Equipment Purchase	589621	Equity	
6.	Fabius-GS Anesthesia Machines	320704	Equity	
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

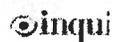
[Help]

Report the TOTAL of ALL Capital Expenditures for your reported FISCAL YEAR

TOTAL CAPITAL EXPENDITURES FOR REPORTED FISCAL YEAR
(including those below \$293,500)

6470199

< Back Next > Save



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYOR

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTAL
INPATIENT REVENUE (\$)	40645026	28247544	0	30671985	9185532	108750087
OUTPATIENT REVENUE (\$)	12777278	6357375	0	24673552	6929895	50738100

* **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

PRIVATE INSURANCE includes any payments made through private insurance policies.

PRIVATE PAYMENT includes money from a private account (for example, a Medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

3. AMOUNT OF CHARITY CARE* SERVICES PROVIDED DURING THE FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Amount of Charity Care Services Provided at Cost (\$)	2511567	1148524

*****Charity care** means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

In reporting amount of charity care provided, the reporting entity must report the amount of charity care based on cost, not charges (per CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios).

As per AICPA guidelines, charity care can be determined at any time during the process.

< Back Next > Save



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

4. Community Benefits:

Report the dollar amounts spent on various community benefit programs offered by your facility to the community. All hospitals must complete these items immaterial of whether they are Non profit facilities or not.

If the data is not available for your reporting year then mark the appropriate box (Not Available) next to each item. However, every effort needs to be made to provide the requested information.

Community Benefit Definitions

- | | | |
|--|--------------------------------|--|
| a. Language Assistant Services | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| b. Government Sponsored Indigent Health Care | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| c. Donations | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| d. Volunteer Services | | |
| i) Employee Volunteer Services | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| ii) Non-Employee Volunteer Services | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| e. Education | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| f. Government Sponsored program services | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| g. Research | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| h. Subsidized health services | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| i. Bad Debts | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |
| j. Other Community Benefits | <input type="text" value="0"/> | Not Available <input type="checkbox"/> |

< Back | > Next | > Save



IDPH ANNUAL HOSPITAL QUESTIONNAIRE

Please provide the following information for the individual responsible for the preparation of this questionnaire:

Contact Person Name	Mark Prellberg
Contact Person Job Title	Controller
Contact Person Telephone Number	847-360-4011
Contact Person E-Mail Address	mark_prellberg@chs.net

Please provide the following information for the facility Administrator/CEO:

Administrator's Name	Barbara Martin
Administrator's Title	CEO
Administrator's Telephone	847-360-4001
Administrator's Email Address	barbara_martin@chs.net

If you have any comments on the survey, please enter them in the space provided below.

[< Back](#) | [Next >](#) | [Save](#)



CERTIFICATION OF SURVEY DATA

Pursuant to the Health Facilities Planning Act (20 ILCS 3960/13), the State Board requires "all health facilities operating in the State to provide such reasonable reports at such times and containing such information as is needed" by the Board to carry out the purposes and provisions of this Act. By completing this section, the named individual is certifying that he/she has read the foregoing document, that he/she is authorized to make this certification on behalf of this facility, and that the information contained in this report is accurate, truthful and complete to the best of his/her knowledge and belief. Please note that the State Board will be relying on the information contained in this document as being truthful and accurate information. Any misrepresentations will be considered material.

I certify that the information in this report is accurate, truthful and complete to the best of my knowledge.

Person
Certifying
Job Title

Mark Prellberg

Controller

Certification
Date

3/25/11

THANK YOU FOR COMPLETING THE ANNUAL HOSPITAL QUESTIONNAIRE

**ONCE YOU HAVE SUBMITTED THE FORM,
NO FURTHER ACCESS OR CHANGES ARE POSSIBLE.**

**YOU CANNOT RETRACT OR CHANGE A SUBMITTED FORM, SO BE SURE TO VERIFY
YOUR ANSWERS BEFORE CLICKING ON THE 'SUBMIT FORM' BUTTON.**

**WHEN YOU HAVE REVIEWED AND VERIFIED YOUR RESPONSES, CLICK THE 'SUBMIT
FORM' BUTTON TO SEND YOUR COMPLETED QUESTIONNAIRE BACK TO OUR
OFFICE. YOU WILL BE ROUTED TO A CONFIRMATION PAGE.**

***You will see an acknowledgment on the web page you are viewing.
A dated receipt is also available for printing purposes.***

**IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT
217-782-3516 OR BY EMAIL AT DPH.FacilitySurvey@illinois.gov**

< Back

Submit Form

Save

inqui

**CONFIRMATION OF RECEIPT OF
IDPH ANNUAL HOSPITAL QUESTIONNAIRE FOR 2010 DATA**

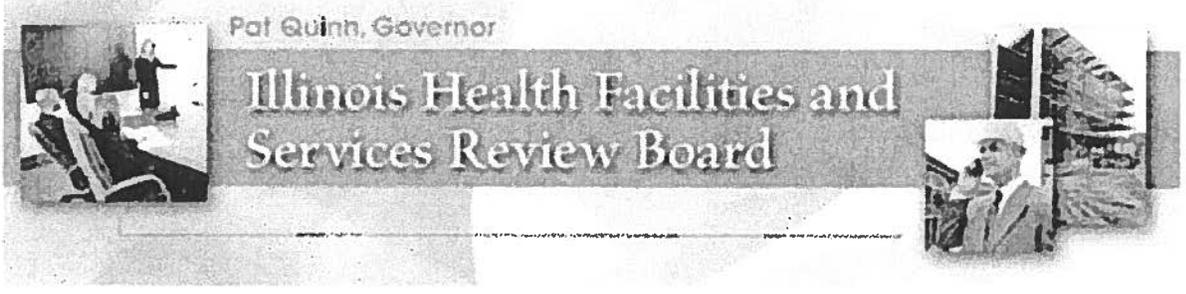
The 2010 Annual Hospital Questionnaire for your hospital has been received by the Illinois Department of Public Health.

Thank you for your cooperation.

Please print out a copy of this confirmation notice for your records.

March 29, 2011

2011 East



**CONFIRMATION OF RECEIPT OF
IDPH ANNUAL HOSPITAL QUESTIONNAIRE FOR 2011 DATA**

The 2011 Annual Hospital Questionnaire for your hospital has been received by the Illinois Health Facilities and Services Review Board.

Thank you for your cooperation.

Please print out a copy of this confirmation notice for your records.

March 19, 2012

Fast 2011

**SURVEY
INSTRUCTIONS**

NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE.

ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.

IMPORTANT

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. **YOU MUST DO THIS ONLY ONCE; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.** The link provided in your e-mail notice **WILL NOT** access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: DPH.FacilitySurvey@illinois.gov

Telephone: 217-782-3516

Hospital Name	Vista Medical Center East		
Hospital Address	1324 North Sheridan Road		
Hospital City	Waukegan	State	IL Zip Code 60085

Authorized Hospital Bed Capacity (CON)

		December 31, 2010	December 31, 2011
	Information	Medical-Surgical	256
		Pediatrics	35
Health Service Area	8	Intensive Care	23
Hospital Planning Area	A-09	Obstetrics	29
County	LAKE	Neonatal Level III	0
Approved for LTC Swing Beds?		Long-Term Care	0
[Help]		Acute Mental Illness	0
		Rehabilitation	0
		Long-Term Acute Care (LTACH)	0
		[Help]	

< Back Next > Save



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

QUESTION I. INPATIENT SERVICES UTILIZATION

Report the utilization data for each category of service in the spaces below.

