Exhibit No. 18

STATE OF ILLINOIS
COMPREHENSIVE STATE HEALTH PLANNING AGENCY
OFFICE OF THE GOVERNOR
HEALTH SERVICES COORDINATION PROGRAM OF SOUTHERN ILLINOIS
LIFE SCIENCE BUILDING I - ROOM 229
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901
PHONE 618-549-6113
RICHARD B. OGILVIE, GOVERNOR
ALBERT W. SNOKE, M.D., EXECUTIVE DIRECTOR

March 15, 1972

E. J. Gillespie, D. D. S.
320 Ninth Street
Cairo, Illinois 62914

Dear Dr. Gillespie:

As a part of our health planning activities we have collected considerable information relating to available health manpower sources and current need. As a comprehensive health planning organization, we are not only concerned about assisting communities in alleviating their immediate needs.

From the data and information to date, it appears that Alexander and Pulaski counties have acute need for additional physician, dentist, and professional nurse manpower. We have an opportunity to implement the existing manpower in these two counties through assignments from the National Health Service Corp.

In your position as a practicing dentist, we need to know if you concur with the assessment of need and wish to solicit your active participation in the project.

If you do concur, please complete the form provided and add any comments you wish.

Thank you for your interest and cooperation.

Sincerely,

Maxine Rosenbarger

Maxine Rosenbarger, Ph.D.
Director

MR/mrf

495-091 O - 74 - 29

Exhibit No. 19

Southern Illinois District Dental Society

1970 - 1971

COMMITTEES

MEMBERSHIP LIST

1970 - 1971 OFFICERS

DATES OF MEETINGS

July 24, 1970 — Benton ..... Picnic

October 22, 1970 ..... Salem Elks

January 28, 1971 — Marion V. A. Hospital

March 11, 1971 — Carbondale ..... S.I.U.

Exhibit No. 19—Continued

COMMITTEES

Executive

C. L. Friend Jr. – Chairman

Rob't Mick

Bill Lindenberg

W. E. Petty

W. C. Thalman

Nominating

C. L. Friend Jr. – Chairman

Warren Petty

Ethics, Censorship & Judication

Clifford Neill – Chairman

Glenn Ozburn

J. A. Langenfeld

Membership

C. L. Friend Sr. – Chairman

J. R. McIntire

Jerry Hill

Public Relations

Alan Willis – Chairman

George Cavaness

Exhibit No. 19—Continued

Program

Charles White – Chairman

C. L. Friend Jr.

V. A. Beadle Jr.

W. R. Simpson

Dental Health

R. K. Mick – Chairman

John R. Fry

F. G. Choisser

Gary Shaw

Picnic

Warren Petty – Chairman

W. R. Simpson

Louis Smith

Jerry D. Hill

Insurance & Federal Legislation

Robert Dudenbostel – Chairman

John Kaeser

Necrology

V. A. Beadle – Chairman

H. W. Willis

Roy Baldridge

Charles G. White

C. L. Friend Sr.

Exhibit No. 19—Continued

S.I.U. - V.T.I. Liaison

C. L. Friend Jr. – Chairman

George Cavaness

Clifford G. Neill

Warren Petty

J. O. Hudgins

W. C. Thalman

A. L. Lenzini

Joseph M. McAlpin

Civil Defense

R. E. Holloway – Chairman

D. L. Smothers

Ron Darnell

Widows' Aid Committee

Joseph F. Scott – Chairman

Glenn Ozburn

Guy Lambert

Editor

C. L. Friend Jr.

Exhibit No. 19—Continued

MEMBERSHIP LIST

(Alphabetically by Counties)

Alexander

Dr. E. J. Gillespie, Cairo
Dr. William Kobler, Cairo

Fayette

Dr. E. J. Bost, Vandalia
Dr. William E. Stringer, Vandalia
Dr. Charles J. Wills, Vandalia
Dr. Austin M. White, Vandalia
Dr. Howard W. White, Vandalia

