

14-037

14-037

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

AUG 14 2014

Facility/Project Identification

HEALTH FACILITIES &

Facility Name: Advocate Good Samaritan Hospital – Bed Tower and Modest		HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 3815 Highland Avenue		
City and Zip Code: Downers Grove, IL 60515-1590		
County: DuPage	Health Service Area 7	Health Planning Area: A-05

Applicant /Co-Applicant Identification

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

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital	
Address: 3815 Highland Avenue, Downers Grove, IL 60515-1590	
Name of Registered Agent: Gail D. Hasbrouck	
Name of President: David S. Fox, President, Advocate Good Samaritan Hospital	
CEO Address: 3815 Highland Avenue, Downers Grove, IL 60515-1590	
Telephone Number: (630) 275-5900	

Type of Ownership of Applicant/Co-Applicant

<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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- 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-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	Sandy Churchill
Title:	Vice President, Business Development/Professional Services
Company Name:	Advocate Good Samaritan Hospital
Address:	3815 Highland Avenue, Downers Grove, IL 60515-1590
Telephone Number:	(630) 275-3279
E-mail Address:	Sandy.Churchill@advocatehealth.com
Fax Number:	(630) 963-8605

Additional Contact

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

Name:	Laura Neiberg
Title:	Vice President, Ancillary Services & Community Health
Company Name:	Advocate Good Samaritan Hospital
Address:	3815 Highland Avenue, Downers Grove, IL 60515-1590
Telephone Number:	(630) 275-1035
E-mail Address:	Laura.Neiberg@advocatehealth.com
Fax Number:	(630) 963-8605

Additional Contact

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

Name:	Sonja Reece, FACHE
Title:	Director, Health Facilities Planning
Company Name:	Advocate Health Care
Address:	1304 Franklin Avenue, Normal, IL 61761
Telephone Number:	(309) 268-5482
E-mail Address:	sonja.reece@advocatehealth.com
Fax Number:	(309) 888-0961

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 60606-3910
Telephone Number:	(312) 876-7815
E-mail Address:	jourth@arnstein.com
Fax Number:	(312) 876-6215

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Advocate Good Samaritan Hospital – Bed Tower and Modernization		
Street Address:	3815 Highland Avenue		
City and Zip Code:	Downers Grove, IL 60515-1590		
County:	DuPage	Health Service Area	7
		Health Planning Area:	A-05

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Advocate Health Care Network
Address:	3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Name of Registered Agent:	Gail D. Hasbrouck
Name of Chief Executive Officer:	James H. Skogsbergh
CEO Address:	3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Telephone Number:	(630) 572-9393

Type of Ownership of Applicant/Co-Applicant

<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"> ○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ 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-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	Sandy Churchill
Title:	Vice President, Business Development/Professional Services
Company Name:	Advocate Good Samaritan Hospital
Address:	3815 Highland Avenue, Downers Grove, IL 60515-1590
Telephone Number:	(630) 275-3279
E-mail Address:	Sandy.Churchill@advocatehealth.com
Fax Number:	(630) 963-8605

Additional Contact

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

Name:	Laura Neiberg
Title:	Vice President, Ancillary Services & Community Health
Company Name:	Advocate Good Samaritan Hospital
Address:	3815 Highland Avenue, Downers Grove, IL 60515-1590
Telephone Number:	(630) 275-1035
E-mail Address:	Laura.Neiberg@advocatehealth.com
Fax Number:	(630) 963-8605

Additional Contact

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

Name:	Sonja Reece, FACHE
Title:	Director, Health Facilities Planning
Company Name:	Advocate Health Care
Address:	1304 Franklin Avenue, Normal, IL 61761
Telephone Number:	(309) 268-5482
E-mail Address:	sonja.reece@advocatehealth.com
Fax Number:	(309) 888-0961

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 60606-3910
Telephone Number:	(312) 876-7815
E-mail Address:	jourth@arnstein.com
Fax Number:	(312) 876-6215

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:	Albert Manshum
Title:	Vice President, Facilities and Construction
Company Name:	Advocate Health Care
Address:	3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Telephone Number:	(630) 929-5575
E-mail Address:	albert.manshum@advocatehealth.com
Fax Number:	(630) 990-4798

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation
Address of Site Owner: 3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Street Address or Legal Description of Site: 3815 Highland Avenue, Downers Grove, IL 60515-1590
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 <u>ATTACHMENT-2</u> , 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: Advocate Good Samaritan Hospital
Address: 3815 Highland Avenue, Downers Grove, IL 60515-1590
<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 <u>ATTACHMENT-3</u> , 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
- Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital (Good Samaritan, Hospital) and Advocate Health Care Network, the applicants, propose a Modernization Project for the Hospital located at 3815 Highland Avenue, Downers Grove, IL 60515-1590. The Project will add three floors over the west wing, and will construct 96 single-occupancy medical-surgical patient rooms to replace the existing rooms. The current multiple-occupancy rooms will be converted to single-occupancy rooms and non-clinical space. At the conclusion of this project, all medical-surgical and pediatric beds will be in private rooms.

The Hospital currently has 185 medical-surgical beds and 16 pediatric beds. After this Project, there will be 145 medical-surgical beds and 7 pediatric beds resulting in a reduction of 49 medical-surgical and pediatric beds. This will reduce the state's calculated excess medical-surgical and pediatric beds in Health Planning Area A-05 from 239 to 190. (The other categories of beds at the Hospital will remain and are not included in this Project.)

The new bed tower and the vacated space will also include non-clinical areas such as administration, visitor and public support, materials support, and building systems.

The Project is expected to cost \$91,883,532 with 110,027 square feet of new construction and 13,452 square feet that will be modernized. The building is designed for efficiency in delivery of patient care. It is also designed for energy efficiency and long-term durability of infrastructure. The upgraded, state-of-the-art building systems will improve energy efficiency using LEED guidelines, and targeting LEED Silver certification. The anticipated completion date is May 31, 2017.

The Project is classified non-substantive. The Project does not meet the criteria to be substantive because it is not building or replacing the facility. It does not offer a new category of care. It does not change the bed capacity by an increase in the total number of beds, or a redistribution of beds among the various categories of service, or relocation of beds from one physical facility or site to another.

Advocate Good Samaritan Hospital

Support Letters

Public Officials

Peter J. Roskam, Member of Congress, 6th District
Ron Sandack, State Representative, 81st District
Patricia R. Bellock, State Representative, 47th District
Sandra Pihos, State Representative, 48th District
Martin T. Tully, Mayor, Village of Downers Grove
James G. Jackson, Sr., Fire Chief, Village of Downers Grove

Patients

Joseph Hasek
Bernadette Goers
Mike Murphy

Clergy

Stephen H. Swanson, Pastor, St. Paul Lutheran Church
Rich Kirchherr, Senior Minister, First Congregational Church

Advocate Good Samaritan Hospital Leadership

Donald Steiner, M.D., President, Medical Staff
Michael Kwiecinski, M.D., Governing Council, Medical Executive Council
Marjorie A. Maurer, MSN, RN, NEA-BC, Vice President-Operations/Patient Care Services/CNE

See Appendix for additional support letters.

PETER J. ROSKAM

6TH DISTRICT, ILLINOIS

CHIEF DEPUTY WHIP

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEES:

TRADE

HEALTH



227 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4561

2700 INTERNATIONAL DRIVE
SUITE 304
WEST CHICAGO, IL 60185
(630) 232-0006

roskam.house.gov
facebook.com/RepRoskam
twitter.com/PeterRoskam

Congress of the United States
House of Representatives
Washington, DC 20515-1306

May 5, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I write to offer my support for Advocate Good Samaritan Hospital in Downers Grove's Certificate of Need Application to construct their proposed private room bedtower.

Patients rely on Advocate Good Samaritan Hospital for emergency care, cancer treatment, heart surgery, and additional services. Private rooms play an important role in patients securing a higher level of privacy which is a more conducive to the healing process.

Thank you for your consideration of Advocate Good Samaritan Hospital's application.

Very truly yours,

A handwritten signature in black ink that reads "Peter Roskam".

Peter J. Roskam
Member of Congress

SPRINGFIELD OFFICE:
632 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
PHONE: 217/782-6578
FAX: 217/782-1275



DISTRICT OFFICE:
633 ROGERS STREET, SUITE 103
DOWNERS GROVE, ILLINOIS 60515
PHONE: 630/737-0504
FAX: 630/737-0509
repsandack@gmail.com

ILLINOIS HOUSE OF REPRESENTATIVES

RON SANDACK
STATE REPRESENTATIVE
81ST DISTRICT

May 1, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery;

As the former mayor of Downers Grove and a resident of the village, I know what Advocate Good Samaritan Hospital means to our community. It is a hospital that is not only close to our homes, but also close to our hearts.

Patients from across DuPage County and points beyond, trust the hospital for their care because they are treated by wonderful nurses and physicians who demonstrate kindness, respect and compassion. Each year, a group of nurses from Good Samaritan Hospital visits me in Springfield and strongly advocates on behalf of their patients. The dialogue always revolves around doing what is best for the patients and serving the community.

A private room bedtower would be in the best interest of patients and would assist in the healing process. Therefore, I am asking for the approval of the CON application so the hospital may proceed with plans to construct this bedtower.

I feel it is important that the hospital be given the opportunity to respond to clear feedback from inpatients about the need for private rooms. The time to act upon their wishes is now.

I appreciate your review of this application and believe you will find the request to have merit.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Sandack".

Ron Sandack
Representative
81st District



DISTRICT OFFICE
1 SOUTH CASS AVENUE, SUITE 205
WESTMONT, ILLINOIS 60559
(630) 852-8633
FAX (630) 852-6530
E-MAIL: rep@pbellock.com

PATRICIA R. BELLOCK
STATE REPRESENTATIVE · 47TH DISTRICT
DEPUTY MINORITY LEADER

CAPITOL OFFICE
215-N STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
(217) 782-1448
FAX (217) 782-2289

June 6, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Courtney Avery:

I am the Representative for the 47th legislative district in Illinois, of which Advocate Good Samaritan Hospital is a part. My district is made up of many vibrant towns, outstanding companies and dedicated non-profit organizations. Good Samaritan Hospital is one of the finest organizations in the area and has a tremendous impact on the communities I represent. As a large employer, DuPage County's only Level 1 trauma center, and the provider of the most advanced care for premature babies in its Level 3 Neonatal Intensive Care Unit, the hospital is a valuable resource for the community.

In 2014, Good Samaritan was named one of Truven Health Analytics' 100 Top Hospitals for the fifth time, but for those in the community the hospital is much more than a list of awards and accomplishments. When I meet with members of my district, I hear countless stories of people who are grateful for the care they have received at the hospital. They feel so fortunate to have such great medical care so close to home.

Good Samaritan Hospital truly serves the community, which is why I am in support of the construction of a new bed tower in Downers Grove. I respectfully request the approval of the CON application.

Sincerely,

A handwritten signature in black ink that reads "Patricia R. Bellock".

Patricia R. Bellock
State Representative 47th District

PRB: hs



DISTRICT OFFICE
799 Roosevelt Road
Building 3 - Suite 108B
Glen Ellyn, Illinois 60137
630/858-8855
FAX: 630/858-8857

SPRINGFIELD OFFICE
225-N Stratton Building
Springfield, Illinois 62706
217/782-8037
FAX: 217/558-1072

Sandra Pihos
State Representative • 48th District

June 24, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

The words that immediately come to mind when I think of Advocate Good Samaritan Hospital are: excellence, quality and compassion. Good Samaritan Hospital is the jewel of our community and has been for nearly 40 years. It is the hospital of choice for many of my constituents and I know they appreciate having a world-class hospital close to home.

Good Samaritan has a Level III designation for its neonatal intensive care unit and it is the only Level I trauma center in DuPage County. These certifications allow the most serious victims of car crashes, industrial accidents and other traumas in addition to the most fragile, premature, tiny babies to receive the highest level of care available.

Not only is Good Samaritan Hospital well respected in our community, but it is also recognized on a national level. It is the only health care organization in the state to earn the prestigious Malcolm Baldrige National Quality Award, achieving this recognition in 2010. It just earned a Crystal Award from Truven Health Analytics for being named to the 100 Top Hospitals list five times. Good Samaritan also boasts Magnet recognition for nursing excellence.

As a nonprofit hospital, Good Samaritan's funds are constantly being re-invested into the hospital and the community at large. Current plans for this re-investment are for construction of a private-room bedtower.

I strongly support this project because it will benefit our community. Access to private rooms affords patients the dignity and privacy they need to rest and recover. It gives guests a more comfortable space in which to visit their loved ones.

In summary, I fully endorse Advocate Good Samaritan Hospital's private room bedtower plan and urge the Illinois Health Facilities and Services Review Board to approve the hospital's Certificate of Need (CON) application. Feel free to contact me if you have any questions or need additional information.

Sincerely,

Sandra Pihos

Sandra Pihos

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OFFICE OF THE MAYOR
MARTIN T. TULLY

June 3, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St, Floor 2
Springfield, IL 62761

Dear Ms. Avery:

I am writing to you today in support of Advocate Good Samaritan Hospital's private room bedtower proposal. As the only healthcare provider in Illinois to have earned the prestigious Malcolm Baldrige Quality Award for performance excellence, it comes as no surprise that they have chosen to pursue this improvement.

Many studies have shown that private rooms can reduce stress, allow patients to sleep better and speed recovery times. A private bedtower will allow Advocate Good Samaritan Hospital to continue to improve healing outcomes for patients. After all, high quality, efficiency and overall patient satisfaction were several reasons why Advocate Health was just recognized as a Top 5 health system by Truven Health Analytics.

Perhaps you've heard that Good Samaritan was also named a 100 Top Hospital for 2014 for the fifth time. The Village certainly has; as the success of this dedicated community partner relates directly to the well being of Downers Grove's citizens and countless others who travel here in search of relief and healing.

I fully support Advocate Good Samaritan Hospital's proposal for a private room bedtower. Completion of this project will no doubt improve their already stellar healthcare service delivery.

Best regards,

A handwritten signature in black ink that reads "Martin T. Tully".

Mayor Martin T. Tully

VILLAGE OF DOWNERS GROVE

13



**Fire Department
Administration**
5420 Main Street
Downers Grove
Illinois 60515
630.434.5980

Fire Chief
James G. Jackson, Sr.
jjackson@downers.us

Deputy Chief
Matthew Daly
Administration
mdaly@downers.us

Deputy Chief
Jeffrey S. Pindelski
Operations
jpindelski@downers.us

Black Shift
Battalion Chief
John Hardy
jhardy@downers.us

Red Shift
Battalion Chief
Dan Mejdrech
dmejdrech@downers.us

Gold Shift
Battalion Chief
Matt Beyer
mbeyer@downers.us

Training / Safety
Battalion Chief
Daniel Tasso
dtasso@downers.us

Public Education
Assistant to the Chief for
Community Education
Marsha Giesler
mgiesler@downers.us

Fire Prevention
Division Chief
Benjamin DeAnda
bdeanda@downers.us

April 25, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

I am writing this letter to request that the Illinois Health Facilities and Services Review Board give full consideration and approval to the Certificate of Need application for Advocate Good Samaritan Hospital to construct a private room bedtower.

The hospital is the only Level 1 Trauma Center in Du Page County and has made a difference for many of our residents as well as others who live outside the county. As the fire chief, I admire and appreciate the work the hospital provides for our community.

The Downers Grove Fire Department has benefitted from a solid relationship with the hospital through training, education and preparedness activities. Through this relationship, our community, as well as the service level we provide, has been impacted in a positive way. We feel very fortunate to have an institution such as Advocate Good Samaritan Hospital in our community.

The bedtower project would help to further improve the important work that this hospital performs in our community and ask that you give their application full consideration.

Sincerely,

DOWNERS GROVE FIRE DEPARTMENT

James G. Jackson, Sr.
Fire Chief
Village of Downers Grove

Joseph Hasek
1510 Maple Ave.
LaGrange Park, Il. 60526

May 26, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Far too often in life we take for granted superior performance and acknowledge only performance that is below our expectations. I hope to do my small part to remedy this tendency.

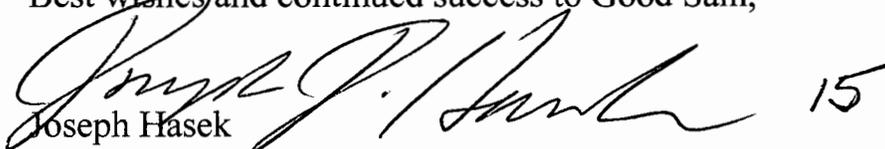
On Wednesday, October 16, 2013 I had total hip replacement surgery at Good Sam. I was amazed at this experience. Prior to the surgery, I had taken the Joint Replacement Class which was excellent. It was very well communicated and very helpful. Michelle did a very good job. She told me exactly what I needed to know and answered all of my questions to my satisfaction. She lowered my anxiety about my surgery.

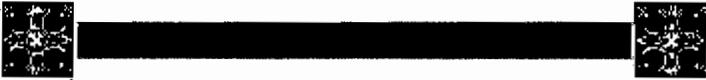
From the second I walked in Good Sam on the day of my surgery, I found that everyone that I came in contact with was very friendly and had a sincere desire to help me. They were knowledgeable, professional and treated me like I was family. Special thanks to the employees of Section 52 and to the Therapy Group, who made my stay as humanly comfortable as possible. From the Valet Service to the Admission Group to the Nurse Staff to the Nurse Aid to the Therapy Group to Discharge Group they all came together to focus on me, the patient, and made me their Number 1 Priority. This does not happen by accident, but is part of a culture that is instilled in them from Senior Management.

The only concern that I had at Good Sam was the first night after my surgery. I was placed in a room with another patient who was a very sick man. He was in a lot of pain and required several hospital staff to attend to his needs almost hourly and all through the night. I felt very sorry for the man, but with all due respect to him, I needed my peace and rest too. The Nursing Manager was able to get me a private room by the end of the day. Everything was fine after that.

The employees of Good Samaritan Hospital had exceeded all my expectations. Good Sam has every reason to be proud of its team. Congratulations to each of them on a job well done and congratulations to Good Sam for selecting them as employees. Each one of them is a building block that is focused on making the patient Number 1 and treating each of us as we were family.