OBSERVATION DAYS are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS divided by 24.**

PEAK BEDS SET UP AND STAFFED is the highest number of authorized service beds available for use at any point in time in the calendar year.

PEAK CENSUS is the highest number of inpatients in the unit at any point in time in the calendar year.

A. MEDICAL-SURGICAL UTILIZATION:

If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	369	727				
A2. Medical-Surgical 15-44 years	1657	5185				
A3. Medical-Surgical 45-64 years	2830	11298				
A4. Medical-Surgical 65-74 years	1362	6435				
A5. Medical-Surgical 75 +	2167	10922				
A6. Medical-Surgical Totals	8385	34567	158	158	126	856

B. PEDIATRIC UTILIZATION: Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years.

If this service is provided in an AUTHORIZED Pediatric Unit, the data is to be recorded in this section on line B.

If there is no AUTHORIZED Pediatric Unit, report Medical Surgical care for 0-14 year olds on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
B. Pediatric Utilization	0	0	0	0	0	0

C. INTENSIVE CARE UTILIZATION: In this section, report the utilization of your Intensive Care unit, if you have one.

Neonatal Level III (Neonatal Intensive Care) is not to be reported here.

Intermediate care units are components of Medical-Surgical care and should be included in section A.

If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
C1. Inpatients Admitted Directly to ICU	1761	4797				
C2. Patients Transferred to ICU from another Unit of the Hospital	437	1190				
C3. TOTAL ICU UTILIZATION	2198	5987	23	23	23	0

D. OBSTETRIC/GYNECOLOGY UTILIZATION:

Obstetrics care includes both Ante-Partum and Post-Partum. Clean Gynaecology is the non-maternity care.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
D1. Obstetrics Patients	1329	2860				
D2. Clean Gynecology Patients	6	13				
D3. Total Obstetrics/Gynecology Patients	1335	2873	15	19	16	61

< Back Next > Save



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

E. NEONATAL LEVEL III (NEONATAL INTENSIVE CARE) UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days Neonatal Level Nursing Unit
E. Neonatal Level III [Help]	0	0	0	0	0	0

F. LONG-TERM NURSING CARE UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days Long-Term Care Nursing Unit
F. Long-Term Care (LTC) [Help]	0	0	0	0	0	0

G. LONG-TERM CARE SWING BEDS (MEDICARE-CERTIFIED) UTILIZATION:

	Admissions	Inpatient Days	Peak Census
G. LTC Swing Beds (Medicare-certified) [Help]	0	0	0

H. ACUTE MENTAL ILLNESS UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days Acute Mental Illness Nursing Unit
H. Acute Mental Illness [Help]	0	0	0	0	0	0

I. REHABILITATION UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days Rehabilitation Nursing Unit
I. Rehabilitation [Help]	0	0	0	0	0	0

J. LONG-TERM ACUTE CARE UTILIZATION:

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days Rehabilitation Nursing Unit
J. Long-Term Acute Care (LTACH) [Help]	0	0	0	0	0	0

K. OBSERVATION DAYS OUTSIDE A NURSING UNIT:

If patient observation prior to admission takes place in dedicated observation beds or stations (not occurring in inpatient nursing units listed A through I), report the number of dedicated observations beds or stations and the number of observation days here:

	Dedicated Observation Beds or Stations	Observation Days in Dedicated Observation Beds or Stations
K. Dedicated Observation Beds or Stations	0	0

FACILITY TOTAL UTILIZATION:

Report the Total Hospital Utilization Statistics in the spaces provided. TOTALS MUST INCLUDE ALL AUTHORIZED HOSPITAL SERVICES. The sub-totals reported below must equal the sum of the categories of service figures on Lines A6, B, C3, D3, E, F, G, H, I, J and K. Total Utilization is the same as on the Sub-Total line, except Intensive Care Transfers (line C2) are deducted from Admissions.

	Total Admissions	Total Inpatient Days	Total Beds Set Up and Staffed on Oct. 1, 2011	Total Observation Days in Hospital
SUB-TOTAL OF ITEMS A - K	11918	43427	196	917
Minus ICU Transfers from C2	437			
L. TOTAL HOSPITAL UTILIZATION	11481	43427	196	917

[< Back](#) [Next >](#) [Save](#)



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

L. INPATIENT UTILIZATION BY RACIAL GROUP AND ETHNICITY:

Report the number of Inpatients admitted to the hospital and the number of Patient Days of Care provided to Inpatients by the hospital during Calendar Year 2011 by the Racial Group and Ethnicity of the patient.

TOTAL ADMISSIONS AND INPATIENT DAYS IN SECTION 1 as well as in SECTION 2 (not a combination) MUST AGREE WITH THE FIGURES REPORTED ON LINE L, PAGE 4.

SECTION 1. RACIAL GROUPS	Inpatients Admitted	Patient Days
Asian	180	717
American Indian or Native Alaskan	28	78
Black or African American	3131	12098
Native Hawaiian or Pacific Islander	0	0
White	8034	30198
Unknown	108	336
TOTALS - SECTION 1	11481	43427

SECTION 2. ETHNIC GROUPS	Inpatients Admitted	Patient Days
Hispanic or Latino	2485	7184
Not Hispanic or Latino	8888	35907
Unknown	108	336
TOTALS - SECTION 2	11481	43427



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question II. FACILITY OWNERSHIP AND ADMINISTRATION:

A. Legal Entity that operates the facility [\[Help\]](#)

B. Legal Entity that owns the physical plant [\[Help\]](#)

C. Indicate the type of organization managing the facility (MARK ONLY ONE SELECTION):

FOR PROFIT	GOVERNMENTAL	NOT FOR PROFIT
<input checked="" type="radio"/> For Profit Corporation	<input type="radio"/> County	<input type="radio"/> Church-Related
<input type="radio"/> Limited Partnership	<input type="radio"/> City	<input type="radio"/> Not for Profit Corporation (Not Church-Related)
<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Township	<input type="radio"/> Other Not For Profit (specify below)
<input type="radio"/> Limited Liability Company	<input type="radio"/> Hospital District	
<input type="radio"/> Other For Profit (specify below)	<input type="radio"/> Other Governmental (specify below)	

Other Ownership Type

D. Indicate any contracts for management of services: List any contractors who manage the selected services performed in the hospital.

	Contract Management
Psychiatric Service	<input type="text"/>
Rehabilitation Service	<input type="text"/>
Emergency Service	Midway Emergency Physicians, LLC

E. Is your ENTIRE facility CERTIFIED by the Center for Medicare and Medicaid Services (CMS) as either of the following? (Check to indicate certification)

<input type="checkbox"/> Critical Access Hospital
<input type="checkbox"/> LongTerm Acute Care Hospital (LTACH)

F. Is your ENTIRE facility characterized as any of the following? (Check if applicable)

<input checked="" type="checkbox"/> General Hospital
<input type="checkbox"/> Rehabilitation Hospital
<input type="checkbox"/> Children's Speciality Care Hospital
<input type="checkbox"/> Psychiatric Hospital

[< Back](#) | [Next >](#) | [Save](#)



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question III. SURGICAL PROCEDURES - O.R. (Class C):

Record times in HOURS. Round ALL reported times UP to the next full hour. For example: 1927 minutes of surgery divided by 60 = 32.11 hours, rounds up to 33 hours. Hours of surgery are ACTUAL hours, not SCHEDULED hours.

