

2024-04352-13j01

11304

PE

New Jersey Department of Health
APPLICATION - CERTIFICATE OF NEED
FOR HOSPITAL-RELATED PROJECTS

Name of Hospital Monmouth Medical Center	FOR STATE USE ONLY Appl. No. _____ Review Cycle _____ Type of C/N: ☐ Change in Bed Capacity ☐ New Health Care Service ☐ Modernization/Renovation ☐ Major Movable Equipment ☐ Construction/Acquisition Date Received: _____
Street Address 300 Second Avenue	
City Long Branch	
State NJ	
Zip Code 07740	
County Monmouth	
Type of Hospital General Acute Care	
Name of Chief Executive Officer Eric Carney	
Name of Contact Person Tamara Cunningham	
Title VP, System Development/Planning	
Telephone Number 732-418-8054	
Official Facility Email MMCAadmin@rwjbh.org	

A. Project Cost:

- | | |
|--------------------------------|----------------|
| 1. Total Capital Cost: | \$ 800,000,000 |
| 2. Financing Cost: | 58,700,000 |
| 3. Total Project Cost (1 + 2): | \$ 858,700,000 |
| 4. Equity Contribution: | 150,000,000 |
| 5. Construction Cost | |

Method of Financing: Equity, Financing

Type	Square Feet	Construction/ Capital Lease Cost	Construction/ Capital Lease Cost Per Square Foot
New Construction	777,720	520,000,000	668.62
Renovation			
Lease			

6. Will this project result in any permanent change in licensed or planning bed category or capacity of the existing facility?
☒ Yes ☐ No

7. Provide a brief (50 words) description of the project:

Monmouth Medical Center proposes relocating select acute care services to a new hospital building in Tinton Falls. The campus will contain 252 relocated acute care beds (Medical/surgical, Obstetrical, Neonatal, Pediatric, ICU/CCU, and PICU) and will be supported by an Emergency Department, surgical and intervention services and diagnostic imaging.

B. PROJECT COST

Project costs should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction if construction were to begin at the time of submission of the Certificate of Need proposal to the Department.

Do not include contingency. The Department will calculate a construction cost allowance for the project in lieu of providing a contingency factor for the time period from Certificate of Need submission to the start of construction.

1. Capital Costs

Studies and/or Surveys	\$ 34,542,834
Site Survey and Soil Investigation	2,925,000
Architect and Engineer Fees	39,000,000
Legal and Other Special Services	13,000,000
Plans and Specifications	
Demolition	
Renovations	
Asbestos Abatement	
New Construction	\$ 520 000 000
Fixed Equipment Not in Construction Contracts (New Construction)	40,192,395
Fixed Equipment Not in Construction Contracts (Renovations)	
Major Movable Equipment	72,246,210
Supervision and Inspection of Site and Building(s)	1,300,000
Purchase of Land	
Purchase of Building(s)	
Capital Value of Lease (true operating leases should be included in operating budget and details identified)	
Developmental and/or Start-Up Costs	5,044,000
Department of Health Approved Construction Cost Allowance	
Other (Specify) (Do NOT include contingency)	
Non medical equip not in construction	52,431,560
Furniture/Site Furnishings not in construction	14,508,000
Int/Signage not in construction	4,810,000

Total Capital Costs	\$ 800,000,000
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2. Financing Costs

Capitalized Interest	54,200,000
Debt Service Reserve Fund	
Other Financing Costs (Include fees assessed by any financing agency, bond counsel fees, trustees bank fees and/or other costs related to sale of bonds)	4,500,000

Total Financing Costs	58,700,000
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Total Project Cost	\$ 858,700,000
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C. PROPOSED METHOD OF FINANCING THE TOTAL PROJECT COST:

For purposes of Certificate of Need review, equity shall mean a non-operating asset contribution which will reduce the size of the total debt. It may include cash, other liquid assets, and the fair appraised market value of land owned by an applicant which is the viable site for the proposed project. A minimum of fifteen percent (15%) of the total project cost, including all financing and carrying costs, must be available in the form of equity.

1.	Available Cash (include source of contribution in D-1)	\$	\$ 258,700,000
2.	Mortgage (provide details in D-2)		
3.	Loans (provide details in D-2)	\$	450,000,000
4.	Capital Leases (provide details in D-2)		
5.	Net fund raising (include documentation)	\$	100,000,000
6.	Other (Specify)		
	Gift from Vogels	\$	50,000,000
	Total	\$	\$ 858,700,000

D. EQUITY CONTRIBUTION

1. Indicate source of equity contribution:

In addition to available cash and cash equivalents, there will be a fundraising campaign to support raising an additional \$100,000,000. Any shortfall or overage related to the fundraising will result in a larger/smaller cash contribution needed. In 2020, Monmouth Medical Center received a \$50 million gift from Sheldon and Anne Vogel that is expected to help build a medical campus on the Tinton Falls portion of what was Fort Monmouth.

2. Mortgages/Loans/Capital Lease Agreements - Attach a copy of any mortgage, loan or capital lease agreements.

Lender/Lending Institution	Amount	Rate of Interest	Annual Payment	Maturity Date
New Construction	\$450,000,000	5%	\$ 28,622,980.68	2056 (30 years)
Renovation		----	Estimated	-----
Lease				

E. EQUIPMENT

1. Major Moveable Equipment

[illegible]

E. EQUIPMENT

2. Fixed Equipment

[illegible]

E. EQUIPMENT

3. Minor Moveable Equipment (For information purposes only; do not include in project cost.)

[illegible]

F. PROJECT SUMMARY

(A written summary of your project is required. Please do so on Pages 7 through 9 of the Certificate of Need Application form. The summary must be comprehensive and not exceed three pages.

Monmouth Medical Center ("MMC") plans to relocate and enhance select services via development of a new Acute Care facility on the Vogel Medical Campus ("VMC") in the Tinton Falls section of Fort Monmouth. The new facility will contain 252 relocated acute care beds, including:

- Medical/surgical beds,
- Obstetrical beds,
- Neonatal beds
- Pediatric beds,
- ICU/CCU beds, and
- Pediatric Intensive Care beds.

The Tinton Falls facility will be supported by a new Emergency Department, surgical and intervention services and an array of diagnostic imaging services. As an expansion of the Monmouth Medical Center Campus in Long Branch, the planned Vogel Medical Campus is five (5) miles from the Long Branch Campus and is centrally located within its current service area.

The design of the Vogel Medical Campus ("VMC") will occur in a phased approach. Phase I, is a four-story 147,000 square foot outpatient services building which broke ground in June 2023. Phase I will include the Cancer Center and Ambulatory Care Pavilion comprised of physician offices, radiation therapy, medical oncology and infusion, lab drawing stations, pharmacy, imaging and surgical services to bring advanced outpatient care closer to home for patients.

Phase II of the campus development program, and the subject of this Certificate of Need, includes the relocation of select acute care services to Tinton Falls. Plans call for construction of this phase to begin in 2027 with project completion expected in 2029. This new inpatient campus will be established as an integral part of Monmouth Medical Center, covered by the same Medicare/Medicaid provider number and therefore subject to the same conditions of participation. The new campus location would also have the same NPI number. The new campus will be governed by the same Board and contain a single medical staff. All employees will be employees of MMC. The new site will be operated in conjunction with MMC's current site, which will continue to support the Long Branch community.

MMC is located on 13.75 acres at 300 Second Avenue, in Long Branch, New Jersey, sandwiched between commercial and residential areas. Access to the campus is through the town of Long Branch from the Garden State Parkway to the West, NJ Rt. 36 to the North, and Rt 71 to the South. Accessing the hospital campus is somewhat difficult due to the location.

MMC is a part of the fabric of Long Branch, having served the community for over 130 years. The decision to relocate select acute care functions to Tinton Falls was made with a view of how best to serve the residents of our Central Monmouth County service area in a manner assuring access and to develop the most cost effective and efficient project.

The Long Branch Hospital Campus will continue to provide key services including a full service Emergency Department, outpatient services, a 48 bed medical surgical/observation unit to include at least 12 acuity adaptable beds capable of providing intensive care, all inpatient and outpatient behavioral health services, surgical services with general anesthesia and supporting longer than 24 hour recovery in the Cranmer Surgery Center with four operating rooms, clinics, and a full array of imaging services. MMC remains committed to the residents and City of Long Branch. This commitment extends to supporting the creation of a vibrant community around the hospital services provided at the Long Branch campus. A shuttle/van service will be provided from the Long Branch site to the Fort Monmouth site for easy access of patients, their families/caregivers and staff who may rely on public transportation.

The Long Branch Hospital will maintain its current emergency department capabilities and level of service. It will be open 24 hours a day for 7 days of the week and capable of pediatric and psychiatric emergency services. Mobile Health services (MICU, ALS) would continue to cover the Long Branch Hospital campus.

The main hospital complex has a number of named buildings as it was constructed over time. The age of the facility is a significant problem for continued upkeep of engineering systems and renovations of space for current treatment methods. The older buildings have hazardous materials such as asbestos in some areas. The configuration of the floor plates of the buildings severely limits the ability to re-purpose existing interior areas and rearrange the facility for better efficiency. Outpatient areas are dispersed across the campus, are not in convenient locations and lack adequate parking near entry points.

As part of its long term planning process, HOK, a global design, architecture, engineering and planning firm was selected to undertake the development of a master facility plan for MMC. As an initial step in the process HOK evaluated the campus and its overall facilities. In its report, HOK indicated that MMC facilities rate "below standard" or "undesirable" overall, when evaluated based on functional and physical qualities of the space.

F. PROJECT SUMMARY, Continued

Key issues identified in the assessment of the campus included:

- Limited access to the west due to the adjacent railroad. Location is proximal to the shore, limiting access to the facility.
- Most of the site is surrounded residential neighborhoods, with narrow streets that create difficulty accessing the site.
- While the campus has numerous entry points, there is limited parking adjacent to most entries. Parking for the transit stop can compete with staff and visitor parking.
- The garage is a large capacity structure, but there is limited surface parking adjacent to key service entry points.
- The Cancer Center entry does not link into an overall unified public space experience for the campus.

With regard to the facility overall the following factors and deficiencies were identified:

- Much of the campus is made up of aging facilities with the original buildings over 100 years old (1914) and a majority of the buildings 50+ years old.
- The west half of the campus is considered severely deficient, most other spaces are fair to poor in terms of room sizes, adjacencies, flexibility and quality of interiors.
- The campus is made of multiple building expansions over time.
- The external organization is convoluted with too many elevator banks without clear definition between public / patient / materials movement.
- Patient units are disconnected, and semi-private configurations are maintained on some units.
- Outpatient services are dispersed across the campus and not in convenient locations.
- Lack of coherent identity and location for key service lines, including cancer services and mother/children's services.
- Only a limited area of the Stanley & Todd building has opportunities for vertical expansion.
- Internal travel distance and transfer time between key departments is problematic.
- Despite recent additions and upgrades, many areas are in need of modernization.