Best wishes and continued success to Good Sam,


Joseph Hasek 15



Bernadette M. Goers

5146 Belden Avenue
Downers Grove, IL

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

May 19, 2014

Dear Ms. Avery,

I am writing this letter to convey to you how important I feel it is that Advocate Good Samaritan Hospital continue with its plan to build a private bed tower. I have been a patient at Good Samaritan Hospital since the 1980s. In 1990, I was diagnosed with a rare form of cancer, with numerous recurrences and hospitalizations. At that time and for years after, I was able to secure a private room, which I paid for, for – believe it or not – \$60 per night!

As infectious diseases became more prevalent, private rooms were then designated solely for patients with such diseases. I have had some issues with roommates over the years and can assure you that private rooms at Good Samaritan would be valued by patients and their family members. Evidence shows patient healing and recovery is significantly quicker when patients are in private rooms, and I can attest to that.

Fortunately, because I am a frequent guest at Good Sam, the nurses have remembered me from visit to visit and always have provided excellent care. The nursing staff is certainly deserving of their Magnet status. Good Samaritan is a great hospital that will become even better with the addition of private rooms.

Sincerely,



Bernadette Goers

Mike Murphy
1451 Concord Drive
Downers Grove, IL 60516

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am writing on behalf of Advocate Good Samaritan Hospital as I know their hope is to construct a private room bed tower. I have had a few experiences throughout the years at Good Samaritan and all of them have been positive – the most recent of which I would like to describe to you.

It was a few days before Christmas, and I had been having chest discomfort and a shortness of breath off and on in the month of December any time I exercised hard. I unwisely dismissed it the first few times but finally decided to have it checked out so I went to the ER. They immediately took me in as soon as they heard the word “chest pain” even though I told them I was fine and the pain only occurred when I exerted myself. After the initial blood work and EKG came back fine, they set me up with a stress echocardiography the next day which started to worry me even though I was only 44 years old at the time. It revealed I wasn’t getting enough blood to my heart so I had an angiogram set up for Monday.

The best thing going for me in the hospital was having a private room. When I am sick I just want to be left alone, and this was clearly much more serious than having a cold or the flu. I mean no disrespect to the people who like to visit with their hospital roommate, but it would have driven me nuts. My wife and three kids came to visit me often and it was so nice not having to worry about disturbing a roommate. Likewise, it was also nice not having to visit with a roommates’ family while I was stuck in the hospital bed. I am very much a people person as anyone who knows me will attest, but when you are only 44 and in the hospital because your heart is acting up – you don’t want to visit with strangers.

The night before the procedure my stomach was churning as I was getting really nervous. Fortunately two friends called to ask if they could come watch the Bears-Eagles football game with me and keep me company. It was after hours when they arrived but the nurses told us as long as we kept quiet and didn’t disturb anyone, we were fine. Again, not something I could do if I had a roommate, but something I was able to do with my private room, and for three hours it took my mind off what was to follow the next day.

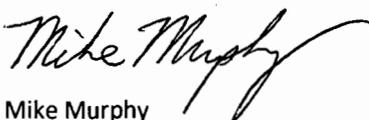
The doctor was great and was able to open up the 90% blockage I had in my “widow maker” artery (a term my wife still gets ticked about if I ever use it). You see she was just as stressed as I was, and on the morning of the procedure while we waited our turn it was comforting for just the two of us to be in the room. The last thing you want is to make small talk with a roommate when you don’t know what may be about to change in your life.

The weight of the world was lifted off my shoulders when the doctor said the stent was in and all would be good. The hospital did keep me overnight as is procedure, but they did an amazing job getting me out of there early the next day, as it was Christmas Eve and they wanted me home with my family as fast as possible.

From there it was on to 3 months of cardiac rehab. They cared so much about me as a person and did whatever they could do to get me running, which I very much enjoy.

I can never thank the staff at Good Sam enough for saving my life. I will have many years ahead of me thanks to all the caring people there. I just hope they realize how special they are to me, and how thankful I am that I was in their hands.

Sincerely,


Mike Murphy



St. Paul Lutheran Church

545 S. Ardmore Avenue • Villa Park, IL 60181

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield IL 62761

Dear Ms. Avery,

Good Samaritan Hospital is hoping to build a new bed tower in order to provide private rooms for all of its patients. I encourage you to approve their request. Very often I visit members of my church as patients in one of several hospitals in the area, and find that a private room is much more conducive to conversation and counsel. Patient care will be much improved, I believe if each patient has a private room.

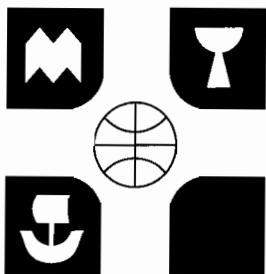
I encourage you to issue Advocate Good Samaritan the Certificate of Need that will allow them to improve the care they deliver to patients in this community.

Thank you,

Stephen H. Swanson,
Pastor
St Paul Lutheran Church
545 South Ardmore Ave
Villa Park IL 60148

March 25, 2014

FIRST CONGREGATIONAL CHURCH
UNITED CHURCH OF CHRIST
WESTERN SPRINGS, ILLINOIS



March 13, 2014

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

Dear Ms. Avery,

I write to you in support of Advocate Health System's petition for a private room bed tower at the Good Samaritan Hospital in Downers Grove. I wear several hats as the writer of this letter. First, I am a local church pastor with numerous church members who use Good Samaritan as their primary hospital. They are fully in favor and desiring of Good Samaritan to have private rooms. As you well know, this has become the standard model of care for many hospitals. The members of my congregation are firmly behind this petition.

I fervently hope that the Review Board will approve Advocate's petition, so that it may deepen its commitment to the communities it serves and strengthen its care for the patients who depend on it. Good Samaritan is a fine hospital, and we are proud to call it one of ours.

Finally, my experience has been that private rooms offer clergy a more effective setting for care, confidentiality and counseling.

Sincerely,

Rich Kirchherr
Senior Minister



Advocate Good Samaritan Hospital

3815 Highland Avenue || Downers Grove, IL 60515 || T 630.275.5900 || advocatehealth.com

June 10, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

As President of the Advocate Good Samaritan Hospital Medical Staff, I am writing this letter today to ask you to join me in supporting our plan to build a private room bedtower on the hospital campus. It is in the best interests of our patients and their families, the community at large and our Medical Staff.

Since opening in 1976, we have updated and modernized our facility to meet our population's changing needs. We have heard our patients' feedback and this is the moment to respond. Our patients expect – and deserve -- to receive the best care in private rooms, where they can recover and rest peacefully and where their nurses and physicians can care for them in an environment that is respectful of their privacy.

As an Emergency Department physician, I treat our most seriously injured and ill patients. In 2013, more than 42,000 patients visited our Emergency Department. Good Samaritan Hospital is a Level I Trauma Center, which is the highest trauma level designation in the state of Illinois; we are the only Level I in DuPage County.

Good Samaritan Hospital has a reputation of being the best – not just locally but also at the national level. In 2010, the hospital won the Malcolm Baldrige National Quality Award, the highest Presidential award for world-class performance. Since then, we have continued to raise the bar on clinical and service excellence. It's what our patients expect and it's what we strive to deliver every day.

I urge the Illinois Health Facilities and Services Review Board to approve the hospital's Certificate of Need (CON) application so we may honor our patients' wishes and provide what they truly need.

Sincerely,



Donald Steiner, MD
Medical Staff President

20



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

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



WESTSIDE MEDICAL ASSOCIATES, LTD.
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MICHAEL S. KWIECINSKI, M.D.
CATHERINE B. GROTELUESCHEN, M.D., FACP
EILEEN M. COLLINS, M.D.

HIGHLAND MEDICAL CENTER
SUITE 210
2340 HIGHLAND AVENUE
LOMBARD, ILLINOIS 60148
TEL (630) 932-2020
FAX (630) 932-4637

MARYAM N. SANDOVAL, M.D.
PETER S. YOON, M.D.
MARCIN Z. BABER, M.D.
MARY J. BARTON, C.N.P.
PAULETTE N. FEIEREISEL, C.N.P.

PRACTICE LIMITED TO INTERNAL MEDICINE

April 23, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Courtney Avery:

Last year, my daughter was admitted to Good Samaritan Hospital for acute appendicitis. Although I'm on staff at the hospital, that day I was there as a parent worried about my child – not as a physician. Yet because I am so familiar with our excellent physicians, surgeons, anesthesiologists, nurses, clinical support staff and the hospital safety processes in place, I was comforted as I sat in the waiting room while my daughter was in surgery. Fortunately, my daughter's surgery went well and she went home the next day and recovered fully. Safe patient care is the top priority at Good Samaritan Hospital and for that, I am grateful.

Providing the best patient care is the cornerstone of the hospital's plan to build a private room bed tower. Private rooms are better than semi-private rooms for infection control – an important patient safety concern. They also provide a more quiet and comfortable place to recover and are better suited to accommodate visitors.

The hospital's Certificate of Need (CON) application should be approved by the Illinois Health Facilities and Services Review Board. I support it 100 percent, as a physician to give the best care for my patients and as a father.

Sincerely,



Michael Kwiecinski, MD
Governing Council, Medical Executive Council

Advocate Good Samaritan Hospital

3815 Highland Avenue || Downers Grove, IL 60515 || T 630.275.5900 || advocatehealth.com

May 8, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson, 2nd Floor
Springfield IL 62761

Dear Ms. Avery,

Nursing is my passion. As Advocate Good Samaritan Hospital's Chief Nurse Executive, I have the privilege of leading our incredibly talented nursing staff. We recently were re-designated with Magnet status for nursing excellence by the American Nurses Credentialing Center - a feat achieved by just seven percent of hospitals nationwide. This year we mark the 10th anniversary of Nursing Shared Governance at Good Samaritan Hospital; shared governance is a model of nursing practice centered on collaboration as a means of improvement for the good of the patient.

Our nursing leadership has been integral in developing our plans to construct a private room bed tower on our hospital campus and I couldn't be more excited about this project - particularly what it means for nurses and their patients. The proposed racetrack design helps get nurses quickly to where they are needed most - the patient's bedside.

Good Samaritan is my family's hospital of choice and I am proud to have worked here for 17 years. I urge you to support our Certificate of Need (CON) application for the bed tower. I believe it will enhance the experience of our patients and their families as well as our nurses.

Please don't hesitate to contact me if you need any additional information. Thank you for your consideration.

Warmly,



Marjorie A. Maurer, MSN, RN, NEA-BC
Vice President, Operations/Patient Care Services and Chief Nurse Executive

MAM/pj



22
A faith-based health system serving individuals, families and communities

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



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	NON CLINICAL	TOTAL
Preplanning Costs	\$ 32,730	\$ 40,970	\$ 73,700
Site Survey and Soil Investigation	\$ 33,254	\$ 41,626	\$ 74,880
Site Preparation	\$ 259,636	\$ 324,999	\$ 584,635
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ 23,455,183	\$ 24,572,911	\$ 48,028,094
Modernization Contracts	\$ -	\$ 4,091,879	\$ 4,091,879
Contingencies	\$ 2,345,518	\$ 3,071,074	\$ 5,416,592
Architectural/Engineering Fees	\$ 1,375,783	\$ 1,664,217	\$ 3,040,000
Consulting and Other Fees	\$ 2,904,879	\$ 1,877,891	\$ 4,782,770
Movable or Other Equipment (not in construction contracts)	\$ 6,234,942	\$ 2,545,308	\$ 8,780,250
Bond Issuance Expense (Project related)	\$ 347,979	\$ 342,977	\$ 690,956
Net Interest Expense During Construction (Project related)	\$ 2,840,147	\$ 2,799,329	\$ 5,639,476
Fair Market Value, Leased Space, Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 6,444,240	\$ 4,236,060	\$ 10,680,300
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 46,274,291	\$ 45,609,241	\$ 91,883,532
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 11,476,453	\$ 11,311,514	\$ 22,787,967
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (Project related)	\$ 34,797,838	\$ 34,297,727	\$ 69,095,565
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ 46,274,291	\$ 45,609,241	\$ 91,883,532
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____ N/A _____.</p>

Project Status and Completion Schedules

<p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>May 31, 2017</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
--

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical-Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Advocate Good Samaritan Hospital		CITY: Downers Grove, IL			
REPORTING PERIOD DATES: From: January 1, 2013 to: December 31, 2013					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	185	10,257	43,726	-40	145
Obstetrics	36	2,006	5,406	0	36
Pediatrics	16	312	1,011	-9	7
Intensive Care	44	2,622	13,624	0	44
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	41	1,041	10,507	0	41
Neonatal Intensive Care	11	284	4,011	0	11
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	333	16,522	78,285	-49	284

Source: Annual Hospital Questionnaire: 2013

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Advocate Health and Hospitals Corporation, d/b/a Advocate Good Samaritan Hospital in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

David S. Fox

SIGNATURE

David S. Fox
PRINTED NAME

President, Advocate Good Samaritan Hospital
PRINTED TITLE

William P. Santulli

SIGNATURE

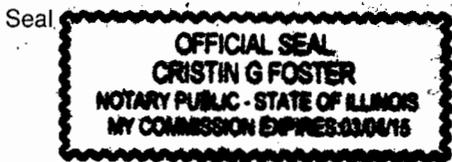
William P. Santulli
PRINTED NAME

Executive Vice President/COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of July 2014

Cristin G. Foster

Signature of Notary



Notarization:
Subscribed and sworn to before me
this 17 day of July 2014

Cristin G. Foster

Signature of Notary



*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Advocate Health Care Network in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

JA Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

President and CEO
PRINTED TITLE

William P. Santulli
SIGNATURE

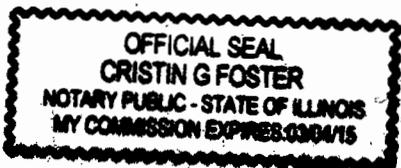
William P. Santulli
PRINTED NAME

Executive Vice President/COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of July 2014

Cristin G. Foster
Signature of Notary

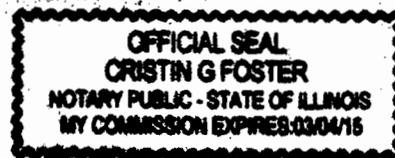
Seal



Notarization:
Subscribed and sworn to before me
this 17 day of July 2014

Cristin G. Foster
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:
 - A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
x Medical/Surgical	185	145
x Pediatric	16	7

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X
1110.530(d)(4) - Occupancy			X
1110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE		

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

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

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	40-42
2	Site Ownership	43-44
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	45-47
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	48-49
5	Flood Plain Requirements	50-52
6	Historic Preservation Act Requirements	53-54
7	Project and Sources of Funds Itemization	55-57
8	Obligation Document if required	58
9	Cost Space Requirements	59-60
10	Discontinuation	NA
11	Background of the Applicant	61-65
12	Purpose of the Project	66-74
13	Alternatives to the Project	75-78
14	Size of the Project	79
15	Project Service Utilization	80-85
16	Unfinished or Shell Space	NA
17	Assurances for Unfinished/Shell Space	NA
18	Master Design Project	NA
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	86-94
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	Selected Organ Transplantation	NA
29	Kidney Transplantation	NA
30	Subacute Care Hospital Model	NA
31	Children's Community-Based Health Care Center	NA
32	Community-Based Residential Rehabilitation Center	NA
33	Long Term Acute Care Hospital	NA
34	Clinical Service Areas Other than Categories of Service	NA
35	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
36	Availability of Funds	95
37	Financial Waiver	96-108
38	Financial Viability	109
39	Economic Feasibility	110-115
40	Safety Net Impact Statement	116-119
41	Charity Care Information	120
	Appendix	121-129

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Type of Ownership of Applicant/Co-Applicant

- | | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------|-------|
| <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 |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**

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-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See Attachment 1, Exhibits 1 and 2.

File Number 1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JUNE A.D. 2014 .

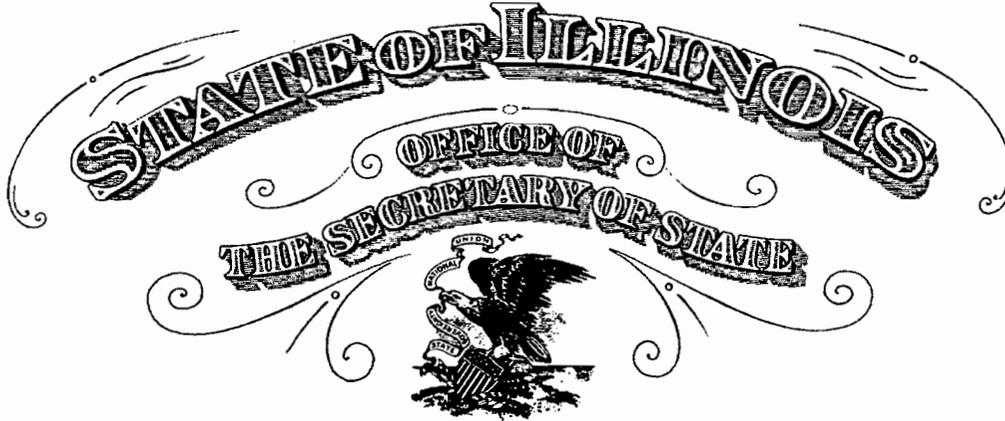


Authentication #: 1416001324
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

File Number 1707-692-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JUNE A.D. 2014 .



Authentication #: 1416001288
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation
Address of Site Owner: 3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Street Address or Legal Description of Site: 3815 Highland Avenue, Downers Grove, IL 60515-1590
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 <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Proof of site ownership is shown as Attachment 2, Exhibit 1.

July 7, 2014

Ms. Kathryn Olson, Chairperson
Illinois Health Facilities and Services Review board
525 W. Jefferson Street — 2nd Floor
Springfield, IL 62761

RE: Advocate Good Samaritan Hospital
Hospital Modernization Project

Dear Ms. Olson:

This attestation letter is submitted to indicate that Advocate Health and Hospitals Corporation owns the Advocate Good Samaritan Hospital site.

We trust it complies with the State Agency Proof of Ownership requirement indicated in the July 2013 Permit Application Edition.