OPERATING ROOM (CLASS C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)
 'COMBINED' O.R.s are operating rooms used for BOTH inpatient and outpatient surgeries, NOT the sum of inpatient and outpatient operating rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time for set-up and clean-up of the operating room.

	OPERATING ROOMS (CLASS C)				SURGICAL CASES TREATED		SURGICAL HOURS		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Cardiovascular	0	0	1	1	34	32	179	186	365
Dermatology	0	0	0	0	0	0	0	0	0
General Surgery	0	0	8	8	419	1210	263	1753	2016
Gastroenterology	0	0	2	2	660	1471	366	761	1127
Neurology	0	0	0	0	87	171	149	385	534
OB/Gynecology	0	0	2	2	177	853	160	855	1015
Oral/Maxillofacial	0	0	0	0	10	109	34	178	212
Ophthalmology	0	0	0	0	0	109	0	130	130
Orthopedic	0	0	0	0	234	860	331	1234	1565
Otolaryngology	0	0	0	0	20	264	9	238	247
Plastic Surgery	0	0	0	0	3	36	5	63	68
Podiatry	0	0	0	0	15	39	13	40	53
Thoracic	0	0	0	0	269	135	251	247	498
Urology	0	0	1	1	140	180	105	218	323
TOTAL SURGERIES	0	0	14	14	2068	5469	1865	6288	8153

< Back Next > Save



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question IIIA. SURGICAL PROCEDURES - Invasive, Non OR

DEDICATED SURGICAL PROCEDURE ROOMS - Class B:

Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Report how many rooms your hospital has dedicated for surgical procedures not included in the table above (Question III), by Inpatient, Outpatient and Combined Inpatient/Outpatient rooms. Also report the number of Inpatients and Outpatients special procedure cases in the reporting year, and the number of surgical hours the procedures required, for both Inpatient and Outpatient procedures.

TOTAL ROOMS should be the sum of Inpatient, Outpatient and Combined rooms.

CASE is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

SURGICAL HOURS include the time to perform the surgical procedure plus time to set-up and clean-up the procedure room.

TOTAL SURGICAL HOURS should be the total of Inpatient and Outpatient surgical hours.

	DEDICATED PROCEDURE ROOMS				CASES		SURGICAL PROCEDURE HOURS		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Gastro-Intestinal Procedures	0	0	0	0	0	0	0	0	0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0
Pain Management Procedures	0	0	1	1	42	185	30	128	158
Cystoscopy Procedures	0	0	0	0	0	0	0	0	0
Multipurpose (Non-Dedicated) Procedure Rooms (enter data for surgical speciality eg., Ophthalmology, General surgery, Minor procedures etc)									
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0

SURGICAL RECOVERY STATIONS

Stage 1 - Post-Anesthesia Recovery Stations

Stage 2 - Step-down Ambulatory Recovery Stations

How many surgical recovery stations does your hospital maintain?

15

16

Question IV. Labor, Delivery and Recovery/Newborn Care:

a. Number of Labor Rooms	<input type="text" value="7"/>	b. Number of Delivery Rooms	<input type="text" value="1"/>	c. Number of Birthing Rooms	<input type="text" value="0"/>
d. Labor-Delivery-Recovery (LDR) Rooms	<input type="text" value="5"/>	e. Labor-Delivery-Recovery-PostPartum (LDRP) Rooms	<input type="text" value="0"/>		
f. Number of Dedicated C-Section Rooms	<input type="text" value="2"/>	g. Number of Total C-Sections Performed	<input type="text" value="401"/>		

h. Births and Newborn Care

Report the number of Total Births (Live and Stillborn), Live Births, Newborn Level I, Level II and Level II+ patient days of care, as defined by the Perinatal Advisory Committee, in the spaces provided.

Number	Total Births	Live Births	Newborn Level I Patient Days	Newborn Level II Patient Days	Newborn Level II+ Patient Days
	<input type="text" value="1288"/>	<input type="text" value="1286"/>	<input type="text" value="2117"/>	<input type="text" value="947"/>	<input type="text" value="0"/>

 >



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question V. Organ Transplantation:

A. Does your hospital perform organ transplants? Yes No

	Heart	Heart/Lung	Kidney	Liver	Lung	Pancreas
B. Transplants Performed In 2011	0	0	0	0	0	0

Question VI. Cardiac Surgery (Open Heart Surgery) For definitions and information, click the [Help] link.

	Age 0-14	Age 15 and Over
a. Cardiac Surgery Cases by Age Group	0	65
b. Total Cardiac Surgery Cases (All ages)	65	
c. Of Cases In b., Number of Coronary Artery Bypass Grafts (CABGs) [Help]	0	

Question VII. Cardiac Catheterization For definitions and information, click the [Help] link.

PHYSICAL SET UP:

	LABS
1. Total Cardiac Catheterization labs (includes Dedicated and Non-Dedicated labs for diagnostic/Interventional/EP)	3
a. Catheterization labs dedicated to only Diagnostic procedures	1
b. Catheterization labs dedicated to only Interventional procedures	1
c. Catheterization labs dedicated to only Electro-Physiological procedures	1
d. Of the catheterization labs listed in line 1, the number shared with radiology for Angiography procedures	1

UTILIZATION (Procedures Performed by Age Group)

	Age 0-14	Age 15 and Over
2. Indicate the total catheterization procedures performed including all diagnostic, interventional, and EP procedures for all age groups.	1096	
a. Diagnostic Cardiac Catheterizations	0	724
b. Interventional Cardiac Catheterizations	0	178
c. Electro-Physiological (EP) Procedures [Help]	194	

Question VIII: Emergency/Trauma Care:

A. Category of EMERGENCY Services : (as defined by IL Hospital Licensing Act) COMPREHENSIVE BASIC STAND BY

B. Are you a designated trauma center (by Emergency Medical Services (EMS)): YES NO

C. Type of the trauma center:

LEVEL 1	LEVEL 2
[]	Adult []

D. List the number of Operating rooms dedicated or reserved (24/7) for trauma:

E. List the number of stations in Emergency Room (ER):

F. Indicate the number of visits to Emergency and Trauma. Also list the number that resulted in admissions to the hospital.

	EMERGENCY (ED)	TRAUMA	TOTAL VISITS
Number of Visits	46215	0	46215
Admissions to Hospital (subset of visits that resulted in admission)	8174	0	

ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

A. Visits at the Hospital/Hospital Campus	77301
B. Visits in the facilities Off site/Off Campus	39723
C. TOTAL	117024

Question X. Patients Served during Calendar Year 2010 by Primary Payor:

Patients are to be reported by PRIMARY PAYOR - Primary Payor is the one responsible for most of the charges (generally, 50% or more). TOTAL INPATIENTS REPORTED (including Charity Care Inpatients) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED ON PAGE 4, LI

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	4609	2972	286	2510	843	11220
OUTPATIENTS	28470	38675	2233	39846	6803	116027

* OTHER PUBLIC includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
 PRIVATE INSURANCE includes any payments made through private insurance policies.
 PRIVATE PAYMENT includes money from a private account (for example, a medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

CHARITY CARE* PATIENTS

	INPATIENTS	OUTPATIENTS
Charity Care Patients	261	997

*"Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

A Charity Care Patient is one without third-party coverage who received charity care as defined above.

Charity Care patients are not to be included in the above chart on Primary Payor.

As per AICPA guidelines, determination of charity care can be made at any time during the entire process, although it is preferred to be done when a patient presents.

