

**IN THE MATTER OF:**  
**ST. AGNES HOSPITAL**  
**DOCKET NO. 07-24-2188**

\* **BEFORE THE**  
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\* **MARYLAND HEALTH**  
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\* **CARE COMMISSION**  
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**REQUEST TO MODIFY CERTIFICATE OF NEED**

**I. INTRODUCTION**

On February 26, 2013 St. Agnes Hospital (“SAH” or “the Hospital”) filed a request for a determination of coverage/modification with respect to changes in the renovation of older nursing units approved through a Certificate of Need (CON) on July 19, 2007. The requested changes include a change in a condition of the original CON and a subsequent 2010 modification.

SAH is an acute care general hospital located in the southwest quadrant of Baltimore City. SAH is currently licensed for 287 acute care beds. It is one of twelve general acute care hospitals in the City of Baltimore.

**Original CON Application**

The original CON, approved in 2007, was for the expansion and renovation of St. Agnes Hospital (“SAH”). The project included construction of a new nine-story “tower” addition to the existing hospital, which would house 120 general medical/surgical patients in private rooms. The ground floor and the first floor of the new tower addition would contain shell space; this space would not be placed into service prior to completion of the project. The proposed project would renovate existing nursing units, creating a higher proportion of private patient rooms, and expand the Hospital’s Cancer Center. The project would not increase the physical bed capacity of the Hospital beyond the 377 bed physical bed capacity that existed at that time.

The approved project consisted of six phases, with the sixth phase comprised of six sub-phases, each with its own construction contract, for a total of at least 11 construction contracts. The six phases were:

**Phase I** consisted of construction of a utility tunnel from the existing central power plant to the main hospital building, construction of a new loop road and rerouting of existing roadways, as well as initiation of site work to prepare for the new bed tower construction.

**Phase II** consisted of construction of an auxiliary entrance to the main hospital, expansion of the central plant, and renovation of the boiler plant.

**Phase III** consisted of construction of the new nine-story 201,200 square foot patient tower. The nursing units would be located on four floors and each unit would consist of 30 MSGA beds. All rooms would be private occupancy and include a bathroom. The new tower

would contain shell space on the ground floor and the first floor. In addition, this phase would realign the main hospital entrance.

**Phase IV** included the demolition of existing buildings, the expansion and renovation of the Cancer Center, landscaping, and completion of surface parking and roadways. The Cancer Center expansion would add 15,100 square feet to provide additional space for chemotherapy services and realign the clinical, support care and administrative space of the Center.

**Phase V** included the renovation of existing nursing units on floors 3 through 7. The renovations would involve the down-sizing of bed capacity in some nursing units to create private rooms with baths and would also establish effective connection of the patient tower addition to the existing hospital.

**Phase VI** consists of the modernization of the HVAC, emergency power distribution, and plumbing systems. The work was to be completed in six sub-phases with each sub-phase taking approximately 9 to 12 months and the first sub-phase expected to start before the completion of Phase III.

The approved cost of the total project was \$214,931,000, consisting of \$214,656,000 in capital cost, including \$6,170,000 in future inflation, and \$275,000 in financing costs and other cash requirements. The source of funds for this project was (1) Cash in the amount of \$146,435,000; (2) Gifts and bequests in the amount of \$18,496,000; and (3) Proceeds from the sale of bonds by Ascension Health in the amount of \$50,000,000. The Commission approved the proposed project on July 19, 2007 with six conditions. These conditions are in Attachment A.

### **Modified CON Application**

On July 30, 2010, St. Agnes Hospital notified the Commission of changes in project due to budget constraints. On October 21, 2010, MHCC approved design changes in the form of modifications to the CON. These changes affected the plans for the new patient tower, the renovation of the existing patient tower, the modernization of the mechanical electrical plumbing (“MEP”) systems, the demolition component, the central power plant expansion and renovation, the expansion of the Cancer Center, and the work on the shell space component.