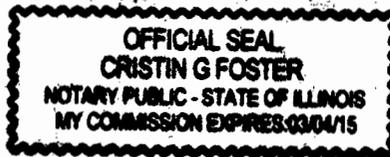
Respectfully,



William Santulli
Executive Vice President/COO

Notarization:

Subscribed and sworn to before me
This 7th day of July, 2014.



Cristin G. Foster

Signature of Notary

44

Operating Identity/Licensee

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

Exact Legal Name: **Advocate Good Samaritan Hospital**Address: **3815 Highland Avenue, Downers Grove, IL 60515-1590**

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <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 |

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.

Certificates of Good Standing for Advocate Health and Hospital Corporation d/b/a Advocate Good Samaritan Hospital and Advocate Health Care Network are appended as Attachment 3, Exhibits 1 and 2.

File Number 1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JUNE A.D. 2014 .



Authentication #: 1416001324
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

File Number 1707-692-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JUNE A.D. 2014



Authentication #: 1416001288
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

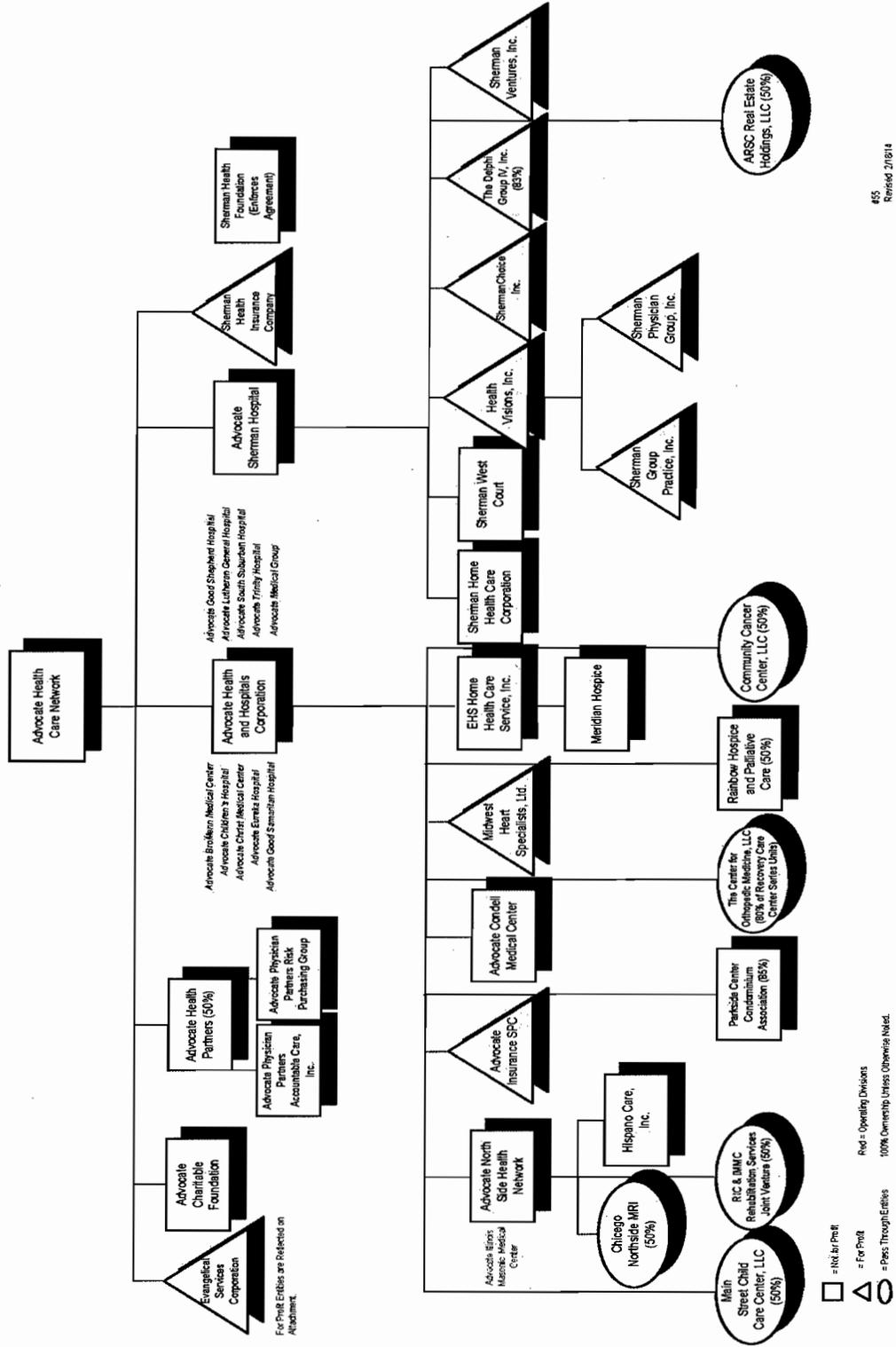
SECRETARY OF STATE

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.

Attachment 4, Exhibit 1, is an organization chart of Advocate Health Care that shows all of the relevant organizations including Advocate Health and Hospitals Corporation and Advocate Health Care Network.



= Not for Profit
 = For Profit
 = Pass Through Entities
 = Operating Divisions
 = 100% Ownership Unless Otherwise Noted

455
Revised 2/18/14

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See Attachment 5, Exhibits 1 & 2.



3075 Highland Parkway, Suite 600 || Downers Grove, Illinois 60515 || T 630.572.9393 || advocatehealth.com

July 17, 2014

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

RE: Advocate Good Samaritan Hospital
Hospital Modernization Project

Dear Ms. Avery:

This attestation letter is submitted to indicate that Advocate Health and Hospitals Corporation, dba Advocate Good Samaritan Hospital, is not in a flood plain. See attachment #5, Exhibit 2, a FEMA map that indicates where the hospital property is located. The Good Samaritan campus is outlined in red and marked with a red X.

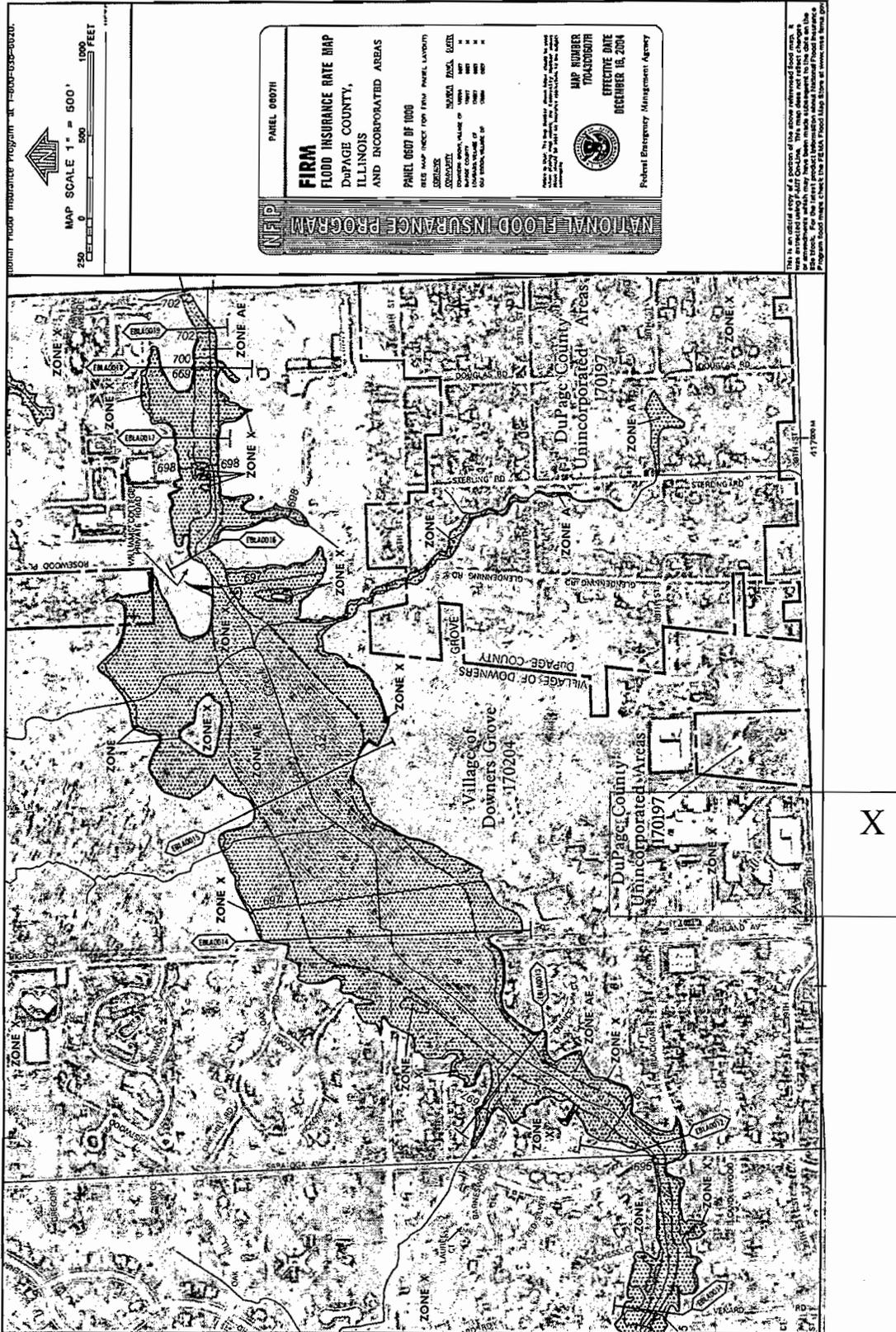
We trust this attestation complies with the State Agency Flood Plain Rule under Illinois Executive Order #2005-5 requirement indicated in the Permit application – July 2013 edition.

Respectfully,

A handwritten signature in black ink, appearing to read "W. Santulli".

William P. Santulli
Executive Vice President/COO
Advocate Health Care

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Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment 6, Exhibit 1, is a letter from the Illinois Historic Preservation Agency which documents that no historic, architectural, or archaeological sites exist within the Project area.



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

DuPage County
Downers Grove

New Construction of Additional Floors and Footprint Expansion to Replace Semi-Private Medical-Surgical
Beds with Private Rooms, Advocate Good Samaritan Hospital
3815 Highland Ave.
IHPA Log #011070714

July 10, 2014

Janet Hood
Advocate BroMenn Medical Center
Advocate Eureka Hospital
P.O. Box 2850
Bloomington, IL 61702-2850

Dear Ms. Hood:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

A handwritten signature in black ink that reads 'Anne E. Haaker'.

Anne E. Haaker
Deputy State Historic
Preservation Officer

For TTY communication, dial 888-440-9009. It is not a voice or fax line.

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	NON CLINICAL	TOTAL
Preplanning Costs	\$ 32,730	\$ 40,970	\$ 73,700
Site Survey and Soil Investigation	\$ 33,254	\$ 41,626	\$ 74,880
Site Preparation	\$ 259,636	\$ 324,999	\$ 584,635
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ 23,455,183	\$ 24,572,911	\$ 48,028,094
Modernization Contracts	\$ -	\$ 4,091,879	\$ 4,091,879
Contingencies	\$ 2,345,518	\$ 3,071,074	\$ 5,416,592
Architectural/Engineering Fees	\$ 1,375,783	\$ 1,664,217	\$ 3,040,000
Consulting and Other Fees	\$ 2,904,879	\$ 1,877,891	\$ 4,782,770
Movable or Other Equipment (not in construction contracts)	\$ 6,234,942	\$ 2,545,308	\$ 8,780,250
Bond Issuance Expense (Project related)	\$ 347,979	\$ 342,977	\$ 690,956
Net Interest Expense During Construction (Project related)	\$ 2,840,147	\$ 2,799,329	\$ 5,639,476
Fair Market Value, Leased Space, Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 6,444,240	\$ 4,236,060	\$ 10,680,300
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 46,274,291	\$ 45,609,241	\$ 91,883,532
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 11,476,453	\$ 11,311,514	\$ 22,787,967
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (Project related)	\$ 34,797,838	\$ 34,297,727	\$ 69,095,565
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ 46,274,291	\$ 45,609,241	\$ 91,883,532
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Itemization of Costs

Items	Cost
Pre-Planning	
Conceptual Building Expansion Study	\$ 73,700
Site Survey	\$ 74,880
Site Preparation	\$ 584,635
Off-Site Work	\$ -
New Construction	\$ 48,028,094
Modernization	\$ 4,091,879
Contingencies	\$ 5,416,592
Architect/Engineer Fees	\$ 3,040,000
Consulting and Other Fees	\$ 4,782,770
Medical Equipment Planner	\$ 184,000
Programming and Planning	\$ 275,000
Commissioning Agent	\$ 185,000
Wayfinding and Signage Consultant	\$ 115,000
LEED Consulting	\$ 276,500
Village and public hearings	\$ 35,000
Field verification	\$ 45,000
IT Equipment Tracking	\$ 48,500
Renderings/models/simulations	\$ 16,000
Acoustical Consultant	\$ 7,500
Technology Consultant	\$ 27,500
Environmental Impact Consultant	\$ 17,200
Electrical Coordination	\$ 57,750
Utilities Coordination	\$ 42,000
Local/Municipal Review/Zoning	\$ 100,000
Elevator Consultant	\$ 40,000
Materials Management Consultant	\$ 50,400
Construction Administration	\$ 850,000
Building Permit Fee	\$ 265,000
Interior Design	\$ 155,000
A&E Reimbursables	\$ 220,000
HVAC Systems Verification	\$ 30,000
Legal/CON	\$ 78,750
Code Consultant	\$ 45,000
CON Fee	\$ 100,000
Activation/Transition Planning Consultant	\$ 120,000
Miscellaneous Consultants and Fees	\$ 1,396,670
Movable/Equipment	\$ 8,780,250
Med-Surg Patient Room and Support	\$ 4,200,000

Furniture	\$ 892,500
Modular Nurse Stations	\$ 577,500
Mobile Documentation Stations	\$ 950,000
Miscellaneous Equipment	\$ 2,160,250
Bond Issuance/Finance Expense	\$ 690,956
Net Interest	\$ 5,639,476
Fair Market Value of Lease	\$ -
Other Costs to be Capitalized	\$ 10,680,300
Security System	\$ 324,000
Network Infrastructure	\$ 2,100,000
Cerner Smart Room Technology	\$ 2,120,000
Modular Headwalls	\$ 790,000
Miscellaneous Other Costs	\$ 5,346,300
TOTAL	\$ 91,883,532
Source of Funds	
Cash and Securities	\$ 22,787,967
Debt Financing	\$ 69,095,565
TOTAL	\$ 91,883,532

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- None or not applicable
- Preliminary
- Schematics
- Final Working

Anticipated project completion date (refer to Part 1130.140): May 31, 2017

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
- Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

There is no documentation required for this section as the Project obligation has not occurred.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Cost Space Requirements

Dept. / Area	Total Costs	Department Gross Square Feet		Amount of Proposed Total Department Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL Reviewable							
Categories of Care							
Medical-Surgical & Peds	\$ 46,274,291	48,319	82,227	54,837		27,390	20,929
Total Clinical	\$ 46,274,291	48,319	82,227	54,837		27,390	20,929
NON CLINICAL Non Reviewable							
Administration	\$ 5,025,372	12,374	41,693	7,990	400	33,303	0
Visitor/Public Support	\$ 7,990,412	29,466	42,994	5,760	7,768	29,466	0
Circulation, connectors	\$ 6,192,503	46,963	57,438	5,764	4,711	46,963	0
Materials Support	\$ 10,674,463	35,230	49,182	13,952		35,230	0
Building Systems	\$ 15,726,491	83,080	105,377	21,724	573	83,080	0
Total Non-Clinical	\$ 45,609,241	207,113	296,684	55,190	13,452	228,042	0
Total Clinical and Non-Clinical	\$ 91,883,532	255,432	378,911	110,027	13,452	255,432	0

Note that the 20,929 dgsf vacated space from the medical-surgical and pediatric beds will be utilized for administration. By combining the vacated 20,929 and existing 12,374 for administration, the "as is" for administration is 33,303 dgsf. In the final total, there is no remaining vacated space.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

1. The listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Attachment 11, Exhibit 1 is the listing of all the facilities owned by Advocate Health Care Network. Exhibit 2 is the current state hospital license for Advocate Health and Hospitals, d/b/a Advocate Good Samaritan Hospital. The most recent DNV accreditation certificate for the Hospital is included as Attachment 11, Exhibit 3.

2. Certified Listing of Any Adverse Action Against Any Facility Owned or Operated by the Applicant

By the signatures on the Certification pages, the applicants attest there have been no adverse actions against any facility owned and/or operated by Advocate Health Care Network or Advocate Health and Hospitals Corporation, as demonstrated by compliance with the CMS Conditions of Participation with Medicare and Medicaid, during the three years prior to the filing of this application.

3. Authorization Permitting IHFPB and DPH to Access Necessary Documentation

By the signatures on the Certification pages, the applicants hereby authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access information in order to verify any documentation or information submitted in response to the

requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

4. Exception for Filing Multiple Certificates of Need in One Year

Not applicable. This is the first certificate of need filed by Advocate Good Samaritan Hospital in 2014.