Question XI. LABORATORY STUDIES:

Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is also considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	323309	161052	0

< Back Next > Save



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question XII. DIAGNOSTIC AND THERAPEUTIC EQUIPMENT:

A. Indicate the number of pieces of equipment your hospital had in operation on site (Fixed owned/ Fixed leased during the reporting year and the number of inpatient, outpatient and contractually-performed examinations or treatments performed during the reporting year.

EXAMINATIONS are to be reported - NOT patients served. If one patient had several examinations during the reporting year, EACH examination is counted separately. It is the number of times a machine is used per exam/procedure or treatment. If the hospital has a contract with an equipment supplier to provide inpatient or outpatient services on the campus of the hospital, the examinations are to be listed under exams by contractual agreement column

DIAGNOSTIC/IMAGING	PIECES OF EQUIPMENT		EXAMS/PROCEDURES			
	Hospital Owned	Contracted (list below)	Inpatient	Outpatient	Contractual Agreement Inpatient	Outpatient
1. General Radiography/Fluoroscopy	19	0	15768	27311	0	0
2. Nuclear Medicine	8	0	1053	1031	0	0
3. Mammography	6	0	6	11108	0	0
4. Ultrasound	11	0	2623	11976	0	0
5. CT Tomography	5	0	6247	11071	0	0
6. PET Tomography	0	1	0	0	0	141
7. Magnetic Resonance Imaging (MRI)	5	0	993	3992	0	0
8. Angiography Equipment*	3	0				
a. Diagnostic Angiography			0	0	0	0
b. Interventional Angiography			669	604	0	0

*Report Angiography Equipment on line 8, and Angiography Procedures on lines a and b.

INTERVENTIONAL & RADIATION THERAPIES	Hospital Owned	Contracted (list below)	Treatments
9. Lithotripsy	0	0	0
Radiation Therapy Equipment			
10. Linear Accelerators*	0	0	0
a. Image Guided Radiation Therapy (IGRT)			0
b. Intensity Modulated Radiotherapy (IMRT)			0
11. High Dose Brachytherapy	0	0	0
12. Proton Beam Therapy	0	0	0
13. Gamma knife	0	0	0
14. Cyber knife	0	0	0

*Report Linear Accelerators and Treatments on line 10. Specialized use of linear accelerators for IGRT and IMRT should be reported on lines a and b.

B. List contractors for each type of equipment reported in Question XII, Part A.

If you reported any Contracted Equipment in Section A, column 3 above, list the type of equipment and the name(s) of the companies or persons with whom your hospital has contracted for equipment.

Type of Equipment	Company/Individual Contracted With
1. PET-CT	Shared Medical Services
2.	

3.

[< Back](#) [Next >](#) [Save](#)

inquis

Question XIII. INFECTION PREVENTION AND CONTROL

Please provide the following information regarding Infection Prevention and Control staff. If a staff member fills multiple positions, use the percentage of their time that is devoted to Infection Prevention and Control, e.g., if a staff member spends 2 days a week working on Infection Control and 3 days a week working on Employee Health, only 2 days per week, or 0.4 FTE, should be counted for Infection Prevention and Control activities. Categories of employees to exclude: administrative support and data entry personnel and physician hospital epidemiologists

Infection Prevention and Control Staff	FTEs*
How many full-time equivalent staff (FTEs) were employed in your facility's infection prevention and control department, as of December 31, 2011?	1
How many of the FTEs indicated in the previous question were filled by an individual who is certified in infection control (CIC), as determined by the Certification Board in Infection Control, as of December 31, 2011?	1

CONTACT FOR INFECTION PREVENTION AND CONTROL INFORMATION

Please provide a contact person for information regarding Infection Prevention and Control efforts at your facility. If you have any comments pertaining to Infection Control and/or your efforts in this area, please enter them into space provided.

Name	Karen Obenauf, RN
Telephone	847-360-4052
Email	Karen_Obenauf@CHS.net
Comments	none

[< Back](#) [Next >](#) [Save](#)



ANNUAL HOSPITAL QUESTIONNAIRE - PART I
LACTATION SPECIALIST

Does your facility employ a Lactation Specialist (s)? Yes No

If yes, are they available on the Maternity unit for breast feeding consultation and support? Yes No

If yes, how many FTEs are consistently assigned to these duties?

BREAST IMAGING

Which, if any, of the following breast imaging equipment does your facility currently use, and what procedures are performed using this equipment? Please record total facility equipment and procedures, both within the hospital and at affiliated outpatient/satellite centers, performed during calendar year 2011. If you did not perform breast imaging in 2011, please check the None of the Above box.

Mammography

Total Units
Screening mammogram procedures performed
Diagnostic mammogram procedures performed

Breast Ultrasound

Total Units
Breast Ultrasound procedures performed
Ultrasound-guided Breast Biopsy procedures performed

Stereotactic Biopsy

Total Units
Stereotactic Biopsy procedures performed

Breast MRI

Total Units
Breast MRI procedures performed

None of the Above



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

THE DATA REQUESTED BY THIS QUESTIONNAIRE ARE AUTHORIZED PURSUANT TO THE ILLINOIS HEALTH FACILITIES PLANNING ACT [20 ILCS 3960/5.3]

THESE DOLLAR AMOUNTS MUST BE TAKEN FROM YOUR MOST RECENT ANNUAL FINANCIAL STATEMENTS WHICH INCLUDES YOUR INCOME STATEMENT AND BALANCE SHEET. FINANCIAL STATEMENTS ARE DEFINED AS AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION of the FINANCIAL STATEMENTS, OR TAX RETURN FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.

This part of the survey collects Financial and Capital Expenditure information for your facility. This part **MUST** be reported for the MOST RECENT FISCAL YEAR AVAILABLE to you.

If you have problems providing the information requested, contact this office via e-mail at DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

**INDICATE THE STARTING AND ENDING DATES
OF YOUR MOST RECENT FISCAL YEAR (mm/dd/yyyy)**

Starting Ending

Source of Financial Data Used

▼



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

1. CAPITAL EXPENDITURES

Provide the following information for all projects / capital expenditures IN EXCESS OF \$303,000 obligated by or on behalf of the health care facility for your reported FISCAL YEAR (click the link below the table for definitions of terms):

	Description of Project / Capital Expenditure	Amount Obligated (\$)	Method of Financing	CON Project Number (if reviewed)
1.	Life Safety Correction	1792185	Equity	
2.	Free Standing ED	3383197	Equity	
3.	PCU Renovation	5455719	Equity	
4.	SDS Renovation	2575591	Equity	
5.	PBX Replacement	1115850	Equity	
6.	Meaningful Use Project	1672561	Equity	
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

[Help]

Report the TOTAL of ALL Capital Expenditures for your reported FISCAL YEAR

TOTAL CAPITAL EXPENDITURES FOR REPORTED FISCAL YEAR
 (including expenditures below \$303,000)

18149400

< Back Next > Save



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYOR

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTAL
INPATIENT REVENUE (\$)	38907020	30839286	0	30451192	14384655	114582153
OUTPATIENT REVENUE (\$)	15703088	7660481	0	26484137	10706535	60554241

* OTHER PUBLIC includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
PRIVATE INSURANCE includes any payments made through private insurance policies.
PRIVATE PAYMENT includes money from a private account (for example, a Medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

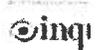
3. AMOUNT OF CHARITY CARE* SERVICES PROVIDED DURING THE FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Amount of Charity Care Services Provided at Cost (\$)	2590268	953564

**Charity care means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

In reporting amount of charity care provided, the reporting entity must report the amount of charity care based on cost, not charges (per CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios).