Franklin

Dr. A. K. Basso, Christopher
Dr. James M. D'Amico, West Frankfort
Dr. Jerry D. Hill, Benton
Dr. Guy W. Lambert, West Frankfort
Dr. L. W. McBride, Sesser
Dr. Warren E. Petty, Benton
Dr. Richard W. Simpson, Benton
Dr. Lewis Smith, Benton
Dr. Earl A. Woods, West Frankfort
Dr. C. W. Elder, Benton

Gallatin

Dr. F. G. Choisser, Shawneetown

Hamilton

Dr. M. W. Carlton, McLeansboro
Dr. C. R. Winfree, McLeansboro
Dr. R. D. Hall, McLeansboro

Hardin

Dr. W. H. Birch, Rosiclare
Dr. Larry Douglas, Rosiclare

Jackson

Dr. V. A. Beadle Jr., Carbondale
Dr. V. A. Beadle, Carbondale
Dr. C. E. Birkner, Murphysboro

Exhibit No. 19—Continued

Dr. Tracy Bryant, Carbondale
Dr. George Cavaness, Carbondale
Dr. Victor De Frank, Carbondale
Dr. Robert Dudenbostel, Carbondale
Dr. C. L. Friend, Carbondale
Dr. John R. Fry, Murphysboro
Dr. John O. Hudgins Jr., Murphysboro
Dr. George Karnes, Carbondale
Dr. L. R. Mittendorf, Murphysboro
Dr. Clifford G. Neill, Carbondale
Dr. Fred Nolen, Carbondale
Dr. H. L. O'Connell, Murphysboro
Dr. Glenn Ozburn, Murphysboro
Dr. Lyle D. Perry, Murphysboro
Dr. Charles Reel, Carbondale
Dr. E. R. Rosenberger, Murphysboro
Dr. Terry Thalman, Carbondale
Dr. W. C. Thalman, Carbondale
Dr. W. E. Wagner, Ava
Dr. Allen Willis, Carbondale
Dr. H. W. Willis, Murphysboro

Jefferson

Dr. J. J. Corlew, Mt. Vernon
Dr. Allen D. Fry, Mt. Vernon
Dr. M. M. Lumbattis, Mt. Vernon
Dr. William N. McAtee, Mt. Vernon
Dr. D. J. McCullough, Mt. Vernon
Dr. Roy G. Miller, Mt. Vernon
Dr. E. E. Neal, Mt. Vernon
Dr. Bert W. Schmitt, Mt. Vernon
Dr. Jack J. Setzekorn, Mt. Vernon
Dr. J. W. Setzekorn, Mt. Vernon
Dr. W. E. Setzekorn, Mt. Vernon
Dr. George W. Waters, Mt. Vernon
Dr. R. H. Whitaker, Mt. Vernon

Johnson

Dr. Royce S. Hundley, Vienna
Dr. C. R. Moschenross, Vienna

Marion

Dr. Roy Baldridge, Centralia
Dr. Richard C. Baldwin, Centralia
Dr. Richard D. Bazzetta, Salem
Dr. Charles Brink, Centralia
Dr. Eugene Clarke, Centralia
Dr. C. S. Gillison, Centralia

Exhibit No. 19—Continued

Dr. C. F. Hampton, Salem
Dr. E. O. Hancock, Salem
Dr. Roy F. Kasten, Centralia
Dr. Ben Keller, Centralia
Dr. J. A. Langenfeld, Centralia
Dr. Wayne Larson, Salem
Dr. W. H. Lindenberg, Centralia
Dr. Richard P. Lugullo, Centralia
Dr. Kenneth D. McCall Jr., Centralia
Dr. Robert McGordon, Salem
Dr. Gerhard Melcharek, Centralia
Dr. R. K. Mick, Centralia
Dr. W. E. Van Horn, Salem
Dr. Michael Zibby, Centralia