Facility	Location	License No.	Joint Commission Accreditation No.	DNV Accreditation No.
Advocate Good Samaritan Hospital	3815 Highland Ave. Downers Grove, IL	0003384	Not applicable	115804-2012-AHC-USA-NIAHO

Additional hospitals owned and operated as a part of Advocate Health Care Network:

Facility	Location	License No.	Joint Commission Accreditation No.	DNV Accreditation No.
Advocate BroMenn Medical Center	1304 Franklin Ave. Normal, IL	0005645	Not applicable	127532-2012-AHC-USA-NIAHO
Advocate Christ Medical Center	4440 W. 95 th St. Oak Lawn, IL	0000315	Not applicable	135696-2013-AHC-USA-NIAHO
Advocate Condell Medical Center	801 S. Milwaukee Ave. Libertyville, IL	0005579	Not applicable	147414-2013-AHC-USA-NIAHO
Advocate Eureka Hospital	101 S. Major Eureka, IL	0005652	Not applicable	127988-2012-AHC-USA-NIAHO
Advocate Good Shepherd Hospital	450 W. Highway, #22 Barrington, IL	0003475	Not applicable	114892-2012-AHC-USA-NIAHO
Advocate Illinois Masonic Medical Center	836 W. Wellington Chicago, IL	0005165	4068	Not yet surveyed
Advocate Lutheran General Hospital	1775 Dempster Park Ridge, IL	004796	Not applicable	117368-2012-AHC-USA-NIAHO
Advocate South Suburban Hospital	17800 S. Kedzie Ave Hazel Crest, IL	0004697	Not applicable	127995-2012-AHC-USA-NIAHO
Advocate Sherman Hospital	1425 N. Randall Rd Elgin, IL	0005884	7339	Not yet surveyed
Advocate Trinity Hospital	2320 E. 93 rd St. Chicago, IL	0004176	Not applicable	120735-2012-AHC-USA-NIAHO

DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 104568



Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH
Acting Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE 12/31/2014	CATEGORY General Hospital	ID NUMBER 0003384
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Effective: 01/01/14

**Good Samaritan Hospital - Advocate
3815 Highland Avenue
Downers Grove, IL 60515**

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #4012320 10M 3/12

Exp. Date 12/31/2014
Lic Number 0003384
Date Printed 11/25/2013

**Good Samaritan Hospital - Advocate
3815 Highland Avenue
Downers Grove, IL 60515**
FEE RECEIPT NO.



DNV HEALTHCARE INC.
CERTIFICATE OF ACCREDITATION

Certificate No. 115804-2012-AHC-USA-NIAHO

This is to certify that

Advocate Good Samaritan Hospital

3815 Highland Avenue, Downers Grove, IL 60515

Complies with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to Det Norske Veritas Healthcare, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482). This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

Effective Date of Accreditation:

April 05, 2012

for the Accreditation Body:

DET NORSKE VERITAS
HEALTHCARE, INC.
HOUSTON, TEXAS

Patrick Horine
Executive Vice President, Accreditation



Yehuda Dror
President

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

ACCREDITED UNIT : DNV HEALTHCARE INC .400 TECHNOCENTER DRIVE, SUITE 100 MILFORD, OHIO 45150,OH, UNITED STATES ,TEL: 513-947-8334
WWW.DNVACCREDITATION.COM

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

1. Document that the Project will provide health services that improve the health care or well-being of the market area population to be served.

A. Single-Occupancy Rooms

Advocate Good Samaritan Hospital is proposing a Project focused on addressing several needs of the population it serves. Heading this list is the need to replace the multiple-occupancy medical-surgical and pediatric rooms with new single-occupancy rooms. Single-occupancy rooms, also known as private rooms, have been demonstrated previously to the Review Board as being advantageous in limiting the spread of infection, reducing the risk of medication errors, enhancing patient privacy, and promoting an environment of healing. As more patients shift to outpatient care, the mix of remaining inpatients becomes more complex requiring the private rooms to manage their care.

B. Right-Sizing the Bed Complement

Advocate Good Samaritan believes that right-sizing its complement of inpatient beds is in alignment with the needs of the communities it serves and clearly demonstrates prudent stewardship of health care resources. With that in mind, the Project proposes to reduce the number of medical-surgical beds and pediatric beds to be consistent with the changing demands

for inpatient care. The Project will result in discontinuing 40 medical-surgical beds and 9 pediatric beds.

The older existing medical-surgical patient care units will be converted to private rooms and needed administrative space.

C. Operating and Energy Efficiency

The efficiency of operation has been a central theme of the Advocate system, to design a workflow that delivers the right care at the right time with an eye to cost containment. The patient care units are being designed in accordance with the Advocate standards for consistency, predictability, and efficiency. Predictability means when caregivers enter the room, the items they need will be in the same place in each room. This is especially important when a crisis occurs and speed of response is crucial.

Efficiency of an upgraded physical plant will also help address energy and water costs. The addition is proposed to meet LEED silver criteria. The Project will feature LED energy efficient lighting, ultra-low flow plumbing fixtures, high efficiency HVAC systems, and state-of-the-art building automation to allow better patient comfort outcomes. All of these will help lower energy and water costs for the life of the building. A modern building automation system will provide controls for better patient comfort, better health outcomes, and increased energy efficiency.

Changes like those proposed in this Project speak to the Hospital's goal to provide the patient with the best care, in a value-conscious environment that is aligned with its Accountable Care Organization initiatives.

2. Define the planning area or market area, or other, per the applicant's definition.

Advocate Good Samaritan Hospital is a major provider of health care to the residents of the communities of Downers Grove, and surrounding cities and villages. In the late 1960s, a group of DuPage County residents formed the Downers Grove Hospital Association. The group's objective was to assure adequate medical facilities would be available for an expanding population. In 1969, the Association undertook the hospital project and gained support from surrounding communities, the local medical society, neighboring hospitals and other area organizations. In October of 1976, Good Samaritan Hospital, now Advocate Good Samaritan Hospital, opened to address a need in the community for quality health care.

Good Samaritan has evolved during the past 38 years from a midsized community hospital to a nationally recognized leader in health care. By leveraging its core competency of building loyal relationships as well as the organizational transformation of "moving from good to great," the hospital has achieved exceptional clinical, service, and financial outcomes.

Advocate Good Samaritan Hospital is the only hospital in Illinois that has ever received the Malcolm Baldrige National Quality Award, symbolizing the country's highest Presidential honor for quality and organizational performance excellence. That prestigious recognition was awarded in 2010. As a result, hospitals around the world regularly contact hospital administration to learn what steps they should take to make the quality improvements that now characterize Advocate Good Samaritan Hospital.

Today, the emergency department is the only Level I trauma center in DuPage County. The hospital has level III designation for obstetric, perinatal and neonatal services, which is the highest designation in the state. The list of other accomplishments is found in greater detail in Attachment 39.

The Health Planning Area is defined as DuPage County. See Attachment 12, Exhibit 1. It compares closely with the Hospital's service area, as shown in Attachment 12, Exhibit 2. An analysis of the zip codes of the patients admitted in 2012 shows that 75.2% of the patients come from the primary service area, confirming the Hospital is serving the residents of the area. See Attachment 12, Exhibit 3.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The principal problem this Project addresses is the number and size of multiple-occupancy rooms. At Good Samaritan 89% of the medical-surgical beds are in multiple-occupancy rooms. There are two rooms that each contain four beds. Today's patient has a reasonable expectation that his or her hospital care will be provided in a private room. The literature is clear about the issues of infection control being a major concern, especially when patients are required to share a bathroom.

The disruption of rest for a patient when care is given to another patient in the room is noted as a problem. When a member of staff enters the room to care for one patient, it often awakens the other patient, making it difficult to get the essential rest needed to promote healing.

The issue of privacy is another major concern as patients and their families find it difficult to discuss their illness with the physician or nurse, while a curtain a few feet away separates the patient from a stranger. A member of the Hospital medical staff recently wrote the following:

"The bed situation on the inpatient floors here is unacceptable... how do you think it feels to be a physician who needs to tell a patient that they have terminal cancer with another patient and their family less than 3 feet away...it is awful and needs to be addressed."

Furthermore, in a community the size of Downers Grove, the person in the other bed may be someone the patient knows, creating a greater reluctance to discuss personal issues. The expectation of patients, families, and caregivers to provide a setting where privacy is respected and maintained is hard to meet in an environment shared by two patients in a space that is too small.

The placement of patients in multiple-occupancy rooms is a challenge when the issues of gender, acuity, isolation, and infection are considered. These issues result in beds being blocked for other patients, or patients being moved to accommodate a new patient.

The current medical-surgical and pediatric units were designed and built in the mid-1970s and do not have the space needed today for the high amount of equipment or controls that surround a modern medical-surgical bed. The space constraints become more pressing in rooms where there are large pieces of equipment, as in the orthopedic areas. When patients begin to walk, the

challenge increases as the staff try to find a safe way for the patient to move around the room. The problem is compounded in multiple-occupancy rooms.

The need to be cost-conscious is increasing today with the goals of Health Reform. Finding ways to operate more efficiently are difficult in a facility designed 40 years ago. That includes issues with the layout of the rooms that result in added steps. The problems of efficiency escalate into problems of safety when an emergency occurs and the caregivers, nurses and physicians have to look in different places for the items they need because the location is not consistent in all the rooms.

The building systems need to be upgraded to be the most efficient. The heating, ventilation, and air conditioning (HVAC) systems are energy inefficient. These upgrades would include ventilation, pneumatic tube, chillers, lighting and plumbing. The cost of operation and maintenance on systems that are aging becomes a financial burden. The replacement parts and technical time to maintain the equipment become more costly as the buildings age. The ability to control the environment for each individual patient is very difficult in rooms that are 38 years old. Room temperature controls do not allow for separate control for each patient so patient comfort is compromised.

4. Cite the sources of the information provided as documentation.

- Advocate Good Samaritan Hospital Bed Tower Feasibility Study
- Illinois Department of Public Health Hospital Licensing Code
- Illinois Health Facilities and Services Review Board (HFSRB) Administrative Rules
- IHA COMPdata
- AIA/FGI Guidelines for Design and Construction of Health Care Facilities
- Advocate Good Samaritan Hospital Financial Data
- Claritas and the US Census Bureau
- HFSRB Hospital Profiles
- HFSRB Inventories and Data
- Health care literature regarding current trends re patient needs
- Advocate Good Samaritan Hospital Public Relations archives
- DuPage County and Downers Grove building codes

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

At the completion of this Project, the Hospital will have 96 new patient care rooms to meet the needs of the medical-surgical patients coming to Advocate Good Samaritan Hospital. All medical-surgical and pediatrics beds will be in single-occupancy rooms. Sharing a room with another patient is counter to the best practices today. A top priority is the need to protect the patient from possible exposure to an infection from another patient or their visitors. The disruption from care given to the other patient in the room will be eliminated. The privacy needed when discussing the patients care will be respected and assured.

An all private-room environment also eliminates the need to transfer a patient in order to make room for early admissions, infection control reasons, or the need to create a same sex room. Having all private rooms will allow for timely placement of new admissions and the transfer of

patients requiring a change in their level of care. This is of key importance in placing patients that are progressing from intensive care.

The design of the rooms will provide the essential space for staff to care for patients, with appropriate controls to manage and monitor the patients. Some rooms will be equipped to serve the bariatric patients. A significant improvement will be by having appropriate family-visitor space, which has been designed in each room to recognize and accommodate the patient's need for the healing aspect of personal support.

Reducing the number of medical-surgical and pediatric beds will address one of the goals of Health Planning. Currently there is an excess of medical-surgical beds in DuPage County. The reduction of 49 beds will reduce that overage.

The patient units will be following the standard Advocate design to be motion efficient for staff giving care to the patient. By having each room designed and equipped the same, it reduces errors and loss of time by the nurses and physicians.

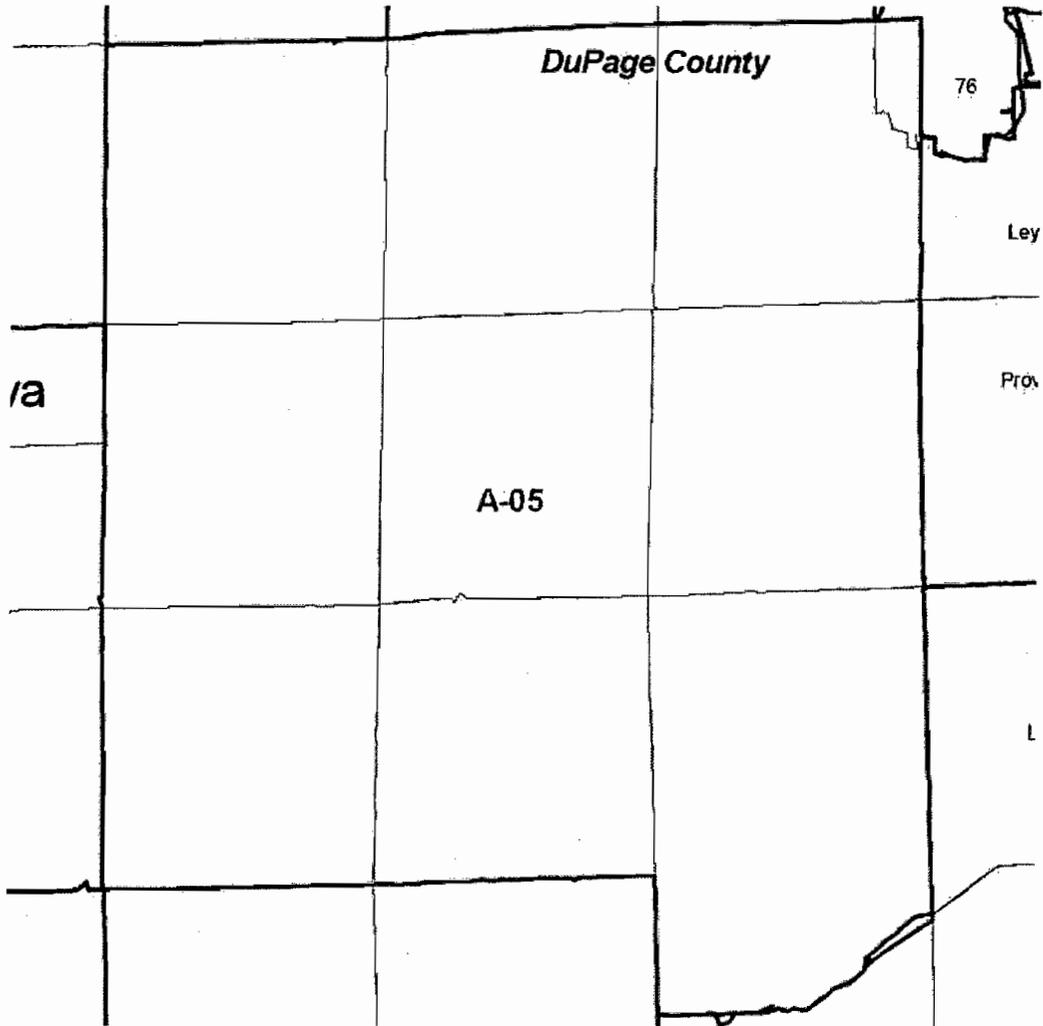
In addition, the new units will be energy and water efficient. With the new design of building systems, the energy use in the new tower is expected to be reduced from 220 kBtu/sf for the rest of the building, to approximately 175-180 kBtu/sf for about a 20% savings. The architectural design of the bed tower is also expected to contribute to the overall reduction of energy costs, down from \$3.25/sf to \$2.80/sf. In addition, the heating, ventilation, and air conditioning (HVAC) controls will allow the patients to establish their own temperature settings for their individual rooms, which should allow for a more comfortable environment in which to recover and increased patient satisfaction.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

This Project will be complex to manage, with planning and phasing of every step to assure there is no interruption of service during the construction and moves.

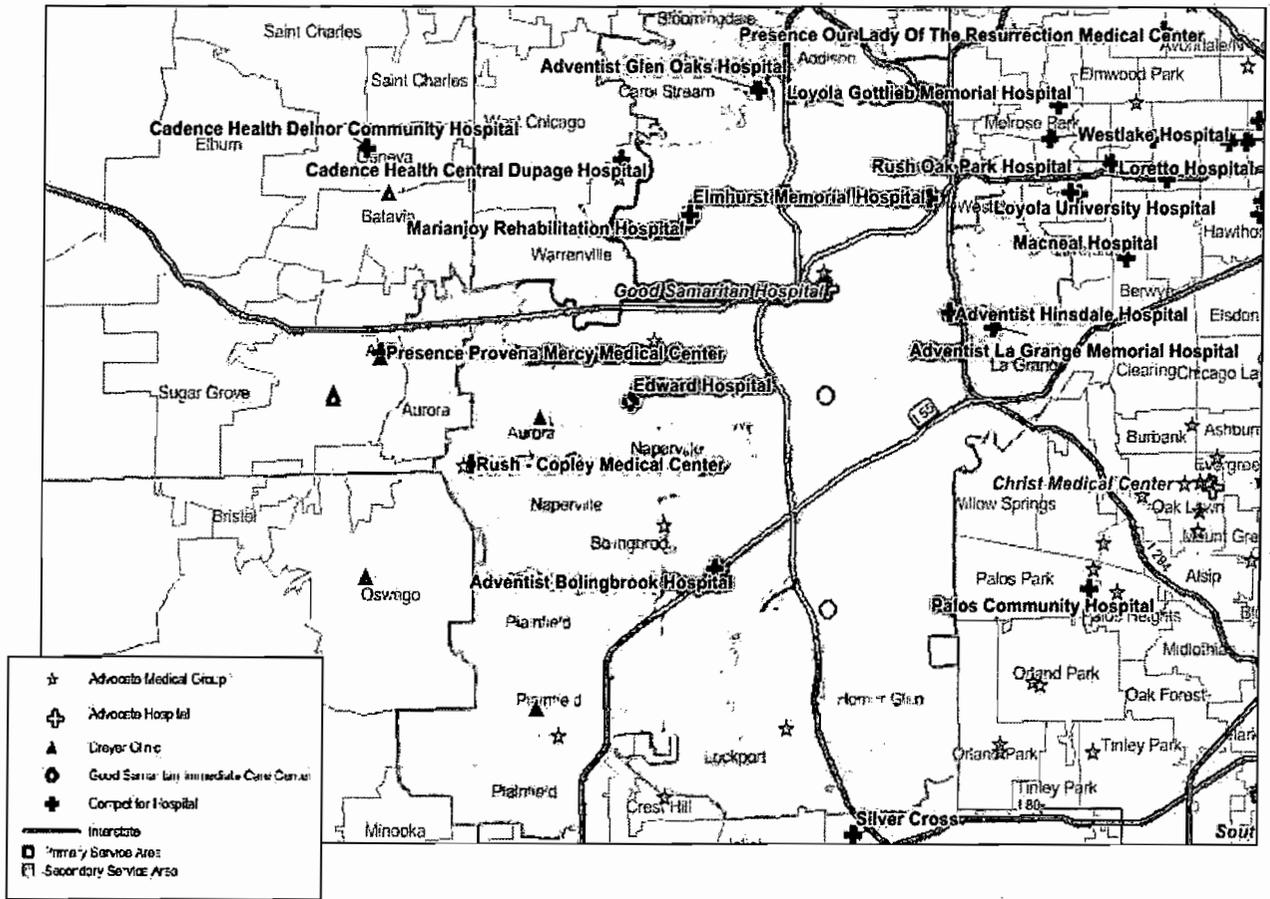
1. The first goal is to achieve complete, weather tight enclosure of the Project as early as possible during the winter of 2015-16.
2. The next goal is to complete the structure and building enclosure by January 2016.
3. The third goal is to complete the interior build-out along with the phased vertical expansion of stairs and elevators. The vertical transportation work will require phasing in order to minimize the impact of the Project on ongoing hospital operations. This work is scheduled for completion in January 2017.
4. Various Village and State inspections are expected to be completed by April 2017.
5. Occupancy of the new and modernized areas will be completed by May 31, 2017.