As per AICPA guidelines, charity care can be determined at any time during the process.



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

4. Community Benefits:

Report the dollar amounts spent on various community benefit programs offered by your facility to the community. All hospitals must complete these items immaterial of whether they are Non profit facilities or not.

If the data is not available for your reporting year then mark the appropriate box (Not Available) next to each item. However, every effort needs to be made to provide the requested information.

Community Benefit Definitions

a. Language Assistant Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
b. Government Sponsored Indigent Health Care	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
c. Donations	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
d. Volunteer Services		
i) Employee Volunteer Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
ii) Non-Employee Volunteer Services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
e. Education	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
f. Government Sponsored program services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
g. Research	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
h. Subsidized health services	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
i. Bad Debts	<input type="text" value="0"/>	Not Available <input type="checkbox"/>
j. Other Community Benefits	<input type="text" value="0"/>	Not Available <input type="checkbox"/>



ANNUAL HOSPITAL QUESTIONNAIRE

Please provide the following information for the Individual responsible for the preparation of this questionnaire:

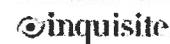
Contact Person Name	Mark Prellberg
Contact Person Job Title	Controller
Contact Person Telephone Number	847-360-4011
Contact Person E-Mail Address	mark_prellberg@chs.net

Please provide the following information for the facility Administrator/CEO:

Administrator's Name	Barb Martin
Administrator's Title	CEO
Administrator's Telephone	847-360-4001
Administrator's Email Address	barb_martin@chs.net

If you have any comments on the survey, please enter them in the space provided below.

[< Back](#) [Next >](#) [Save](#)



CERTIFICATION OF SURVEY DATA

Pursuant to the Health Facilities Planning Act (20 ILCS 3960/13), the State Board requires "all health facilities operating in the State to provide such reasonable reports at such times and containing such information as is needed" by the Board to carry out the purposes and provisions of this Act. By completing this section, the named individual is certifying that he/she has read the foregoing document, that he/she is authorized to make this certification on behalf of this facility, and that the information contained in this report is accurate, truthful and complete to the best of his/her knowledge and belief. Please note that the State Board will be relying on the information contained in this document as being truthful and accurate information. Any misrepresentations will be considered material.

I certify that the information in this report is accurate, truthful and complete to the best of my knowledge.

Person
Certifying
Job Title

Mark Prellberg

Controller

Certification
Date

3/15/12

THANK YOU FOR COMPLETING THE ANNUAL HOSPITAL QUESTIONNAIRE

**ONCE YOU HAVE SUBMITTED THE FORM,
NO FURTHER ACCESS OR CHANGES ARE POSSIBLE.**

**YOU CANNOT RETRACT OR CHANGE A SUBMITTED FORM, SO BE SURE TO VERIFY
YOUR ANSWERS BEFORE CLICKING ON THE 'SUBMIT FORM' BUTTON.**

**WHEN YOU HAVE REVIEWED AND VERIFIED YOUR RESPONSES, CLICK THE 'SUBMIT
FORM' BUTTON TO SEND YOUR COMPLETED QUESTIONNAIRE BACK TO OUR
OFFICE. YOU WILL BE ROUTED TO A CONFIRMATION PAGE.**

***You will see an acknowledgment on the web page you are viewing.
A dated receipt is also available for printing purposes.***

**IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT
217-782-3516 OR BY EMAIL AT DPH.FacilitySurvey@illinois.gov**

< Back

Submit Form

Save

 inquisite

East 2010

**SURVEY
INSTRUCTIONS**

NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE.

ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.

IMPORTANT

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. **YOU MUST DO THIS ONLY ONCE; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.** The link provided in your e-mail notice **WILL NOT** access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: DPH.FacilitySurvey@illinois.gov

Telephone: 217-782-3516

Hospital Name	Vista Medical Center East		
Hospital Address	1324 North Sheridan Road		
Hospital City	Waukegan	State	IL Zip Code 60085

Authorized Hospital Bed Capacity (CON)

		December 31, 2009	December 31, 2010
Health Service Area Hospital Planning Area County Approved for LTC Swing Beds? [Help]	Information		
	Medical-Surgical	256	256
	Pediatrics	35	35
	Intensive Care	16	23
	Obstetrics	29	29
	Neonatal Level III	0	0
	Long-Term Care	0	0
	Acute Mental Illness	0	0
	Rehabilitation	0	0
	Long-Term Acute Care (LTACH)	0	0
		[Help]	



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE -
PART I**

QUESTION I. INPATIENT SERVICES UTILIZATION

Report the utilization data for each category of service in the spaces below.

OBSERVATION DAYS are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS** divided by 24.

PEAK BEDS SET UP AND STAFFED is the highest number of authorized service beds available for use at any point in time in the calendar year.

PEAK CENSUS is the highest number of inpatients in the unit at any point in time in the calendar year.

A. MEDICAL-SURGICAL UTILIZATION:

If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	399	798				
A2. Medical-Surgical 15-44 years	1723	5399				
A3. Medical-Surgical 45-64 years	2888	11438				
A4. Medical-Surgical 65-74 years	1339	6550				
A5. Medical-Surgical 75 +	2141	10717				
A6. Medical-Surgical Totals	8490	34902				
			158	158	131	544

B. PEDIATRIC UTILIZATION: Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years.

If this service is provided in an **AUTHORIZED Pediatric Unit**, the data is to be recorded in this section on line B.

If there is no **AUTHORIZED Pediatric Unit**, report Medical Surgical care for 0-14 year olds on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
B. Pediatric Utilization	0	0	0	0	0	0

C. INTENSIVE CARE UTILIZATION: In this section, report the utilization of your Intensive Care unit, if you have one.

Neonatal Level III (Neonatal Intensive Care) is not to be reported here.

Intermediate care units are components of Medical-Surgical care and should be included in section A.

If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
C1. Inpatients Admitted Directly to ICU	1534	5188				
C2. Patients Transferred to ICU from another Unit of the Hospital	183	619				
C3. TOTAL ICU UTILIZATION	1717	5807	23	23	23	0

D. OBSTETRIC/GYNECOLOGY UTILIZATION:

Obstetrics care includes both Ante-Partum and Post-Partum. Clean Gynaecology is the non-maternity care.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2010	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
D1. Obstetrics Patients	1590	3501				
D2. Clean Gynecology Patients	5	11				
D3. Total Obstetrics/Gynecology Patients	1595	3512	35	35	18	94

< Back Next > Save



East 2011

**SURVEY
INSTRUCTIONS**

NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE.

ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.

IMPORTANT

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. YOU MUST DO THIS ONLY ONCE; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT. The link provided in your e-mail notice WILL NOT access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: DPH.FacilitySurvey@illinois.gov

Telephone: 217-782-3516

Hospital Name	Vista Medical Center East		
Hospital Address	1324 North Sheridan Road		
Hospital City	Waukegan	State IL	Zip Code 60085

Authorized Hospital Bed Capacity (CON)

		December 31, 2010	December 31, 2011	
Health Service Area Hospital Planning Area County Approved for LTC Swing Beds? [Help]	Information			
	8	Medical-Surgical	256	256
	A-09	Pediatrics	35	35
	LAKE	Intensive Care	23	23
		Obstetrics	29	29
		Neonatal Level III	0	0
		Long-Term Care	0	0
		Acute Mental Illness	0	0
		Rehabilitation	0	0
		Long-Term Acute Care (LTACH)	0	0

[\[Help\]](#)



ANNUAL HOSPITAL QUESTIONNAIRE - PART I

QUESTION I. INPATIENT SERVICES UTILIZATION

Report the utilization data for each category of service in the spaces below.