Massac

Dr. M. D. Dixon, Metropolis
Dr. C. L. Friend Jr., Metropolis
Dr. Joseph F. Scott, Metropolis

Perry

Dr. C. M. Benton, Du Quoin
Dr. C. E. Boyles, Du Quoin
Dr. Herbert Chapman, Pinckneyville
Dr. W. E. Leach, Du Quoin
Dr. Sam S. Marshall, Tamaroa
Dr. J. R. McIntire, Du Quoin

Pope

Dr. S. K. Barger, Golconda

Pulaski

Dr. James M. Turner, Grand Chain

Saline

Dr. Ron Darnell, Harrisburg
Dr. C. W. Elder, Harrisburg
Dr. B. B. Funkhouser, Harrisburg
Dr. James W. Gaskins, Harrisburg
Dr. John L. Hodge, Eldorado
Dr. W. F. Johnson, Eldorado
Dr. R. E. "Bob" Pulliam, Harrisburg
Dr. Charles Seten Jr., Harrisburg
Dr. C. S. Taylor, Harrisburg
Dr. Charles C. White, Eldorado

Exhibit No. 19—Continued

Union

Dr. Wm. R. Braun, Anna
Dr. Howard R. Casper, Anna
Dr. H. R. Davis, Jonesboro
Dr. E. O. Johnson, Anna
Dr. Kent K. Kelly, Anna
Dr. Harry B. Shafer, Anna
Dr. John O. Wells, Anna

Williamson

Dr. Eleanor Bushee, S.I.U. - V.T.I.
Dr. W. M. Cain, Marion
Dr. James Dehm, U. S. Penitentiary
Dr. C. C. Gillespie, Johnston City
Dr. R. D. Gordon, Creal Springs
Dr. Ray E. Holloway, Herrin
Dr. Leslie E. Jones, Herrin
Dr. John Kaeser, Marion
Dr. L. E. Keller, Marion
Dr. K. K. Kendrick, Carterville
Dr. Wm. Leebens, S.I.U. - V.T.I.
Dr. A. L. Lenzini, Herrin
Dr. E. L. Lyday, Herrin
Dr. H. R. Manfredini, Herrin
Dr. Wm. Masselink, V. A. Hospital, Marion
Dr. Joseph M. McAlpin, Marion
Dr. E. E. Miles, Herrin
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Dr. J. N. Scudder, V. A Hospital, Marion
Dr. M. A. Shively, Carterville
Dr. D. L. Smothers, Marion
Dr. David P. Travis, Herrin
Dr. W. E. Williams, Marion

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St. Petersburg, Florida

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BILL LINDENBERG ..... President-Elect
ROBERT MICK ..... Vice President
WARREN PETTY ..... Secretary-Treasurer

Exhibit No. 20

ST. MARY'S HOSPITAL

CAIRO, ILLINOIS

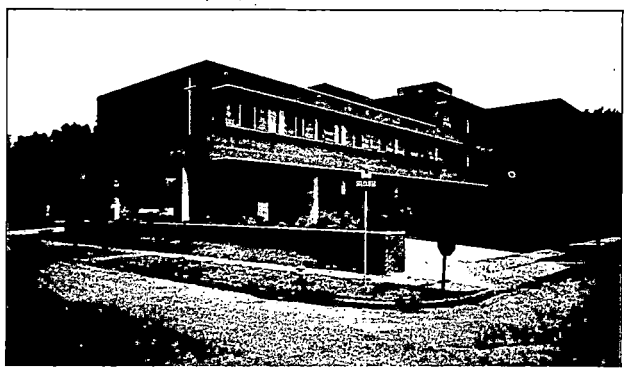
JULY 1969

ANTHONY J. J. ROURKE, INC.

HOSPITAL CONSULTANTS

NEW ROCHELLE, NEW YORK

Exhibit No. 20—Continued



SAINT MARY'S HOSPITAL

Cairo, Illinois

Exhibit No. 20—Continued

SMC

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SMC

Exhibit No. 20—Continued

ANTHONY J. J. ROURKE, INC.