IHFSRB Planning Area A-05



Source: IHFSRB

Advocate Good Samaritan Hospital — Service Area Map



Source: Hospital records

Zip Code	Advocate Good Samaritan 2012 Patient Volume	% of Total Patient Volume
60148	2,382	13.5%
60515	1,858	10.5%
60516	1,415	8.0%
60559	1,386	7.8%
60517	814	4.6%
60561	805	4.5%
60532	650	3.7%
60137	666	3.8%
60181	539	3.0%
60523	500	2.8%
60440	408	2.3%
60527	442	2.5%
60439	259	1.5%
60189	176	1.0%
60126	186	1.1%
60514	130	0.7%
60446	147	0.8%
60540	143	0.8%
60187	157	0.9%
60563	171	1.0%
60521	72	0.4%
Primary Service Area Total	13,306	75.2%
60101	131	0.7%
60188	93	0.5%
60565	126	0.7%
60525	76	0.4%
60139	95	0.5%
60544	119	0.7%
60441	83	0.5%
60154	95	0.5%
60586	84	0.5%
60490	76	0.4%
60504	87	0.5%
60564	79	0.4%
60108	62	0.4%
60513	46	0.3%
60491	51	0.3%

60502	59	0.3%
60526	67	0.4%
60585	42	0.2%
60558	40	0.2%
60503	43	0.2%
Secondary Service Area Total	1,554	8.8%
Outside Service Area	2,833	16.0
Patient Volume Total	17,693	100.0%

Source: Hospital records

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES	
1)	Identify ALL of the alternatives to the proposed project: Alternative options must include: A) Proposing a project of greater or lesser scope and cost; B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes; C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and D) Provide the reasons why the chosen alternative was selected.
2)	Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.
3)	The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.
APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The following alternatives were considered when this Project was in planning:

1. **Add to existing main bed tower:** One option was to build several stories on top of the existing main bed tower. While additional floors could be added to the older bed tower, the constructability is very expensive and disruptive. The existing tower, built in 1976, would have to be upgraded to the current seismic codes, which would include strengthening existing columns in existing nurse units and adding shear walls that would also disrupt existing nurse units. The floor plate is so narrow, it would not accommodate Advocate standard patient rooms.
Approximate Cost: \$123,600,000.
2. **Build new stand-alone bed tower:** The advantage of option 2 was that it would avoid disruption to the existing building. However, there is insufficient available land on the Good Samaritan Hospital campus that would allow enough space for a properly sized new bed tower. Any building would have to be very narrow and tall, losing the efficiency of the standard Advocate cost-efficient design.
Approximate Cost: \$138,000,000

3. **Renovate existing nursing units:** The hospital considered renovating the existing patient rooms. This option would have required construction to be done in multiple phases since there are no empty spaces to relocate nursing units during construction. The following were renovations considered:
- a) Upgrade existing patient rooms and patient toilets with new finishes.
 - b) Replace millwork between patient rooms to provide better acoustical separation.
 - c) Revise core layout to provide a de-centralized nursing model to locate nurses closer to patient rooms.
 - d) New lighting in patient rooms and core.
 - e) New plumbing fixtures in patient room toilets.
 - f) New headwalls in patient rooms to match standards.
 - g) New nurse call.
 - h) Cerner smart room technologies.

On careful consideration it was determined that there are not enough rooms to accommodate the conversion of the needed 152 beds to private rooms. Keeping multiple-occupancy rooms would not meet the primary goal of the Project to achieve today's standard of care.

Approximate Cost: \$56,750,000

4. **Pursue a joint venture** or use another outside provider for medical-surgical beds. This option was not feasible. The service needs to be provided within the hospital.
Cost: No estimate was possible.
5. **Construct a private room bed tower** over the ICU unit built in 2005. The dimensions of the base structure would provide adequate floor space to design units of an appropriate working size. The addition of the floors would balance with the height of the existing main bed tower. Access to the proposed beds would be from the existing front entrance. Building on the base structure, and converting the existing multiple-occupancy rooms to private rooms and administrative space made this modernization of the medical-surgical and pediatric beds the most cost-effective alternative.
Cost: \$91,883,532

	Description	Patient Access	Quality	Cost	Financial Benefit, Short Range	Financial Benefit, Long Range	Conclusion
1.	Build additional stories on the existing main bed tower	Would not change access for patients	By building private rooms, would shield patients from infection, and personal privacy would be enhanced.	\$123,600,000	None. The problems with retrofitting the building to current code would extend the Project time and cost.	None, and impact of the added cost would be a continuing financial burden.	Rejected
2.	Build a separate stand-alone bed tower.	Could be farther for the patient and visitors to get to inpatient rooms	By the limits on land, any building would be too small in the floor plate space for the optimum size of inpatient unit.	\$138,000,000	None.	None, and impact of the added cost would be a continuing burden.	Rejected
3	Renovate the existing inpatient care units	Would not provide the required number of private rooms	The need to keep some of the beds in multiple-occupancy rooms lowers the quality of care.	\$56,750,000	The reduced cost would be a short term financial benefit	The lack of adequate number of private rooms could further erode admissions, which would reduce the financial viability of the Hospital.	Rejected
4.	Pursuing a joint venture for inpatient care	Patients who prefer Advocate Good Samaritan would not have access to the hospital of their choice	The quality of care would not be controlled	No cost estimated	Would avoid any construction costs, resulting in a short term savings	The referral to other area hospitals would reduce the financial status and jeopardize the survival of the Hospital	Rejected
5.	Build a private room bed tower over the ICU unit	Patients would have access to medical-surgical beds all in private rooms	The value of a private room reduces risk of infections and improves patient privacy	\$91,883, 532	None. The Project costs will be capitalized over many years.	The up-front expenditure will strengthen the long term use of the hospital by patients who prefer Good Samaritan.	✓ Accepted

Quality of Care

The research done over the past 30+ years has quantified the issues attributed to multiple-occupancy rooms as well as the benefits of single-occupancy rooms. See Attachment 20 for a significant listing of that research. In the future, outcome data that demonstrates quality of care related to this Project can be found in multiple reports, including patient satisfaction results, physician satisfaction results, infection control, and medication errors statistics. Hospital and system leadership monitors all these reports.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Document that the amount of physical space for the proposed Project is necessary and not excessive.

The size of the medical-surgical and pediatric beds shown in the table below demonstrates the proposed Project has met the State standards for clinical space.

SIZE OF PROJECT				
Department/Service	Proposed DGSF	State Standard	Difference	Met Standard
Medical-Surgical & Pediatrics	82,227 dgsf/152 beds = 541 dgsf/bed	500-660 dgsf/Bed	-119	Yes

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Medical-Surgical and Pediatric Utilization

As part of this Project, Good Samaritan will be reducing 49 beds to more closely align with projected need and will be closer to Review Board guidelines. The Accountable Care Act has prompted a major shift in health care delivery. Advocate Health Care embraced that change and developed an accountable care organization (ACO) that is recognized at the national level as a model of delivery and ranked the largest in the nation. Known as AdvocateCare, the commercial plan was developed in conjunction with Blue Cross Blue Shield. Advocate now offers a Medicare ACO model and is poised to implement a Medicaid ACO in the last quarter of 2014.

Good Samaritan's historic utilization of medical-surgical and pediatric beds clearly demonstrates the impact of the hospital's proactive preparation for an accountable care environment. This model emphasizes "value not volume". Of note is the sharp decline in admissions and patient days between 2011 and 2013 during which time Good Samaritan was purposefully decreasing avoidable admissions and readmissions and reducing its length of stay. The shift in admissions and observations in 2012 is now leveling off. Evidence of that leveling off is apparent in the first six months of 2014, which have averaged a daily census of 124 medical-surgical patients.

Patient Days	2009	2010	2011	2012	2013
M/S	45,621	47,634	46,355	40,520	37,488
Peds	2,374	2,247	2,245	1,274	635
M/S Observation	6,984	4,956	4,441	4,595	6,238
Peds Observation	619	673	756	624	376
Total	55,598	55,510	53,797	47,013	44,737
Average Daily Census	152	152	147	129	123
Historic Average Days	51,331				
Historic Average Census	141				

Source: Hospital Profile and Annual Hospital Questionnaire

Reduction of Medical-Surgical and Pediatric Beds

In light of this shift in health care delivery, Good Samaritan is proposing a significant reduction in the number of medical-surgical and pediatric beds, as shown in the table below.

	Current Inventory	Proposed	Net Change	% Change
Medical-Surgical	185	145	-40	-21.6%
Pediatric	16	7	-9	-56.3%
Total	201	152	-49	-24.4%

Source: Hospital Profile and Annual Hospital Questionnaire

The reduction in pediatric beds is in response to the change in pediatric care that is shown in community hospitals' pediatric utilization. There continues to be a need for the community hospital to care for the moderately ill child, with episodic hospitalizations, while the more specialized care for pediatric patients is provided at larger centers. Advocate has been one of the leaders in this shift by developing programs staffed by pediatric specialists at Advocate Christ Medical Center in Oak Lawn and Advocate Lutheran General Hospital in Park Ridge. The same physicians who serve as Advocate Good Samaritan's pediatric hospitalists and neonatologists are also on staff at Advocate Lutheran General Hospital.

Project Addresses the State's Goal for Health Planning Area A-05

The Hospital currently has 185 medical-surgical beds and 16 pediatric beds. After this Project, there will be 145 medical-surgical beds and 7 pediatric beds resulting in a reduction of 49 medical-surgical and pediatric beds. This will reduce the state's calculated excess medical-surgical and pediatric beds in Health Planning Area A-05 from 239 to 190. (The other categories of beds at the Hospital will remain and are not included in this Project.)

Calculated Utilization of Medical-Surgical and Pediatric Beds

The average utilization over the past five years would support 165 medical-surgical and pediatric beds.

$$365 \text{ days} \times 85\% \text{ occupancy} = 310.25 \text{ days/bed}$$

$$51,331 \text{ days} \div 310.25 \text{ days/bed} = 165 \text{ beds}$$

The changing delivery system suggests a shorter time period for predicting demand. Consistent with the formula for the Need Determination assessment established in Part 1100 Narrative and Planning Policies, Section 1100.520, Medical-Surgical Care and Pediatric Care, Advocate Good Samaritan Hospital considered the average bed need over the past three years.

The three-year average utilization is

$$53,797 + 47,013 + 44,737 = 145,547$$

$$145,547 \div 3 = 48,516$$

$$48,516 \text{ days} \div 310.25 \text{ days/bed} = 156.3 \text{ beds}$$

To be more conservative Advocate Good Samaritan is proposing 152 medical-surgical and pediatric beds. The reasons why this is the right complement of beds are explained in the sections below.

Service	Historic Utilization	Projected Utilization Year 1	Projected Utilization Year 2	State Standard	Met Standard?
Medical-Surgical & Pediatrics	51,331 days	48,516 days/152 beds = 319 days per bed	48,516 days/152 beds = 319 days per bed	85%	Yes

Need to Accommodate Patients from New Programs

Advocate Good Samaritan Hospital has been a pace-setter in several medical disciplines. An example of this is the expansion of the neurosurgery service. Three experienced neurosurgeons have recently signed contracts and will be moving their practices to bring a high level of skill and a strong referral base to Good Samaritan.

These neurosurgeons are currently in practice together in another Chicago suburb. Their history has shown the expected volume of cases and patient days they will generate are as follows:

Surgeon	Days Surgery per week	Weeks per year	Average Cases per day	Average Days Admission per case	Total Days Expected
Dr. Karahalios	2	48	2.5	4	960
Dr. Doppenberg	2	48	2.5	4	960
Dr. Farhat	1	48	2.5	4	480
Total Patient Days					2,400

Their work with skull base procedures will foster other disciplines to bring cases to Good Samaritan. One example is an ENT physician who has a procedure he plans to do at Good Samaritan when there is a neurosurgeon on staff to do the skull base aspect of the procedure.

Need to Accommodate the Aging Population Served

The population served by Good Samaritan is expected to grow and see the average age increase. The age distribution pattern and estimates for the future are shown below, which indicate the percentage over age 55 will be higher than the US in 2019.

Population Age Distribution Good Samaritan's Service Area					
Age Group	2014	% of Total	2019	% of Total	USA 2019 % of Total
0-14	124,421	18.90%	117,596	17.60%	19.88%
15-17	28,455	4.30%	28,232	4.20%	12.95%
18-24	62,673	9.50%	68,066	10.20%	
25-34	77,277	11.80%	77,249	11.60%	13.51%
35-54	181,362	27.60%	167,439	25.10%	25.08%
55-64	90,119	13.70%	96,997	14.60%	12.76%
65+	92,749	14.10%	110,843	16.60%	15.82%
Total	657,056	100.00%	666,422	100.00%	100.00%%

Source: © 2014 The Nielsen Company, © 2014 Truven Health Analytics Inc, and Geoba.Se

In 2013, the average length of stay for Good Samaritan patients admitted (excluding observation) was 3.65 days. For patients 65-74 years of age, that increased to 3.97 days, and for patients aged 75+ the average was 4.07. So the Hospital must prepare for not only more patients but also for patients who are likely to stay longer.

The elderly, and especially the frail elderly, need a different kind of health care. For the aging, health care is not about surviving an illness and recovering, but living with it and all the while seeking a good quality of life. Nonetheless, the demand for hospitalization is significantly higher as the patient ages. Older patients are increasingly suffering trauma, while comorbid medical conditions are also increasing.

A recent study (Guerrero, 2011) demonstrated that length of a hospital stay increased in people over 80 years, people living alone or in a retirement home, patients with great physical dependence, and those with a risk or problem of social exclusion. The most influential variable for longer hospitalization was cognitive impairment. The challenge is to treat the acute medical problem and not to lose ground in their ability to function. As the percentage of people in Good Samaritan's service area age, the delivery of care will become more complex, as the ability to function must get a higher level of attention.

Need for Medical-Surgical Beds to Accept Patients Progressing from Intensive Care

While the demand for medical-surgical and pediatric beds has decreased, it is important to balance that with the high utilization of Good Samaritan's intensive care beds. To have the flexibility to move ICU patients that are progressing, there needs to be an adequate number of medical-surgical and pediatric beds.

Currently, patients who are admitted generally have a higher acuity than in the past. Moderately ill patients are more frequently placed for observation or treated as outpatients. That means the patients who are admitted have a higher likelihood to require intensive care.

Advocate Good Samaritan has 44 ICU beds and the high demand is shown below:

	2007	2008	2009	2010	2011	2012	2013
ICU	12,976	13,806	13,593	13,634	13,492	12,941	13,417
ICU Observ	114	101	81	41	62	92	207
Total	13,090	13,907	13,674	13,675	13,554	13,033	13,624

Source: Hospital Profile and Annual Hospital Questionnaire

Three-year average ICU utilization:

$$13,554 + 13,003 + 13,624 = 40,211$$

$$40,211 \div 3 = 13,404 \text{ average utilization per year}$$

$$44 \text{ beds} \times 365 \text{ days} = 16,060 \text{ total available days}$$

$$13,404 \text{ days} \div 16,060 \text{ available days} = 83\% \text{ occupancy}$$

This also significantly exceeds the state average for 2012. The Illinois Hospitals Data Summary shows there were 3,455 intensive care beds in the State with an average occupancy rate of 56.8%.

When this demand is converted to the beds needed at 60% occupancy, the result shows that Good Samaritan's ICU could support 61 beds.

$$365 \text{ days} \times 60\% \text{ state ICU occupancy} = 219 \text{ days/bed}$$

$$13,404 \text{ ICU days} \div 219 \text{ days/bed} = 61 \text{ beds}$$

Ratio of Medical-Surgical Beds to ICU Beds

The state average ratio of medical-surgical beds to accommodate patients progressing from intensive care beds is as follows:

$$21,203 \text{ state medical-surgical beds} \div 3,455 \text{ ICU beds} = 6.1 \text{ medical-surgical beds per ICU bed}$$

In the proposed Project, the ratio is as follows:

$$145 \text{ proposed medical-surgical beds} \div 44 \text{ ICU beds} = 3.3 \text{ medical-surgical beds per ICU bed}$$

That is 46% lower than the state ratio:

$$6.1 - 3.3 = 2.8 \text{ difference}$$

$$2.8/6.1 = 46\%$$

The Hospital has carefully balanced the desire to reduce beds with the necessity to maintain capacity to accommodate the intensive care patients progressing to the medical-surgical level of care. The proposed balance will require careful management of the patients moving ahead to the medical-surgical level of care. The Hospital anticipates that by having all private rooms, the process of placement can be accommodated.

Combined Impact of Medical-Surgical and Pediatric Beds with ICU Beds

When the demand for medical-surgical and pediatric beds is balanced with the demand for ICU beds, the result clearly shows the hospital will not be over bedded.

	Authorized	Justified by Utilization	Proposed
Medical-Surgical & Pediatrics	201	156	152
ICU	44	61	44
Total	245	217	196

Source: Hospital records

Reasons for Selecting Medical-Surgical & Pediatrics to Modernize

There are several reasons for focusing on modernization of the medical-surgical and pediatric beds rather than ICU beds. The existing rooms were built in 1976 and are multiple-occupancy. That design has not been recommended for over 10 years. Infection control is the major concern, followed by privacy issues, the potential for medication errors, and difficulty accommodating family and visitors.

The design of the proposed medical-surgical rooms provides considerable flexibility for caring for patients with a higher acuity. Many of the features in the proposed medical-surgical units follow the universal room concept: The new medical-surgical beds will be equipped with modern technology that in the past has principally been found in ICU. That will make the rooms more flexible for patients transitioning from ICU to medical-surgical level of care.

