



Capital Budget and Control

January 12, 2016

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JAN 13 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

In Re: Post-Permit Alteration Request for Project #14-013
Bed Relocation to CCD 3 and 4

Dear Mr. ~~Constantino~~ ^{Mike}:

Enclosed please find materials supporting a post-permit alteration request for Project #14-013 which will result in a reduction of seven Observation beds, the introduction of some different clinical areas, a net cost increase of \$2,777,962 to the permit amount of \$123,504,716 (2.25%) and an increase in square footage of 431 bgsf to the approved 221,395 bgsf (0.2%). Also enclosed is a check for the fee in the amount of \$1,000.00.

We hope this can be heard at the February 16th Board meeting. Please let us know if you need anything further.

Sincerely,

John R. Beberman
Executive Director, Capital Budget & Control

January 11, 2016

Ms. Kathy J. Olson, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: The University of Chicago Medical Center ("UCMC", the "Medical Center")
Request for Post-Permit Alteration of Project #14-013 CCD 3, 4 Patient Units

We request approval of post-permit alteration of Project 14-013 Center for Care and Discovery ("CCD") Floors 3 and 4 Patient Units. The project is the construction of patient units on shell floors 3 and 4 of the CCD and relocation of 122 medical-surgical ("MS"), 32 intensive care ("ICU"), and adding 12 ICU beds to this location, plus 46 Observation beds. This project was approved by the IHFSRB on August 27, 2014. The original permit amount is \$123,504,716. The requested project alterations would add \$2,777,962.

The requested changes will result in a more efficient and coordinated approach. If approved we will develop a Heart and Vascular patient unit on the 4th Floor. The floor would remain as predominantly inpatient units, but to better serve the special needs of heart and vascular patients, there would be ancillary functions added, consisting of: Procedure Room, Radial Lounge, and Physical Therapy/Occupational Therapy. To provide the 2,152 bgsf needed for these services, Observation beds would be reduced by 7. In addition, a corridor would be created to connect this floor to the 5th floor of the Duchossois Center for Advanced Medicine ("DCAM"), which houses cardiology diagnostic services. This would add 431 bgsf to this project's approved area of 221,395 bgsf. These improvements would add costs of \$1,368,962.

In addition, certain needed changes to infrastructure have arisen that are above the original permit amount. In order to enhance infection control while building this project, additional HEPA filters have been installed, air locks added to barriers, and monitors and alarms installed to ensure that negative pressure of the work site is maintained. An elevator is being installed in each of two banks of elevators. To better contain dust during this installation, a wall separating the two active elevators in each bank will be constructed. A sound barrier will be constructed to prevent noise and vibration on the 5th floor MRI area from penetrating to the 4th Floor inpatient area. Finally, 16 Y-connectors to the sanitary waste risers will be lowered to connect to the horizontal distribution system on Floors 3 and 4. Structural beams in the ceiling of each floor necessitate this relocation. In total, these unexpected project costs would add \$1,409,000.

The decision to consolidate heart and vascular inpatients on one floor of the Center for Care and Discovery (CCD) is a natural step in developing this better coordinated approach. Currently,

heart and vascular inpatients are treated in five separate patient units in Mitchell Hospital and in two units in the CCD. The University of Chicago Medicine Heart and Vascular is a collaborative effort across cardiology and surgery disciplines to bring the best treatment approach to patients. Historically, cardiologists, cardiac surgeons, and vascular surgeons worked somewhat independently, but in recent years there have been successful efforts to have these physicians work in a more coordinated fashion to improve quality, safety, and service for our patients.

There are several advantages to consolidating the care team and beds on the new CCD 4th Floor. The cardiologists and cardiothoracic surgeons will have increased opportunities to have instant consults with one another while making rounds on this unit. The collegial approach will be strengthened. The inpatient nurses with cardiovascular skills will be on a floor with ICUs, Acute Care units, and Observation beds. This concentration of specialized nurses with advanced cardiac skills will result in greatly improved staffing flexibility, which is difficult to achieve if these nurses are spread among different hospital locations. Ultimately, patient safety will be enhanced.