An assessment of engineering structures was undertaken by AKF, a firm providing global engineering and design services, which found most of the engineering systems are at the end of their useful life and have current priority maintenance and/or repair and replacement issues.

MMC considered various factors as it reviewed options to ensure its ability to continue to best serve the community with appropriate facilities. These factors included existing site constraints, poor renovation potential, highly inefficient and disruptive demolition and replacement processes, an aging infrastructure and high on-site replacement costs. Consideration was also given to relocating costs versus the costs of rebuilding the majority of medical/surgical beds on the current site. The applicant concluded that site expansion to a new location was the best option from a cost, service continuity and access perspective.

Due to the paucity of sites providing sufficient size, the site at Tinton Falls in the center of its service area and close to the existing campus presents an excellent relocation and modernization opportunity. The decision to relocate specific services to the Tinton Falls location is supported by an analysis of patient origin and market share data that places the relocated hospital services in the center of its service area, making it easily accessible to the majority of area residents.

The existing facilities at the Long Branch Hospital will continue to be upgraded with quality and technologically advanced care while the Tinton Falls campus is being constructed.

MMC has and will continue to provide the medically indigent with access to medical care through primary, obstetrical and pediatric services provided in partnership with Monmouth Family Health Center. A full range of medical and surgical specialty clinics including general surgery, orthopedics, pediatric orthopedics, endocrine, eye, ENT, urology and pain management will continue to be available on the current campus. The Monmouth Family Health Center has expressed its support of this project.

F. PROJECT SUMMARY, Continued

MMC does not anticipate any diminishment of its services to the underserved and uninsured populations as a consequence of the proposed project. Community benefit programs will continue to be offered throughout the service area in line with MMC's commitment to maintaining and enhancing the health of all residents, including the underserved and underinsured and those most impacted by social disparities. In 2022, MMC campuses contributed \$83.8 million towards education, support services, community-based screenings, contributions to local community groups and local charitable events that support access to care and health education. The 2022 expense was a \$5.5 million contribution over and above the amount provided in 2020.

A bed need analysis was undertaken to estimate the approximate number of acute care beds required to serve residents of the service area. The study relied upon expected changes in population growth/decline, medical and technological advancements in care, as well as the impact of changing reimbursement policies. Health service demand forecasts were generated by Sg2, a national consultancy that provides data-driven tools. The impact for MMC in its entirety is a modest increase of less than half a percent with a very small growth in inpatient cases for OB, neonatal and Behavioral Health. The service area represents 83% of MMC's total discharges.

The Sg2 IoC methodology projections for 2023-2033 projects increasing utilization in the outpatient procedures across all markets, including MMC. The Sg2 outpatient projection by service line for MMC's service area shows a 18.5% growth expectation. The Sg2 outpatient projection by site of service for MMC's service area shows hospital outpatient/ambulatory surgery expected to grow 10.8%, the major procedure growth at 19.2% and minor at 12.2.%.

The Sg2 projections were cross checked with volume projections for MMC's service area generated by the Health Care Advisory Board ("HCAB"), another national healthcare consultancy firm and think tank. Both were similar directionally with HCAB indicating a decline of 1.1% over the next 5 years and a growth of 0.3% over the next 10 years in the adult population with declines in the pediatric patient population. Sg2 projected a mere decline of 0.3% in pediatric cases but had a lower base starting point. In both cases, projections tended to be in line with recent experience. These changes essentially place future inpatient volume at a stable level.

Licensed capacity will change with implementation of this proposed project to be more aligned with current and expected demand. Medical surgical beds will be reduced from 318 beds to a total of 138 beds: 90 on the Vogel campus and 48 observation/med surgical beds with acuity adaptable capability for intensive care on the Long Branch campus to ensure continued access for Long Branch residents. The inpatient average daily census for medical/surgical inpatients were approximately 79 patients for 2022. ICU/CCU beds will increase from 28 to 36 beds; acuity adaptable use will be requested to serve step-down and as surge capacity. Obstetrical beds will increase from 54 beds to 70 beds (64 postpartum and 6 antepartum beds). A 40 bed Neonatal Unit will serve Level III and Level II services to meet current licensed capacity of 31 beds and subject to increase when there is a future certificate of need call. A 16 Bed Pediatric Unit with acuity adaptable beds will be provided with licensed pediatrics beds reduced from 15 pediatric beds to 11 pediatric beds, and PICU beds will be sustained at 5 beds.

Psychiatric beds will also remain on the Long Branch campus and there will be no diminishment in the number of psychiatric beds as these are governed by specific Certificate of Need rules. The Long Branch Hospital will provide the highest level of behavioral health services with a best care environment with integrated medical services for the patient and families. MMC will continue to pursue recognition as a behavioral health Center of Excellence.

The use of acuity adaptable beds design will assure capacity to meet the highest acuity needs while building an infrastructure that is expected to operate more effectively and efficiently. Acuity adaptable beds, provision of medical/surgical/observation beds, and the fact that all beds are private and not gender dependent, will ensure sufficient capacity to meet our patients' current and future demands for services in new, state-of-the-art patient care rooms providing enhanced healing environments.

The relocation of major acute care functions of MMC from Long Branch to Tinton Falls is expected to have no impact on facilities located in and around MMC's primary and secondary service area, as the project encompasses an expansion of sites without an addition of acute care beds. The new proposed site is located centrally within the existing service area and is property owned by the hospital just 5 miles from the current site. As a result, MMC expects access to be enhanced, particularly to high need communities (high poverty, high minority and higher numbers of households without access to vehicles) found within the Tinton Falls Borough. MMC Market Share of 27.3% in its primary service area this is expected to remain stable over the course of the project. Lastly, the project is consistent with New Jersey state statutes and regulatory provisions.

G. GRANTS

Attach a copy of grant budget submitted.

Source	Amount	Current Status of Grant
Not applicable		
TOTAL		

H. VOLUME OF ACTIVITY IN COST CENTERS RELATED TO PROJECT

1. Admissions or Cases

Routine and Emergency Service	Current Year	Projected Year 1	Projected Year 2
Medical/Surgical Admissions *	6,633	6,633	6,633
Same Day Surgery Admissions	7,554	7,554	7,554
Pediatric	599	599	599
Acute Psychiatric	1,911	1,911	1,911
Long-Term Psychiatric			
Obstetric	6,750	6,750	6,750
Burn Unit			
Intensive Care Unit	272	272	272
Neonatal Intensive Care	544	544	554
Coronary Care Unit	see ICU		
Newborn Nursery	6,186	6,186	6,186
TOTAL	30,449	30,449	30,449

*Exclude Same Day Surgery Admissions.

Excludes Same Day Medical/Observation

2. Visits

Cost Center	Current Year	Projected Year 1	Projected Year 2
Emergency Room	45,515	45,515	45,515
Clinic	18,353	18,353	18,353
Private Outpatient			

I. OPERATING PROJECTIONS

1. Revenues (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)			
Inpatient Services							
Outpatient Services							
Total Patient Service Revenues							
Allowance for Charity Care							
Contractual Allowances							
Net Patient Service Revenues							
Other Operating Revenues							
Total Net Operating Revenues							

Table I on following page

Section I

I. OPERATING PROJECTIONS

1. Revenues (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)								
	2021	2022		2023	2024	2025	2026	2027	2028	2029	2030	2031
Inpatient Services	\$ 1,011,413	\$ 1,014,863	\$ 1,090,255	\$ 1,099,634	\$ 1,132,623	\$ 1,183,389	\$ 1,213,038	\$ 1,255,233	\$ 1,303,432	\$ 1,355,526	\$ 1,401,376	\$ 1,448,724
Outpatient Services	\$ 701,581	\$ 754,324	\$ 861,438	\$ 872,313	\$ 898,482	\$ 938,753	\$ 962,273	\$ 995,746	\$ 1,033,981	\$ 1,075,306	\$ 1,111,677	\$ 1,149,237
Total Patient Service Revenues	\$ 1,712,994	\$ 1,769,187	\$ 1,951,694	\$ 1,971,947	\$ 2,031,105	\$ 2,122,142	\$ 2,175,311	\$ 2,250,979	\$ 2,337,413	\$ 2,430,832	\$ 2,513,053	\$ 2,597,962
Allowance for Charity Care	\$ 44,522	\$ 52,325	\$ 61,173	\$ 59,304	\$ 61,083	\$ 63,527	\$ 65,432	\$ 67,395	\$ 69,417	\$ 71,500	\$ 73,645	\$ 75,854
Contractual Allowances	\$ 1,227,808	\$ 1,268,194	\$ 1,357,936	\$ 1,327,183	\$ 1,369,290	\$ 1,427,609	\$ 1,473,099	\$ 1,519,953	\$ 1,568,213	\$ 1,617,920	\$ 1,669,119	\$ 1,721,854
Net Patient Service Revenues	\$ 440,665	\$ 448,668	\$ 532,585	\$ 585,460	\$ 600,732	\$ 631,006	\$ 636,780	\$ 663,630	\$ 699,783	\$ 741,412	\$ 770,289	\$ 800,254
Other Operating Revenues	\$ 20,872	\$ 19,564	\$ 22,079	\$ 23,150	\$ 17,824	\$ 18,537	\$ 19,093	\$ 19,665	\$ 20,255	\$ 20,863	\$ 21,489	\$ 22,134
Total Net Operating Revenues	\$ 461,536	\$ 468,232	\$ 554,664	\$ 608,610	\$ 618,556	\$ 649,543	\$ 655,873	\$ 683,296	\$ 720,039	\$ 762,275	\$ 791,778	\$ 822,388