The proposed new medical-surgical rooms will have more family space. The presence of family and close friends in a private room has been shown to enhance the healing process. The cost of operating a medical-surgical unit is less than operating an ICU, which ultimately benefits the patient.

Summary

While Advocate has been on the forefront of preparation for the Affordable Care Act, it is nonetheless, difficult to predict with accuracy the future demand for patient beds. The evidence indicates the patients who are hospitalized, as an inpatient or for observation, will have a higher acuity and may require more days of care. Good Samaritan is proposing an aggressive reduction of 49 medical-surgical and pediatric beds. Hospital leadership believes, for all the reasons listed above, the proposed mix of 152 single-occupancy medical-surgical and pediatric beds is designed to accommodate the high acuity patient and meets the intent of the utilization goals.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

3. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
4. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
x Medical-Surgical	185	145
x Pediatric	16	7

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(c)(5) - Planning Area Need - Service Accessibility	X		
1110.530(d)(1) - Unnecessary Duplication of Services	X		
1110.530(d)(2) - Maldistribution	X	X	
1110.530(d)(3) - Impact of Project on Other Area Providers	X		
1110.530(e)(1) - Deteriorated Facilities			X
1110.530(e)(2) - Documentation			X
1110.530(e)(3) - Documentation Related to Cited Problems			X
1110.530(e)(4) - Occupancy			X
1110.530(f) - Staffing Availability	X	X	
1110.530(g) - Performance Requirements	X	X	X
1110.530(h) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note the review criteria listed above have been updated to match the April 15 2014 Amended Code.

Section 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

Category of Service

Medical-Surgical and Pediatric Beds

Category of Service Modernization	(e)(1) & (2) & (3)	Deteriorated Facilities
	(e)(4)	Occupancy
	(g)	Performance Requirements

e) Category of Service Modernization

- 1) *If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:*
 - A) *High cost of maintenance;*
 - B) *Non-compliance with licensing or life safety codes;*
 - C) *Changes in standards of care (e.g., private versus multiple bed rooms); or*
 - D) *Additional space for diagnostic or therapeutic purposes.*

The proposed Project is one of the most important modernization projects at Advocate Good Samaritan Hospital in recent years. This modernization will bring the Advocate Good Samaritan medical-surgical units up to current standards of care, improving staff efficiency, and enhancing the patient experience. Private rooms will have more space to better accommodate services performed at the bedside, more information technology, growth in the size of equipment, and with appropriate space for family and visitors. The layout of the units will use Lean principles, which focus on process improvement by redesign of staff flow for greater patient value, efficiency and more time spent by staff with the patient.

The Project involves making all 145 medical-surgical beds in the hospital private, by including 96 of the medical-surgical beds in new construction. The remaining 49 medical-surgical and 7 pediatric beds will remain in the existing building in a private room configuration.

When the hospital was built, it was typical for hospitals to have two or more patients share a room. Industry standards have migrated to all-private rooms. In fact, almost all inpatient rooms among the area hospitals have already been converted to private rooms. The value of private rooms has been well documented in other projects approved by the IHFSRB. Benefits include reducing nosocomial infection rates, more privacy, reduced noise for a quiet and calm environment promoting healing, and capacity for family visitation. As a Level 1 Trauma Center, many patients have a higher acuity level due to the severity of their injuries. In those situations, it is often the case where many family members will gather around their loved one to support the injured patient and each other. This presents more challenges in multiple-occupancy rooms.

A significant advantage is greater flexibility in bed assignment, increasing utilization of available beds. Currently, the placement of patients in multiple-occupancy rooms is limited by gender of patients, presence of a known infection or weakened immune system, the need for extra equipment in the room, or the behavior of the patient. The hospice patients need an extra degree of privacy. For these reasons, it is not uncommon for many rooms to be blocked so placement of the next admission cannot be made to any multiple-occupancy room.

Eight years ago, the *2006 Guideline for Design and Construction of Health Care Facilities*, written and published by the American Institute of Architects and Facility Guidelines Institute, stated that “a single-bed room is the minimum standard for new construction”. This Guideline is updated every four years and the 2010 edition continues this message.

In “*Why Shared Hospital Rooms Are Becoming Obsolete*”, September 16, 2011 Rachel Zimmerman, reports:

The trend toward all-private rooms has been building for some time, says Karen Reno, RN, Ph.D, a managing consultant for Joint Commission Resources, the consulting arm of the Joint Commission. The number one argument for private rooms is infection control. Around 2 million hospital-acquired infections kill about 100,000 people each year, health officials report. Multiple sick people in a room increase the bad odds. Think about it: a nurse or doctor enters a double-room to check a patient, and before they are able to wash their hands, there’s a moan on the other side of the curtain. The providers rush in to help, and all of the germs they carry come with them. Indeed, single rooms reduce bathroom sharing (enough said), reduce the risk of family members coming into contact with potential infections and make rooms easier to clean and decontaminate.

In the U.S. these days, expectations have changed. “When was the last time you spent the night in a hotel with someone you don’t know?” is how Jeanette Clough, the CEO of Mt. Auburn Hospital in Cambridge, framed the issue

Hospital stays generally involve frank discussions about body parts and deeply personal issues, which some people find difficult and stressful. Studies have found some patients actually withhold critical medical information if they think a stranger can hear them. Clough, the Mt. Auburn CEO, says: “It becomes noticeably uncomfortable when you talk about a personal issue with just a piece of cloth between you and your neighbor.”

Ten years ago, the Coalition for Health Environments Research published their work on “*Use of Single Patient Rooms versus Multiple Occupancy Rooms in Acute Care Environments.*” This was a compiled study for the AIA Academy of Architecture for Health. The Study identified many of the issues and the research that has been done.

Infection Control

Infected patients or patients highly susceptible to infections need to be isolated in private rooms in order to stop infection from spreading or to reduce the possibility of development of new infections (Anderson et al., 1985; Muto et al. 2000; O’Connell & Humphreys, 2000; Sehulster & Chinn, 2003).

Patients’ length of stay in hospitals and cost is increased due to nosocomial infection (Zhan & Miller, 2003; Press Ganey Associates, 2003; Pittet, Tarara & Wenzel, 1994). Ongoing research is demonstrating that nosocomial infection rates are low in private rooms with proper design and ventilation systems (The Center for Health Design, 2003).

Medication Errors

In comparison to multi-occupancy rooms, medication errors are reduced in single-occupancy rooms, resulting in reduced costs (Anonymous, 2000; Bilchik, 2002; Bobrow & Thomas, 2000; Hill-Rom, 2002; Morrissey, 1994).

Patient Falls

Most falls occur in patient rooms, among elderly patients, and when patients are alone or while attempting to go to the bathroom. However, if provision is made for family members in patient rooms, falls may be reduced due to assistance from family. It is easier to accommodate family in private rooms than in semi-private rooms (Ulrich, 2003).

Therapeutic Impacts

Single-occupancy rooms increase patients' privacy, which provides patients with control over personal information, an opportunity to rest, and an opportunity to discuss their needs with family members and friends. The number of patients in a room, the presence of visual screening devices, the location of the bathroom, and the placement of the patient's bed all impact privacy (Bobrow & Thomas, 1994; Burden, 1998; Morgan & Stewart, 1999).

Pain Medication

Some studies demonstrated that pain medication intake is less in single-occupancy rooms (Dolce et al., 1985; Lawson & Phiri, 2000).

Sources of Stress

Sources of stress for patients are perceived lack of control, lack of privacy, noise, and crowding. Excess noise can lead to increased anxiety and pain perception, loss of sleep, and prolonged convalescence. (Baker, Garvin, Kennedy, & Polivka, 1993; Cys, 1999; Hilton, 1985) Single rooms often afford more privacy, reduction of noise and less crowding. Control is greater in private rooms, as patients can adjust settings according to their needs (Shumaker & Reizensten, 1982). Music can also help reduce patients' stress. Patients can listen to music in private rooms without disturbing their roommates. (Cabrera & Lee, 2000) Crowding can contribute to higher blood pressure. The use of private rooms often minimizes the patients' sense of crowding (Baum & Davis, 1980; D'Atri, 1975).

Patients Preferences

The majority of patients prefer single rooms because of greater privacy, reduced noise, reduced embarrassment, improved quality of sleep, opportunity for family members to stay, and avoidance of upsetting other patients. (Douglas, Steele, Todd, & Douglas, 2002; Kirk, 2002; Pease & Finlay, 2002; Reed & Feeley, 1973) Multiple occupancy rooms are associated with lack of privacy, higher noise level and sleep disturbance (Hilton, 1985, Ulrich, 2003).

Patients Length of Stay

A patient's length of stay is associated with hospital costs. Research demonstrates that patients' length of stay in private rooms is shorter, which in turn reduces costs (Anonymous, 2000; Hill-Rom, 2002).

Occupancy Rates

Even with higher first or unit costs of construction, furniture, maintenance, housekeeping, energy (e.g., heating and ventilation) and nursing, single-occupancy can match the per diem cost of multi-bed rooms because of the higher occupancy rates (Bobrow & Thomas, 2000; Delon & Smalley, 1970).

Twenty executives convened April 4, 2013, for Deloitte Financial Advisory Services' fourth-annual health care facilities roundtable. The outcome is reflective of the goals of Advocate Good Samaritan Hospital's Project.

Serving as an industry backdrop for Deloitte's health care roundtable were results from an annual construction survey conducted by Health Facilities Management (HFM) and the American Society for Healthcare Engineering (ASHE) of the American Hospital Association. The two groups, HFM and ASHE, surveyed a random sample of 5,179 hospital executives to learn about trends in hospital construction. Among survey findings were the following:

Trends in patient room and nursing unit design focused on increased efficiency and safety. From an infection control perspective, the biggest development is a move away from dual-occupancy to single-patient rooms. It is important that patients and all in the room are oriented the same way. No matter what caregiver works in what room the patient's head is on the same side. "Making things as simple, repeatable, and flexible as we can help to improve the safety in our hospital in many ways."

Other developments in patient room design include private bathrooms, access to natural light, and increased room size so there is ample space for family members, who often serve as extended caregivers. If the goal for inpatient care is to discharge an individual from the hospital quickly so they can return to a normal life, then the patient room has to be supportive of that goal.

Energy-saving or sustainability designs focus on thermal comfort. As part of LEED, or Leadership in Energy and Environmental Design, certification process; the goal is to marry the sustainability with other long-term operational goals. Greater emphasis is being placed on energy conservation and reducing operating expenses rather than construction. Organizations are making increasing investments in infrastructure projects with anticipated future savings in maintenance, energy, and cleaning costs.

The new single-occupancy rooms at Advocate Good Samaritan will enhance patient privacy, provide a quiet and calm environment for healing and accommodate families wishing to stay with the patient, even comfortably spending the night in the patient room. The room size accommodates the increasingly larger equipment needed in the patient rooms. The need for more space in the patient rooms is particularly acute on the orthopedic floor. Many orthopedic patients have large pieces of equipment, which must remain with the patient in the room, to assist in rehabilitation. Currently, when both orthopedic patients in a multiple-occupancy room have equipment, caregivers are challenged to reach the far side of the patient's bed without constantly moving the equipment and creating a safety hazard.

The need for space in the rooms is also seen with patients who are requiring pain management. There are often two or three IV stands with pumps on each one, to provide patient controlled analgesia, fluids, and other medications. Ice packs and compression pumps also require space and electrical service.

The single-occupancy patient rooms will also allow more services to be brought to the patient and provided in the room. As an example, portable imaging equipment could be used to perform a study in the patient room, eliminating the patient inconvenience and staff time transporting the patient to and from the imaging department.

The rooms will be designed according to the Advocate standard. With standardization, clinicians know the location and availability of equipment and technology, particularly important when time is critical in case of emergency.

The new units are designed to support clinicians, nurses and physicians spending more time with the patient. The private room allows physicians and nurses to communicate more openly with patients. The patient room includes work space and computers for nurses and physicians to work and document at the bedside. The new medical-surgical units are designed with clinician workstations (with computers, phones, counter space, etc.) located throughout the unit, one of which is located only a short distance from each room. The proximity allows clinicians to spend less time walking and more time in patient care. It promotes safety, with more clinicians within earshot of more patients on a regular basis. The proximity of the workstations and the overall design of the units are based on Lean principles, enhancing work flow for staff efficiency.

The Project will provide more dedicated space for equipment and supply storage, eliminating the need for the current, less desirable hallway storage. Supplies for individual patients will be kept in a server, a closet for each patient room with external access in the hallway outside the patient room for stocking without disturbing the patient or creating opportunities to spread infection and internal access on the opposite side of the closet. Stocking most patient supplies in each patient room server minimizes the time staff must walk to central supply closets and thus improves staff efficiency.

The new unit will provide a safer environment for more physically challenged or bariatric patients and the caregivers that serve them. Several rooms on each floor will be equipped with modified beds, furnishings, and toilets to enhance safety for patients and staff.

A key principle in the design is flexibility to meet the changing needs of patients and respond to unforeseen changes in the delivery of care.

2) *Documentation shall include the most recent:*

- A) *IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and*
- B) *Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.*

There are no reports that speak to the medical-surgical-pediatric patient rooms.

3) *Other documentation shall include the following, as applicable to the factors cited in the application:*

- A) *Copies of maintenance reports;*
- B) *Copies of citations for life safety code violations; and*

C) Other pertinent reports and data.

The reason for this modernization is for the changes in standards of care, and not for maintenance or life safety code issues. Therefore, no maintenance reports or citations are included.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

The Hospital currently operates 185 medical-surgical beds and 16 pediatric beds. One of the goals of the Project is to right-size the bed complement. As a result, the Hospital is proposing to reduce the beds to 145 medical-surgical beds and 7 pediatric beds.

The target occupancy for modernization of medical-surgical beds and pediatric beds is defined in Ill Administrative Code 1100.520 c). When there are 100-199 medical-surgical beds, the target is 85%. The target occupancy for pediatric beds is 60%. When pediatric beds are combined with medical-surgical, the standard is 85%.

Converting that target to days of occupancy per year is as follows:

$$365 \text{ days per year} \times 85\% \text{ target occupancy of beds} = 310.25 \text{ days per bed}$$

Using the expected medical-surgical and pediatric patient days from the Utilization section (Attachment 15), the calculation shown below is made to show the beds needed.

$$365 \text{ days} \times 85\% \text{ occupancy} = 310.25 \text{ days/bed}$$

$$48,516 \text{ days} \div 310.25 \text{ days/bed} = 156 \text{ beds}$$

Good Samaritan is proposing a conservative 152 beds. Because of the high volume of ICU patients, it is critical to keep enough medical-surgical and pediatric beds to be able to accommodate the patient progression out of ICU.

Advocate Good Samaritan Hospital believes that right-sizing its complement of inpatient beds is important to meet community needs and be prudent stewards of health care resources.

This reduction in medical-surgical and pediatric beds will address the State's calculated excess medical-surgical-pediatric beds in Planning Area A-05.

g) Performance Requirements – Bed Capacity Minimum

1) Medical-Surgical

The minimum bed capacity for a medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds.

The Hospital will have 145 medical-surgical beds so will be above the State minimum.

4) Pediatrics

The minimum size for a pediatric unit within an MSA is 4 beds.

The Hospital will have 7 pediatric beds so will be above the State minimum.

Non-Clinical Service Areas

Discussion of non-clinical areas is not required, but it is included to provide a better understanding of the non-clinical areas in the project.

Administration

Areas designated as Administration are in various locations throughout the proposed Project, where management and staff will be situated to direct and support operations. The work entails directing staffing, process management, budgeting and strategic planning. Included in this definition are offices, conference rooms and training sites for such functions as Quality Resource Management, Infection Control, Patient Safety, Risk Management, Interpreters, Cardiology Management, Home Health Liaison, Clerical Pool/Management Support, and Chaplaincy.

Visitor/Public Support

These locations include the public lobbies, waiting areas and toilets as well as visitor-designated spaces in the nursing units. Strategically placed locations make it easier for patients and those accompanying them to enter and find accommodations. By specifically designating visitor space in the patient rooms, the patients are more comfortable being able to have a friend or family member close, and the visitors know they are not in the way of the clinical team.

Circulation, Connectors

Sections of the building are passageways and corridors that help move people through the Hospital to get to various departments. The stairs and elevators are part of the circulation area. They have been carefully designed to assure unimpeded movement for wheelchairs, gurneys, and supply carts. Equally important is a good line of sight and appropriate lighting to help patients, visitors, and staff locate their destination. A pneumatic tube system is an essential mover of laboratory specimens and many of the medications from the pharmacy, saving the staff untold hours of walking to make a delivery several floors away.

Materials Support

These areas provide a core of supply support. The supply chain function includes receiving, storage, and delivery of virtually all the supplies needed. Technology is changing the way materials are tracked, ordered, and accessed. This Project will better prepare the hospital to take full advantage of these new systems.

Building Systems

The mechanical support for the whole building will come from areas designated as building systems. That includes the heating, ventilation, and cooling systems as well as vacuum. The electrical and plumbing fixtures are also located in various sites throughout the building including the rooftop. The efficiency, and therefore long range cost savings, for the building is linked to the quality of mechanical, electrical, and plumbing systems including how they are installed, operated and maintained.

There are two electrical building systems proposed that would originate from the existing main Hospital: the essential power distribution system and voice/data system.

The essential power distribution system comprised of rigid galvanized steel conduits will be extended from the existing main Hospital via corridors/utility level spaces to the electrical distribution room on the ground level of the west wing.

The voice/data system backbone for the three new floors will require additional copper and fiber cabling originating from the existing main Hospital main telephone and data rooms. Conduit will be routed from each main Hospital head-end equipment room via corridors to the new third floor information technology area.

The plumbing system will involve new sanitary and vent stacks for the new building addition that shall connect to the existing sanitary and vent stacks of the existing building. They will be routed vertically through the new building addition and then offset at the existing second floor and connect to the existing stack locations. In some locations, the new sanitary and vent stack connections to existing will be made at the ceiling of the first floor.

The new domestic water service will be extended from the second floor mechanical room stub to the new west mechanical room riser. This new cold water line will also supply the new domestic hot water for the new building addition.

The new storm lines will be routed from the new roof drains on the building addition to the existing storm stack and emergency overflow stacks serving the existing building.

