

THE
University of Vermont
MEDICAL CENTER

By Electronic Mail & U.S. Mail

January 16, 2024

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602
Donna.Jerry@vermont.gov

Re: Docket No. GMCB-004-23con, Development of Outpatient Surgery Center on Tilley Drive, Project Cost: \$129,640,703

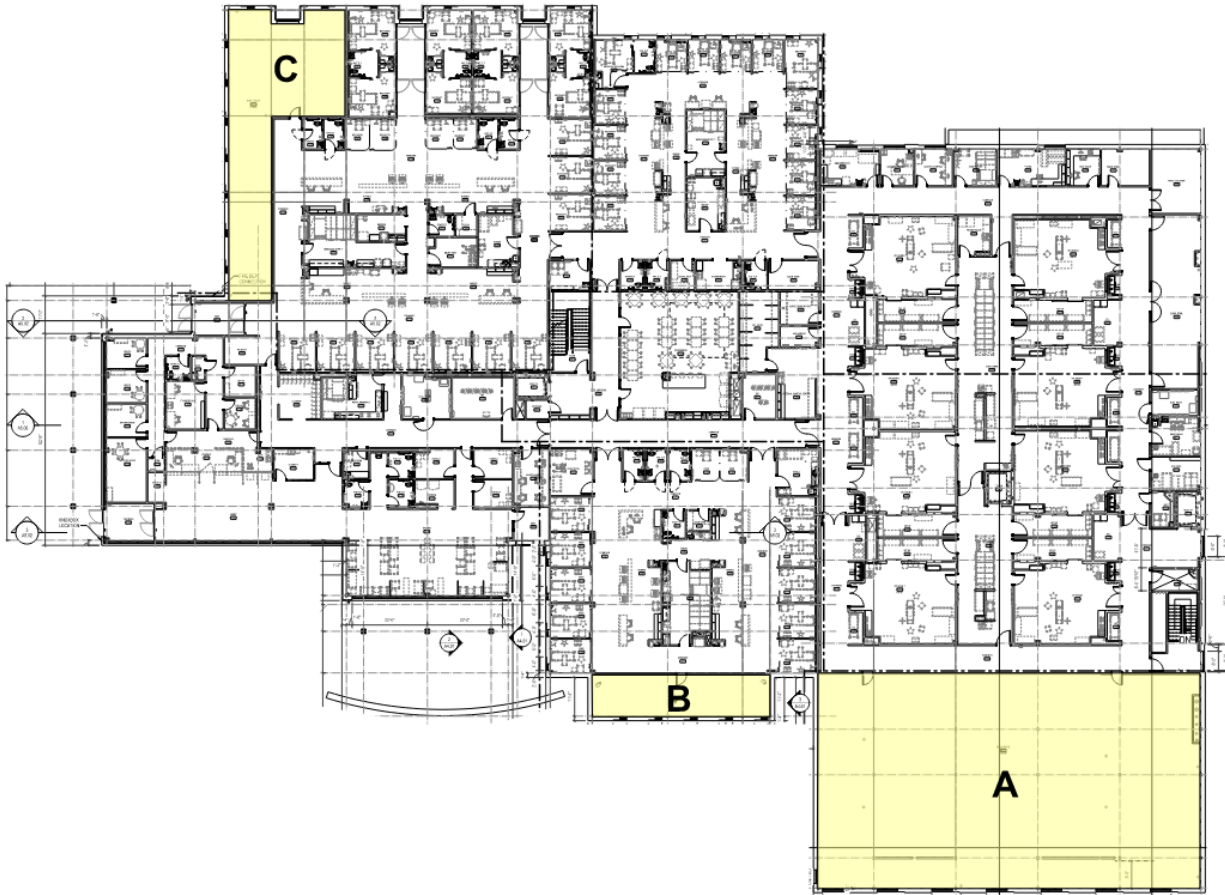
Dear Ms. Jerry:

The University of Vermont Medical Center Inc. (“UVM Medical Center”) hereby responds to the Green Mountain Care Board’s (“Board”) Requests for Additional Information Q.008, dated December 19, 2023, regarding the above-referenced project.