### **New Patient Tower**

SAH dropped plans for a special air barrier system as part of the building envelope and the column covers in the main lobby area. The changes included more use of economical ceiling tiles and reduced use of ceramic tiles in the patient bathrooms; reductions in the size of the electrical feeder to the building fire pump, reducing minimum code requirements; economizing on light fixtures, switching from copper to aluminum; and also included other minor modifications to the interior finishes. These project plan changes were estimated to reduce project spending by \$10.3 million.

### **Existing Patient Tower Renovation**

Renovation to existing nursing units was to be less extensive, with an anticipated reduction in project spending of approximately \$11.2 million.

## **MEP Modernization**

Modernization of the air handling, chilled water, hot water heating, steam and condensate systems, and normal and emergency power systems in the existing buildings was eliminated. Renovation and expansion of the central power plant for the campus remained a part of the project. The change was estimated to reduce project spending by \$25 million.

## **Demolition**

SAH proposed to preserve, rather than demolish as planned, two buildings. The Vincentian Building was to be renovated with outside financial support to house extended family stay facilities and living quarters for the Daughters of Charity; the DePaul Building was to be used for offices and to provide space for an on-campus federally qualified health center. This change was estimated to reduce project spending by \$2 million.

## **Central Plant Expansion/Renovation and Related Site Work**

The project changes involved additional central plant costs. Changes in the sequencing of the work also resulted in higher than anticipated costs for temporary measures needed to minimize service disruption. Poor and contaminated soil conditions were encountered that increased the costs of this project component in unanticipated ways. These changes were estimated to increase project spending by approximately \$200,000.

## **Cancer Center Expansion**

SAH proposed relocation of the reception, registration, waiting room, infusion therapy center, medical oncology clinic, and a portion of the administrative space originally planned in the expansion of the Hospital's Cancer Center to a new medical office building ("MOB") located on the Hospital campus. This involved leasing approximately 20,000 square feet of space in the MOB. The project added some renovation of existing administrative and radiation therapy space in the Cancer Center. These changes reduced project spending by \$5.4 million.

## **Shell Space**

As part of the 2007 CON approval, SAH finished 3,360 square feet of shell space located on the ground floor of the new patient tower to construct and equip four replacement operating rooms ("ORs"). One existing OR was demolished as part of this project change and three ORs, one of which is located outside of the sterile core of the surgical suite, was closed. A "shell" OR, which can be finished and equipped for use at a future date, was constructed as part of the modified project. This change was estimated to increase project spending incrementally by \$9.5 million.

## **Summary**

On balance, these changes reduced the approved cost of the total project from \$214,931,000 to \$175,935,754, which included \$175,685,754 in capital costs and \$250,000 in

financing costs and other cash requirements. SAH eliminated debt as a source of funding for the project.<sup>1</sup> The modification to the CON application now includes as a source of funds \$163,266,754 in cash, and gifts and bequests in the amount of \$12,669,000.

The modified CON application reduced the project plan to five phases:

**Phase I** – construction of the utility tunnel and loop road, and site work preparation for the new tower.

**Phase II** – Construction of auxiliary entrance, central plant expansion, and boiler plant renovations.

**Phase III** – Construction of the new bed tower, including finishing the shell space for four replacement operating rooms, and realignment of the main hospital entrance.

**Phase IV** – Leasing of approximately 20,000 square feet of space in the medical office building under development by a third party, “fit-out” of the leased space by SAH, and renovation of the existing SAH radiation oncology area.

**Phase V** – Renovation of the existing nursing units.

On May 15, 2012, SAH notified MHCC concerning change in the sequencing of project phasing, as follows.

**Phase IV** – Renovation of existing nursing units.

**Phase V** – Leasing of approximately 20,000 square feet of space in a MOB under development by a third party, “fit-out” of the leased space by SAH, and renovation of the existing SAH radiation oncology area.