HOSPITAL CONSULTANTS

25 OVERLOOK CIRCLE
NEW ROCHELLE, NEW YORK 10804
914 636-8668

July 14, 1969

Sister M. Michaeleen, C. S. C.
Regional Superior
Health Services Region
5401 Seventeenth Avenue Parkway
Denver, Colorado 80220

Dear Sister Michaeleen:

In accordance with our contract with the Sisters of the Holy Cross, Health Services Region, under whose auspices we have been retained as hospital consultants, we submit herewith the report of our findings and recommendations for the long-range development of St. Mary's Hospital, Cairo, Illinois.

This report contains a comprehensive long-range plan for the hospital as well as the basic data and analysis utilized in developing our planning concepts. In essence, these concepts call for continuation of the hospital's historic role in the community, the implementation of new programs and a broadening of the scope of others.

The program we present is extensive and we also realize that a substantial amount of capital will be needed to undertake it. Therefore, all planning must proceed with considerable care. These, though, are the requisites for an up-to-date and dynamic medical care program.

With this report goes our sincere appreciation for the fine cooperation and hospitality extended by everyone involved in the study. To name each person who assisted us would be an impossible task. We sincerely hope that our report will be a valuable aid in your future development.

Sincerely yours,

ANTHONY J. J. ROURKE, INC.
Hospital Consultants

Anthony J. J. Rourke, M.D.
Chairman of the Board

AJJR:pi

Exhibit No. 20—Continued

ANTHONY J. J. ROURKE, INC.

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Carl N. Wathne, M. S.
Andre Wouters

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Lucille Talaska
Charlene W. Vairo

ILLUSTRATIONS AND DRAFTING

Inge Lutze
Carl Mercurio
Anthony J. Monteleone

Exhibit No. 20—Continued

SMC

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Sister M. Gerald Hartney, C. S. C.	Secretary-Treasurer
Sister M. Davida McKenna, C. S. C.	Director
Sister M. Michaeleen Frieders, C. S. C.	Director
Sister Olivia Marie Hutcheson, C. S. C.	Director
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Mr. E. M. Rolwing
Mr. Larry Shoulders

Administrator

Sister Joan Marie, C. S. C.

Exhibit No. 20—Continued

SMC R1

RECOMMENDATIONS

General Planning

1. Master plan St. Mary's Hospital in accordance with the following concepts:

a. Recognition that our analysis of bed need indicates that the total number of beds currently provided by the hospital will be essentially adequate to meet future needs of its service area. Therefore, our program basically involves replacement of nonconforming beds.

b. The need to expand, remodel and/or relocate all existing non-bed areas, except the operating and recovery suite and the labor and delivery suite, in order to provide for needed space and more satisfactory functional relationships.

c. The medical needs of the hospital service area's aged population indicate that St. Mary's should expand its role to provide a more comprehensive approach in areas other than those offered by the traditional acute short-term hospital and implement an extended care program, and a physical medicine service while continuing to offer long-term care.

d. The need to obtain from the city of Cairo approval to close that section of Cross Street which runs from Cedar and Walnut Streets, so that the physical requirements of our proposals can be implemented.

e. Centralization of local health agencies and services at the hospital site.

f. Inclusion of a physicians office building on the hospital site if interest in such a facility is demonstrated.

g. The growing trend of Catholic health care facilities to appoint local representatives to their governing boards, in order that the total community's health care needs can be more effectively expressed and met.

Exhibit No. 20—Continued

SMC R2

2. Consider the substantial impact of these recommendations; therefore, undertake programing in an orderly manner by agreement among members of the governing board, the medical staff, and administration.

3. Take steps to implement a logical building program after studying our findings and recommendations. Also, weigh requests for new development as to their concurrence with the accepted master plan and reject those proposals which do not conform to long-range goals.

4. Provide a master financing plan for long-range capital improvements programs, assuming responsibility for completion of as many major recommendations as possible.