- 1. The project includes approximately 9975 square feet of shell space for four future additional ORs and related space with a base cost of \$354.26 a square foot. Provide a detailed description of the extent to which the shell space will be finished, including aspects such as mechanical, electrical, and plumbing fixtures; sheetrock; and insulation. Also, please list all annual operating cost line items such as heating, property tax, and insurance, associated with the shell space and provide the annual cost associated with each expense line item.**

Response:

The proposed project includes three shell spaces designated A, B, and C on the below drawing:



SHELL SPACE A will be finished as follows:

Exterior: The Shell Space exterior will be clad to match the rest of the building exterior with brick veneer, composite metal panels, and glazed window units. The roof will be an insulated metal deck with roof membrane.

Interior: The shell space interior walls will be insulated metal stud wall framing with taped, sanded, and primed finish gypsum wallboard. The concrete slab will be unfinished. There will be no finished ceiling. Two single leaf doors will be installed to access the Shell Space. A 1-hr Fire Rated gypsum wallboard shaft passes through the Shell Space to extend mechanical equipment exhaust above the Roof Level.

Lighting:

The shell space will have approximately 28 LED strip lighting for general room illumination and approximately 16 battery back-up emergency lighting units. There will be emergency exit signs as required by code.

Electrical:

Approximately 10 wall mounted convenience outlets will be installed for general electrical power.

Fire Protection:

Approximately 40 wet sprinkler heads will be installed in the shell space.

HVAC:

Two (2) duct penetrations with fire-smoke dampers will enter the Shell Space for future

connections. Six (6) hydronic hot water unit heaters will be installed to keep the shell space tempered during the winter months.

SHELL SPACE B will be finished as follows:

Exterior: The Shell Space exterior will be clad to match the rest of the building exterior with brick veneer, composite metal panels, and glazed window units. The roof will be an insulated metal deck with roof membrane.

Interior: The shell space interior walls will be insulated metal stud wall framing with taped, sanded, and primed finish gypsum wallboard. The concrete slab will be unfinished. There will be no finished ceiling. One (1) single leaf door will be installed to access the Shell Space.

Lighting:

The shell space will have approximately 4 LED strip lighting for general room illumination and approximately 2 battery back-up emergency lighting units. There will be emergency exit signs as required by code.

Electrical:

Approximately 6 wall mounted convenience outlets will be installed for general electrical power.

Fire Protection:

Approximately 4 wet sprinkler heads will be installed in the shell space.

HVAC:

Two (2) duct penetrations will enter the Shell Space for future connections. Two (2) hydronic hot water unit heaters will be installed to keep the shell space tempered during the winter months.

SHELL SPACE C will be finished as follows:

Exterior: The Shell Space exterior will be clad to match the rest of the building exterior with brick veneer, composite metal panels, and glazed window units. The roof will be an insulated metal deck with roof membrane.

Interior: The shell space interior walls will be insulated metal stud wall framing with taped, sanded, and primed finish gypsum wallboard. The concrete slab will be unfinished. There will be no finished ceiling. One (1) single leaf door will be installed to access the Shell Space.

Lighting:

The Shell Space will have approximately 6 LED strip lighting for general room illumination and approximately 4 battery back-up emergency lighting units. There will be emergency exit signs as required by code.

Electrical:

Approximately 4 wall mounted convenience outlets will be installed for general electrical power.

Fire Protection:

Approximately 13 wet sprinkler heads will be installed in the shell space.

HVAC:

Two (2) duct penetrations will enter the Shell Space for future connections. Three (3) hydronic hot water unit heaters will be installed to keep the shell space tempered during the winter months.

The estimated annual operating cost for all the proposed shell spaces (in 2023 dollars) is six thousand two hundred twenty dollars (\$6,220), as detailed in the below table:

Category	Estimated Expense	Cost per SF	Comments
HVAC	\$ 1,200	\$ 0.12	Scheduled Maintenance of Unit Heaters
Utility - Gas	\$ 2,500	\$ 0.25	Unit Heaters
Utility - Electricity	\$ 1,100	\$ 0.11	Lighting Use During Maintenance
Maintenance	\$ 420	\$ 0.04	Monthly Testing of Life Safety Fixtures
Maintenance	\$ 1,000	\$ 0.10	As needed for Unit Heaters, Incidentals
Total	\$ 6,220	\$ 0.62	
	Shell Space SF:	9,975	
	No measurable impact expected to Insurance Premium for Shell Space		
	Payment in Lieu of Taxes not applicable until Shell Space is occupied		