The original CON approved in 2007 provided for the major renovation of five nursing units, designated as 5 North, 6 North, 6 South, 7 North, and 7 South. The scope of renovations included converting each of the patient rooms to private occupancy with in-room showers along with significant demolition and upgrade of the finishes and supporting infrastructure including mechanical, electrical and plumbing. The approval of the modified CON application in 2010 stated that Phase V (changed to Phase IV on May 15, 2012) would include the renovation of these five medical-surgical nursing units in the existing bed tower. In October 2010, SAH “faced budget pressures due to changes in scope and costs with other components of the campus revitalization project,” and modified the CON to provide for a less extensive renovation of the existing nursing units, which included converting the semi-private rooms to private configurations and an upgrade of the major aesthetic elements but no MEP renovations other than the patient showers, reducing the budget for this part of the project. While the scope of the planned renovations was reduced, SAH still envisioned renovating five nursing units at a reduced

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<sup>1</sup> The funding of the project by SAH’s parent, Ascension Health, can involve long-term debt financing by the parent that collateralizes SAH assets but would typically be aggregated with financing for other parent entity facilities as well. Parent borrowing would not be exclusively related to this project in terms of total debt or timing of the borrowing.

cost of \$13,071,384, or approximately \$2.6 million per nursing unit.<sup>2</sup> The Commission approved the modifications to the CON application in October, 2010. The six original conditions remained in place.

### **Requested Changes of 2013**

SAH authorized engineering studies on the renovation to the nursing units located in the existing bed tower. On the basis of this work, the revised work plan for the nursing units includes the replacement of all exterior glass and glazing. All of the patient rooms will convert from a semi-private to a private room configuration. Construction on these nursing units will include: demolition and replacement of the med-gas and headwalls; replacement of the electrical distribution; the addition of full bathroom and patient showers; replacement of the primary domestic water and sanitary risers; the complete demolition and reconstruction of the central support core, which includes nurse stations, clean and soiled holding, medication rooms, and staff collaboration areas; replacement of HVAC, electrical & plumbing infrastructure; and completion of all new finishes such as wall paint, ceiling tiles, light fixtures, and flooring that are equal to the level of quality found in the South Tower.

To stay within budget but obtain the level of renovation now desired, SAH proposes to renovate only three instead of five existing nursing units; SAH proposes that the two nursing units on the seventh floor of the Existing Bed Tower will not undergo renovations, which will allow St. Agnes to stay within the modified CON approved project budget. The proposed change will allow the hospital to maintain the renovation budget from the modified CON of \$13 million for the renovation of the nursing units and the approved total project budget of \$176 million.

This modification will change which nursing units are renovated. The hospital proposes to realign the bed stacking of the existing bed tower. Due to the ceiling height differences between the existing and new tower, there are only direct floor-to-floor connections on the first, fourth and seventh floors. The modified CON in 2010 stated that SAH would renovate the five nursing units located on 5 North, 6 North, 6 South, 7 North, and 7 South. The hospital now seeks to renovate the nursing units located on the north side of the existing bed tower on the fourth, fifth, and sixth floors.

St. Agnes states that future plans include renovations to the two nursing units on the seventh floor – 7 North and 7 South. The renovations to these two nursing units are part of a separate project slated for construction in FY2014 and FY2015, financed in part by Capital Bond grant funds. St. Agnes states that it does not seek Commission approval for the future seventh floor project with this letter (and anecdotally, SAH expects the future project to be below the capital threshold), but “is providing information regarding its future plans for the 7<sup>th</sup> floor since this renovation to the seventh floor is proposed to be eliminated from the immediate CON project.” The fifth floor of the new bed tower includes telemetry monitoring capabilities and serves as SAH’s primary admission units for patients with stroke or stroke related diagnoses.