5. Periodically reevaluate any master plan in accordance with changing community health needs.

6. Consider the following bed distribution to meet your hospital's needs by 1975:

Planned Bed Complement: 1975

Service	Beds
Medicine-Surgery	51
Medicine-Surgery and/or Extended Care	24
Pediatrics	10
Obstetrics	8
Subtotal	93
Long-term Care	26
Total	119

Building Planning

7. Consider the Appendix Exhibits as a pictorial translation of our specific recommendations for the future development of St. Mary's Hospital, while recognizing that adjustments in departmental sizes may be necessary as the program develops.

Exhibit No. 20—Continued

SMC R3

8. Proceed with your building development by constructing the following wings and additions to the present hospital complex, and remodeling the nurses home (Appendix, Exhibits 1-6).

9. Southwest Wing - Construct this wing to the southwest section of the 1953 structure, with a basement and three floors and space allocated as follows (Appendix, Exhibits 2-5):

Floor	Function
Basement	Central stores.
First	Radiology and part of administration.
Second	22 beds - expansion of current medical-surgical unit.
Third	18 beds - section of proposed medical-surgical and/or extended care unit.

10. Southeast Wing - Construct this wing to the southeast section of the 1953 structure. This location is based on the premise that Cross Street can be closed from Walnut Street to Cedar Street. As with the southwest wing, the southeast wing should be constructed with a basement and three floors and with space allocated as follows (Appendix, Exhibits 2-5):

Floor	Function
Basement	Maintenance shops and mechanical.
First	Administration.
Second	16 beds - expansion of current medical-surgical unit.
Third	10 beds - pediatrics.

11. Third-Floor Addition - Enclose the roof portion of the south section of the third floor in the 1953 structure. This will afford the needed space for our proposed medical-surgical and/or extended care unit (Appendix, Exhibit 5).

Exhibit No. 20—Continued

SMC R4

12. North Addition - Construct an addition to the north section of the 1953 structure at its basement and first-floor levels only. We have provided an elevator in this addition so that goods brought to the receiving platform, which we have included at the first-floor level, can easily be transported to the basement where central stores is located. Also, on the first-floor level of this addition we have allocated area for dietary storage.

13. West Addition - Construct an addition to the west section of the 1953 structure at its basement and first-floor levels only. We have allocated space at the basement level for housekeeping and linen, expansion of central personnel facilities, and expansion at the first-floor level of outpatient care facilities and the dining area.

14. Remodeling of Nurses Home - Remodel the second floor of the nurses home so that it can accommodate a 26-bed long-term care unit. Also, construct an elevator shaft from our proposed tunnel (as mentioned below) to the second floor of the northwest section of this building. (This remodeling project is contingent on relocation of the Sisters' living quarters which do not have to be on the present hospital site. We do note, however, that another floor could be added to the nurses home.)

15. Construct an enclosed tunnel to protrude above grade; this will necessitate the closing of Cross Street between Walnut and Cedar Streets from the northeast section of the present 1953 structure to the northwest section of the nurses home.

16. Proceed with the expansion and relocation of departments, services, and facilities as follows (Appendix, Exhibits 2-6)...

17. Administration - Expand administration as illustrated in our proposed southwest and southeast wings of the 1953 structure.

18. Pathology - Expand pathology into the area now utilized by radiology.

19. Radiology - Relocate radiology as shown in our proposed southwest wing of the 1953 structure.

20. Physical Medicine and Special Services - Implement a physical medicine program and use as a base for its operations a portion of the area in the basement of the 1953 structure which is

Exhibit No. 20—Continued

SMC R5

currently utilized by central stores. Also, integrate a special services program into the pathology department's functions, for more efficient and effective staffing and supervision. It should be located contiguous to pathology in the area now used by radiology.

21. Outpatient Care Facilities - Expand the present outpatient care facilities to our proposed west addition to the 1953 structure, and into the adjacent area to the north which is currently allocated to administration.