2 Expenses (Report in 000's)

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)								
	2021	2022		2023	2024	2025	2026	2027	2028	2029	2030	2031
Salaries, Wages & Professional Fees (Including Contracted Services and Fringe Benefits)	\$ 183,544	\$ 216,759	\$ 220,339	\$ 196,562	\$ 202,282	\$ 212,764	\$ 216,685	\$ 223,185	\$ 235,160	\$ 245,187	\$ 255,583	\$ 266,358
Interest												
a. Current Interest	\$ 7,771	\$ 8,546	\$ 8,359	\$ 8,648	\$ 8,692	\$ 8,773	\$ 8,203	\$ 7,860	\$ 7,402	\$ 6,919	\$ 6,714	\$ 6,489
b. Project Interest	\$ -	\$ -	\$ -	\$ -	\$ 3,750	\$ 11,164	\$ 17,271	\$ 21,997	\$ 21,693	\$ 21,251	\$ 20,850	\$ 20,428
c. Total Interest	\$ 7,771	\$ 8,546	\$ 8,359	\$ 8,648	\$ 12,442	\$ 19,937	\$ 25,474	\$ 29,857	\$ 29,095	\$ 28,170	\$ 27,563	\$ 26,917
Depreciation												
a. Current Depreciation	\$ 15,462	\$ 22,444	\$ 17,605	\$ 17,293	\$ 17,927	\$ 17,569	\$ 17,316	\$ 17,066	\$ 16,819	\$ 16,574	\$ 16,332	\$ 16,092
b. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,667	\$ 7,667	\$ 7,667	\$ 25,667	\$ 25,667	\$ 25,667	\$ 25,667
c. Total Depreciation	\$ 15,462	\$ 22,444	\$ 17,605	\$ 17,293	\$ 17,927	\$ 25,235	\$ 24,983	\$ 24,733	\$ 42,486	\$ 42,241	\$ 41,998	\$ 41,758
Bad Debt Provision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies and Other Expenses	\$ 251,355	\$ 249,388	\$ 254,143	\$ 289,726	\$ 297,495	\$ 321,955	\$ 326,305	\$ 341,746	\$ 361,614	\$ 381,049	\$ 394,014	\$ 407,432
Total Operating Expenses	\$ 455,132	\$ 497,137	\$ 500,446	\$ 512,230	\$ 530,390	\$ 579,921	\$ 593,447	\$ 619,521	\$ 668,295	\$ 696,648	\$ 719,158	\$ 742,466
Net Income From Operation	\$ 3,404	\$ (28,905)	\$ 54,218	\$ 96,380	\$ 88,166	\$ 69,622	\$ 62,426	\$ 63,775	\$ 51,744	\$ 65,627	\$ 72,620	\$ 79,922
Non-Operating Income	\$ (86)	\$ (335)	\$ (1,130)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Surplus (or Deficit)	\$ 3,318	\$ (29,243)	\$ 53,088	\$ 96,380	\$ 88,166	\$ 69,622	\$ 62,426	\$ 63,775	\$ 51,744	\$ 65,627	\$ 72,620	\$ 79,922

1) Patient Mix by Sources of Revenue (Report in 000's)

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)								
	2021	2022		2023	2024	2025	2026	2027	2028	2029	2030	2031
Medicare	\$ 616,567	\$ 633,479	\$ 707,678	\$ 709,413	\$ 730,695	\$ 763,446	\$ 782,574	\$ 809,795	\$ 840,890	\$ 874,498	\$ 904,077	\$ 934,623
Medicaid	\$ 389,549	\$ 432,418	\$ 466,271	\$ 474,511	\$ 488,747	\$ 510,653	\$ 523,447	\$ 541,655	\$ 562,454	\$ 584,934	\$ 604,718	\$ 625,150
Blue Cross	\$ 305,175	\$ 308,184	\$ 358,308	\$ 354,679	\$ 365,320	\$ 381,694	\$ 391,257	\$ 404,867	\$ 420,413	\$ 437,216	\$ 452,004	\$ 467,276
Commercial Insurance	\$ 287,704	\$ 281,032	\$ 267,736	\$ 284,328	\$ 292,858	\$ 305,985	\$ 313,651	\$ 324,561	\$ 337,024	\$ 350,494	\$ 362,349	\$ 374,592
Self-Pay	\$ 62,386	\$ 57,691	\$ 68,161	\$ 71,676	\$ 73,826	\$ 77,135	\$ 79,068	\$ 81,818	\$ 84,960	\$ 88,355	\$ 91,344	\$ 94,430
Indigent	\$ 32,344	\$ 34,464	\$ 45,815	\$ 41,366	\$ 42,607	\$ 44,517	\$ 45,632	\$ 47,219	\$ 49,032	\$ 50,992	\$ 52,717	\$ 54,498
Other	\$ 19,269	\$ 21,918	\$ 37,526	\$ 35,973	\$ 37,052	\$ 38,713	\$ 39,682	\$ 41,063	\$ 42,640	\$ 44,344	\$ 45,844	\$ 47,393
Total Patient Service Revenue	\$ 1,712,994	\$ 1,769,187	\$ 1,951,694	\$ 1,971,947	\$ 2,031,105	\$ 2,122,142	\$ 2,175,311	\$ 2,250,979	\$ 2,337,413	\$ 2,430,832	\$ 2,513,053	\$ 2,597,962

TABLE 3 provided on PREVIOUS PAGE.

3. Patient Mix by Sources of Revenue (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)			
Medicare							
Medicaid							
Blue Cross							
Commercial Insurance							
Self-Pay							
Indigent							
Other							
Total Patient Service Revenue	100%	100%	100%	100%	100%	100%	100%

J. PROJECTED STAFFING LEVELS

Provide a list of the type, number of Full-Time Equivalents (FTE's) and estimated annual salary of the personnel required to staff the new or expanded facility and identify the source from which you intend to obtain the required personnel. (Compute FTE based on 2,080 annual hours per employee.)

Personnel Category		Estimated Annual Salary	Number of FTE's	Sources of Personnel	Additional Personnel To Be Hired
Department	Job Title				
			1,963.6		326
See Exhibit D					

K. ACCESS TO SERVICES

1. Was your facility, or a portion thereof, constructed with Hill-Burton funds?
☐ Yes ☒ No
2. Indicate the percentage of uncompensated care provided annually for inpatient and outpatient services:
 - a. Inpatient Mortgage (provide details in D-2) 1.4 %
 - b. Outpatient 3.4 %
3. What is the number of physicians with admitting privileges at your facility?
910
4. What is the number of physicians with admitting privileges who admit Medicaid patients to your facility?
268
5. Does your facility require a pre-admission deposit?
☒ Yes ☐ No
 - a. If Yes, explain:
 MMC requests a pre-admission deposit from self-pay patients who are not medically indigent or any patients who have a deductible or co-insurance and are not medically indigent. No patients will ever be denied admission if unable to pay.
6. Clinic Services (Exclude Private Outpatient Visits):

Type	Hours/Days Per Week of Operation	Patient Visits/Week
General Medical		See Note 1
Surgery	4 hours; 4 times a month	8 - 20
Cardiac	8 hours a month (4 hours twice a month)	6 - 8
Prenatal		See Note 1
Pediatric		See Note 1
Psychiatric	8 hours a day M - F	535
Post-Partum		See Note 1
Other:	Special Medical; Special Surgery; Specialty Orthopedic	7 - 8; 10-11; 35 -36

Note 1: MMC has a service agreement with the local FQHC for service provision and provides financial support.

L. BED AND SERVICE INVENTORIES

1. Bed Inventory:

Bed Complement	Licensed Beds	C/N Approved But Not Licensed Beds	Proposed New Beds	Proposed Decrease in Beds	Total Beds After Project Completion
Medical/Surgical	318			-180	138
ICU/CCU	28		+ 8		36
Obstetric	54		+ 16		70
Pediatric	15			-4	11
Psychiatric (All categories)	63				63
Comprehensive Rehabilitation					
Long Term Care					
Other: Pediatric ICU	5				5

2. Psychiatric Beds by Category:

Bed Category	Existing Beds	Increase	Decrease	Total Beds After Project Completion
Adult Open Acute	19			19
Adult Closed Acute	25			25
Adult Closed Acute				
Adult Intermediate				
Adult Special				
Adult MICA				
Adult Geriatric				
Adult Eating Disorder				
Child and Adolescent Acute	19			19
Child and Adolescent Intermediate				
Undesignated				
Total	63			63

3. Service Inventory:

Cardiac Services	Number Existing	C/N Approved But Not Implemented	Total After Project Completion
Cardiac Diagnostic Services - Catheterization Labs - Adult	1 (+1 IR/Cath)		2
Cardiac Diagnostic Services - Catheterization Labs - Pediatric			
Cardiac Diagnostic Services - E.P.S. Labs			
Cardiac Surgery Operating Rooms			

Renal Services	Number of Existing Stations	C/N Approved But Not Implemented	Total After Project Completion
Acute Stations	4		Bedside
ESRD Chronic Hemodialysis Stations			
Peritoneal Stations			
Isolation Stations			
Training Stations			

Surgical Services	Number of Existing Operating Rooms	C/N Approved But Not Implemented	Total After Project Completion
Dedicated Inpatient Operating Rooms			
Dedicated SDS			
Mixed Inpatient / SDS	15		18
Cardiac			

Trauma Services
☐ Level I
☐ Level II
☐ None

MMC operates a Level III ED

3. Service Inventory, Continued:

Perinatal Services	Existing	Proposed
Regional Perinatal Center - Normal Newborn Bassinets	36	50
Regional Perinatal Center - Intermediate Neonatal Bassinets	8	
Regional Perinatal Center - Intensive Neonatal Bassinets	23	40 (See Note 1)
Community Perinatal Center - Birthing Center Bassinets		
Community Perinatal Center - Normal Bassinets		
Community Perinatal Center - Intermediate Bassinets		
Community Perinatal Center - Intensive Bassinets		
Obstetric Bed Categories - LDR	18	22
Obstetric Bed Categories - LDRP		
Obstetric Bed Categories - Post Partum		

M. PROJECT NARRATIVE

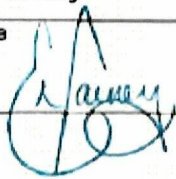
Respond to all statements specified in Section II referenced to the corresponding items in Section II.

N. REQUIRED DOCUMENTS

Submit all required documents specified in Section III referenced to the corresponding items in Section III.

O. ASSURANCES

The applicant gives assurance that the attached statements and tables are complete and correct to the best of the applicant's knowledge and belief.

Name of Responsible Officer Eric Carney	Title President and CEO
Signature 	Date 3/1/2024

Note 1: Build 40 Level III bassinets inclusive of the current 31 licensed Intensive and Intermediate bassinets; seek approval in future NICU CN call for additional licensed capacity of 9 bassinets.

SCHEDULE A

Page 1 of 3 Pages.

Name of Facility				Certificate of Need Number		Date	
VOGEL MEDICAL CAMPUS HOSPITAL EXPANSION							
Location (Building/Wing/Floor)	Project Description *	Current Problem Code **	Department or Service Areas		Gross Square Feet ***	Construction Cost Breakdown	Total Project Cost
			Current Use	Proposed Use			
MAIN HOSPITAL Central Utility Plant Parking Garage	NEW	NA	NA	NA	777,720	\$442,000,000	\$800,000,000
	NEW	NA	NA	NA	32,766	\$46,800,000	
	NEW	NA	NA	NA	340,000	\$31,200,000	
GROUND FLOOR Lab Kitchen Security Facilities Management Materials Management Biomed Morgue Central Sterile Processing	NEW	NA	NA	NA	98,957	\$56,240,027	
FIRST FLOOR Lobby & Reception Registration Diagnostic Imaging NI Cardio Nuclear Medicine Emergency Department Observation Breast Center	NEW	NA	NA	NA	136,687	\$77,683,040	

* Identify as New Construction (NEW), Renovation (REN), or Demolition (DEM). Following the identification of Renovations (REN), indicate the associated scope of work as Minor (MIN), Moderate (MOD), or Major (MAJ). (For example, use REN-MIN, REN-MOD, or REN-MAJ.)