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<sup>2</sup> The modified CON still retained the requirement from the original CON approved in 2007 that SAH would not place in operation the patient rooms closed on the fourth floor of the patient tower (4 North and 4 South) without obtaining approval from MHCC.

With the completion of the seventh floor renovations in FY2014 and FY2015, SAH would relocate the cardiac telemetry unit currently located on the north side of the second floor located in the existing bed tower to the seventh floor of the existing bed tower.

Finally, St. Agnes states that the original 2007 CON approval includes a performance requirement to close two nursing units and maintain physical capacity beds at 377. With the approval of the modifications to the CON and the multiple changes in room use and bed configurations that have occurred since the initial project design, St. Agnes requests that MHCC eliminate the performance requirement of closing two nursing units. This action would allow SAH to maintain a total physical bed capacity of 377 beds.<sup>3</sup> With the completion of all renovations to the Existing Bed Tower, each of the nursing units will have 20 private rooms and SAH will have physical capacity of 377 beds. SAH provided (Attachment B), a breakdown on the number of beds per nursing unit in the existing patient tower, indicating physical capacity for 327 MSGA, 30 obstetric, and 20 pediatric beds.

SAH states that the request for changes to the renovation of the Existing Bed Tower will not increase the budget for the project. The total project cost will remain at \$175,935,754.

## II. STAFF REVIEW AND ANALYSIS

Like a number of general hospital expansion and modernization plans reviewed by MHCC over the last decade, the SAH project was designed to provide the hospital with the ability to replace semi-private rooms that are too small, by today's standards, with larger private rooms, without greatly disrupting hospital operations. Now that the new bed tower, now designated as the South Tower, is complete, SAH has the ability to renovate older nursing units in the "old" bed tower, now designated as the North Tower. This change request is a second change in this renovation plan since the original project review over five years ago and this is a period that has seen reductions in bed demand and efforts by SAH to reduce project outlays. In FY2007, SAH was licensed for 323 acute care beds. In the current fiscal year, it is licensed for 287 acute care beds.

Staff's review of this change request, as presented, indicated that physical bed capacity would actually increase, with respect to all of the programmed patient room space ultimately renovated, inconsistent with the original authorization for this project. After review and discussion of the options with SAH representatives, it was determined that the following modification of Condition 4 would be an acceptable approach to maintaining this project approval as one that does not increase the hospital's physical bed capacity

**Upon completion of this project, St. Agnes Healthcare, Inc. will not operate a total acute care bed complement in excess of 367 beds. It will not place any patient rooms on the 7100N unit of the hospital (formerly 7 North) or the 7400N unit of the hospital (formerly 7 South) into operation without Commission approval, based on consideration of the applicable regulatory**

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<sup>3</sup> FY 2013 Annual Report on Selected Maryland Acute Care and Special Hospital Services reports that St. Agnes Hospital has a total of 287 licensed beds in FY 2013, consisting of 255 MSGA, 23 obstetric, and 9 pediatric beds.

**requirements associated with putting patient rooms into operation on those floors at the time the hospital proposes to do so.**

Attachment C is a room and bed breakdown reflecting the renovation plan recommended for approval.

This changes requested by SAH does not increase approved project costs and does not involve any changes in the project funding plan that would be considered to fundamentally alter the approved “mechanism” of financing

This project does not include any impermissible modifications. It does not change the fundamental nature of the approved services or facilities. The project components remain the same as previously approved. The facility and services of St. Agnes Hospital will remain the same. This proposed modification does not increase the total bed capacity or other services. St. Agnes Hospital indicates that the proposed design change will not alter the current project schedule.

#### **IV. SUMMARY AND STAFF RECOMMENDATION**

Staff recommends approval of a change in the fourth condition previously approved for this project, as outlined above.