22. Operating and Recovery Suite - We propose no major alterations to this area since it is basically adequate.

23. Labor and Delivery Suite - We propose no major alterations to this suite either, since it is basically adequate.

24. Nursing Units -

1953 Structure and Proposed
Southeast and Southwest Wings of the Structure

Floor	Function
Second	51 beds - medicine and surgery.
Third	8 beds - obstetrics; 10 beds - pediatrics; 24 beds - medicine and surgery and/or extended care.

Nurses Home

Floor	Function
Second	26 long-term care beds.

25. Newborn Nurseries - Remodel the present full-term nurseries so that the suspect nursery can be integrated into this area. Allocate area currently used by the suspect nursery to the 24-bed nursing unit.

26. Central Supply Department - Expand the central supply department into corridor No. 8 (as designated by the floor plans of the hospital as rendered by Long and Underwood, Architects), and the three patient rooms off this corridor which are also opposite the department.

Exhibit No. 20—Continued

SMC R6

27. Pharmacy - Relocate the pharmacy to that area in central stores in the basement of the 1953 structure which is to the east of the elevator shaft.

28. Dietetics - Maintain the current main kitchen but relocate the dietary storage area directly opposite the service elevator in the basement of the 1953 structure to our proposed north addition to the 1953 structure. Also, relocate employee dining facilities to the area currently allocated to the chapel. Expand this area by utilizing that portion of corridor No. 6 (as designated in the above-mentioned set of floor plans) which now separates the chapel from the dishwashing area of the main kitchen and to that portion of our proposed west addition to the 1953 structure which is adjacent to the present chapel.

29. Laundry, Linen and Housekeeping - Maintain the current laundry but relocate linen and housekeeping to be adjacent to it, as shown in our proposed west addition.

30. Purchasing, Central Stores and Storage - Relocate these areas to the basement level of our proposed southwest wing of the 1953 structure. Also, relocate the receiving entrance to the first-floor level of the north addition to the 1953 structure. (As stated earlier, this addition is to contain an elevator which will provide easy movement of goods from the receiving platform to the basement.)

31. Physical Plant and Maintenance - Maintain the present boiler plant but relocate maintenance shops to the basement level of our proposed southeast addition to the 1953 structure.

32. Central Personnel Facilities - Maintain the current central personnel facilities which are in the basement of the 1953 structure but relocate those in the 1923 structure to a portion of the basement level of our proposed west addition.

33. On-Call Rooms - Replace the present on-call facilities with a room on the third floor of the 1953 structure.

34. Remove the 1923 structure and the Maintenance Building.

Site Plan

35. Retain the present main entrance but relocate the dietary and general receiving entrances to the first-floor level of our proposed north addition to the 1953 structure. Also, relocate the emergency entrance to the first-floor level of our proposed west addition in the area allocated for the expansion of outpatient care facilities.

Exhibit No. 20—Continued

SMC R7

36. Provide a minimum of one and one-quarter parking spaces per acute care bed and one space for every two extended care beds in that area vacated by the removal of the 1923 structure and the Maintenance Building.

Other Planning Factors

37. Commit yourself to an acute short-term inpatient care program to the degree described in the findings.

38. Institute a viable home care program and accept, if feasible, the concept of coordinating this program with the visiting nurse services of the Public Health Department or other community-oriented health services; but consider the benefits of basing such a program at the hospital (by the assignment of some personnel there), a continuity of interest, and medical administrative supervision.

39. Implement an extended care program. Consider this to be a dynamic program with the accent on rehabilitation and discharge to the community. Also, consider the advantages which will accrue to a general hospital with accommodations to:

a. Facilitate the normal flow of patients in accordance with medical need.

b. Prevent congestion which could well develop in acute care areas with a sudden influx of those patients who could be satisfactorily cared for in an extended care accommodation.

c. Provide the continuity of patient care which will provide extension of treatment beyond acute care levels in a general hospital environment, with an immediate availability of physician, nursing and paramedical services.