- 2. Please further explain the project’s impact on future annual rate increases. Your response to question 8 in Q.005 dated August 15, 2003 states that, “[c]onsistent with previous rate requests, the projections assume rate increases will fund cost inflation – no more, and no less.” You also provide a chart with Rate/Revenue Change to Cover Cost inflation, showing assumed projections of 5.00% for FY 2024, 4.00% for FY2025 and FY2026, and 3.50% for FY2027.**
- a. In many prior years there have been a difference between the rate requested by UVMMC and the rate authorized by the Board. Please explain in detail what is meant by “consistent with previous rate requests” and provide the contingency plan if the portion of an annual rate increase associated with this project is reduced.**

Response:

The UVM Medical Center does not anticipate that this project will result in or contribute to an increase in its annual requests for commercial rates. As we have explained in other CON and budget filings, our annual rate requests are tied most closely to year over year increases in prices the hospital must pay for goods and services, primarily increases in the market price of labor and supplies unrelated to the hospital’s CON projects. While the investment necessary to build the proposed OSC will increase UVM Medical Center’s expenses, as shown in the CON Application Table 3B and pro forma, that investment yields an incremental net positive operating margin beginning in the first fiscal year of operations. That projected net positive operating margin places downward pressure, rather than upward pressure, on rates. It will therefore allow UVM Medical Center to mitigate some of the upward pressure that unrelated per-unit cost inflation in the economy would otherwise contribute to commercial rate increases, while still maintaining its financial health. Notably, the cost per-case decreases (and the project margin therefore grows) as the shelled ORs become operational to meet increased patient demand. As always, a detailed discussion of commercial rates is best undertaken as part of the budget approval process, which is specifically designed to address all of the relevant factors, rather than in conjunction with a single CON application.

- b. Please revise the chart provided in response to question 8 of Q.005 by breaking out the assumed rate changes by payer.**

Response:

For the reasons described above, UVM Medical Center does not anticipate that this project will result in or contribute to an increase in its annual requests for commercial rates. As we have previously explained, both UVM Health Network's Five Year Financial Framework and the revenue modeling for the proposed project assume that rate changes will be approved as necessary to cover cost inflation, and apply the same rate adjustment factor to all payer and other revenue categories. While this methodology produces a reasonable proxy for expected future growth under normal economic circumstances, the rate adjustment factors applied, as stated in UVM Medical Center's response to Q.005, Q.8, are inherently inexact because actual outcomes in FY24 – FY27 will depend on factors that are unknowable at this time, and partially or fully outside UVM Medical Center's control. These include but are not limited to the performance of the economy (i.e. actual cost inflation), the Board's applicable orders, payer negotiations, and Medicare and Medicaid rate increases. We cannot, therefore, break out specific rate changes by payer consistent with our obligation to provide the board with accurate factual information, rather than speculation or guesses, in support of our application.

- c. **For the years 2024 to 2029, please quantify the additional dollar amount that the project will add to overall rates each year by virtue of its contribution to cost inflation. Please provide the amount for overall rate impact and, using the assumption in item "b" above, the amount projected by payer.**

Response:

For the reasons stated above, UVM Medical Center does not anticipate that this project will result in or contribute to an increase in its annual requests for commercial rates.

3. **Explain the impact of the cost of the project on UVMMC's financial condition and rates if UVMMC were to start paying the principal sooner than 10 years. In a table format specify the increased operating costs resulting from paying on the principal in years 2, 4, 6, and 8.**

Response:

The UVM Health Network structures its long-term debt, and that of its partner hospitals, on a Network-wide basis, rather than solely on a project-by-project or hospital-by-hospital basis. The UVM Medical Center and the UVM Health Network will make decisions regarding the financing terms for this project based on a number of factors, including but not limited to the amount and maturity dates of current debt, the financial covenants associated with that debt, the Network's maximum annual debt service requirements (MADS), the ability to service that debt, the expected useful life of the asset being financed, anticipated future borrowing needs, and debt market conditions.

We would be happy to discuss those factors with the Board, its staff, or its consultants in detail. As an overview, however, the UVM Health Network currently has approximately \$706 million

in long-term debt and will make between \$40 million and \$50 million of principal payments on that debt each year for the next eight years, after which the annual principal payments on current debt drop considerably. The annual principal and interest payments on that existing debt will be highest in 2027, yielding a MADS of \$72.2 million, and steadily decrease to less than \$10 million by 2047.