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**FINAL ORDER**

Based on the information and findings in this Staff Report and Recommendation, and the record in this review, it is this 18th day of April, 2013, **ORDERED:**

That the request by St. Agnes Hospital to modify its Certificate of Need, Docket No. 07-24-2188, is **APPROVED** subject to the following conditions:

1. St. Agnes Healthcare, Inc. will not finish the remaining shell space without obtaining all required Commission approvals;
2. St. Agnes Healthcare, Inc. will not request an adjustment in rates by HSCRC that includes depreciation or interest costs associated with construction of the remaining proposed shell space until and unless it has filed a CON application involving the finishing of the remaining shell space, has obtained CON approval for finishing the remaining shell space, or has obtained a determination of coverage from the Maryland Health Care Commission that CON approval for finishing the remaining shell space is not required;
3. HSCRC, in calculating any future rates for St. Agnes Healthcare, Inc. and its peer group, shall exclude the capital costs associated with the remaining shell space until such time as the space is finished and put to use in a rate-regulated activity. In calculating any rate that includes an accounting for capital costs associated with the remaining shell space, HSCRC shall exclude any depreciation of the remaining shell space that has occurred between the construction of the shell space and the time of the rate calculation (i.e., the rate should only account for depreciation going forward through the remaining useful life of the space). Allowable interest expense shall also be based on the interest expenses going forward through the remaining useful life of the space;
4. **Upon completion of this project, St. Agnes Healthcare, Inc. will not operate a total acute care bed complement in excess of 367 beds. It will not place any patient rooms on the 7100N unit of the hospital (formerly 7 North) or the 7400N unit of the hospital (formerly 7 South) into operation without Commission approval, based on consideration of the applicable regulatory requirements associated with putting patient rooms into operation on those floors at the time the hospital proposes to do so.**
5. Any future change to the financing of this project involving adjustments in rates set by

the Health Services Cost Review Commission must exclude the cost associated with the excess square footage of the new nursing units, which is calculated to be \$2,534,400, using the fully adjusted MVS estimated cost per square foot for the new construction and renovation construction; and

6. Any future change to the financing of this project involving adjustments in rates set by the Health Services Cost Review Commission must exclude the construction cost found to be in excess of the applicable Marshall Valuation Service benchmark cost, which is calculated to be \$1,246,419, using the fully adjusted Marshall Valuation Service estimated cost per square foot for the new construction (adjusted for the previous excess space cost adjustment).

## **Attachment A**

1. St. Agnes Healthcare, Inc. will not finish the remaining shell space without obtaining all required Commission approvals;
2. St. Agnes Healthcare, Inc. will not request an adjustment in rates by Health Services Cost Review Commission (“HSCRC”) that includes depreciation or interest costs associated with construction of the remaining shell space until and unless it has filed a CON application involving the finishing of the remaining shell space, has obtained CON approval for finishing the remaining shell space, or has obtained a determination of coverage from the Maryland Health Care Commission that CON approval for finishing the remaining shell space is not required;
3. HSCRC, in calculating any future rates for St. Agnes Healthcare, Inc. and its peer group, shall exclude the capital costs associated with the remaining shell space until such time as the space is finished and put to use in a rate-regulated activity. In calculating any rate that includes an accounting for capital costs associated with the remaining shell space, HSCRC shall exclude any depreciation of the shell space that has occurred between the construction of the shell space and the time of the rate calculation (i.e., the rate should only account for depreciation going forward through the remaining useful life of the space). Allowable interest expense shall also be based on the interest expenses going forward through the remaining useful life of the space;
4. Upon completion of this project, St. Agnes Healthcare, Inc. will not operate a total acute care bed complement in excess of 377 beds. It will not place the patient rooms being closed on the fourth floor of the existing patient tower into operation without Commission approval;
5. Any future change to the financing of this project involving adjustments in rates set by the HSCRC must exclude the cost associated with the excess square footage of the new nursing units, which is calculated to be \$2,534,400, using the fully adjusted MVS estimated cost per square foot for the new construction and renovation construction; and
6. Any future change to the financing of this project involving adjustments in rates set by the HSCRC must exclude the construction cost found to be in excess of the applicable Marshall Valuation Service benchmark cost, which is calculated to be \$1,246,419, using the fully adjusted Marshall Valuation Service estimated cost per square foot for the new construction (adjusted for the previous excess space cost adjustment).