** Problem Codes:

- 1 - Life Safety Code Deficiencies (per NFPA 101 Life Safety Code)
- 2 - Undersized/Non-Compliant Area [per current Licensure Standards and AIA Guidelines for Construction and Equipment of Hospital and Medical Facilities (current Edition in effect)]

- 3 - Non-Compliant Functional Design Layout
- 4 - Overall Physical Plant Age Obsolescence
- 5 - Other - Specify
- 6 - Uniform Fire Code, State of New Jersey

*** For new construction, provide breakdown in terms of proposed Building Gross Square Feet.

CN-3
JAN 24

SCHEDULE A

Name of Facility				Certificate of Need Number		Date	
VOGEL MEDICAL CAMPUS HOSPITAL EXPANSION							
Location (Building/Wing/Floor)	Project Description *	Current Problem Code **	Department or Service Areas		Gross Square Feet ***	Construction Cost Breakdown	Total Project Cost
			Current Use	Proposed Use			
CONTINUED FROM CN-3 PAGE 18 OF 19							
SECOND FLOOR Dining / Servery Surgery/Cath/IR/PACU Prep / Recovery & PACU LDR / C Section Antepartum	NEW	NA	NA	NA	134,181	\$76,258,811	
THIRD FLOOR Hospital Administration Medical Education Nursing Education Patient Satisfaction Conference Center Pharmacy	NEW	NA	NA	NA	111,119	\$63,152,032	
Fourth FLOOR NICU Adult ICU	NEW	NA	NA	NA	72,037	\$40,940,639	
CONTINUED NEXT PAGE							

* Identify as New Construction (NEW), Renovation (REN), or Demolition (DEM). Following the identification of Renovations (REN), indicate the associated scope of work as Minor (MIN), Moderate (MOD), or Major (MAJ). (For example, use REN-MIN, REN-MOD, or REN-MAJ.)

** Problem Codes:

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- 3 - Non-Compliant Functional Design Layout
- 4 - Overall Physical Plant Age Obsolescence
- 5 - Other - Specify
- 6 - Uniform Fire Code, State of New Jersey

*** For new construction, provide breakdown in terms of proposed Building Gross Square Feet.

SCHEDULE A

Name of Facility				Certificate of Need Number		Date	FEBRUARY 1, 2024		
VOGEL MEDICAL CAMPUS HOSPITAL EXPANSION									
Location (Building/Wing/Floor)	Project Description *	Current Problem Code **	Department or Service Areas		Gross Square Feet ***	Construction Cost Breakdown	Total Project Cost		
			Current Use	Proposed Use					
CONTINUED FROM CN-3 PAGE 18 OF 19									
FIFTH FLOOR Inpatient Unit Postpartum Unit Well Baby Nursery	NEW	NA	NA	NA	72,037	\$40,940,639			
SIXTH FLOOR Inpatient Unit Postpartum Unit Well Baby Nursery	NEW	NA	NA	NA	72,037	\$40,940,639			
SEVENTH FLOOR Inpatient Unit Mechanical Penthouse	NEW	NA	NA	NA	66,002	\$37,510,780			
EIGHTH FLOOR Mechanical Penthouse	NEW	NA	NA	NA	14,663	\$8,333,392			

* Identify as New Construction (NEW), Renovation (REN), or Demolition (DEM). Following the identification of Renovations (REN), indicate the associated scope of work as Minor (MIN), Moderate (MOD), or Major (MAJ). (For example, use REN-MIN, REN-MOD, or REN-MAJ.)

** Problem Codes:

- 1 - Life Safety Code Deficiencies (per NFPA 101 Life Safety Code)
- 2 - Undersized/Non-Compliant Area [per current Licensure Standards and AIA Guidelines for Construction and Equipment of Hospital and Medical Facilities (current Edition in effect)]

- 3 - Non-Compliant Functional Design Layout
- 4 - Overall Physical Plant Age Obsolescence
- 5 - Other - Specify
- 6 - Uniform Fire Code, State of New Jersey

*** For new construction, provide breakdown in terms of proposed Building Gross Square Feet.

SCHEDULE B

Identify all licensed health care facilities, both in New Jersey and in any other state, which are owned, operated or managed by the applicant or any corporate entity related to the applicant (e.g., parent or subsidiaries). Identify the complete name of the facility, the city and state in which the facility is located, and the Medicare Provider number. If licensed out-of-state facilities are listed, please submit track record reports, for the preceding 12 months, from the respective state agencies responsible for licensing those facilities. Attach additional sheets as necessary.

Name and Address of Facility

Medicare Provider Number

See Exhibit E

**SECTION II.
REQUIREMENTS FOR COMPLETION OF NARRATIVE SECTION (F AND M) OF CERTIFICATE
OF NEED APPLICATION**

1. STATE HEALTH PLANNING REQUIREMENTS

A. DESCRIPTION/PROJECT NARRATIVE

1. Provide an executive summary of the project (Section F). This shall be limited to 3 pages.

RESPONSE:

See Certificate of Need Application (Section F).

2. Describe the proposed project, in detail, and relate it to existing services such as changes in square footage, changes in equipment, deficiencies corrected, effect on length of stay, improved patient care, reduced cost, and improved patient safety.

RESPONSE:

Monmouth Medical Center ("MMC") plans to relocate and enhance select services via development of a new Acute Care facility on the Vogel Medical Campus ("VMC") in the Tinton Falls section of Fort Monmouth. The project will result in an overall reduction of 180 medical surgical beds, in keeping with current day utilization trends, while services like intensive care, observation beds, obstetrical, surgical and outpatient treatment areas will increase in line with current and projected medical treatment patterns. The new facility will contain 252 relocated acute care beds, including:

- Medical/surgical beds,
- Obstetrical beds,
- Neonatal beds
- Pediatric beds,
- ICU/CCU beds, and
- Pediatric Intensive Care beds.

The Tinton Falls facility will be supported by a new Emergency Department, surgical and intervention services and an array of diagnostic imaging services. As an expansion of the Monmouth Medical Center Campus in Long Branch, the planned Vogel Medical Campus is centrally located within the communities currently served by the Medical Center. The development of the Vogel Medical Campus is part of MMC's mission to create an integrated network of services throughout the region to assist patients in maintaining their health and addressing their current and future medical needs.

MMC is also supported by RWJBH's expansive network of primary and specialty care providers throughout the region. Recent additions include:

- MMC and its Unterberg Children's Hospital opened the Ann Vogel Family Care and Wellness Center at the Monmouth Mall in Eatontown. The Center also provides the outstanding outpatient offerings of the Children's Specialized Hospital;
- Since 2018, Monmouth Heart Specialists in Eatontown have provided comprehensive cardiovascular care, connecting the community with RWJBH Cardiac surgeons who utilize innovative approaches to care and state of the art technology; and,
- MMC partnered with Monmouth University to open the Linda Grunin Simulation Lab and Learning Center in West Long Branch, providing high-tech hands-on learning experiences for medical residents, students and staff.

These projects are needed investments in MMC's communities' health and provide greater opportunities for residents to receive extraordinary care close to where they live.

The design of the VMC will occur in a phased approach. Phase I, is a four-story 147,000 square foot outpatient services building which broke ground in June 2023. Phase 1 will include the Cancer Center and Ambulatory Care Pavilion comprised of physician offices, radiation therapy, medical oncology and infusion, phlebotomy, pharmacy, imaging and surgical services to bring advanced outpatient care closer to home for patients. This new state of the art outpatient facility is made possible by a \$50 million donation from local philanthropists Sheldon, and the late Anne Vogel.

The Cancer Center will provide comprehensive cancer care in partnership with Rutgers Cancer Institute of New Jersey. As the state's only comprehensive cancer center designated by the National Cancer Institute, patients will have access to innovative treatment options, including precision medicine, immunotherapy, clinical trials and care informed by the latest research, all in one convenient location. Ancillary and support services needed by cancer patients will also be located on site. The Cancer Center and Ambulatory Care Pavilion are scheduled to open in 2026.

Phase II of the campus development program, and the subject of this Certificate of Need, includes the relocation of select acute care services to Tinton Falls. Plans call for construction of this phase to begin in 2027 with project completion expected in 2029. The new site will be operated in conjunction with MMC's current site, which will continue to support the Long Branch community.

This new inpatient campus will be established as an integral part of Monmouth Medical Center, covered by the same Medicare/Medicaid provider number and therefore subject to the same conditions of participation. The new campus location would also have the same NPI number. The new campus will be governed by the same Board and contain a single medical staff. All employees will be employees of Monmouth Medical Center.

The Long Branch Hospital Campus will continue to provide key services including a full service Emergency Department, outpatient services, a 48 bed medical surgical/observation unit to include at least 12 acuity adaptable beds capable of providing intensive care, all inpatient and outpatient behavioral health services, surgical services with general anesthesia and supporting longer than 24 hour recovery in the Cranmer Surgery Center with four operating rooms, clinics, and a full array of imaging services. MMC remains committed to the residents and City of Long Branch. This commitment extends to supporting the creation of a vibrant community around the hospital services provided at the Long Branch campus. A shuttle/van service will be provided from the Long Branch site to the Fort Monmouth site for easy access of patients, their families/caregivers and staff who may rely on public transportation.

The Long Branch Hospital will maintain its current emergency department capabilities and level of service. It will be open 24 hours a day for 7 days of the week and capable of pediatric and psychiatric emergency services. Mobile Health services (MICU, ALS) would continue to cover the Long Branch Hospital campus.

Psychiatric beds will also remain on the Long Branch campus and there will be no diminishment in the number of psychiatric beds as these are governed by specific Certificate of Need rules. The Long Branch Hospital will provide the highest level of behavioral health services with a best care environment with integrated medical services for the patient and families. MMC will continue to pursue recognition as a behavioral health Center of Excellence.

The existing facilities at the Long Branch Hospital will continue to be upgraded with quality and technologically advanced care while the Tinton Falls campus is being constructed.

The creation of a vibrant Long Branch community is exemplified by the establishment of a MMC partnership, in April 2021, with the City of Long Branch and Major John Pallone to house a new Health, Wellness and Technology Center through a donation of property from MMC. Through this donation and partnership, new centers will be developed, including fitness center, nutrition education and kitchen, health and wellness services, a technology center and an expansive park. This partnership will ensure

city facilities will carry us into the future and that our communities will have access to important health, wellness and safety resources. MMC also supported the creation of a new Boys and Girls Club location in Long Branch. MMC will continue working with a variety of community partners to plan the redevelopment and modernization of areas surrounding the Long Branch hospital campus that complement hospital services and enhance offerings and access for the City's residents.

Phase II of the project will result in the construction of a modern state of the art facility capable of providing the technological advancements that patients and patient safety advocates have come to expect. The facility and central utility plant will comprise a total of 810,480 building gross square feet, as explained more fully in the section entitled **Description of the Project**. Infrastructure and site constraints at the current site are the driving force behind the decision to relocate services beyond the Long Branch Campus.