OBSERVATION DAYS are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS divided by 24.**

PEAK BEDS SET UP AND STAFFED is the highest number of authorized service beds available for use at any point in time in the calendar year.

PEAK CENSUS is the highest number of inpatients in the unit at any point in time in the calendar year.

A. MEDICAL-SURGICAL UTILIZATION:

If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	369	727				
A2. Medical-Surgical 15-44 years	1657	5185				
A3. Medical-Surgical 45-64 years	2830	11298				
A4. Medical-Surgical 65-74 years	1362	6435				
A5. Medical-Surgical 75 +	2167	10922				
A6. Medical-Surgical Totals	8385	34567				
			158	158	126	856

B. PEDIATRIC UTILIZATION: Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years.

If this service is provided in an AUTHORIZED Pediatric Unit, the data is to be recorded in this section on line B.

If there is no AUTHORIZED Pediatric Unit, report Medical Surgical care for 0-14 year olds on line A1.

B. Pediatric Utilization	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
	0	0	0	0	0	0

C. INTENSIVE CARE UTILIZATION: In this section, report the utilization of your Intensive Care unit, if you have one.

Neonatal Level III (Neonatal Intensive Care) is not to be reported here.

Intermediate care units are components of Medical-Surgical care and should be included in section A.

If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
C1. Inpatients Admitted Directly to ICU	1761	4797				
C2. Patients Transferred to ICU from another Unit of the Hospital	437	1190				
C3. TOTAL ICU UTILIZATION	2198	5987	23	23	23	0

D. OBSTETRIC/GYNECOLOGY UTILIZATION:

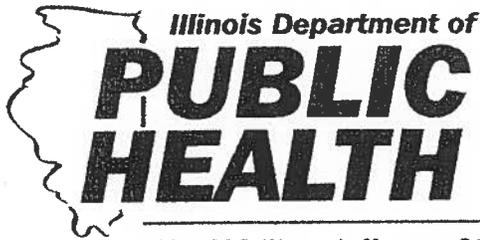
Obstetrics care includes both Ante-Partum and Post-Partum. Clean Gynaecology is the non-maternity care.

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2011	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
D1. Obstetrics Patients	1329	2860				
D2. Clean Gynecology Patients	6	13				
D3. Total Obstetrics/Gynecology Patients	1335	2873	15	19	16	61

< Back Next > Save



APPENDIX D



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 18, 2009

Ms. Barbara J. Martin, Administrator
Vista Medical Center East
1324 North Sheridan Road
Waukegan, IL 60085-

Permanent Occupancy

Re: Vista Medical Center East
Waukegan
ICU expansion and renovation
IDPH No: 8557

Dear Ms. Martin:

Based on the evaluation of the physical plant and life safety standards, the above project has been approved for occupancy on December 17, 2009.

If this project changes the bed count for which the facility is licensed for by adding or reducing beds, it will be necessary to contact the Illinois Health Facilities Planning Board. As required for the entire facility, this unit must be operated and maintained in accordance with the requirements of the Hospital Licensing Act (210 ILCS 8/1 et. seq.) and the Department's rules entitled Hospital Licensing Requirements (77 Ill. Adm. Code 250). For eligibility for Medicare reimbursement, the unit must be operated and maintained in accordance with the federal Conditions of Participation for hospitals (42 CFR 482.1 et. seq.).

If you have any questions about this approval, please do not hesitate to call us at 217/785-4264. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Kowalenko".

Henry Kowalenko, Supervisor
Design Standards Unit
Division of Health Care Facilities & Programs

Cc: Mr. John Potter
Hart Freeland Roberts, Inc
9237 Ward Parkway Suite 108
Kansas City, MO 64114-

Improving public health, one community at a time

printed on recycled paper



April 4, 2012

Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd floor
Springfield, IL 62761

Dear Mr. Constantino,

This letter is to inform you that at Vista Medical Center East in Waukegan, IL we have added 7 additional Intensive Care Unit beds while discontinuing 7 Med/Surg beds.

Please feel free to call me at 847-360-4000 with questions.

Thank you,

A handwritten signature in black ink, appearing to read "Barbara J. Martin".

Barbara J. Martin
President and CEO
Vista Health System

Cc: Mark Prellberg

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
4/18/2012

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,194	1,457	0	737	365	428	63	0	246	116	0	130
A-002	1,751	1,183	0	568	392	388	0	4	237	85	0	152
A-003	1,665	1,427	0	238	223	265	42	0	194	164	0	30
A-004	2,361	2,141	0	220	314	365	51	0	197	182	0	15
A-005	1,080	1,019	0	61	229	257	28	0	182	100	0	82
A-006	1,157	722	0	435	225	262	37	0	126	85	0	41
A-007	1,258	1,021	0	237	192	188	0	4	172	41	0	131
A-008	734	667	0	67	98	109	11	0	70	43	0	27
A-009	893	807	0	86	84	124	40	0	127	112	0	15
A-010	206	344	138	0	33	51	18	0	33	55	22	0
A-011	296	379	83	0	45	51	6	0	28	85	57	0
A-012	409	274	0	135	58	59	1	0	68	59	0	9
A-013	700	852	152	0	98	96	0	2	91	168	77	0
A-014	305	213	0	92	66	64	0	2	42	17	0	25
B-001	745	508	0	237	97	111	14	0	82	58	0	24
B-002	149	99	0	50	8	8	0	0	14	11	0	3
B-003	159	122	0	37	14	15	1	0	17	13	0	4
B-004	109	109	0	0	19	8	0	11	18	18	0	0
C-001	800	561	0	239	207	213	6	0	95	52	0	43
C-002	286	198	0	88	30	28	0	2	41	20	0	21
C-003	202	126	0	76	21	26	5	0	17	11	0	6
C-004	100	83	0	17	12	10	0	2	18	9	0	9
C-005	403	268	0	135	37	32	0	5	42	24	0	18
D-001	381	235	0	146	50	53	3	0	60	28	0	32
D-002	289	223	0	66	31	25	0	6	46	27	0	19
D-003	212	176	0	36	20	13	0	7	29	18	0	11
D-004	398	250	0	148	48	47	0	1	44	24	0	20
D-005	109	103	0	6	8	9	1	0	19	15	0	4
E-001	705	530	0	175	100	108	8	0	62	33	0	29
E-002	89	83	0	6	8	4	0	4	3	12	9	0
E-003	80	43	0	37	4	3	0	1	6	7	1	0
E-004	122	80	0	42	13	9	0	4	11	8	0	3
E-005	193	155	0	38	26	26	0	0	27	14	0	13
F-001	1,158	608	0	550	116	102	0	14	189	69	0	120
F-002	157	128	0	29	12	12	0	0	21	12	0	9
F-003	176	124	0	52	12	5	0	7	14	13	0	1
F-004	273	230	0	43	38	33	0	5	18	14	0	4
F-005	131	90	0	41	0	0	0	0	0	11	11	0
F-006	185	197	12	0	26	29	3	0	12	18	6	0
F-007	293	188	0	105	18	19	1	0	28	11	0	17
Totals	22,913	18,023	385	5,275	3,397	3,655	339	81	2,746	1,862	1831,067	