## **Attachment B**

Saint Agnes Hospital - Campus Revitalization Project (Docket # 07-24-2188)  
 Current adn Proposed Room Bed Use Stacking for Patient Towers

2/14/2013

Service	New Construction Renovation		(New Tower Construction & 5 Renovated Units) Existing Physical Plan		After Completion of Project		Proposed Revised Project (3 Renovated Units)		Seventh Floor Renovation (7100N and 7400N)		Notes/Comments
	Old Unit Name	New Unit Name	Rooms	Bed	Rooms	Beds	Rooms	Beds	Rooms	Beds	
MSGA	2 North	2100N	18	32	18	32	18	32	18	19	Convert to Private, No Renovation, possible use as dedicated Observation Unit.
	2IMCU	2400N	25	29	26	26	24	20	24	20	Rooms lost to construction and rooms converted to permanent office use reducing capacity.
	2.5 New Tower	2500S			30	30	30	30	30	30	
	4 North	4100N	21	38	-	-	20	20	20	20	Unit renovated in CON project, convert to all private.
	4 South	4400N	22	40	18	18	20	20	20	20	Two rooms lost to construction. No renovation. Available capacity of 20 private beds with some rooms convert to Nursing Simulation Unit.
	3.5 New Tower	3500S			30	30	30	30	30	30	
	4.5 New Tower	4500S			30	30	30	30	30	30	
	5 North	5100N	8	23	18	18	20	20	20	20	Unit renovated in CON project, convert to all private.
	5.5 New Tower	5500S			30	30	30	30	30	30	
	6 North	6100N	21	34	18	18	20	20	20	20	Unit renovated in CON project, convert to all private.
6 South	6400N	20	34	19	19	20	20	20	20	Convert to Private, No Renovation. Closed for use until seventh floor renovation.	
7 North	7100N	24	24	18	18	24	17	20	20	Unit closed and unavailable for use until renovated for cardiovascular unit FY 14-15.	
7 South	7400N	19	33	18	18	20	10	20	20	Convert to private rooms, and then renovated for cardiovascular unit FY 14-15.	
	<b>Subtotal MSGA</b>		<b>287</b>	<b>273</b>	<b>287</b>	<b>306</b>	<b>299</b>	<b>302</b>	<b>299</b>		
Critical Care	2 E CCU	2200N	12	12	12	12	12	12	12	12	
	2 W AICU	2600C	16	16	16	16	16	16	16	16	
	<b>Subtotal Critical Care</b>		<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	
OB	Post-Partum	3400N	34	34	34	34	33	30	33	30	Rooms lost to construction. One room permanently converted to storage.
	<b>Subtotal Obstetrics</b>		<b>34</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>33</b>	<b>30</b>	<b>33</b>	<b>30</b>	
Pediatrics	5 South - Peds	5400N	11	22	11	22	11	20	11	20	Excludes playrooms.
	5 South - PICU	5400N	6	6	6	6	-	-	-	-	PICU relocated to Peds Unit, space repurposed for Sleep Center.
	<b>Subtotal Pediatrics</b>		<b>17</b>	<b>28</b>	<b>17</b>	<b>28</b>	<b>11</b>	<b>20</b>	<b>11</b>	<b>20</b>	
	<b>Total Acute Care</b>		<b>257</b>	<b>377</b>	<b>352</b>	<b>377</b>	<b>378</b>	<b>377</b>	<b>374</b>	<b>377</b>	