The new facility will be designed for maximum flexibility in use and will enhance MMC's commitment to patient and staff safety, innovation and customer service. The principles of population health, wellness and sustainability will be key tenants of the design and execution of the project to ensure effective stewardship of resources, and of the environment.

Recent advances in patient safety, experience in treating COVID-19 patients, the need to right size for today's technology and provide single patient rooms for safety, the aging infrastructure, and the constraints to building on the existing campus, all support the proposal to expand acute care to the Fort Monmouth site. The remaining MMC Campus will be able to reorganize services within the newer, most functional buildings and spaces to ensure enhanced adjacencies and the development of private patient rooms to ensure the same level of quality and safety is provided to all patients.

This Certificate of Need Application is seeking Department of Health approval for relocation of select acute care services to the Fort Monmouth site in Tinton Falls. The application will demonstrate that attempts to modernize the aging facility on a campus too small to accommodate the functions of a modern, technologically based hospital would be a poor investment of capital dollars. The proposed expansion to Tinton Falls will allow MMC to construct a modern, state of the art facility to accommodate the inpatient beds that will serve residents of the area for generations to come, while also maintaining key services and capacity in Long Branch. A description of MMC, its parent system, the planning process, the project and its impact on stakeholders and the community follows.

THE APPLICANT – MONMOUTH MEDICAL CENTER

Monmouth Medical Center, founded in 1887, is a licensed 514 bed, regional tertiary care teaching hospital located in Long Branch, in Monmouth County, New Jersey. MMC also operates a hospital, Monmouth Medical Center Southern Campus ("MMC-SC"), in Lakewood, Ocean County, New Jersey. MMC functions as a major referral center for MMC-SC for obstetrical, pediatric, tertiary and specialty care services. As part of the larger RWJ Barnabas Health, MMC is one of New Jersey's largest academic medical centers.

The hospital operates the Unterberg Children's Hospital, a designated children's hospital for Ocean and Monmouth Counties. In addition to providing specialty care to pediatric patients, MMC delivers more babies annually than all other hospitals in Monmouth and Ocean Counties combined and at more than 6,500 births, it is among the largest obstetrical programs in the state. MMC was recognized as one of the only 384 U.S hospitals by Newsweek Magazine in 2023 as a Best Maternity Care Hospital.

Monmouth Medical Center (MMC) was recently named to the 2024 Newsweek list of World's Best Hospitals, marking the third consecutive year the hospital has been on this listing, which recognized the best medical institutions among 2,400 across 30 countries. MMC is one of 414 U.S. hospitals – and among just six New Jersey hospitals named. MMC is recognized as a magnet hospital by the American Nurses Credentialing Center as a reflection of its nursing professionalism, teamwork and superiority in

patient care. In partnership with Rutgers Cancer Institute of New Jersey, MMC is the only facility in Monmouth and Ocean Counties designated by the American College of Surgeons Commission on cancer as an Academic Comprehensive Cancer Program. A full list of hospital awards and accreditors can be found on pages 8-11.

MMC is also recognized as a leader in robotics and other advanced minimally invasive procedures as well as in bariatric surgery, joint and spine surgery. MMC patients have access to the regions' top cardiologists and the worlds' nationally recognized RWJ Barnabas Heart Centers. MMC also offers a comprehensive array of behavioral health services for children and adults.

MMC-SC is a 241-bed fully accredited non-profit acute care hospital dedicated to providing the finest medical and healthcare services to the residents of Ocean County and surrounding areas. MMC-SC serves a diverse urban population including a proportionately higher mix of elderly and uninsured/underinsured communities.

RWJ BARNABAS HEALTH

RWJ Barnabas Health ("RWJBH") is the largest, most comprehensive academic health system in the state, with a core service area covering 9 counties and over 5 million people. The system includes 12 general acute care hospitals, 3 acute care children's hospitals, a children's specialized hospital, a network of outpatient centers, an acute psychiatric hospital and the state's largest behavioral health network, two trauma centers, a satellite emergency department, ambulatory care centers, geriatric centers, ambulatory surgery centers, physical therapy centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy centers, an affiliated medical group with a large network of practice locations, multi-site imaging centers, accountable care organizations and community wellness programs.

RWJBarnabas Health is one of New Jersey's largest private employers – with more than 40,000 employees and 7,000 physicians – and routinely captures national awards for outstanding quality and safety. RWJBH, in partnership with Rutgers University, is New Jersey's largest academic health care system. The collaboration aligns RWJBH with Rutgers' education, research and clinical activities, including those at the Rutgers Cancer Institute of New Jersey – the state's only National Cancer Institute (NCI)-designated Comprehensive Cancer Center – and Rutgers University Behavioral Health Care.

COMMUNITY BENEFIT

Monmouth Medical Center is committed to keeping its community healthy and offers an extensive array of community outreach programs and services for the benefit of the community residents and employees. MMC operates the department of community health & wellness, which is designed to promote health and health awareness for the community.

The Department of Community Health & Wellness has a philosophy and promotes a way of life that allows individuals to reach their full potential for optimal well-being. Recognizing that individuals have become increasingly health conscious and are seeking new ways to improve their health and prevent illness, MMC's department of community health education has developed multiple programs to assist the community in fulfilling their health goals.

In 2022, MMC and MMC-SC provided over \$57,500,000 million in uncompensated care, attributable to Charity care, bad debt and Medicare/Medicaid shortfalls. In addition, MMC provided a significant number of different community health programs, health services and screenings, cash and in-kind contributions to community organizations, and health professions education that benefited more than 68,500 individuals, at a cost of over \$26,200,000 million. This 2022 total community benefit of over \$83,822,000 was greater than \$5.5 million over the amount provided in 2020.

MMC Centers of Excellence

MMC Campus

MMC's recognized medical services centers of excellence include, but are not limited to, the following:

1. The Unterberg Children's Hospital at MMC ("Children's Hospital")

The Unterberg Children's Hospital at MMC offers the community renowned medical expertise in the care of children that only a leading academic medical center can provide. The Children's Hospital has more than 140 pediatric specialists in 26 fields of medicine. The Hospital offers exceptional care in virtually every area of pediatric medicine. In addition to being among the best in New Jersey in providing specialized neonatal care, with a 54-bed regional perinatal center with a level III neonatal intensive care unit, the Children's Hospital at MMC newborn nursery cares for more than 6,500 babies each year.

2. The Eisenberg Family Center

MMC delivers nearly 6,500 babies annually - the most in Monmouth and Ocean Counties and has built one of the safest obstetrical programs in the nation. The Labor and Delivery Unit at Monmouth Medical Center offers at least two attending Ob/Gyn physicians and Ob/Gyn resident physicians on site 24 hours a day, seven days a week, 365 days a year. This is in addition to an attending anesthesiologist, a neonatal intensive care specialist and full hospital support staff. On-call neonatal and perinatal sub-specialists are available 24 hours a day for immediate consultation. MMC was a pioneer in New Jersey in offering a full-time Laborist Program. This distinctive program increases patient safety with 'round-the-clock' Laborist physicians who are board certified obstetricians with advanced life support in Certification in Obstetrics to monitor patients and perform deliveries on an "as needed" basis. MMC developed one of the first Obstetrical response Teams in the state, ready to respond to all obstetrical emergencies.

MMC has been a Level III Regional Perinatal Center since the designation was initiated over 40 years ago. In 2014, MMC introduced Perinatal and Mood Anxiety Disorders Program, making it the first and only hospital in New Jersey to offer a dedicated treatment center where new and expectant mothers can receive comprehensive care for perinatal mood and anxiety disorder (PMAD).

The vast majority of the more than 50 obstetrician/gynecologists who serve as attending physicians on MMC's medical staff are board certified or eligible in the discipline. Many also hold certification in such specialties as maternal-fetal medicine (perinatology), reproductive endocrinology and infertility, uro-gynecology and gynecologic oncology. In addition, MMC's skilled and dedicated nursing staff is trained to assist mothers and their childbirth partners during labor and delivery and to instruct new parents and other family members in newborn care.

3. Psychiatric Centers/program

MMC has the largest psychiatric program in Monmouth County, with a total of 44 beds within voluntary and involuntary adult inpatient units and 19 beds in its inpatient children's crisis intervention service, where children and adolescents with acute emotional, behavioral or psychiatric problems are treated. In addition, its psychiatric emergency screening service ("PESS") is the state-designated service for Monmouth County. MMC also provides outpatient behavioral care to a significant number of patients through its partial hospitalization, intensive outpatient programs, traditional outpatient care and an early intervention support services program ("EISS").

4. Leon Hess Cancer Center

MMC stands at the forefront of providing the most extensive array of highly advanced cancer services, delivered by a multidisciplinary team of specialists in a caring and supportive environment. For decades, MMC's leadership role in oncology services has been broadened through the ongoing expansion of state-of-the-art programs and technologies offered in all areas of cancer prevention, detection and treatment. The Leon Hess Cancer Center at MMC brings together a host of specialists and a vast array of services to make care more convenient, efficient and effective. It features comprehensive multidisciplinary medical services that are led by teams of major physician specialists including medical, surgical and radiation oncology.

Together, these cancer specialists, in consultation with each patient's primary care physician and in conjunction with the hospitals' cancer care management team, work to create the most appropriate and effective plan of treatment. MMC is accredited at the highest designation by the Commission on Cancer of the American College of Surgeons as a Academic Comprehensive Cancer Program. The Commission on Cancer recognizes cancer care programs for their commitment to providing comprehensive high-quality, and multidisciplinary patient-centered care.

5. Jacqueline M. Wilentz Comprehensive Breast Cancer Center

Additionally, The Jacqueline M. Wilentz Comprehensive Breast Center was the first in Monmouth and Ocean counties to be granted full accreditation designation by The National Accreditation Program for Breast Centers ("NAPBC") for "providing the highest quality evaluation and management of patients with breast disease." The center also is one of two New Jersey facilities and among a handful in the nation to be recognized as a certified quality breast center of excellence, the highest certification level offered by the National Quality Measures of Breast Centers ("NQMBC").

6. The Valerie Fund Children's Center

The Valerie Fund Children's Center at MMC is one of eight hospital-based programs in the tri-state area that provides comprehensive medical services to children with childhood cancers such as leukemia, lymphomas and neuroblastomas, and blood disorders such as sickle cell anemia and white cell abnormalities. Children and young adults (birth to 21 years of age) with leukemia and other cancers are treated according to the most advanced therapeutic protocols. Patients receive treatment on an outpatient basis from a team of specialists, including pediatric hematologists/oncologists, surgeons, radiologists, nurses, social workers, counselors and child life specialists. Among the Valerie fund's services is red blood cell apheresis – a sophisticated exchange/transfusion of red blood cells for patients with sickle cell disease.