The original design for the fourth floor was almost entirely inpatient beds – Observation, Acute Care, and Intensive Care. The proposed revisions are to establish a Procedure Room (342 bgsf), Radial Lounge (1,006 bgsf) and a Physical Therapy/Occupational Therapy area (804 bgsf). For the sake of simplicity in this request, these areas are being called Heart & Vascular Ancillaries. To gain the space, seven of the planned Observation beds will be eliminated. However, the Radial Lounge with six stations will serve a similar function as Observation beds and will compensate for the bed reduction.

The rationale for the three Heart and Vascular ancillary functions is described in depth in Section 1110.3030 Clinical Service Areas Other Than Categories of Service (Attachment 37). Also provided are updated tables Project Costs and Sources of Funds, Cost Space Requirements (Attachment 9), and Reasonableness of Project and Related Costs (Attachment 42). Thank you for your consideration of this alteration. We expect this refinement of our project will improve our care to heart and vascular patients and we hope to have your support.

Very truly yours,


Sharon O'Keefe
President

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JAN 13 2016

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	The University of Chicago Medical Center		
Street Address:	5841 South Maryland Avenue		
City and Zip Code:	Chicago 60637-1470		
County:	Cook	Health Service Area	HSA 6 Health Planning Area: A-3

Applicant /Co-Applicant Identification

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

Exact Legal Name:	The University of Chicago Medical Center
Address:	5841 South Maryland Avenue
Name of Registered Agent:	John Satalic
Name of Chief Executive Officer:	Sharon O'Keefe
CEO Address:	5841 South Maryland Avenue
Telephone Number:	(773) 702-6240

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	John R. Beberman
Title:	Director, Capital Budget and Control
Company Name:	The University of Chicago Medical Center
Address:	14216 South Meadowview Court, Orland Park, IL 60462-2350
Telephone Number:	(773) 702-1246
E-mail Address:	john.beberman@uchospitals.edu
Fax Number:	(773) 702-8148

Additional Contact

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

Name:	Joe Ourth
Title:	Attorney
Company Name:	Arnstein & Lehr LLP
Address:	120 S. Riverside Plaza, Suite 1200, Chicago, IL 60606
Telephone Number:	(312) 876-7100
E-mail Address:	jourth@arnstein.com
Fax Number:	(312) 876-0288

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	John R. Beberman
Title:	Director, Capital Budget and Control
Company Name:	The University of Chicago Medical Center
Address:	14216 South Meadowview Court, Orland Park, IL 60462-2350
Telephone Number:	(773) 702-1246
E-mail Address:	John.beberman@uchospitals.edu
Fax Number:	(773) 702-8148

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	The University of Chicago Medical Center
Address of Site Owner:	5841 S. Maryland Avenue, Chicago, IL 60637
Street Address or Legal Description of Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	The University of Chicago Medical Center		
Address:	5841 S. Maryland Avenue, Chicago, IL 60637		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Permit Alteration Cost Addition
Project #14-013

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$370,500	\$1,809,000	\$2,179,500
Modernization Contracts			
Contingencies	153,814	40,000	193,814
Architectural/Engineering Fees	153,814	40,000	193,814
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	210,834		210,834
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$888,962	\$1,889,000	\$2,777,962
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$888,962	\$1,889,000	\$2,777,962
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$888,962	\$1,889,000	\$2,777,962
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

New Permit Amount If Approved
Project #14-013

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$62,295,870	\$28,249,662	\$90,545,532
Modernization Contracts			
Contingencies	4,488,862	1,890,982	6,379,814
Architectural/Engineering Fees	4,179,115	1,758,699	5,937,814
Consulting and Other Fees	1,026,713	438,380	1,465,093
Movable or Other Equipment (not in construction contracts)	19,879,337	379,750	20,259,087
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	1,187,828	507,172	1,695,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$93,058,064	\$33,224,614	\$126,282,678
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$93,058,064	\$33,224,614	\$126,282,678
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$93,058,064	\$33,224,614	\$126,282,678
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Project Costs and Sources of Funds