Consistent with sound financial planning, the financing structure reflected in the CON application is designed to synchronize the service of new debt with that of existing debt, keeping both the Network’s MADS and debt service coverage ratios within sustainable limits while allowing for additional necessary future borrowing. If the UVM Health Network were to borrow \$100 million to finance the proposed OSC utilizing the debt structure reflected in the application (with principal payments beginning after 10 years), the additional debt would yield a MADS of approximately \$77.2 million and (based on September 30, 2023 financials) a debt service coverage ratio of 1.66. If, as an example, the UVM Health Network were to instead begin making principal payments in the first year, it would raise its MADS to \$78.7 million (also in 2027) and lower the debt service coverage ratio to 1.63 (again, based on September 30, 2023 financials). The UVM Health Network treasury team has therefore made a preliminary decision, reflected in the CON financial tables, that the proposed structure will be the most advantageous, considering all of the relevant factors.

We nonetheless provide the requested schedule, showing how the debt service on the project would change if UVM Medical Center began paying principal in years 2, 4, 6, and 8, rather than in year 10:

30 Yr Loan Structure Comparison Table

Loan Scenario	Total Interest	Total Principal	Total Payments
1st 10 Years Interest Only - then equal principal payments years 11-30	\$ 102,500,000	\$ 100,000,000	\$ 202,500,000
Fixed Mortgage Structure Loan - P&I 30 year fixed payment loan	\$ 95,154,305	\$ 100,000,000	\$ 195,154,305
Start Principal Payments in Yr 2 - equal principal payments years 2-30	\$ 80,000,000	\$ 100,000,000	\$ 180,000,000
Start Principal Payments in Yr 4 - equal principal payments years 4-30	\$ 85,000,000	\$ 100,000,000	\$ 185,000,000
Start Principal Payments in Yr 6 - equal principal payments years 6-30	\$ 90,000,000	\$ 100,000,000	\$ 190,000,000
Start Principal Payments in Yr 8 - equal principal payments years 8-30	\$ 95,000,000	\$ 100,000,000	\$ 195,000,000

CON Financials used this scenario

Total financing: \$100,000,000
 Assumed Interest Rate: 5%
 Loan Term: 30 years

4. **Given that UVMHC proposes to purchase the Fanny Allen campus and buildings, please review and revise the response to question 19 in Q.005 dated August 15, 2023. Provide a detailed explanation of the impact that the decision to purchase the Fanny Allen campus will have on the OSC and UVMHC’s overall financial status, including UVMHC’s and UVMHN’s debt capacity and days cash on hand. Given the purchase, explain in detail why the five ORs on the Fanny Allen campus could not be expanded on that site to meet current and future need.**

Response:

- a) Please review and revise the response to question 19 in Q.005 dated August 15, 2023.

Q.005, Q.19 (August 15, 2023) reads: “Specify the current square feet of space and annual associated cost of the space UVMHC leases at Fanny Allen. Explain whether UVMHC will continue to lease some or all of this space; the square footage it intends to continue leasing once the OSC is operational, if any; and the annual cost associated with continued lease of space at Fanny Allen.”

UVM Medical Center will soon file a Certificate of Need (“CON”) Application to purchase the Fanny Allen campus from the Catholic Diocese, which holds the property as Fanny Allen Holdings, Inc. (“FAH”). UVM Medical Center and FAH have entered into a Purchase and Sale Agreement, subject to contingencies including the Board’s approval of a CON, whereby FAH will transfer to UVM Medical Center its entire interest in the 22-acre campus, including but not limited to the 127,170 square foot premises FAH currently leases to UVM Medical Center (as described in UVM Medical Center’s response to Q.005, Q.19). UVM Medical Center will not be a tenant with respect to any space at Fanny Allen after the sale closes.

- b) Provide a detailed explanation of the impact that the decision to purchase the Fanny Allen campus will have on the OSC and UVMHC’s overall financial status, including UVMHC’s and UVMHN’s debt capacity and days cash on hand.

As we will discuss in detail in the Fanny Allen CON application, purchasing the Fanny Allen campus will positively affect UVM Medical Center’s overall financial status by allowing UVM Medical Center to continue to offer the same essential patient services out of that location while paying less to occupy the campus. When compared to the current lease, purchasing the campus will be cash flow positive to the UVM Medical Center, resulting in savings over the next fifteen (15) years to be specified in the Fanny Allen CON application.