7. Neuroscience Services

Monmouth Medical Center offers access to world-class specialists in Neurology and Neurosurgery for treatment of brain, spine and neuromuscular conditions. Working as a team with neuro-oncologists and radiation oncologists, patients with brain cancer and cancers of the central nervous system have access to the best available therapies and the most promising clinical trials, right here in New Jersey.

The interdisciplinary spine program provides expert care from neurologists, neurosurgeons and orthopedic specialists. Our dedicated centers for stroke, spasticity and dystonia, epilepsy, and neuromuscular conditions including ALS/Muscular Dystrophy are among New Jersey's best. MMC offers pediatric neurology through geriatric care including dementia and Alzheimer's Disease.

8. The Anna Greenwall Geriatric Program

Established in 1984, Monmouth Medical Center's Anna Greenwall Geriatric Program is a leader in elderly care in central New Jersey. The Anna Greenwall Geriatric Program is widely recognized for its emphasis on coordination of health and social services for the elderly and their families, with a focus on comprehensive care and education. It offers:

The cornerstone of the Anna Greenwall Geriatric Program is the Geriatric Health Center. The center offers comprehensive evaluation for adults 65 and older. The center's dedicated team of physicians, social workers and nurses evaluates each patient, and works with families to design a care plan that meets the specific needs of each patient. Primary and consultative services are available for older adults suffering from multiple concurrent medical conditions, decline in mobility, changes in gait and falls, memory loss and confusion, depression and behavioral changes, poly pharmacy/medication management and frailty.

Social workers are available to provide supportive counseling to patients and their families regarding caregiver stress and coping with the emotional challenges of aging. Additionally, social workers provide information and referral services to age-related agencies to the community at large. A social-work-led caregiver support group is run monthly. The group is geared toward providing education and support to caregivers of patients with dementia.

The Geriatric Health Center/Monmouth Memory Institute has fellowship trained geriatricians and a dedicated advanced practice nurse who provide both primary care and consultative services for older adults at all levels of care. Consultation by the geriatricians is available on the hospital's inpatient units. Partnering with the hospitalist and the primary care provider, MMC's dedicated geriatric specialists offer comprehensive initial assessments and then continue to evaluate these patients throughout their hospital stay.

The Geriatric Emergency Medicine ("GEM") Unit at MMC provides Emergency Department patients 65 and older access to an interdisciplinary team of specially trained geriatric medicine caregivers who work with referring physicians, a dedicated pharmacist and consults with a board-certified geriatrician. The GEM Unit features treatment rooms designed to provide older adults with an atmosphere that meets their needs. These features include lower beds equipped with safety alarms to prevent falls, controlled lighting, larger TV screens, reduced noise levels, anti-slip flooring and an age-specific call-bell system.

9. The Cranmer Ambulatory Surgery Center

The center provides a full spectrum of inpatient and same-day surgical services using the most modern technology available. The facility includes four full-service operating rooms, three minor procedure rooms and a three-tiered graduated recovery area, respecting the individual needs of adult and pediatric patients.

The one-story, 19,000-square-foot building is equipped to perform all types of same-day surgical procedures, including arthroscopic, laparoscopic and laser techniques. Every aspect of the center has been designed to provide the ultimate in efficiency and comfort for patients and their families, while offering the highest quality medical care.

10. Robotic Surgery Program

MMC created the region's first robotic surgery program. The robotic surgery system combines computer and robotic technologies with the skills of MMC's surgeons to create a new category of

surgical treatment, making it possible to perform more technically demanding surgeries, such as prostatectomy, using a minimally invasive approach. MMC offers robotic surgery for the removal of a variety of cancerous tumors as well as for benign conditions. The robotic surgery system offers patients better outcomes, less pain, less scarring, less blood loss, lower rate of infection, shorter hospital stays and a quicker return to normal activities than conventional surgery. A recent addition of the DaVinci ION robotic bronchoscopy platform bringing thoracic surgery to a new level of performance for the benefit of our patients.

MMC was the first hospital in Central and Southern New Jersey to introduce Mako robotic-assisted total and partial knee and hip replacement surgery. Mako surgery is performed using a surgeon-controlled robotic arm system that enables accurate alignment and placement of implants.

MMC-SC Campus

MMC-SC's recognized medical services and centers of excellence include, but are not limited to, the following:

1. The James & Sharon Maida Geriatrics Institute

MMC-SC has long been a leader in geriatric medicine, which specifically addresses the unique care needs of older adults. The James and Sharon Maida Geriatrics Institute provides integrated inpatient and outpatient geriatric services for patients 65 and older in one convenient location.

With our many interlinked services, the experts at the geriatrics institute provide individualized care recommendations to ensure that patients receive the special care they require, without interfering with their independence. And our geriatric team works closely with that patient and his/her loved one's primary care physician to make sure that all patient and family needs are met. With the expert treatment available at our state-of-the-art outpatient practice, older adults can live the fullest life possible.

MMC-SC's multidisciplinary team also includes nurses, social workers, nutritionists, pharmacists, health educators, physical therapists, occupational therapists, speech therapists and audiologists, all who specialize in the care of seniors and are available to accommodate the needs of patients as they transition from inpatient to outpatient care.

Complementing the geriatrics institute are the geriatric emergency medicine (GEM) unit, created to meet the more complex needs of seniors in emergency care, the acute care for elders (ACE) unit, an inpatient unit utilizing an interdisciplinary approach to collaboratively develop a patient-centered care plan, and the better health program, which offers courses and more to men and women 55 and older who want to improve their health and well-being.

2. Cancer Services

Monmouth Medical Center-Southern Campus (MMC-SC) provides a comprehensive range of medical treatments for all stages and types of cancer. These advanced techniques are enhanced with valuable support services like oncology nursing and navigation, nutritional counseling, home care, rehabilitation, social services, pastoral counseling and hospice care to meet the physical, emotional and spiritual needs of patients and family members. Cancer services provided include screening services, an outpatient infusion unit, ongoing rehabilitation program and a wide range of support services including diagnosis specific support groups, educational workshops, strength

building classes, yoga, Qi-Gong, opportunities for socialization and special lectures emphasizing wellness and mind body connection.

3. Psychiatric Centers/Program

MMC-SC has the largest psychiatric program in Ocean County, with a total of 60 beds within voluntary and involuntary adult inpatient units located in a free-standing facility in Toms River, NJ. In addition, its psychiatric emergency screening service ("PESS") is the state-designated service for Ocean County. Crisis Intervention, stabilization and treatment are all provided. Mobile outreach to those in Ocean County experiencing acute psychiatric distress and traumatic incident debriefing are provided as well. MMC-SC also offers intensive outpatient programs and traditional outpatient care.

Accomplishments/Milestones/Recognition/Awards

MMC is accredited by the joint commission under the hospital accreditation standards and behavioral health standards and is the recipient of numerous awards and honors including, but not limited to, the following:

- U.S. News and World Report: RWJ Barnabas Health Children's Hospitals were named among the best Children's Hospitals for 2023-2024 for urology. The urology ranking recognizes four hospital practices based at the Bristol Myers Squibb Children's Hospital, but it also provides care at three other RWJ Barnabas Health hospitals – with Children's Hospital of New Jersey at Newark Beth Israel Medical Center, MC Mullen Children's Center a Cooperman Barnabas Medical Center, and the Unterberg Children's Hospital at Monmouth Medical Center.
- Monmouth Medical Center is the only hospital in the region to receive an "A" Hospital Safety score by the Leapfrog Group for 17 consecutive rating periods through Spring 2023.
- MMC was also named a top teaching hospital by the Leapfrog Group in 2021.
- Monmouth Medical Center has been named to the 2024 Newsweek list of World's Best Hospitals, marking the third consecutive year the hospital has been on this listing, which recognized the best medical institutions among 2,400 across 30 countries and one of 414 of the more than 6,000 U.S. hospitals and only 6 so named in New Jersey.
- Ranked among just 148 U.S. hospitals named to the digital platform Money's inaugural list of the Best Hospitals in America.
- Ranked among the top 10 New Jersey hospitals in the U.S. News and World Report rankings for 2022-2023 with top honors as "high performers" for chronic pulmonary disease and heart and kidney failure.
- Designated as a NICHE (Nurses Improving Care for Health System Elder's) Hospital.
- Named to the College of Healthcare Information Management Executives' Digital Health Most Wired Recognition, achieving a Performance Excellence Level 9.
- Named a leader in LGBTQ healthcare equality by the HRC Foundation.
- Holds a platinum level designation for Hospital organ donation from the Health Resources & Services Administration ("HRSA").

- Designated a magnet recognized hospital by the American Nurses Credentialing Center.
- One of 34 U.S. Hospitals to be honored by the Emergency Nurses Association with their Lantern Award, which recognizes exceptional emergency departments.
- Accredited by the Forum for shared Governance, joining 90+ organizations internationally who strive to elevate nursing within their institutions.
- Won the American Nurses Leadership Center's Commission on accreditation Practice Transition Program accreditation for 2020-2023.
- MMC's New Graduate Residency Program was awarded accreditation with destination, the highest recognition by the American Nurses Credentialing Center's Accrediting program.
- MMC was named by Money and Leapfrog to their lists of Best Hospital's for Maternity Care.
- MMC was named to Newsweek's 2023 list of Best Maternity Care Hospitals, one of only 384 U.S. hospitals.
- Recognized by Healthgrades for Excellence in Women's care, receiving the 2022 Obstetrics and Gynecology Excellence Award and Labor & Delivery Excellence Award. MMC has received these two Healthgrades destinations for 7 consecutive years, ranking MMC among the top 5% of hospital's evaluated for both obstetrics and gynecology, and labor and delivery.
- MMC is one of 3 New Jersey hospitals chosen to launch TeamBirth, a statewide initiative designed to enhance birthing experiences and improve outcomes.
- Designated as a Primary Stroke Center by the N.J. Department of Health.
- One of nine Institutions for "Healthcare Improvement" Mentor Sites For Heart Failure.
- Received the "Get with the Guidelines" Heart failure Gold Plus Quality Achievement Award from the American Heart Association's Get With The Guidelines Performance Achievement Awards.
- Accreditation through a voluntary program of the Intersocietal Commission for the Accreditation of Echocardiography Laboratories ("ICAEL"), the hospital's noninvasive echocardiographic lab received special recognition for 25 consecutive years of excellence.
- Designated as a Intersocietal Accreditation Commission ("IAC") accredited vein center.
- Both cardiac and pulmonary rehabilitation programs are certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.
- The Leon Hess Cancer Center is the only facility in Monmouth County to be designated by the American College of Surgeons Commission of Cancer as an Academic Comprehensive Cancer Program.
- The Jacqueline M. Willentz Comprehensive Breast Cancer Center holds accreditation from the National Accreditation Programs for Breast Centers (NAPBC). The Willentz Center is the first in the region to be granted full NAPBA accreditation designated for "providing the highest quality evaluation and management of patients with breast disease."