USE OF FUNDS	INITIAL PERMIT AMOUNT				PERMIT ALTERATION REQUEST				NEW TOTAL IF APPROVED					
	CLINICAL		NONCLINICAL		CLINICAL		NONCLINICAL		CLINICAL		NONCLINICAL		TOTAL	
				TOTAL				TOTAL				TOTAL		TOTAL
Preplanning Costs														
Site Survey and Soil Investigation														
Site Preparation														
Off Site Work														
New Construction Contracts	\$61,925,370		\$26,440,662	\$88,366,032	\$370,500		\$1,809,000	\$2,179,500	\$62,295,870		\$28,249,662	\$90,545,532		
Modernization Contracts														
Contingencies	4,335,048		1,850,952	6,186,000	153,814		40,000	193,814	4,488,862		1,890,952	6,379,814		
Architectural/Engineering Fees	4,025,301		1,718,699	5,744,000	153,814		40,000	193,814	4,179,115		1,758,699	5,937,814		
Consulting and Other Fees	1,026,713		438,380	1,465,093					1,026,713		438,380	1,465,093		
Movable or Other Equipment (not in construction contracts)	19,668,503		379,750	20,048,253	210,834			210,834	19,879,337		379,750	20,259,087		
Bond Issuance Expense (project related)														
Net Interest Expense During Construction (project related)														
Fair Market Value of Leased Space or Equipment														
Other Costs To Be Capitalized	1,187,828		507,172	1,695,000					1,187,828		507,172	1,695,000		
Acquisition of Building or Other Property (excluding land)														
TOTAL USES OF FUNDS	\$92,169,102		\$31,335,614	\$123,504,716	\$888,962		\$1,889,000	\$2,777,962	\$93,058,064		\$33,224,614	\$126,282,678		
SOURCES OF FUNDS														
Cash and Securities	\$92,169,102		\$31,335,614	\$123,504,716	\$888,962		\$1,889,000	\$2,777,962	\$93,058,064		\$33,224,614	\$126,282,678		
Pledges														
Gifts and Bequests														
Bond Issues (project related)														
Mortgages														
Leases (fair market value)														
Governmental Appropriations														
Grants														
Other Funds and Sources														
TOTAL SOURCES OF FUNDS	\$92,169,102		\$31,335,614	\$123,504,716	\$888,962		\$1,889,000	\$2,777,962	\$93,058,064		\$33,224,614	\$126,282,678		

COST INCREASES - HEART VASCULAR FLOOR AND INFRASTRUCTURE

	<u>Radial Lounge</u>	<u>Procedure Room</u>	<u>PT/OT</u>	<u>DCAM Corridor</u>	<u>Total</u>	<u>Comment</u>
Construction						
New Cost	\$538,418	\$541,112	\$458,612	\$400,000		
Less: Credit for former area	(500,418)	(333,612)	(333,612)	0		\$11.8m / 46 Obs beds = \$256,626/bed * 65% credit = \$166,806/bed
Net Construction Cost	38,000	207,500	125,000	400,000	770,500	
 A/E Fees	53,842	54,111	45,861	40,000	193,814	10% of construction gross
 Contingency	53,842	54,111	45,861	40,000	193,814	10% of construction gross
 Equipment						
Monitors	131,130					
Central Station	50,000		50,000			
Beds	60,000					
Furniture, Cubicle curtains	14,000	17,000	35,000			Includes furniture for nurses station
Miscellaneous Equipment	60,000					\$10K/station, BP, computers
Portable X-Ray C-arm		140,000				Also exam table
Lights, etc for Procedures		60,000				Also ergometer, Dynamap, cross trainer
Treadmills, Bikes, Stairs			58,000			Obs beds avg. \$66,328 each for equipment
Less: Credit for Former Area	(198,984)	(132,656)	(132,656)			
Net Equipment Cost	116,146	84,344	10,344	0	210,834	
 Total Heart & Vascular Costs	\$261,830	\$400,066	\$227,066	\$480,000	\$1,368,962	
 Infrastructure Increases						
Infection Control Enhancements					\$183,000	Add HEPA filters, monitors, alarms
Elevator Shaft Wall (2 banks)					484,000	Separates new shaft from active shafts
Sound Barrier from MRIs					250,000	Sound barrier between 4th and 5th floors
Relocate Connectors to Sanitary Waste Risers					492,000	Structural beam locations require change
 Total Infrastructure Costs					\$1,409,000	
 Total All Cost Increases					\$2,777,962	