The UVM Medical Center has the debt capacity to fund both projects. We would be happy to discuss this with the Board, its staff, or its consultants in detail. As an overview, however, we currently anticipate that the financing of the OSC (~\$100 million in debt) and the Fanny Allen purchase (~\$15 million in debt) will be part of a long-planned \$150 million tax-exempt bond issuance that will also be used to replace short term financing on the 350 Tilley Drive project

already approved by the GMCB.¹ The combined \$150 million in new debt will increase the UVM Health Network's MADS from its current \$72.2 million to approximately \$79.7 million in 2027. Based on September 30, 2023 financials, the \$150 million in new debt will decrease the UVM Health Network's debt service coverage ratio from 1.78 to 1.61. Long-term debt contributes to, rather than erodes, days cash on hand. As a result, even if the UVM Medical Center uses some cash to pay for a portion of the Fanny Allen purchase that is not financed through debt, the combined use of cash and debt will not result in a decrease in the hospital's days cash on hand.

- c) Given the purchase, explain in detail why the five ORs on the Fanny Allen campus could not be expanded on that site to meet current and future need.

As UVM Medical Center has previously explained, it is not feasible to enlarge or retrofit the existing five (5) ORs on the Fanny Allen campus as necessary to meet the contemporary needs of UVM Medical Center's patients and providers within the confines of the existing building that houses them. *See UVM Medical Center's Response to the Board's Requests for Additional Information Q.006, Q.19 (November 16, 2023).*

Building an OSC at the Fanny Allen campus after UVM Medical Center acquires that property is not a viable alternative to the project proposed in this docket because it would be significantly more expensive and disruptive to UVM Medical Center operations, and therefore its patients.

The OSC's pre-op and post-op spaces require a lateral relationship to the ORs on the same floor. The OSC should not be redesigned as a multi-story structure, with the ORs and pre/post-op spaces on different floors, as this would substantially reduce its efficiency and functionality. There are two theoretical options for construction of an OSC comparable to the proposed project (with the pre/post-op spaces and the ORs on the same floor) at the Fanny Allen campus, neither of which is considered a feasible alternative to the proposed OSC project:

- Option 1 – Demolition and expansion of the building that houses the existing five ORs, which would involve razing and rebuilding major portions of the structure. This would cost more than the proposed project. It would also displace and disrupt the operation of multiple other necessary services currently housed in that building, including inpatient rehab, radiology, urgent care, memory care, and rehab audiology. It would be necessary to relocate most of these services, temporarily or permanently, and UVM Medical Center has no viable plan or site(s) for those relocations.
- Option 2 – Construction of an OSC comparable to the proposed project in an area on the eastern side of the campus that is currently occupied by parking lots. This project plan would need to include the construction of a multi-story parking garage containing up to

¹ As the UVM Medical Center informed the Board in its September 13, 2023 implementation report in Docket No. GMCB-003-22con, it purchased the land and buildings at 350 Tilley Drive using short-term financing, with the intention of refinancing that debt "as part of a long-planned public debt issuance within the next eighteen months."

approximately four hundred (400) parking spaces,² which is not an element of the project proposed in this docket. UVM Medical Center's very rough estimate of the added cost of the parking garage is thirty (30) million dollars. Option 1 would probably also require construction of a (somewhat smaller) parking garage.

- Both Option 1 and Option 2 would require the redesign of the OSC proposed at the Tilley Drive location. A comparable OSC at the Fanny Allen campus would have a larger footprint due to differences in the topography of this site relative to that of the proposed Tilley Drive site.

5. Complete the attached chart to show actual capacity and volumes for Fiscal Years 2016 through 2019.

Response:

Please see the completed charts submitted herewith.

The Board's template for this response included a chart for the submission of endoscopy data, which UVM Medical Center did not complete. This data is not relevant to the Board's consideration of the proposed OSC project and compiling it would have unnecessarily delayed UVM Medical Center's response to Q.008. UVM Medical Center's demand model supporting the OSC CON Application excludes endoscopy capacity and volumes because UVM Medical Center performs all endoscopies in dedicated endoscopy suites at its Main Campus and does not plan to perform endoscopies in the OSC.