- The Willentz Center quality designations also includes certification as a Quality Breast Center of Excellence, the highest certification level offered by the National Quality Measurer for Breast Center's ("NWMBC"). It is one of just two New Jersey facilities among a handful in the nation to achieve this top national certification, and is among a handful of breast imaging centers across the nations designated a Breast Imaging Center of Excellence by the American College of Radiology ("ACR") commission on quality and safety and the Commission on Breast Imaging.
- Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program for exceptional patient outcomes in bariatric surgery.
- Joint Commission Disease Specific Certification in stroke, hip and knee replacement and spine surgery.
- Sleep Disorder Center is the first in Monmouth County to earn accreditation from the American Academy of Sleep Medicine

MMC-SC Campus

MMC-SC's Lakewood Campus is accredited by the Joint Commission and has also been recognized with distinguished awards for clinical excellence including, but not limited to, the following:

- Earned "A" score in hospital safety from the Leapfrog Group throughout 2023.
- Four-star rating from the Center's for Medicare & Medicaid Services (CMS) – the highest hospital rating in New Jersey.
- Recognized as a mentor hospital by the New Jersey Hospital Engagement Network (HEN).
- Awarded the Joint Commission Gold Seal of approval for the chest pain and heart failure program in disease specific management programs for demonstrating continuous compliance with Joint Commission performance standards.
- Designation as a NICHE (Nurses improving Call for Healthsystem Elders) hospital.
- Successful re-accreditation with the College of American Pathology, American Association for Blood Banks, and Intersocietal Accreditation Commission in Echocardiography in Adult Transthoracic and Adult Transesophageal Echocardiography.
- Awarded a Gold Seal of Accreditation in ultrasound by the American College of Radiology.
- Accreditation by American College of Radiology in MRI and Nuclear Medicine.
- NJ Sharing Network Platinum Level Recognition for increasing enrollment in the NJ state donor registry and spreading the life-saving message of organ and tissue donation.
- "Most Wired" recognition from the College of Healthcare Information Management Executives.
- Wound Care Center is a dual recipient of RestorixHealth Council Destination and Patient Satisfaction Awards.

VISION AND GUIDING PRINCIPLES

MMC began a Master Facility Planning process in 2008. Unfortunately, the recession that followed resulted in the decision to only make necessary and urgent improvements in mechanical engineering and patient care areas while the larger, more expansive plans were put on hold.

In 2016, recognizing the growing need to deal with both immediate and long-term facility issues, MMC began working with its Board of Trustees, Medical Staff, Community Stakeholders and staff to develop a long-range master facility plan that would meet the changing needs of the community. MMC has reviewed multiple options and considered a variety of solutions. At that time, it became apparent that the plan to expand services to Fort Monmouth represented the most logical, viable and sustainable option that was considered. A Certificate of Need was originally planned for submission in 2020 but the advent of the COVID-19 Pandemic caused postponement of the submission until this time.

As part of the planning process, the following vision and guiding principles were developed as guidelines for the design and development of the new acute care facility.

Vision for the new MMC Facility

Monmouth Medical Center is committed to being a leader in designing unparalleled new ways for delivering health care. MMC provides quality-driven, safe, efficient, cost-effective and responsible health care services that meet and exceed the expectations of our community.

Guiding Principles

Flexible space and sustainable care improvements.

Models of care delivery continue to evolve. The care environment must be flexible and adaptable to respond to the change. The new MMC will be designed to accommodate new care models and technologies, with the flexibility to change across the Long Branch and the Tinton Falls campuses over time. The link between human health and the health of our environment are intertwined, and for that reason we are committed to sustainable design solutions that improve patient care and the environment.

Enhanced patient, staff and visitor experience.

MMC is recognized as a provider of quality and compassionate care. We care about our patients, staff and visitors, and the quality of their experience. Involving patients and families, we will build upon this legacy to develop environments that ensure an even better experience in the future.

Creating healthier communities & more affordable access.

As an integral part of the Central New Jersey Health Care Community, MMC has played a vital role in the health of our community. We will continue to enhance the health of the population by partnering with individuals and groups to ensure that all residents have access to the services, education and preventative strategies they need to maintain and enhance their health and well-being.

Ensuring a culture of patient safety & security.

We will continue to strive for integrated success and high reliability practices that support patient safety and lead to positive clinical patient outcomes. We will ensure that the built environment designed to support and enhance patient safety. All inpatient rooms will be designed as private rooms to support infection control practices, as well as patient privacy. The advent of COVID-19 has enhanced the need for healthier buildings and provided opportunities to employ new strategies for infection prevention.

FACILITY BACKGROUND

MMC is located on 13.75 acres at 300 Second Avenue, in Long Branch, New Jersey, sandwiched between commercial and residential areas. Access to the campus is through the town of Long Branch from the Garden State Parkway to the West, NJ 36 to the North, and Rt 71 to the South. NJ

transit has a station across the street from the Medical Center. Accessing the campus is somewhat difficult due to the location.

MMC is currently licensed for 514 beds and has been serving residents of the region at the current site for nearly 110 years. From humble beginnings, the hospital now provides a broad array of acute, tertiary, ambulatory and essential services. The majority of the buildings currently in use are over 50 years old.

The main hospital complex has a number of named buildings as it was constructed over time. The age of the facility is a significant problem for continued upkeep of engineering systems and renovations of space for current treatment methods. The older buildings have hazardous materials such as asbestos in some areas. The configuration of the floor plates of the buildings severely limits the ability to repurpose existing interior areas and rearrange the facility for better efficiency. Outpatient areas are dispersed across the campus, are not in convenient locations and lack adequate parking near entry points.

As a result of the existing campus constraints on the main MMC site, MMC leased an 82,000 square foot building in Eatontown on the campus of Monmouth Mall near the Garden State Parkway which is now home to a new outpatient care pavilion. This 4-story outpatient facility named the Ann Vogel Family Care and Wellness Center, offers medical offices, laboratory services, an urgent care center, a wellness center, audiology, psychiatry and psychological services, PT, OT and speech therapy, maternal fetal medicine, lactation counseling, a perinatal mood anxiety disorders clinic, gynecology and pediatric subspecialty services for cardiology, endocrinology, gastroenterology, surgery, urology, pulmonary medicine and infectious diseases. Many of the services above are provided by our affiliate, Children's Specialized Hospital, also located in the building.

Throughout the years MMC has continued to make critical infrastructure upgrades and to upgraded/renovated or make additions to several areas, including the cancer center, operating rooms, inpatient units and labor and delivery to improve the patient environment and the level of services offered, but many areas are in need of modernization and many building are well beyond their useful life. In an effort to gain a better understanding of the strategic and infrastructure need of MMC, a strategic and long-range master planning process was initiated in 2016. The process sought to also identify how best to deal with the problems inherent in the 100+ year-old campus given MMC strategic focus of embracing and responding to new models of health care, developing a robust wellness program to improve the health of people served, increasing geographic access, providing cutting edge technology, meeting the growing need for convenient access to outpatient services, offering an exceptional patient experience and being the best place to work.

EXISTING CONDITIONS

HOK, a global design, architecture, engineering and planning firm was selected to undertake the development of MMC's long range master facility plan. As an initial step in the process HOK evaluated the campus and its overall facilities. In its report, HOK indicated that MMC facilities rate "below standard" or "undesirable" overall, when evaluated based on functional and physical qualities of the space. This analysis was based on the following benchmarks:

- Industry space standards
- Departmental adjacencies/locations
- Departmental organization and flow
- Quality of interior
- Flexibility for change

Space Benchmarks

Key rooms and/or dimensions meet the functional and intent of operations, do not present hazards or inhibit use or efficiency.

Findings:

Most inpatient, procedure, imaging and emergency department areas are below current benchmarks. When inpatient rooms meet minimum design standards, these rooms are often below current industry standards and inadequate for current operations in the existing facility.

Adjacency/Location

Direct adjacency to short dedicated horizontal and vertical connection supporting best practice patient care are in place. Examples include surgery to surgery ICU, and Emergency Department to diagnostic imaging.

Findings:

Many of the program components have been designed to fit, rather than designed to meet best practice adjacency relationships. Surgery and ICU are far apart. LDR and NICU are inappropriately separated. Many outpatient areas are spread across the Campus with limited access, parking and difficult wayfinding from the main entrance. Many public spaces are upstairs from the main entry, creating access and flow problems. Inefficient elevator locations, stairs and ramps also contribute to difficulties in connecting outpatient departments.

Process & Flow

Space is organized effectively to meet the ongoing process in a cost-effective manner being patient focused with proper adjustments, adequate access to equipment, staff, technology and communication systems.

Findings:

Internal wayfinding between different entry points is challenging. Specific areas of inefficient flow are in the ED, which is ineffectively organized due to being fit into the existing infrastructure, the surgery ICU flow and the OB-LDR-NICU flow, which has problems with crossing of public and newborn traffic patterns. Medical surgical units are scattered throughout the campus, often on insufficient floor plates grouped in inefficient unit arrangements. Outpatient services are also scattered without clearly defined, easily accessible entry points and little to no connection to other public areas of the facilities.

Quality of Interior

Space is of good quality, having adequate lighting levels, with moderate to high level of finishes and adequate staff and patient amenities.

Findings:

The aging facility is difficult to maintain in a high-quality interior environment. Many of the actual patient care areas are beyond their useful life. Recent renovation of some patient care areas has improved the interior quality of those areas. Older buildings have abundant daylight, but small room sizes, inefficient mechanical systems, and confusing circulation. All of these factors contribute to the constant recognition of the age of the facility.

Flexibility for Change

Space is considered cost effective to modify, reuse and/or change, having adequate ceiling heights and ETF heights, minimal structural impediments, good access to medical gases, and served well from mechanical and electrical systems.

Findings:

Only the Todd building is designed such that it could be repurposed. The Stanley building has limited reuse potential because of floor heights. The remainder of the facility consists of uneven floor plates, oddly shaped wings, which do not lend themselves to repurposing. The age of the facility and degradation of the infrastructure systems do not support reuse for most of the other buildings.

Specific conclusions cited the following issues:

- Facility infrastructure is at or near failure, requiring immediate upgrade
- Current facility is inefficient in terms of use of square footage and operating costs associated with maintenance and operations
- Fragmentation, poor patient flow and inefficient unit sizes increase the cost of providing clinical care
- Facility is inadequate in terms of providing modern care, especially in ICUs and surgical suites
- Lack of private rooms, fragmentation of services, limited patient privacy and overall cosmetic conditions are significant patient and provider dissatisfiers

Key issues identified in the assessment of the campus included:

- The campus is small in size for a 500+ bed hospital and other non-hospital building. The site holds multiple buildings beyond the Medical Center including apartments, community connection and a Ronald McDonald house.
- There is limited access to the west due to the adjacent railroad. Location is proximal to the shore, limiting access to the facility.
- Most of the site is surrounded residential neighborhoods, with narrow streets that create difficulty accessing the site.
- While the campus has numerous entry points, there is limited parking adjacent to most entries. Parking for the transit stop can compete with staff and visitor parking.
- The garage is a large capacity structure, but there is limited surface parking adjacent to key service entry points.
- The new Cancer Center entry does not link into an overall unified public space experience for the campus.