40. Restrict the extended care services to those patients who require regular nursing care under the general supervision of a physician. Also, recognize that rate differentials and cost structures must be firmly established and understood.

Exhibit No. 20—Continued

SMC R8

41. Provide an adequate program of physical medicine, particularly in relation to an extended care program.

42. Support the local mental health and health agencies and services; coordinate your planning objectives with theirs in order to avoid duplication of efforts.

43. Maintain your policy of affording space for these agencies and services at the hospital site.

44. Discuss with your medical staff the potential development of a physicians office building, referring to the advantages of physician-hospital proximity and not-for-profit sponsorship as described in the findings. Also:

a. Initiate this program by developing preliminary sketch plans and, if there is an expressed interest by enough physicians to make the project feasible, proceed with working drawings and build.

b. Accept as a fundamental precept that financing will be on a self-amortizing basis.

c. In the interest of avoiding public misunderstanding, plan this project so that it will not coincide with any solicitation of funds for the hospital's development.

45. Recognize the need to implement a viable, selective physician recruitment program.

46. Move toward broadening the local community's role in the development and operation of St. Mary's Hospital. Retain, though, the right to select and appoint your own auditor and the right to buy and/or sell property.

47. Utilize the findings as a checklist in the review of detailed planning concepts to be considered in your future planning.

48. Retain the services of a qualified hospital consultant to work for you with the architect of your choice in the detailed planning of the proposed physical plant development.

Exhibit No. 20—Continued

SMC 1-1

FINDINGS

GENERAL PLANNING AND UTILIZATION

Introduction

1. Changes are occurring both within the hospital field and the methods of delivery of health care in areas such as Cairo. Any long-range master plan for the future of St. Mary's Hospital must reflect and be responsive to these shifts even though some of them may currently be rather obscure.

2. The planning focus must include short-range and immediate needs of the single agency; however, there must also be an awareness of the total health needs of the citizens of a given area and the framework within which quality service can be offered in the most effective and efficient manner. Therefore, our evaluation mechanisms must be designed to consider both factors.

3. In order to provide a guide for the scope and aim of this study, the major reference points of the contract between hospital and consultant are listed. These include:

a. Determination of the hospital service area, its present population, utilization rates, and forecasts for the next fifteen years.

b. A study of the hospital's activity – past, present and as forecast for the future – as it is related to the community's past and present needs.

c. A study of the departmental areas occupied by each of the hospital activities to determine adequacy of space and functional location.

d. A study of the assignment and use of space within each department or activity.

e. A long-range plan for the future, considering present and future needs and indicating how the hospital can best meet the health needs of the community.

Exhibit No. 20—Continued

SMC 1-2

4. With these initial comments we proceed to analyze the trends of activity at St. Mary's Hospital and to project a program for its future.

Delineation of Hospital Service Area

5. The initial step in determining the future bed needs of St. Mary's Hospital is delineation of the geographical area it serves. For this purpose, an analysis of the residence of patients discharged from the hospital for 1968 was done. By grouping discharges according to precincts in Illinois and townships in Missouri, two distinct areas from which the hospital drew 88.7% of its discharges during the study period were defined. The area having the greatest number of discharged patients accounts for 67% of the total number of discharges. This area, referred to as the primary area, includes the precincts of Cairo, Mounds, Mound City, America Cache No. 1, Cache No. 2, Olmsted, Pulaski, and Villa Ridge – all in Illinois. A primary area, in general, is geographically cohesive in that its patients and physicians associate primarily with the area hospital.

6. The pattern becomes more diffused in the secondary area which utilizes the hospital less actively. At St. Mary's, the secondary area accounts for 21.7% of the discharges; this area includes: the precincts of Grand Chain, Olive Branch, Sandusky, Tamms, Thebes, Ullin, Santa Fe, Miller and Unity in Illinois; and the townships of Ohio, St. James, and Tywappity in Missouri. The inclusion of these townships in the hospital service area is essentially due to the fact that two of the hospital's active physicians practice in Charleston, Missouri. Discharges from outside these defined areas amounted to 11.3%.