## **Attachment C**

### Attachment C: Physical Capacity Room and Bed Schedule

Hospital Name: St. Agnes Hospital Date: 4/11/2013

Location (Floor/Wing)	Tower	Physical Capacity Before Project				As Originally Approved in 2007				As Modified April 2013					
		Hospital Service	Total Rooms	Semi-Private	Private	Bed Count Physical Capacity	Total Rooms	Semi-Private	Private	Room Count	Total Rooms	Semi-Private	Private	Bed Count Physical Capacity	
2 North	North (Old Tower)	Progressive Coronary Care	18	14	4	32	18	14	4	32	2100N	20	16	4	36
2 East IMCU	North (Old Tower)	Intermediate Care	25	4	21	29	26	0	26	26	2400N	24	0	24	24
2.5 New Tower	South						30	0	30	30	2500S	30	0	30	30
4 North	North (Old Tower)	Adult Med/Surg	21	17	4	38	0	0	0	0	4100N	20	0	20	20
4 South	North (Old Tower)	Adult Med/Surg	22	18	4	40	18	0	18	18	4400N	20	0	20	20
3.5 New Tower	South						30	0	30	30	3500S	30	0	30	30
4.5 New Tower	South						30	0	30	30	4500S	30	0	30	30
5 North	North (Old Tower)	Adult Med/Surg	8	5	3	23	18	0	18	18	5100N	20	0	20	20
5.5 New Tower	South						30	0	30	30	5500S	30	0	30	30
6 North	North (Old Tower)	Adult Med/Surg	21	13	8	34	18	0	18	18	6100N	20	0	20	20
6 South	North (Old Tower)	Adult Med/Surg	20	14	6	34	19	0	19	19	6400N	20	0	20	20
7 North	North (Old Tower)	Adult Med/Surg	24	0	24	24	18	0	18	18	7100N	20	0	20	20
7 South	North (Old Tower)	Adult Med/Surg	19	14	5	33	18	0	18	18	7400N	20	0	20	20
<b>Gen MSGA Sub - Total</b>			<b>178</b>	<b>99</b>	<b>79</b>	<b>287</b>	<b>273</b>	<b>14</b>	<b>259</b>	<b>287</b>		<b>264</b>	<b>16</b>	<b>248</b>	<b>280</b>
2 East CCU	North (Old Tower)	Coronary Care	12		12	12	12		12	12	2200N	12	0	12	12
2 West A/CU		Adult Intensive Care	16	0	16	16	16	0	16	16	2600C	16	0	16	16
<b>Critical Care Sub-Total</b>			<b>28</b>	<b>0</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>28</b>		<b>28</b>	<b>0</b>	<b>28</b>	<b>28</b>
<b>MSGA Total</b>			<b>206</b>	<b>99</b>	<b>107</b>	<b>315</b>	<b>301</b>	<b>14</b>	<b>287</b>	<b>315</b>		<b>292</b>	<b>16</b>	<b>276</b>	<b>308</b>
3 South	North (Old Tower)	Post Partum	34	0	34	34	34	0	34	34	3400N	33	0	33	33
<b>Obstetric SubTotal</b>			<b>34</b>	<b>0</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>0</b>	<b>34</b>	<b>34</b>		<b>33</b>	<b>0</b>	<b>33</b>	<b>33</b>
5 South	North (Old Tower)	Pediatrics	11	11	0	22	11	11	0	22	5400N	13	13	0	26
5 South	North (Old Tower)	Pediatric Intensive Care	6	0	6	6	6	0	6	6	5400N	0	0	0	0
<b>Pediatrics Sub-Total</b>			<b>17</b>	<b>11</b>	<b>6</b>	<b>28</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>28</b>		<b>13</b>	<b>13</b>	<b>0</b>	<b>26</b>
<b>TOTAL BEDS</b>			<b>257</b>	<b>110</b>	<b>147</b>	<b>377</b>	<b>352</b>	<b>25</b>	<b>327</b>	<b>377</b>		<b>338</b>	<b>29</b>	<b>309</b>	<b>367</b>