STATE SUMMARY
 REVISED BED NEED DETERMINATIONS
 4/18/2012

ACUTE MENTAL ILLNESS PLANNING AREAS	ACUTE MENTAL ILLNESS			
	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	66	76	10	0
PLANNING AREA 2	124	100	0	24
PLANNING AREA 3	213	149	0	64
PLANNING AREA 4	194	119	0	75
PLANNING AREA 5	65	69	4	0
PLANNING AREAS 6 & 7				
6 A-1	419	380	0	39
6 A-2	704	581	0	123
6 A-3	210	150	0	60
6 & 7 A-4	186	126	0	60
7 A-5	235	221	0	14
7 A-6	317	232	0	85
7 A-7	515	371	0	144
7 A-8	21	49	28	0
AREA 6 & 7 TOTALS	2,607	2,110	28	525
PLANNING AREA				
8 A-9	59	79	20	0
8 A-10	36	43	7	0
8 A-11	30	43	13	0
8 A-12	95	55	0	40
AREA 8 TOTALS	220	220	40	40
PLANNING AREA				
9 A-13	51	81	30	0
9 A-14	75	44	0	31
AREA 9 TOTALS	126	125	30	31
PLANNING AREA 10	54	26	0	28
PLANNING AREA 11	167	139	0	28
ILLINOIS AMI TOTALS	3,836	3,133	112	815

STATE SUMMARY
 REVISED BED NEED DETERMINATIONS
 4/18/2012

REHABILITATION BEDS				
REHAB SERVICE AREA	APPROVED EXISTING BEDS	CALCULATED BED NEED	ADDITIONAL BEDS NEEDED	EXCESS REHAB BEDS
HSA 1	55	48	0	7
HSA 2	66	59	0	7
HSA 3	48	39	0	9
HSA 4	75	54	0	21
HSA 5	39	42	3	0
HSA 6	557	461	0	96
HSA 7	483	438	0	45
HSA 8	98	110	12	0
HSA 9	75	68	0	7
HSA 10	22	20	0	2
HSA 11	88	65	0	23
ILLINOIS TOTAL	1,606	1,404	15	217

NEONATAL	
NEONATAL SERVICE AREAS	APPROVED EXISTING BEDS
HEALTH SERVICE AREA 1	46
HEALTH SERVICE AREAS 2 and 10	40
HEALTH SERVICE AREAS 3 and 4	65
HEALTH SERVICE AREAS 5 and 11	0
HEALTH SERVICE AREAS 6,7,8,and 9	679
ILLINOIS TOTAL	830

Surgical/Pediatrics beds, with a calculated excess capacity of 755 beds.

- Order 3/14/2012 Thorek Hospital & Medical Center, Chicago, decreased Medical-Surgical category of service by 124 beds; facility now has 124 Medical-Surgical beds. Hospital Planning Area A-01 now has a total of 2,200 authorized Surgical/Pediatrics beds, with a calculated excess capacity of 749 beds.
- Order 3/14/2012 Thorek Hospital & Medical Center, Chicago, decreased Intensive Care category of service by 10 beds; facility now has 10 Intensive Care beds. Hospital Planning Area A-01 now has a total of 353 authorized Intensive Care beds, with a calculated need for 75 additional beds.
- Order 3/14/2012 Valley West Community Hospital, Sandwich, decreased Medical-Surgical category of service by 17 beds; facility now has 17 Medical-Surgical beds. Hospital Planning Area B-04 now has a total of 109 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 0 beds.
- Change 3/20/2012 Rush University Medical Center, Chicago, added 9 Medical-Surgical beds to an existing category of service. The facility now has 349 Medical-Surgical beds. Hospital Planning Area A-01 now has a total of 1,764 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 755 beds.
- Change 3/5/2012 Memorial Hospital, Carbondale, added 6 Medical-Surgical beds to an existing category of service. The facility now has 91 Medical-Surgical beds. Hospital Planning Area F-07 now has a total of 91 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 0 beds.
- Change 7/31/2009 Vista Medical Center East, Waukegan, added 7 beds to an existing Intensive Care category of service and discontinued 7 Medical-Surgical beds; facility now has 23 Intensive Care and 7 Medical-Surgical beds. Hospital Planning Area A-09 now has a total of 84 authorized Intensive Care and 7 Medical-Surgical beds, with a calculated need for an additional 40 beds, and a total of 893 authorized Medical-Surgical/Pediatrics beds, with a calculated excess of 86 beds.
- Change 6/20/2011 St. John's Hospital, Springfield, added 8 Intensive Care beds to an existing category of service. The facility now has 48 authorized Intensive Care beds. Hospital Planning Area E-01 now has a total of 100 authorized Intensive Care beds, with a calculated need for 8 additional beds.
- Change 3/14/2012 Children's Memorial Hospital, Chicago, was approved to alter permit to increase Intensive Care beds by 12 to 72 and to decrease Pediatrics beds by 12 to 144. Hospital Planning Area A-02 now has a total of 365 authorized Intensive Care beds, with a calculated need for 63 additional Intensive Care beds, and a total of 2,194 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 755 beds.
- Change 4/17/2012 Ottawa Regional Hospital, Ottawa, received exemption for change of ownership. The facility now has 100 authorized Intensive Care beds, with a calculated need for 8 additional beds.
- Change 4/17/2012 Rush University Medical Center, Chicago, received permit for modernization project. The project will include: discontinuation of 7 Medical-Surgical beds for a total of 342 authorized Medical-Surgical/Pediatrics beds; discontinuation of 4 Obstetrics beds for a total of 34 authorized Obstetrics beds; and discontinuation of 6 Pediatrics beds for a total of 22 authorized Pediatrics beds. Hospital Planning Area A-02 now has a total of 1,751 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 755 beds.

hospital no longer has Long-Term Care category of service.

- | | | |
|-------|-----------|--|
| Order | 3/14/2012 | Taylorville Memorial Hospital, Taylorville, decreased Long-Term Care category of service now authorized for 20 Long-Term Care beds. |
| Order | 3/27/2012 | Morrison Community Hospital, Morrison, assumed ownership of 38 Skilled Care (beds formerly licensed to Four Seasons Living Center, Morrison. |
| | 4/17/2012 | Elmhurst Memorial Hospital Berteau Avenue, Elmhurst, received permit to discontinue Long-Term Care (Skilled Care) category of service. |
| | 4/17/2012 | Pekin Memorial Hospital, Pekin, received permit for discontinuation of 27 bed Long-Term Care (Skilled Care) category of service. |

Changes to Chronic Mental Illness

Changes to Long-Term Acute Care

Order	3/14/2012	55 beds, facility now has 120 Acute Mental Illness beds. Hospital Planning Area A-07 now has 144 authorized beds for Acute Mental Illness care, with a calculated excess capacity of 144 beds.
Order	3/14/2012	St. Joseph Health Centers & Hospital, Chicago, decreased Acute Mental Illness category of service. Facility now has 34 Acute Mental Illness beds. Hospital Planning Area A-01 now has a total of 39 authorized Acute Mental Illness beds, with a calculated need for 39 additional beds.
	4/17/2012	Elmhurst Memorial Hospital Berteau Avenue, Elmhurst, received permit to discontinue the Acute Mental Illness category of service. Hospital Planning Area A-05 now has a total of 34 authorized Acute Mental Illness beds, with a calculated excess capacity of 14 beds.
	4/17/2012	The Pavilion Foundation, Champaign, received permit to add 22 Acute Mental Illness beds to an existing category of service; the facility now has 69 authorized AMI beds. Health Service Area 1 now has a total of 194 authorized AMI beds, with a calculated excess capacity of 75 beds.