The fire protection system will consist of a wet sprinkler system throughout the new building addition. The new system will be connected to the existing fire protection standpipe system that is connected to the existing main hospital fire pump.

The new medical gas system to the new building consists of a new oxygen line routed from the main hospital oxygen-farm service. The new medical vacuum system will be extended from the existing medical vacuum pumps located on the second floor mechanical room. The new medical air system will be extended from the existing medical air pumps located on the second floor mechanical room.

Three new air-handling unit systems are planned to serve the new building. New chilled water lines will be extended from existing chilled water system located in existing second floor mechanical room. New steam service will be extended from existing steam system located in existing second floor mechanical room. Steam will be used to heat hot water for reheat coils and perimeter radiant panels, hot water preheat coils, domestic water heating and humidification.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

This section is not applicable. Advocate Health Care Network bonds have been rated by Fitch as AA, Moody's as Aa2, and Standard and Poor's as AA/Stable, which qualifies the applicants for the waiver. See Attachment 37, Exhibits 1-3.

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE		

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

This section is not applicable. Advocate Health Care Network bonds have been rated by Fitch as AA, Moody's as Aa2, and Standard and Poor's as AA/Stable, which qualifies the applicants for the waiver. See Attachment 37, Exhibits 1-3.

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

- 5. All of the projects capital expenditures are completely funded through internal sources
- 6. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
- 7. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

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

MOODY'S INVESTORS SERVICE

Rating Action: Moody's assigns Aa2 to Advocate Health Care Network's \$75 million Series 2013A bonds; outlook stable

Global Credit Research - 11 Jul 2013

Aa2, Aa2/VMIG 1, and Aa2/P-1 ratings affirmed on \$1.2 billion of debt

New York, July 11, 2013 –

Moody's Rating

Issue: Revenue Bonds, Series 2013A; Rating: Aa2; Sale Amount: \$75,000,000; Expected Sale Date: 07/16/2013; Rating Description: Revenue: Other

Opinion

Moody's Investors Service has assigned an Aa2 rating to Advocate Health Care Network's (Advocate) \$75 million of Series 2013A fixed rate bonds. The rating outlook remains stable. At this time, we are affirming the Aa2, Aa2/VMIG 1 and Aa2/P-1 ratings on Advocate's outstanding bonds.

SUMMARY RATINGS RATIONALE

The Aa2 long-term rating is based on Advocate's status as the largest system in the greater Chicago area with good geographic diversity and well positioned individual hospitals, sustained adequate operating margins, moderate debt levels driving exceptional debt measures, strong and growing investment portfolio, and nearly fully funded pension plan. The system's challenges include an increasingly competitive and consolidating healthcare market, moderate margins compared with Aa2 rated peers, and expected increases in capital spending, although at manageable levels relative to cashflow. Advocate's affiliation with Sherman Health Systems (rated Baa2 stable), effective June 1, 2013 and whereby Advocate became the sole corporate member of Sherman, has a minimal overall effect on Advocate's credit position; we view the addition of Sherman as positive strategically and moderately negative financially.

STRENGTHS

*Leading market position in greater Chicagoland with good geographic coverage and individual hospitals that maintain leading or prominent market shares in their local markets; geographic reach and diversification expanding with additions to system

*Consistent margins over the last several years with operating cashflow margins in the 9-10% range; in 2012, most hospitals were profitable

*Conservative and balanced approach to financing capital needs; debt measures based on fiscal year 2012 are strong with a low 30% debt-to-operating revenue, exceptional Moody's adjusted peak debt service coverage of over 10 times, and favorably low Moody's adjusted debt-to-cashflow of 2.0 times

*Strong and growing balance sheet position with 322 days of cash on hand at fiscal yearend 2012, providing a strong 270% coverage of debt

*Debt structure risks are manageable relative to cash and investments with over 500% cash-to-demand debt and over 300% monthly liquidity-to-demand debt based on fiscal year end 2012

*Strong management capabilities evidenced by the organization's historical ability to absorb operating challenges and continue to generate consistently solid absolute operating cashflow levels, meet or exceed operating budgets, execute strategies effectively including integrating newly acquired hospitals, and a commitment to very good disclosure practices

*Defined benefit pension plan is 92% funded relative to a pension benefit obligation (PBO) of \$835 million, consistent with a history of high funded levels

*Recent addition of Sherman Health Systems is positive strategically, expanding Advocate's presence in an attractive location with a brand new facility that is growing volumes and gaining market share from competitors; Sherman's high debt load has a moderate dilutive effect on Advocate's debt measures

CHALLENGES

*Operating income and operating cashflow margins are below similarly-rated peers, in part due to the system's close integration with a large number of physicians

*An increasingly competitive market for a number of Advocate's hospitals, with competitors expanding facilities, growing consolidation, and increasing competition for physicians

*Capital spending is anticipated to increase, although capital needs can be funded with cashflow and bond proceeds; the system has a history of closely managing capital spending relative to cashflow and adjusting to operating shortfalls if necessary

OUTLOOK

The stable outlook is based on the expectation that the system will continue to maintain solid operating performance and a strong market position and balance future capital spending and debt with cash flow and liquidity strength.

WHAT COULD MAKE THE RATING GO UP

Sustained and significant improvement in operating margins; growth in the system's size to provide greater geographic diversity

WHAT COULD MAKE THE RATING GO DOWN

Greater than expected increase in debt or unexpected and prolonged decline in operating performance; material weakening of balance sheet strength

The principal methodology used in this rating was Not-for-Profit Healthcare Rating Methodology published in March 2012. The additional methodology used in rating the short term underlying rating for bonds supported by self-liquidity was the Rating Methodology for Municipal Bonds and Commercial Paper Supported by a Borrower's Self-Liquidity published in January 2012. The additional methodology on which the short-term rating for bonds supported by bank SBPAs is based is Variable Rate Instruments Supported by Conditional Liquidity Facilities published in May 2013. Please see the Credit Policy page on www.moodys.com for a copy of this methodology.

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July 12, 2013

Mr. Dominic Nakis
Senior Vice President, Chief Financial Officer
Advocate Health Care Network
3075 Highland Parkway
Downers Grove, IL 60515

Dear Mr. Nakis:

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Jeff Schaub
Managing Director, Operations
U.S. Public Finance /
Global Infrastructure & Project Finance

JS/mb

Enc: Notice of Rating Action
(Doc ID: 183651)

Notice of Rating Action

<u>Bond Description</u>	<u>Rating Type</u>	<u>Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (Advocate Health Care Network) rev bonds ser 2013	Long Term	New Rating	AA	RO:Sta	11-Jul-2013	

Key: RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

[10-Jul-2013] Summary: Illinois Finance Authority Advocate Health Care Network; Sys... Page 1 of 4



Research

Summary:

Illinois Finance Authority Advocate Health Care Network; System

10-Jul-2013

Current Ratings

Credit Profile

US\$75.0 mil hosp rev bnds (Advocate Hlth Care Network) ser 2013A due 08/01/2043

Long Term Rating

AA/Stable

New

Rationale

Standard & Poor's Ratings Services assigned its 'AA' long-term rating to the Illinois Finance Authority's \$75 million series 2013A fixed-rate bonds issued for Advocate Health Care Network (AHCN). Standard & Poor's also affirmed its 'AA' long-term rating and, where applicable, its 'AA/A-1+' and 'AA/A-1' ratings on various other series of bonds issued by the authority on behalf of AHCN. The outlook on all ratings is stable.

The 'A-1+' short-term component of the rating on the series 2003A, 2003C, and 2008C-3B mandatory tender bonds and 2011B windows bonds reflects the credit strength inherent in the 'AA' long-term rating on AHCN's debt and the sufficiency of AHCN's unrestricted assets to provide liquidity support for the aforementioned bonds. Standard & Poor's Fund Ratings and Evaluations Group assesses the liquidity of AHCN's unrestricted investment portfolio to determine the adequacy and availability of these funds to guarantee the timely purchase of the bonds tendered in the event of a failed remarketing. We monitor the liquidity and sufficiency of AHCN's investment portfolio on a monthly basis.

The 'A-1+' short-term component of the rating on the issuer's series 2008C-2A and 2008C-3A bonds and the 'A-1' short-term component of the rating on the series 2008C-1 and 2008C-2B bonds reflect the standby bond purchase agreements (SBPAs) in effect from various financial institutions. They further reflect our view of the likelihood of payment of tenders, and our view of liquidity facilities that cover all of the bond series. For more information, see the Financial Profile section.

As of June 1, 2013, Sherman Health Systems completed an affiliation with AHCN. As part of this affiliation, Sherman Health Systems (the parent) was dissolved and merged into Sherman Hospital and the hospital's name was changed to Advocate Sherman Hospital. Over the next month, AHCN anticipates redeeming Advocate Sherman's \$105 million series 1997 bonds and is evaluating a tender offer for Advocate Sherman's remaining \$170 million series 2007A bonds. If the series 2007A bonds are refinanced (or redeemed), Advocate Sherman will become part of AHCN's obligated group. Otherwise, Advocate Sherman's series 2007A bonds will remain obligations of Advocate Sherman only.

The 'AA' long-term rating reflects our view of AHCN's strength as the Chicago area's largest health system (with total operating revenue of \$4.6 billion in 2012 and a balance sheet with \$7.8 billion of total assets) as well as its good operating performance, strong and consistent coverage, and stable and healthy unrestricted reserves with moderate debt for the rating. In addition, AHCN's strong physician relationships and practice in managing care under capitated risk and through shared savings programs, including the Medicare accountable care organization demonstration project, are credit strengths in light of some of the anticipated changes related to health care reform. Given the Sherman transaction

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as well as increased capital spending during the next few years, we anticipate possible declines in operational liquidity and in absolute levels of reserves, but within the range of medians for the rating. Although the series 2013A new money debt was not anticipated, it's absorbable at the current rating given AHCN's balance sheet strength and historically good cash flow and healthy pro forma coverage. We are seeing signs of operating margin pressure, as more one-time items supported revenue last year, and we believe AHCN's focus on managing expenses and backfilling volumes that may be lost as a result of lower utilization (linked to both better care management and fewer readmissions) is important to maintaining health cash flow and coverage levels.

The 'AA' long-term rating further reflects our view of AHCN's:

- Good financial profile, with operating margins of more than 4% for the past four years but with a slightly lighter unaudited operating margin of 2.7% through the first three months of fiscal 2013, and consistently strong pro forma maximum annual debt service (MADS) coverage of 6x or greater for the past several years (although Advocate Sherman's coverage is weaker, it is in the 2x area);
- Robust balance sheet measures, as demonstrated by still light pro forma leverage of 25% and by solid unrestricted reserves of 330 days' cash on hand and unrestricted reserves to pro forma debt of 261% as of March 31, 2013 (balance sheet ratios will be diluted slightly as Advocate Sherman's financials are incorporated into the credit profile, but will remain within the range of medians for the rating);
- Incremental growth in AHCN's leading market share through 2012, to 16.2% (which will likely increase with the Sherman merger complete); and
- Position as Chicago's largest and most successfully integrated health delivery system, with approximately 3,200 licensed beds and more than 5,600 physicians, 4,150 of whom are affiliated with Advocate Physician Partners, a joint venture between AHCN and clinically and financially aligned physicians with the purpose of providing cost-effective health care to patients in the communities AHCN serves.

Partly offsetting the above strengths, in our view, are:

- AHCN's very strong competition in the greater Chicago market -- other systems and large academic medical centers -- coupled with volume pressures related to both industry and economic issues as well as health care reform;
- Market consolidation that could affect AHCN as an acquirer or with new ownership at a competing facility; and
- AHCN's heightened capital spending during the next few years as a few major projects are started and completed, which could dampen unrestricted reserve growth during the short term.

Total long-term debt at Dec. 31, 2012 was \$1.4 billion, which includes about \$38 million of capital leases and other loans. Including Advocate Sherman debt and the series 2013A transaction, pro forma long-term debt increases to approximately \$1.6 billion. This includes debt classified on the audited financial statements as a current liability subject to short-term remarketing agreements, which we treat as long-term debt for the purpose of our debt-related ratios. AHCN's rated bonds are the general, unsecured joint, and several obligations of the obligated group, which consists of the parent, AHCN; Advocate Health and Hospitals Corp., which includes most of AHCN's acute care facilities; Advocate North Side Health Network, which includes Advocate Illinois Masonic Center; and Advocate Condell Medical Center. However, this analysis reflects the system as a whole.

The \$75 million series 2013A proceeds, along with about \$25 million proceeds of series 2013B bonds that will be issued during the next month or two, will be used for future capital spending on a variety of projects during the next few years. These projects were included in AHCN's capital forecasts and are not new. The series 2013B bonds will likely be issued as variable rate, but the exact structure is still being determined.

For more information see our full analysis published July 10, 2013 on RatingsDirect.

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Outlook

The stable outlook reflects our view of AHCN's continued market leadership, extensive physician network, and solid financial profile. Given the heightened capital spending during the next few years and industry pressures that could dampen AHCN's healthy margins, a higher rating is unlikely.

However, we could consider raising the rating if management maintains strong operations and unrestricted reserves of roughly 325 days' cash on hand after the higher levels of capital spending during the next few years (as the service area is highly competitive).

Given our view of AHCN's strong market position, consistent financial profile, and good financial flexibility, we are also unlikely to lower the rating during the next year or two. However, we could consider lowering the rating if AHCN's debt service coverage declines to and remains at approximately 4x or if unrestricted reserves decrease to and stabilize at about 200 days' cash. We do not anticipate any additional new money debt issuances during the next one to two years.

Related Criteria And Research

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Contingent Liquidity Risks, March 5, 2012
- USPF Criteria: Commercial Paper, VRDO, And Self-Liquidity, July 3, 2007
- USPF Criteria: Bank Liquidity Facilities, June 22, 2007

Ratings Detail (As Of 10-Jul-2013)

Illinois Fin Auth, Illinois

Advocate Hlth Care Network, Illinois

Illinois Fin Auth (Advocate Hlth Care Network) hosp rev bnds (Advocate Hlth Care Network), 2008A-1/A-2/A-3

<i>Long Term Rating</i>	AA/Stable	Affirmed
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Illinois Fin Auth (Advocate Hlth Care Network) var rate dem bnds (Advocate Hlth Care Network) ser 2008C-2A dtd 04/23/2008 due 11/01/2038

<i>Long Term Rating</i>	AA/A-1+/Stable	Affirmed
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Series 2003A & C, 2008C-3B, 2011B windows

<i>Long Term Rating</i>	AA/A-1+/Stable	Affirmed
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Series 2008D, 2010A-D, 2011A & 2012

<i>Long Term Rating</i>	AA/Stable	Affirmed
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Series 2008C-1, 2008C-2B

<i>Long Term Rating</i>	AA/A-1/Stable	Affirmed
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Series 2008C-3A

<i>Long Term Rating</i>	AA/A-1+/Stable	Affirmed
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This section is not applicable. Advocate Health Care Network bonds have been rated by Fitch as AA, Moody's as Aa2, and Standard and Poor's as AA/Stable, which qualifies the applicants for the waiver. See Attachment 37, Exhibits 1-3.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

1. Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

This section is not applicable. Advocate Health Care Network bonds have been rated by Fitch as AA, Moody's as Aa2, and Standard and Poor's as AA/Stable, which qualifies the applicants for the waiver. See Attachment 37, Exhibits 1-3.

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1) Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

F. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

A letter attesting to the conditions of debt financing follows as Attachment 39, Exhibit 1.

July 14, 2014

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Olson:

This letter is to attest to the fact that the selected form of debt financing for the proposed Advocate Good Samaritan Hospital project will be at the lowest net cost available, or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term financing costs, and other factors.

Sincerely,



David S. Fox
President

Subscribed and sworn before me this 14TH day of July, 2014.


Notary Public



Cost & Gross Square Feet by Department or Service									
	A	B	C	D	E	F	G	H	
Dept. / Area	Cost/Sq Ft		Gross Sq Ft		Gross Sq Ft		Const. \$	Mod. \$	Total Cost
	New	Mod	New	Circ	Mod.	Circ.	A x C	B x E	G + H
Reviewable									
Medical-Surgical and Pediatric beds	\$427.7255	\$0.00	54,837	15%	0	0%	\$23,455,183	\$0	\$23,455,183
Contingency									\$2,345,518
Total Reviewable + Contingency									\$25,800,701
Non Reviewable									
Administration	\$398.3653	\$300.75	7,990	15%	400	15%	\$3,182,939	\$120,299	\$3,303,238
Visitor/Public Support	\$483.0291	\$314.00	5,760	15%	7,768	15%	\$2,782,247	\$2,439,152	\$5,221,399
Circulation, connectors	\$475.8995	\$277.00	5,764	100%	4,711	100%	\$2,743,085	\$1,304,947	\$4,048,032
Materials Support	\$380.5414	\$0.00	13,952	15%	0	0%	\$5,309,313	\$0	\$5,309,313
Building Systems	\$485.8832	\$397.00	21,724	15%	573	15%	\$10,555,327	\$227,481	\$10,782,808
Total Non Reviewable			55,190		13,452		\$24,572,911	\$4,091,879	\$28,664,790
Non Reviewable Contingency									\$3,071,074
Total Non Reviewable + Contingency									\$31,735,864
Total			110,027		13,452		\$48,028,094	\$4,091,879	\$52,119,973
Contingency									\$5,416,592
Total + Contingency									\$57,536,565

While the Project is within the cost standard, it is important to note there are several factors that are adding to the complexity of the construction, compared to a "green field" site with no existing conditions that must be accommodated. These factors are listed on the following pages.