7. The primary area had an estimated population of 17,200 in 1968 with an admission rate of 75.1 admissions per 1,000 population. (Note: Because of the insignificant variation between admissions and discharges, we refer to the rate as admissions per 1,000 population to permit a continuity in our usage of terms and comparative analyses in the report.) The secondary area's estimated population was 20,800, with a lower admission rate of 20.1 per 1,000 population.

Exhibit No. 20—Continued

SMC 1-3

8. The use of a primary and secondary admission rate enables us to introduce the concept of a weighted hospital service area population. As was stated, the admission rate of the primary service area is 75.1 per 1,000 population. We consider the total population of this area dependent on the hospital. The admission rate of the secondary area is only 20.1 per 1,000 population, showing that only a segment of its population regularly utilizes the hospital. By relating the admission rate of the secondary area to that of the primary area and applying the percentage obtained to the population of the secondary area, we are able to estimate the total weighted population which comprises the weighted hospital service area. For 1968 we estimate the weighted population served by St. Mary's Hospital as 22,800 and the corresponding admission rate as 84.5 per 1,000 population. This is represented geographically in Appendix, Chart 1, and is documented in Appendix, Table 1. This rate is low compared to the national rate of approximately 140 admissions per 1,000 population. While we will discuss the cause of this substantial variation in a later portion of this report, we note here that the local rate indicates a conservative approach to planning.

9. We point out also that this planning analysis involves findings from a single study. Outside influences may modify some of these patterns, and we suggest a periodic reassessment of our basic theses to make sure that their conclusions remain valid. However, these delineated areas are clearly defined and they provide a base on which we can project with relative security, in terms of our planning purposes.

Hospital Service Area Population

10. With the weighted hospital service area defined, we turn now to an analysis of its population from 1940 to 1985 using the United States Bureau of the Census figures for the years 1940, 1950 and 1960. The 1968 estimate and the future projections of the weighted hospital service area's population residing in Illinois are based on figures supplied by the Delta Regional Planning Commission. Past trends were used to base comparable population projections for those townships in Missouri included in the service area.

11. The results of this population analysis are as follows (Appendix, Table 2, Chart 2):

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Population and Population Projections for the Weighted Hospital Service Area

Year	Population
1940	32,593
1950	29,476
1960	24,076
1968	22,800
1970	22,900
1975	23,900
1980	26,000
1985	31,700

12. The above table shows that the population of the weighted hospital service area has steadily declined since 1940. This decline is described in a report to the Delta Regional Planning Commission (D. R. P. C.) as being related to ". . . the economic decline of southern Illinois. However, the most significant trend which has taken place in the region of southern Illinois, western Kentucky, and southeastern Missouri is the shifting of population from rural areas to urban areas. This transition in population is the result of changes in agricultural production, consolidation of farms, and better community services." The report goes on to state that even though the Delta area has experienced a decline in population it "... is surrounded by cities that have experienced economic growth and population increases, such as Metropolis and Jonesboro, Illinois; Charleston and Cape Girardeau, Missouri. This is an indication that there are growth potentials within the area which evidently have not been explored as yet."

13. Referring again to the above table, note that the population projections begin to stabilize around 1970 and then actually increase from that point to the last year for which we have made projections – 1985. The report to the D. R. P. C. suggests that this pattern can be anticipated since ". . . future economic developments . . . and new programs being issued by the federal and state governments, which include grants for open space and recreation, highway beautification and programs of the Office of Economic Opportunity, will have a definite impact on the growth of the area. Future development of the Ohio and Mississippi Rivers as natural resources, including the recreational potentials of the rivers and the industrial potentials of the river valleys, will begin to have a major impact on the area . . . Recreational and industrial development within the Delta area will be significant in the encouragement of future population increases and will accentuate the influence of regional factors."