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Heart & Vascular Inpatient Ancillaries	0	3
<input type="checkbox"/>		
<input type="checkbox"/>		

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

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT-34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Section VII R Clinical Service Areas Other Than Categories of Service

Attachment 37

1110.3030

d) Service Modernization

2) Necessary Expansion

The development of Heart and Vascular at UCMC has been underway for several years. The purpose is to fully integrate the efforts of cardiology and cardiovascular surgery as a seamless service. This approach leads to improved patient care and has been witnessed in many parts of the country. In Illinois there are other established centers of note including the Prairie Heart Institute at St. John's Hospital in Springfield, Rush University Medical Center, the Bluhm Cardiovascular Institute at Northwestern Medicine, and Loyola Medicine.

The building out as patient units of the 3rd and 4th Floors of the CCD presents UCMC with an advantageous opportunity to consolidate in one location the scattered Heart and Vascular inpatient units. Presently there are 5 patient units in Mitchell Hospital and 2 in the CCD serving these patients. Combining these units on the 4th floor of the CCD will be beneficial in improving patient care. By concentrating nursing staff skilled in cardiac care in one area, there is greater staffing flexibility in adjusting to changing patient numbers among units. There is also appropriate matching of nursing skills to patients occupying Observation beds. The consolidation of Heart and Vascular units on one floor will increase helpful interaction between physicians. There will be opportunities for timely consults between physicians when they make their rounds on this floor, versus being dispersed between the seven unit locations that exist presently. Physician travel between the units will also be reduced, making better use of their valuable time. More frequent interactions will also promote collegiality and communication., also of critical importance in health care.

There are three ancillary service rooms that would be created to support the Heart and Vascular patients on the 4th Floor. They are the Procedure Room (342 bgsf), the Radial Lounge (1,006 bgsf), and the Physical Therapy/Occupational Therapy area (804 bgsf). To accommodate these additions, Observation beds on the 4th Floor would be reduced by 7, bringing the total for the two floors to 37. These ancillary services are typically found in well-planned Heart and Vascular services around the country. Locating them on the inpatient floor is of great convenience and comfort to the patients since they do not need to be transported to other parts of the large Medical Center. It also ensures that there are fewer handoffs of the patients between caregivers, which reduces risk and is also of comfort to the patients. Finally, there is greater likelihood that Heart and Vascular physicians will be close by should the patients need their attention.

Procedure Room

The Procedure Room provides a convenient location on the floor for work that currently must be done at the bedside or in locations such as the Cardiac Catheterization Lab or Electrophysiology Lab. Transporting to these locations is time consuming, involves as many as two handoffs between clinical staff, once to the transport service and a second to the receiving department. The schedule of the receiving departments must also be disrupted to accommodate these unexpected patients. It will be better to keep the patient in their bed on the floor and arrange for Heart and Vascular physicians to meet the

Section VII R Clinical Service Areas Other Than Categories of Service

patient in the Procedure Room . Risky transports are minimized, infection control is better, and schedules are not upset. The floor nurses can remain with the patient in the Procedure Room. These nurses are familiar with the patient's condition and can better care for them. It is also less challenging and disruptive for the patient to have fewer rather than more caregivers. There are obvious improvements over doing a procedure at the bedside, where lighting might not be as good, equipment and supply arrangements are not uniform, and the setting is less familiar to the clinical staff, room-to-room versus the one Procedure Room.