Changes to Comprehensive Physical Rehabilitation

Change	12/1/2011	Provena St. Joseph Hospital, Elgin, added 6 Rehabilitation beds to an existing category of service. Facility now has 40 authorized Rehabilitation beds. Health Service Area 8 now has a total of 98 authorized Rehabilitation beds, with a calculated need for 12 additional beds.
Change	12/1/2011	Van Matre Healthsouth Rehabilitation Hospital, Rockford, added 5 Rehabilitation beds to an existing category of service. Facility is now authorized for 55 Rehabilitation beds. Health Service Area 1 now has a total of 62 authorized Rehabilitation beds, with a calculated excess capacity of 7 beds.
Order	3/14/2012	Ingalls Memorial Hospital, Harvey, decreased Rehabilitation category of service by 1 bed. Facility now has 484 authorized Rehabilitation beds. Health Service Area 7 now has a total of 483 authorized Rehabilitation beds, with a calculated excess capacity of 45 beds.

Changes to Neonatal Intensive Care

Changes to Cardiac Catheterization

Changes to Open Heart Surgery

Changes to Organ Transplantation

Changes to Hospital-Based Long-Term Care

Care beds, with a calculated need for 47 additional beds.

Order 3/14/2012 Harrisburg Medical Center, Harrisburg, decreased Medical-Surgical category of service has 42 Medical-Surgical beds. Hospital Planning Area F-05 now has a total of 131 authorized Surgical/Pediatrics beds, with a calculated excess capacity of 41 beds.

Order 3/14/2012 Ingalls Memorial Hospital, Harvey, decreased Medical-Surgical category of service by 6 Pediatric category of service by 32 beds; facility now has 349 Medical-Surgical and 17 Hospital Planning Area A-04 now has a total of 2,361 authorized Medical-Surgical/Pediatric calculated excess capacity of 220 beds.

Order 3/14/2012 Iroquois Memorial Hospital, Watseka, decreased Medical-Surgical category of service by 6 has 45 Medical-Surgical beds. Hospital Planning Area D-03 now has a total of 212 beds; Medical-Surgical/Pediatrics care, with a calculated excess capacity of 36 beds.

Order 3/14/2012 Jackson Park Hospital, Chicago, decreased Pediatrics category of service by 7 beds; facility now has 1,665 authorized Medical-Pediatrics bed. Hospital Planning Area A-03 now has a total of 1,665 authorized Medical-Pediatrics beds, with a calculated excess capacity of 238 beds.

Order 3/14/2012 MacNeal Memorial Hospital, Berwyn, decreased Medical-Surgical category of service by 6 has 250 Medical-Surgical beds. Hospital Planning Area A-06 now has a total of 1,166 authorized Surgical/Pediatrics beds, with a calculated excess capacity of 444 beds.

Order 3/14/2012 McDonough District Hospital, Macomb, decreased Medical-Surgical category of service by 6 now has 55 Medical-Surgical beds. Hospital Planning Area C-04 now has a total of 100 Surgical/Pediatrics beds, with a calculated excess capacity of 17 beds.

Order 3/14/2012 Methodist Hospital of Chicago, Chicago, decreased Medical-Surgical category of service by 6 now has 74 Medical-Surgical beds. Hospital Planning Area A-01 now has a total of 2,222 Surgical/Pediatrics beds, with a calculated excess capacity of 766 beds.

Order 3/14/2012 Provena Mercy Center, Aurora, decreased Medical-Surgical category of service by 6 beds 150 Medical-Surgical beds. Hospital Planning Area A-12 now has a total of 409 authorized Surgical/Pediatrics beds, with a calculated excess capacity of 135 beds.

Order 3/14/2012 Rush Oak Park Hospital, Oak Park, decreased Medical-Surgical category of service by 6 has 151 Medical-Surgical beds. Hospital Planning Area A-06 now has a total of 1,157 authorized Surgical/Pediatrics beds, with a calculated excess capacity of 435 beds.

Order 3/14/2012 Saint Francis Medical Center, Peoria, decreased Intensive Care category of service by 6 has 152 Intensive Care beds. Hospital Planning Area C-01 now has a total of 207 authorized beds, with a calculated need for 6 additional beds.

Order 3/14/2012 Saint Francis Medical Center, Peoria, decreased Obstetrics category of service by 2 beds Obstetrics beds. Hospital Planning Area C-01 now has a total of 95 authorized Obstetrics calculated excess capacity of 43 beds.

Order 3/14/2012 St. Joseph Health Centers & Hospital, Chicago, decreased Medical-Surgical category of service facility now has 218 Medical-Surgical beds. Hospital Planning Area A-01 now has a total of 218 Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 765 beds.

St. Joseph Health Centers & Hospital, Chicago, decreased Intensive Care category of service

10/12/2011 services.

10/12/2011 Provena St. Joseph Hospital, Elgin, received permit for change of ownership. No change

10/12/2011 Provena Covenant Medical Center, Urbana, received permit for change of ownership. No services.

10/12/2011 Our Lady of the Resurrection Medical Center, Chicago, received permit for change of ownership. No change in beds or services.

10/12/2011 Provena St. Mary's Hospital, Kankakee, received permit for change of ownership. No change in services.

10/12/2011 Resurrection Medical Center, Chicago, received permit for change of ownership. No change in services.

10/12/2011 Saint Joseph Hospital, Chicago, received permit for change of ownership. No change in

10/12/2011 Saint Francis Hospital, Evanston, received permit for change of ownership. No change in

10/12/2011 Saint Mary of Nazareth Hospital, Chicago, received permit for change of ownership. No change in services.

10/12/2011 Provena St. Joseph Medical Center, Joliet, received permit for change of ownership. No change in services.

10/12/2011 Holy Family Medical Center, Des Plaines, received permit for change of ownership. No change in services.

10/12/2011 St. Elizabeth's Hospital, Chicago, received permit for change of ownership. No change in

ange 2/1/2012 St. Joseph's Hospital, Breese, discontinued 13 Medical-Surgical beds; facility is now authorized for 1,156 Medical-Surgical beds. Hospital Planning Area F-01 now has a total of 1,156 authorized Medical-Surgical beds, with a calculated excess capacity of 548 beds.

1 2/28/2012 Mercy Hospital and Medical Center, Chicago, approved for change of ownership.

2/28/2012 St. Joseph's Hospital, Highland, received permit to discontinue current facility at 1515 M and establish a new facility at State Route 160 and Troxler Avenue in Highland. The project includes the addition of 4 Medical-Surgical beds and the discontinuation of a 2 bed Pediatrics category. The new facility will be authorized for 25 Medical-Surgical beds only. Hospital Planning Area F-01 now has 1158 authorized Medical-Surgical/Pediatrics beds, with a calculated excess capacity of 14 beds.

2/28/2012 St. Joseph's Hospital, Highland, received permit to discontinue current facility at 1515 M and establish a new facility at State Route 160 and Troxler Avenue in Highland. Project includes the discontinuation of a 4 bed Intensive Care category of service. Hospital Planning Area F-01 now has 116 authorized Intensive Care beds. with a calculated excess capacity of 14 beds.