In 2016, UVM Medical Center submitted operating room (OR) and procedure room (PR) capacity and volume data to the Board in a similar format in response to the Board's Requests for Information in *re. Green Mountain Surgery Center*, GMCB-010-15con. See Vermont Association of Hospitals and Health Systems Response to the Board's Request for Data from Vermont Member Hospitals (May 6, 2016). Please note the following distinctions between the data reported in 2016, the data submitted herewith, and the data factored into UVM Medical Center's demand model supporting the proposed OSC project:

- a) The 2016 data excluded one Main Campus OR (capacity and volumes) which UVM Medical Center holds open so that it can accommodate emergent trauma cases (the "Trauma OR") in compliance with its Level One Trauma Center designation, requiring that "an operating room (OR) must be staffed and available within 15 minutes of notification."³ This OR typically has low volumes and high available capacity. UVM Medical Center's demand model supporting the OSC CON application included the Trauma OR, and it is also included in the data submitted herewith. The inclusion of the

² The OSC itself requires nearly two hundred (200) parking spaces, and the Fanny Allen campus must also support parking for the other services provided there, as well as serve as commuter parking for the UVM Medical Center's main campus.

³ VRC, Resources for Optimal Care of the Injured Patient, 2022 Standards, § 3.1 (Operating Room Availability – TYPE I) (Rev. December 2023).

Trauma OR in UVM Medical Center's demand model results in some overstatement of the hospital's available OR capacity, as this OR cannot be used to schedule routine cases.

- b) UVM Medical Center provided data for MPUs 3-5 in 2016, and we have also provided this data in response to Q.5, as requested. MPUs 3-5 (capacity and volume) were excluded from UVM Medical Center's demand model supporting the OSC project, however, because these are very small⁴ special-purpose PRs that UVM Medical Center uses mainly for procedures it does not expect to perform at the OSC (e.g. ECT and bronchoscopy). These rooms have limited utility and consequently low utilization.
- c) The submission herewith differs from the 2016 data in that PR capacity is noted for individual rooms (MPU1 and MPU2 are combined due to their similar size and average case length) given the significant variation in utilization, which speaks to the importance of room size in managing capacity utilization. Further, for each room, actual room capacity was calculated more precisely based on average case time and turnover time by room (case times vary significantly among these rooms).
- d) ECT volumes were excluded from the data reported in 2016. ECT volumes were also excluded from the data factored into UVM Medical Center's demand model supporting the OSC project, because these procedures are performed in UVM Medical Center's special-purpose MPU 4 and will not be performed at the OSC. ECT volumes are included in the data submitted herewith, and we have restated FY15 volumes to include ECTs done in FY15.

Thank you for your attention to UVM Medical Center's application. Please let us know if you have any further questions or need additional information.

Sincerely,



Eric Miller
SVP and General Counsel
The University of Vermont Health Network Inc.

⁴ Each of these rooms is approximately 260 square feet.

Capacity and Volume Summary

Facility Name: Main Campus

Actual Capacity and Volume						
Operating Rooms	FY 2015	CY 2016	CY 2017	CY 2018	CY 2019	Notes
Number	17	18	18	18	18	Includes ORs with reserved capacity for trauma cases and "Zero Release" ORs. OR11 was excluded from 2016 submission as it was considered a reserved trauma OR, but its capacity was included in the OSC demand model and other previous data in responses to CON questions, so we have included OR 11 capacity and volume for 2016-2019. Weekly available hours = 993 (avg. 58.4 hrs/wk per OR). CY2016-2019 capacity excludes 7 days for holidays that were not excluded in 2016 submission. Capacity calculated using CY2016-2019 avg case time + TAT = 3.25 hrs (FY2015: 3.18 hrs)
Capacity	16,221	16,375	16,375	16,375	16,375	
Volume	11,983	12,564	12,943	12,625	12,766	
% Capacity	74%	77%	79%	77%	78%	
% Change		4%	3%	-2%	1%	
Procedure Rooms MPUs 1, 2	FY 2015	CY 2016	CY 2017	CY 2018	CY 2019	Notes
Number	2	2	2	2	2	These are the two largest Procedure Rooms at the Main Campus. FY15 capacity = 40% of MPU capacity shown in 2016 submission for MPUs 1-5. MPU Operating hours consistent with 2016 submission; combined capacity per week = 98 hrs. Avg case time + TAT for CY2016-2019= 1.95 hrs. (FY15: 1.72 hrs across all MPUs)
Capacity	2,142	2,573	2,573	2,573	2,573	
Volume	1,793	2,106	1,869	2,133	2,153	
% Capacity	84%	82%	73%	83%	84%	
% Change		-2%	-11%	14%	1%	
Procedure Room MPU 3: small procedure room	FY 2015	CY 2016	CY 2017	CY 2018	CY 2019	Notes
Number	1	1	1	1	1	MPU 3 is the smallest procedure room at the Main Campus, and limited in the types of cases that can be performed in this small space. FY15 capacity = 20% of total MPU capacity shown in 2016 submission. MPU Operating hours for 2016-2019 consistent with 2016 submission: 49 hrs/week. Avg case time + avg TAT for CY2016-2019 = 1.56 hrs (FY15: 1.72 hrs across all MPUs)
Capacity	1,484	1,606	1,606	1,606	1,606	
Volume	348	346	308	359	401	
% Capacity	23%	22%	19%	22%	25%	
% Change		-8%	-11%	17%	12%	