The Procedure Room will have a portable x-ray C-arm to aid in some of the procedures. This is better located in the Procedure Room rather than maneuvering it in and out of patient rooms, which can be crowded with many IV pumps, furniture, and other equipment. The Procedure Room will have lead shielding, which affords a broader choice of imaging equipment since radiation will be contained by the shielding. This would not be the case in nearly all of the patient rooms.

The procedures that would be done in the Procedure Room include:

- Balloon pump repositioning
- Temporary pacemaker
- Right heart catheterization
- Cardioversion
- IV line placement
- Transesophageal echocardiography

Radial Lounge

The Radial Lounge would have 6 stations, with reclining chairs rather than beds. Cardiac catheterization patients would be brought to this room for the latter stages of their recovery. Those patients that had catheterizations through the radial artery in the hand/wrist area rather than the femoral artery would be appropriate for this room. The radial artery is 2 to 4 millimeters in diameter and for some, less demanding procedures this passageway is used. These patients can recover in a sitting position whereas patients who have been catheterized through the femoral artery in the groin (6 to 8 millimeters diameter) recover in a recumbent position. The lounge would be a more pleasant environment for recovery, with light refreshments, an Internet kiosk, and tablets the patients could use. Two nurses would be observing the patients and would encourage them to eventually stand and walk about. This is a better arrangement than currently, where patients in the latter stages of recovery would be placed in an Observation bed and may or may not have nursing attention with heart and vascular skills as in the Radial Lounge.

When not all stations are in use by recovering cardiac catheterization patients, it could be used as a lounge for patients close to discharge. The patient room could then be cleaned and made ready for incoming patients. The patient being discharge might be waiting for transportation home and would be provided a comfortable place to wait.

Physical Therapy/Occupational Therapy

The Physical Therapy/Occupational Therapy area will contain aerobic endurance equipment such as stationary bikes, treadmills, raining stairs, and an ergometer. There will be floor mats for exercise and weights. There will be a storage area for portable exercise equipment if the patients cannot come to this

Section VII R Clinical Service Areas Other Than Categories of Service

area from their room. This service is used by heart and vascular patients such as long term patients waiting for a heart transplant. Unfortunately, these waits can be lengthy and it is important for the patients to get regular, supervised exercise in a clinical setting to keep them in physical shape for the transplant surgery.

Patients recovering from surgery or other procedures could begin working on cardiac exercise. It has been observed that there is better compliance to a rehabilitation plan if the patients are encouraged and coached in their exercise regimen soon after their surgery/procedure in the inpatient setting. Also observed is that patients treated for heart attacks have fewer additional attacks if they undergo cardiac rehabilitation.

Occupational therapy is employed to help the patient regain or strengthen functions necessary for their life. Intervention will vary from patient to patient depending on their situation.

Having this department on the Heart and Vascular floor will help incorporate the physical therapists into the care team. It should increase the amount of time the therapists spend with the patients. Also beneficial will be more interaction between the physical therapists and the nurses, physicians, and other caregivers in Heart and Vascular. All stand to learn from one another.

Corridor Between Adjacent Buildings

Also involved in this change is a corridor to be created between the CCD and the DCAM, UCMC's outpatient facility. This will provide a link between the Heart and Vascular inpatient floor and the Diagnostic Cardiology area of the outpatient building. (There will be a short patient lift installed since the floors do not align exactly.) This new passageway will speed transport to and from the two buildings of patients, equipment, and caregivers, taking full advantage of this important adjacency. The passageway into the adjoining DCAM building will add 431 bgsf to the project.

3) Utilization

Procedure Room

This modest 342 square foot room will be used for the convenience of patients, physicians, and nurses to perform a number of procedures that otherwise would need to be performed in the Cardiac Catheterization Lab, Electrophysiology Lab, or at the bedside. This will be a better location for this work for reasons discussed in the previous section. Because we have not had a room of this sort for heart and vascular patients before, we do not have specific utilization data. But suffice it to say that the 3,601 Med/Surg patients and 1,306 ICU patients cared for in Heart & Vascular patient units in the 12 months ended 10/31/15 will provide good usage of this room as these type of patients become located on CCD 4.