Complexity of Construction	Premium
1. The existing west pavilion building, on which the new addition is proposed to be added, was originally designed for future expansion. However, future expansion was designed so that the building could be "extruded" vertically in the same shape of the existing building. The existing building's complex geometry does not provide for an efficient floor plan that works with the Advocate standard patient rooms. In order to create a more regular shape for the new patient floors above, structural transfer beams are required to shift column lines and king and queen trusses are needed to span over existing courtyards on the south side, which places a cost premium on the structural framing system.	\$1,500,000
2. New seismic codes will require modifications to the existing columns.	\$225,000
3. Existing public, service and patient elevators will be replaced with more efficient elevators to meet the capacity and efficiency necessary for the additional patient floors. The elevators will have to be replaced within existing shafts located within existing spaces that will remain in use during construction. This involves various steps to implement phasing and control of interim life safety measures and infection control.	\$450,000
4. The new floors will align with the existing main hospital building floors so that they are at the same elevation, requiring no floor ramps between the buildings. The existing building's floor-to-floor heights are only twelve feet. The limited ceiling interstitial space is shared by structural framing, mechanical ductwork, electrical conduits, fire protection piping and other services. This requires the ductwork to be smaller and have more vertical and horizontal runs than conventional construction.	\$380,000
5. The work required to connect the new building to the existing hospital involves saw cutting and penetrating the exterior wall, frame-in exterior wall openings (lintels & expansion joints), relocate mechanical, electrical, plumbing, and fire protection utilities and renovate the existing main hospital elevator lobby connections. This involves various steps to implement phasing and control of interim life safety measures and infection control.	\$950,000
6. The existing mechanical room is located on the roof of the existing building, which will be expanded to house the new mechanical units serving a portion of the new patient floors above. The new patient floors will be built over the existing mechanical room as well, which will require the routing of new mechanical services through the existing mechanical space from the mechanical room expansion. In addition, the new construction will have to work around the existing	\$575,000

mechanical units to allow them to continue working during construction. This involves various steps to implement phasing and control of interim life safety measures and infection control.	
7. The addition is being constructed on an existing building with critical care patient rooms that will remain occupied during construction. There is nowhere else on campus that the patients can be relocated. The existing building has to remain water-tight and vibrations and noise due to construction have to be minimized to not affect patient care. This involves various steps to implement phasing and control of interim life safety measures and infection control.	\$750,000
8. The logistics of constructing an addition on an existing building surrounded on two sides by parking lots, one side by an active drive and the other side by an existing building is very complicated. The parking lots and drive must remain operational and access to the existing building must remain unencumbered during construction.	\$950,000
9. The Project has a goal for LEED certification, which requires additional administrative costs as well as an initial cost premium for energy efficient and other sustainable materials/equipment.	\$1,200,000
Total impact	\$6,980,000

Projected Operating Costs		
	2018	Cost per EPD
Operating Cost	\$ 145,758,891	\$ 2,677

Impact of Project on Capital Costs		
	2018	Cost per EPD
Capital Costs	\$ 3,224,910	\$ 59.22

XI. Safety Net Impact Statement

While the following Safety Net Impact Information is NOT required of non-substantive projects, Community Service information has been included to give the reader a better understanding of the hospital and the many ways it serves its community.

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Advocate Good Samaritan Hospital: A History of Community Service

In October of 1976, Advocate Good Samaritan Hospital opened its doors to address a need in the community for quality health care. Few could have envisioned what the hospital would become. Today, Good Samaritan Hospital ranks among the best health care providers in America, establishing a tradition of excellence where physicians, nurses, and associates achieve high standards for quality, safety and service.

Advocate Good Samaritan Hospital has appeared on the Truven 100 Top Hospitals list five times, making it a Crystal award recipient. In 2014, the hospital was one of only nine hospitals in Illinois on the list and the only health care provider in DuPage County to be recognized for the past four years.

Advocate Good Samaritan was the 2010 recipient of the Malcolm Baldrige National Quality Award, the highest Presidential honor for performance excellence and quality. It is the only health care provider in Illinois ever to earn the award.

More than 1,000 physicians are on the hospital's medical staff and a variety of services are performed, including cardiology, orthopedic surgery, general surgery, gastroenterology, stroke care, obstetrics and gynecology, low dose diagnostic imaging, and a comprehensive breast center. The hospital is also home to the highest level trauma center in DuPage County - which cares for high-acuity patients from well beyond county borders - and the highest level neonatal intensive care services.

The Good Samaritan Health and Wellness Center, located on the hospital's campus, offers programs to promote good health. Outpatient centers in Downers Grove and Lemont provide convenient access to first-rate lab, imaging and immediate care services.

The patient remains at the center of everything. As the hospital strives to deliver clinically excellent, compassionate care, the focus is on doing so in a manner that's friendly to the environment. Good Samaritan Hospital was recognized for its environmental efforts by being named one of the 50 Greenest Hospitals in America by Becker's Hospital Review. In 2014, the Hospital has been named as one of the Top 25 Environmental Excellence Award recipients, and is a Practice Greenhealth Leadership Circle award winner. Good Samaritan is a Green Business Award recipient from the Village of Downers Grove.

Advocate Good Samaritan Hospital's proposed Private Room Bed Tower Project will enhance the patient experience by providing a modern facility with all the amenities patients expect and deserve, including private rooms where they can heal. The hospital's goal is to create the best place for physicians to practice, associates to work and patients to receive care.

Hospital milestones over the years: A look back

1976: Good Samaritan Hospital opened its doors to the community

1983: Cardiac Catheterization Lab opened

1986: Hospital began an open-heart surgery program, which in 1994 would treat Governor Jim Edgar.

1995: Good Samaritan Hospital became Advocate Good Samaritan Hospital after Evangelical Health Systems merged with Lutheran General Health Systems to form Advocate Health Care

1999: Good Samaritan Health and Wellness Center began service to community residents as the only medical model wellness facility in DuPage County

2002: Cancer Care Center opened

2005: Critical Care and Ambulatory Pavilion opened

2008: Surgical expansion opened

Community Service

The Hospital has long been active in the community and continues to support programs that benefit children, seniors, and residents throughout DuPage County and beyond.

Childhood Obesity: To address the needs of overweight and obese children, the Good Samaritan Health and Wellness Center and Good Samaritan Hospital are partners with the ProActive Kids (PAK) Foundation to provide a weight-loss program for children who are struggling with unhealthy weight. PAK is open to children 8-14 years old who have a Body Mass Index in the 85th percentile or higher. This free, 8-week program includes physical training, counseling, nutrition and guided discussion. Parents also participate in the program that educates families on ways to improve their health through weekly physical exercise, lessons and assignments. This program has touched the lives of over 300 children.

Senior Outreach: A Matter of Balance (MOB) is a free, community-based group program with the goal to reduce fear of falling and improve activity levels among community-dwelling older adults. It is an 8-session program that incorporates physical activity, education and small group discussion. Research indicates that seniors who feel in control of their fear of falling are more active and those seniors who are more active are less likely to fall. In 2013, 44 seniors completed MOB, two associates were trained as MOB master trainers to train lay coaches, and eight volunteer lay coaches became certified to lead MOB classes.

The Hospital is a partner with Peace Memorial Manor on the hospital's campus to reduce inappropriate calls to 911 through assessment-intervention-reassessment-action steps with Nurse Care Managers to help the senior population manage their health at home more effectively. This approach enables residents to continue to live at a higher level of independence and lead an improved quality of life. The Hospital expects to be able to expand lessons learned to other "hot spots" with high concentrations of seniors in the community.

Community Health Improvement: Together Good Samaritan Hospital, FORWARD (Fighting Obesity Reaching a Healthy Weight Among Residents of DuPage) and other area hospitals are collaborating on an initiative that systematically reduces the stocking and sale of sugar sweetened beverages in all Advocate Good Samaritan Hospital buildings and encourages the consumption of low sugar beverages or water. This initiative impacts all associates, patients, physicians and visitors to the campus. An internal Hospital task force researched and began implementing this initiative in 2012.

Access DuPage: Good Samaritan is a major funder of this collaborative effort, which helps provide a medical home and access to primary care for the county's uninsured, and is a model program in the state.

The Hospital provided \$13,220,386 in charity care and \$47,005,636 in government-sponsored indigent health care in 2013.

Advocate Good Samaritan Hospital provided onsite language services to 3,200 patients in 2013, costing \$888,077. Language Services supports 39 different languages.

Clinical Excellence

Advocate Good Samaritan Hospital has achieved some of the best health outcomes in the U.S. for its patients. The awards and recognition help tell the story of the ongoing commitment to providing extraordinary care every day.

Truven Health Analytics: Hospital has appeared on the 100 Top Hospitals list for the fifth time, earning the Crystal award in 2014. Only hospital in DuPage County to be named to the list for the past four years

Magnet status: Magnet® Hospital for Nursing Excellence re-designated in 2014 by the American Nurses Credentialing Center. Only 7% of hospitals nationwide are in this elite group

HealthGrades: Named one of America's 50 Best Hospitals again in 2014 (for the third consecutive year) and No. 1 in the Chicago area for 22 conditions/procedures for Medicare patients

Malcolm Baldrige National Quality Award: 2010 recipient of the Malcolm Baldrige National Quality Award, the highest Presidential honor for performance excellence and quality. Only health care provider in Illinois ever to earn the award

Women Certified Choice Awards: Best Hospitals for Patient Experience in Heart Care, America's Best Breast Centers, and Outstanding Patient Experience in Orthopedics

Lincoln Gold Award for Achievement of Excellence: Prestigious state equivalent of Malcolm Baldrige National Quality Award honoring performance excellence

50 Top Cardiovascular Care: One of the best cardiac hospitals in U.S. with outstanding quality and outcomes

CareChex: No. 1 ranking in State of Illinois for Overall Medical Care, Pulmonary Care, and Cardiac Care

U.S. News & World Report: One of the best hospitals in the Chicago metro area and State of Illinois with 11 high-performing specialties

Becker's Hospital Review: Recognized in 2014 as one of America's 100 Great Community Hospitals, and highlighted on the lists of 100 Hospitals with Great Orthopedic Programs, and 100 Hospitals with Great Neurosurgery and Spine Programs

The Leapfrog Group: Achievement of highest hospital Safety Score, an "A" grade

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT-41**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

	2011	2012	2013
Net patient service revenue	\$ 405,187,260	\$ 382,162,261	\$ 432,943,113
Charity as charges	\$ 44,290,579	\$ 36,299,244	\$ 52,491,322
Cost of Charity	\$ 11,706,000	\$ 9,122,000	\$ 13,221,000
Charity Care as % of Net Revenue	2.9%	2.4%	3.1%

APPENDIX

Audited Financial Reports

The Consolidated Financial Statements and Supplementary Information for Advocate Health Care Network and Subsidiaries, Years Ended December 31, 2013 and 2012, with Report of Independent Auditors, are included with the CON Application #14-027 from Advocate BroMenn Medical Center, submitted July 3, 2014.

Advocate Good Samaritan Hospital

Support Letters

Public Officials

David R. Weiss, Fire Chief/EMA Director, Westmont
Paul DiRienzo, Fire Chief, Lombard Fire Department, Lombard
David A. Lambright, Fire Chief, Darien-Woodridge Fire District

Clergy

Rhonda L. Kral, Associate Pastor, Gloria Dei Lutheran Church

Physicians

Stephen M. Rowley, M.D., Cardiologist, Advocate Medical Group
Steven S. Louis, M.D., Department Chair, Surgery; Director of Orthopaedic Trauma



FIRE DEPARTMENT
6015 South Cass Avenue, Westmont, Illinois 60559-1503



Tel: 630-981-6400 Fax: 630-829-4486
westmont.il.gov | fire@westmont.il.gov

June 13, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

In my role as Fire Chief for the Village of Westmont, I am very familiar with Advocate Good Samaritan Hospital and what it represents. The hospital has been a vital part of the community for nearly 40 years and is truly a valuable resource for DuPage County.

It's not just the high-quality care that impresses me, but the way they provide it. Nurses and physicians have a genuine concern for the well-being of others and an unselfish nature that is remarkable.

I ask the Illinois Health Facilities and Services Review Board to approve Good Samaritan Hospital's Certificate of Need (CON) application for the construction of a private room bedtower. I have tremendous respect for the work being done at Good Samaritan Hospital, especially treating the most critically ill patients in the area as the county's only Level I trauma center. When we have Level I patients, the hospital needs adequate Emergency Department capacity to receive them. The bedtower would improve ED bed availability.

I believe we are fortunate to have such an outstanding hospital in our area and the bedtower would be an outstanding addition.

Best regards,

David R. Weiss, EFO, CFO, MIFireE
Fire Chief / EMA Director

DRW/lb

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Lombard Fire Department

50 E. St. Charles Road, Lombard, IL 60148 --- 630.620.5736

June 6, 2014

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I work as the Fire Chief in Lombard and want to express my support for the construction of a private room bedtower at Advocate Good Samaritan Hospital and their Certificate of Need (CON) application.

We have a great relationship with not only their EMS system, but also with the Emergency Department. On a regular basis, we interact very closely with ED nurses as well as ED and trauma physicians.

The hospital cares for many of our residents, including our most vulnerable who are desperately in need of quality care. In my experience, the staff at Good Samaritan Hospital rises to the challenge. The hospital is one of only two Level 1 trauma centers in EMS Region VIII – an important capability when you consider the many motor vehicle crashes and other accidents that require a high level of care.

Our residents also benefit from the long-standing Cardiac Alert program where the hospital is ready for heart attack patients before they arrive and can quickly open up blockages, minimizing the impact of the attack and saving lives.

It is well known within the community that the hospital is a national leader in health care. In 2010, Good Samaritan Hospital won the Malcolm Baldrige National Quality Award for performance excellence and was later recognized at a ceremony in Washington, DC.

I believe their rigorous work around performance excellence and the patient experience make it a hospital that the Fire Department and our residents can rely on for exceptional care.

Thank you for your time,

Chief Paul DiRienzo
Lombard Fire Department

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Fire Station 2: 2020 S. Highland Avenue, Lombard, IL 60148 --- 630.620.5734
Fire Prevention Bureau: 255 E. Wilson Avenue, Lombard, IL 60148 --- 630.620.5750



DARIEN-WOODRIDGE

Fire Protection District

7550 Lyman Avenue • Darien, Illinois 60561 • (630) 910-2200 • Fax (630) 910-2203

David A. Lambright
Fire Chief/Administrator

March 31, 2014
Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am the Fire Chief for the Darien-Woodridge Fire District. Today I am writing to ask you to approve Advocate Good Samaritan Hospital's CON application for a private room bed tower.

The hospital has built trust and has a strong reputation in the community and among local Fire Departments. We know that effective collaboration between the Fire Department and the hospital is essential to serving our residents at a high level. Over the years, we have witnessed first-hand the skill, expertise and compassion of the Emergency Room staff, the E.M.S.S. System that administers the M.I.C.U. system, and provides our Continuing Education. The talented and compassionate nurses and physicians who take extraordinary care of patients are the core of the quality care we have come to experience throughout our relationship with Good Samaritan Hospital.

The outstanding care is not only well known within our own area, but throughout the nation. Good Samaritan Hospital has earned many awards and recognition that rank it as one of the best hospitals in America.

We are proud to work alongside their dedicated staff and support their ongoing commitment to further expand their facilities to the benefit of patients and visitors throughout our community.

Regards,

A handwritten signature in black ink, appearing to read "D. Lambright".

Fire Chief David Lambright
Darien-Woodridge Fire District



May 8, 2014

Ms. Courtney R. Avery, Administrator
Illinois Health facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I am writing you in support of the Advocate Health System's petition for a private room bed tower at the Good Samaritan Hospital in Downers Grove.

I am a local pastor who has had the privilege of a unique partnership with Good Samaritan Hospital that goes back to being a "Chaplain in training" doing my Clinical Pastoral Education (CPE) at Good Samaritan in 2004, to moving into the Downers Grove community as an Associate Pastor in 2006, to being on the Good Samaritan Governing Council since 2010. These "partnerships" have taught me the importance of not only having a faith-based hospital that parishioners choose as their first option for health care, but also that privacy and space lead to the holistic approach that Good Samaritan Hospital excels at.

Private rooms and suites have become the standard model of care for most hospitals in our area due to desired privacy, spiritual care, medical management and family visitation. These private rooms will enable patients to be better cared for and allow me to better minister to congregational members when they are hospitalized.

I encourage you to issue Advocate Good Samaritan Hospital the Certificate of Need that will allow them (and me) to improve care and quality of service that matches Good Samaritan Hospital's award winning standards of excellence as well as welcoming all to this place of healing.

Sincerely yours,

A handwritten signature in cursive script that reads "Rhonda L. Kral".

Rhonda L. Kral
Associate Pastor
Gloria Dei Lutheran Church
4501 Main Street
Downers Grove, IL 60515
630-968-6231 x 102

4501 Main Street
Downers Grove
Illinois 60515
(630) 968-6231
Fax (630) 968-1204

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www.gloriadeichurch.org

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, second floor
Springfield, IL 62761

May 30, 2014

Dear Ms. Avery,

I'm writing this letter today to ask for your support for Advocate Good Samaritan Hospital's Certificate of Need application for a new bedtower. As a member of the hospital's Medical Executive Committee who is board certified in cardiovascular disease, critical care medicine and interventional cardiology, I am invested in the hospital's success.

Good Samaritan Hospital is fortunate to have excellent nurses committed to providing a high level of patient care. Now it's time for the hospital's facility to match the quality of care delivered inside the hospital.

Many improvements have been made to the hospital's facilities over the years, but none of this magnitude. The time has come for our patients to be treated in private rooms. Private rooms allow patients to get the rest that is clinically shown to aid the healing process. They also give patients peace of mind that their privacy is being protected; there are no other patients nearby to hear their very personal conversations with their physicians and nurses. From their rooms in the new bedtower, patients will be able to take in natural light, which is also shown to assist in healing.

I fully support this project and eagerly anticipate its commencement. I appreciate this opportunity to share my thoughts with you. Thank you.

Kind regards,



Stephen M. Rowley, MD
Cardiologist, Advocate Medical Group

 Advocate Good Samaritan Hospital

3815 Highland Avenue || Downers Grove, IL 60515 || T 630.275.5900 || advocatehealth.com

~~June 15, 2014~~

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am Chairman of the Surgery Department and Director of Orthopaedic Trauma at Advocate Good Samaritan Hospital. I have been a surgeon for more than two decades, board-certified in orthopaedic surgery and fellowship trained in trauma. I know that my patients receive outstanding clinical care at Good Samaritan, which is Magnet-recognized for nursing excellence and a 100 Top Hospital.

A private room bedtower is a necessity in the current healthcare market. From infection control to patient comfort, the benefits to patients and physicians alike are numerous.

Please join me in supporting this much-needed project so that Good Samaritan can continue providing excellent care to our patients for years to come.

Sincerely,



Steven S. Lewis, MD
Department Chair, Surgery
Director of Orthopaedic Trauma