Capacity and Volume Summary

Facility Name: Main Campus

Actual Capacity and Volume						
Procedure Room MPU 4: ECT Procedure Room	FY 2015	CY 2016	CY 2017	CY 2018	CY 2019	Notes
Number	1	1	1	1	1	MPU 4 is a very small procedure room, and has dedicated time 7:30 am - ~ 1 pm for ECT procedures. Note the shorter avg case time w/ TAT shown below, which increases the capacity of this room. FY15 capacity = 20% of total MPU capacity shown in 2016 submission. MPU Operating hours for 2016-2019 consistent with 2016 submission: 49 hrs/week. Avg case time + avg TAT for CY2016-2019: .49 hrs. This total avg. case time results in a much higher capacity calculation for 2016-2019. Note that it was discovered that ECT volumes were omitted from the 2016 submission for FY15; they are included here (net additional 928 cases) for comparison purposes to volumes reported for CY 2016-2019.
Capacity	1,484	5,092	5,092	5,092	5,092	
Volume	979	1,442	1,855	1,877	1,912	
% Capacity	66%	28%	36%	37%	38%	
% Change		-57%	29%	1%	2%	
Procedure Room MPU 5: Negative Pressure Room	FY 2015	CY 2016	CY 2017	CY 2018	CY 2019	Notes
Number	1	1	1	1	1	MPU 5 is a very small procedure room, and is a negative pressure room. As of Sept. 2021 the room houses bronchoscopy robotics equipment. 539 bronchoscopy procedures were performed in MPU5 in CY 2023. FY15 capacity = 20% of total MPU capacity shown in 2016 submission. MPU Operating hours for 2016-2019 consistent with 2016 submission: 49 hrs/week. Avg case time + avg TAT for CY2016-2019: 1.55 hrs. MPU 5 not in operation from 7/1/2017 - 12/8/2019
Capacity	1,484	1,613	1,613	1,613	1,613	
Volume	466	413	239		60	
% Capacity	31%	26%	15%	0%	4%	
% Change		-18%	-42%	-100%		

Capacity and Volume Summary

Facility Name: **Fanny Allen Campus**

Actual Capacity and Volume						
Operating Rooms	FY15	CY 2016	CY 2017	CY2018	CY2019	Notes
Number	5	5	5	5	5	2016-2019 capacity calculation uses same operating hours as FY2015, but reduces weeks of operation to 50 wks per yr to reflect holiday closures. Avg. case time (inc TAT) for 2016-2019: 1.77 hrs/case (FY2015: 1.8 hrs/case). In 2019, capacity reduced due to FAH ORs closure due to air quality issue 12/2/19-12/31/19. Note FAH ORs closed 12/2/19 - 12/31/19 due to air quality issue, reflected in decrease volumes for CY2019.
Capacity	7,078	6,918	6,918	6,918	6,503	
Volume	4,481	4,393	4,552	4,532	4,233	
% Capacity	63%	64%	66%	66%	65%	
% Change		0%	2%	0%	0%	
Procedure Rooms	FY15	CY 2016	CY 2017	CY2018	CY2019	Notes
Number	2	1	1	1	1	Due to the limited number of cases appropriate for the size of these procedure rooms, one room was closed and converted to another use in 2016. Both of these PRs are currently closed and converted to non-procedural patient space. 2016-2019 capacity calculation uses same operating hours as FY2015, but reduces weeks of operation to 50 wks per yr to reflect holiday closures. Avg. case time (inc TAT) for 2016-2019: 1.14 hrs/case (FY2015: .95 hrs/case). In 2019, capacity reduced due to FAH OR/PRs closure due to air quality issue 12/2/19-12/31/19.
Capacity	5,364	2,146	2,146	2,146	2,017	
Volume	298	226	240	256	110	
% Capacity	6%	11%	11%	12%	5%	
% Change		5%	-2%	-2%	-2%	