In the 12 months ending 9/30/15 for inpatients there were 83 intra-aortic balloon pump procedures, 46 insertions or replacement of pacemakers, 76 wire Bard temporary pacing procedures, 578 right heart catheterizations, 87 cardioversions, 251 IV line placements, 373 transesophageal echos, and 560 transthoracic echos. It is expected that a significant portion of these would be done in the procedure room proposed in this alteration.

Radial Lounge

The Radial Lounge would have 6 stations for recovering patients from that Adult Cardiac Catheterization Lab whose procedure involved radial artery access. There were 3,015 procedures performed in the 12 months ending 9/30/15, with 649 via radial artery access. The latter stages of recovery for these patients would be in the Radial Lounge. In addition, the inpatients on the Heart & Vascular floor would use this area as a discharge lounge, perhaps while waiting for transportation or final paperwork. This would be more convenient for these patients following their stay on this floor. For 2014 there were 600 patients who had cardiovascular surgery and 348 who had thoracic surgery. From this group of patients there would be some number who would occupy stations in the Radial Lounge awaiting final discharge.

Physical Therapy/Occupational Therapy

In the 12 months ending 9/30/15 there were 11,532 patients receiving Physical Therapy (PT) or Occupational Therapy (OT). Specific to patients who would be on the Heart & Vascular floor, there were 1,289 Cardiology patients receiving these therapies and 856 Cardiothoracic and Vascular patients. These patients would certainly make use of the facilities proposed for the 4th Floor. There would be no restrictions on any inpatients using this room for PT/OT and there would be more than enough demand to ensure that this space and equipment would be well used.

Section I, Cost Space Requirements

<u>Department/Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total GSF That Is:</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>New Constr.</u>	<u>Modern.</u>	<u>As Is</u>	<u>Vacated Space</u>
Reviewable:							
Med/Surg Patient Units	\$56,733,061	192,913	235,201	94,460		140,741	52,172
ICU Patient Units	15,349,893	81,948	77,446	20,964		56,482	25,466
Observation Patient Units	18,454,210	9,761	27,424	27,424		0	9,761
Heart & Vascular Ancillaries	2,520,900	1,711	3,863	2,152		1,711	0
Total Reviewable	\$93,058,064	286,333	343,934	145,000	0	198,934	87,399
Nonreviewable:							
Mechanical, Other Support	\$33,224,614	1,483,352	1,560,178	76,826		1,483,352	
Total Nonreviewable	\$33,224,614	1,483,352	1,560,178	76,826	0	1,483,352	
Grand Total	\$126,282,678	1,769,685	1,904,112	221,826	0	1,881,220	87,399

Requesting the addition of 431 bgsf to the original permit amount of 221,395 bgsf.

Section X, Economic Feasibility

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A B		C D		E F		G	H	Total
	Cost/Sq. Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	Costs
	New	Mod.	New	Circ.	Mod	Circ.	(A x C)	(B x E)	(G + H)
Reviewable:									
M/S Patient Units	\$416.24		94,460				\$39,317,889		\$39,317,889
ICU Patient Units	\$460.17		20,964				9,647,060		9,647,060
Observation Patient Units	\$430.02		27,424				11,792,779		11,792,779
Heart & Vascular Ancillaries	\$714.75		2,152				1,538,142		1,538,142
Reviewable Total	\$429.63		145,000	35%			62,295,870		62,295,870
Non-reviewable:									
Non-Clinical	367.71		76,826				28,249,661		28,249,661
Non-reviewable Total	\$367.71		76,826	13%			28,249,661		28,249,661
Contingency	\$27.94						6,379,814		6,379,814
TOTALS	\$436.94		221,826	28%			\$96,925,345		\$96,925,345