With regard to the facility overall the following factors were noted, and deficiencies identified:

- Much of the campus is made up of aging facilities with the original buildings over 100 years old (1914) and a majority of the buildings 50+ years old.
- The west half of the campus is considered severely deficient, most other spaces are fair to poor in terms of room sizes, adjacencies, flexibility and quality of interiors.
- The campus is made of multiple building expansions over time.
- The external organization is convoluted with too many elevator banks without clear definition between public / patient / materials movement.
- Patient units are disconnected, and semi-private configurations are maintained on some units.

- Outpatient services are dispersed across the campus and not in convenient locations.
- Lack of coherent identity and location for key service lines, including cancer services and mother/children's services.
- Only a limited area of the Stanley & Todd building has opportunities for vertical expansion.
- Internal travel distance and transfer time between key departments is problematic.
- Despite recent additions and upgrades, many areas are in need of modernization.

The overall findings of the Departmental evaluation noted the following issues and deficiencies:

- Overall quality of patient care space is below current planning standard
- Most diagnostic and treatment services are undersized and inefficiently organized due to existing building constraints
- Some patient rooms do not conform to minimum FGI guidelines for bed clearances, even in single patient rooms
- Several of the inpatient centers have been renovated in the past several years, which are beneficial for the patient experience. However, this creates a disparity in interior environments and in some cases created small units that are not ideal departmentally.
- Location and size of the following services are problematic:
 - Central Sterile
 - Emergency Department
 - Cancer Treatment (inpatient and outpatient)
 - Behavioral Health (inpatient)
 - Surgery/Peri-Op/PACU
 - Radiology
 - Inpatient Dialysis
 - Cardiac Cath Lab
 - LDR/Obstetrics/NICU/PICU

An assessment of engineering structures was undertaken by AKF, a firm providing global engineering and design services, which found most of the engineering systems are at the end of their useful life and have current priority maintenance and/or repair and replacement issues. The following specific issues were identified, and recommendations were provided:

HVAC:

- The steam system is original to the hospital and has been extended to serve various buildings. The boilers, piping, steam PRV stations, traps and various condensate transfer pumps are at the end of their useful life
- Air handling units (AHU) are in fair condition with some preheat cores replaced. They were installed in 1978 and are nearing the end of their useful lives

Fire Protection Systems:

- All systems are original to the building and in fair condition

Electrical Systems:

- Transformers and switchgear are approximately 60 years old and transformers are showing signs of leaking. Switchgear parts are no longer available due to age of equipment. This is a critical area in need of replacement
- Existing emergency generators are old and could fail at any time. This is a critical area in need of replacement
- Medium voltage feeders are 30 to 60 years old. Either they are replaced as transformers and gear are upgraded, or they will fail under emergency conditions
- Older emergency generators need to be replaced

- Sanitary and storm systems are original to the building and are in fair condition

Plumbing Systems:

- Domestic hot and cold water systems are original to the building and in fair condition
- Medical vacuum systems are original to the building and reaching their end of life cycle

Most recently (Fall of 2023), a major storm affecting much of the East Coast resulted in water infiltration through windows, floors, and roofs, causing breaks in the outer walls of the facility. The third floor of the Alexander Pavilion Building was shut down so that windows, floors and roof repairs could be made and the hospital temporarily closed the adult voluntary Behavioral Health unit to allow for ready access and to use this as an opportunity to provide a refresh for the unit. This was not the only affected area as work is needed to repair the facades, roofs and windows throughout the campus. Other anticipated repairs include new dampers. Due to the age of many of the buildings on campus, infrastructure repairs are a continual and costly concern that must be addressed to ensure a safe environment for patients.

PLANNING PROCESS

Board and Community Involvement and Support

In 2008, MMC completed a master facilities plan which identified building issues and deficiencies. The recession put all but necessary repairs and renovations on hold. A long range master facility plan was restarted eight years later in 2016.

MMC's Board of Trustees was and is actively engaged in the development and execution of MMC's strategic planning activities. MMC's local Board consists of 8 community members from Ocean County and 35 community members from Monmouth County, representing the towns and localities served by the Medical Center. Community members include civil- community-based organizations and individuals.

The Board has been appraised of all aspects of the 2016 long-range planning process, including the assessment of all buildings, infrastructure, campus and mechanical and engineering systems. The Board has also approved the development of several options and alternatives to deal with the current campus deficiencies and gave its approval both to the purchase of a 36-acre parcel of land at Fort Monmouth and for the development of an outpatient center and the potential expansion of acute care services to the area. Earlier this year, after considerable study, input from internal stakeholders and community residents, the board gave its approval for submission of this Certificate of Need. See Appendix 1.

Beginning with the decision to purchase a property on the Fort Monmouth site, the announcement in 2020, of the \$50 million dollar donation from the Vogel Family and the decision to begin construction of the outpatient center, MMC has developed and executed a communication strategy aimed at sharing project information with both internal and external stakeholders and to seek their input and counsel.

Internal communication platforms and meetings have been held extensively to ensure front line staff, medical staff and management and board members have adequate information and the opportunity to ask questions or voice concerns. A micro-site within the hospital's website, meetings with community and civic leaders and community organizations along with press releases are currently being used to ensure that the community is updated on project progress. The outpatient construction site has signage and a number for residents to call regarding questions or concerns.

Internal input gathered through direct communication with the community has yielded information which has been used in the design and redevelopment of both the Long Branch and Tinton Falls Campus sites. MMC will ensure that it effectively communicates its plans throughout the construction process. See section entitled **Expansion and Redevelopment Plan**.

Medical Staff and Community Involvement

MMC involves its medical staff in the planning of the new Medical Campus to both inform staff and to seek their advice and guidance. Members of the Hospital's medical staff have Board-level appointments and as such participate in strategic discussions. The Board's Strategic Planning Committee has membership from the Medical Staff where Hospital's modernization and program development discussions are held. Members of the medical staff also get monthly and quarterly project updates from the administration at Medical Executive and Medical staff meetings.

As plans for the new Medical Campus were being developed, the medical staff were actively involved. Preliminary construction documents for the new medical facility were fully developed with the members of the medical staff representing various medical and surgical departments working with architects and engineers to evaluate the impact of building design options on workflow and patient care. MMC's administration, architects and engineers will continue to work with medical, nursing and departmental design teams on detailed construction documents for the proposed new Medical Center in Fort Monmouth.

DESCRIPTION OF THE PROJECT

MMC is submitting a Certificate of Need (CON) for phase 2 of their new Vogel Medical Campus development, to be located in Tinton Falls, New Jersey. Phase 2 will relocate select acute care services at Monmouth Medical Center to a new building. The new facility will include emergency services, predominantly inpatient acute care programs, surgical services, diagnostic imaging, and the required support programs. The phase 2 building will be approximately 777,720 BGSF with two inpatient pavilions and seven (7) functional stories in height plus an additional basement level. There is an attached central utility plant that is approximately 32,760 BGSF.

Phase II of the new Vogel Medical Campus comprises the relocated acute care services and expanded emergency services. The hospital building connects with Phase I Cancer Center and Ambulatory Care Pavilion. The narrative below is a description of the planned hospital facility.

Ground Floor

The ground floor level incorporates building support and ancillary services. There will be a connection to the Vogel Cancer Center and Ambulatory Pavilion located adjacent to the proposed hospital at this level. Support services included are Core Lab, Kitchen / Dietary, Facilities, materials Management, Morgue, and the Central Utility Plant.

First Floor

Main entry to the hospital will be on the first floor and is proposed to be located at the northern side. There will be a patient drop off area with a covered canopy. Directly off the vestibule entrance will be a support zone for valet parking services. Patients and visitors will be received by a greeter upon entering a Lobby area and have access to general waiting, reception, registration functions and public restrooms. Other public areas and amenities located on the first floor include Information Kiosks, Retail Pharmacy and Gift Shop.

Two public elevator banks are provided each serving the Inpatient Pavilions. One elevator bank has a direct connection to the Women's and Children's Pavilion (Pavilion A) and the other public elevator bank (Pavilion B) has vertical connections to the acute care nursing units and interventional platform. Service elevators are provided for both pavilions for all support functions to be used independent of the public elevators. For the purpose of this narrative, the inpatient towers and public elevator banks will be referred to as Pavilion A and Pavilion B.

Emergency Department. The Emergency Department has a dedicated ambulance entrance with a vestibule located on the southside of the building. Walk-in entry is on the west side with parking adjacent to the entrance. The emergency department consist of five (5) triage rooms and forty (40) regular treatment rooms. Two (2) treatment rooms are sized for bariatrics. The Emergency Department is providing space for a separate pediatric area. There will also be a separate dedicated psychiatric evaluation screening service ("PESS") with seven (7) treatment rooms. Space for eighteen (18) treatment / observation beds with their own dedicated toilet room will also be provided.

Imaging. Imaging is located adjacent to the Emergency Department for optimum workflow to adjacent modalities. Those modalities include four (4) General Radiology, one (1) Dexascan, four (4) Ultrasound, two (2) Fluoroscopy, three (3) MRI, three (3) CT scan, one (1) PET CT, one (1) SPECT CT and three (3) Nuclear Cameras.

The Diagnostic imaging department also include the following rooms and testing areas; four (4) Echo Rooms, one (1) EKG room, two (2) Stress Test / Cardiac, one (1) Stress Test / Tilt and three (3) EEG Procedure Rooms.

Breast Cancer. A comprehensive Breast Center will be located on the first floor off the public lobby and adjacent to the imaging department. The Breast Center includes one (1) stereotactic biopsy room, one (1) ultrasound biopsy room, four (4) ultrasound rooms and six (6) mammography rooms. Patients utilizing the Breast Center will have access to the Imaging Department for their diagnostic needs. The Breast Center is located adjacent to the Imaging Department with the ability to share staff resources and additional diagnostic tests for the Breast Center patient through discreet corridor access.

Second Floor

Dining / Cafeteria. Dining and Cafeteria services will be located on the second floor. The dining areas will have views to the first-floor level below. The cafeteria will feature various meal stations and adequate seating will be provided for both staff and visitors.

Interventional Unit. The Interventional Unit is located on the second floor and easily accessed by the Pavilion B elevators from the first-floor lobby. The Interventional Suite will accommodate ten (10) General Operating Rooms, two (2) Specialty Operating Rooms, two (2) Hybrid Operating Rooms, two (2) Procedure Rooms that are ERCP capable, and one (1) Bronchoscopy Procedure Room. Thirty-eight (38) flexible Prep / Stage II Recovery / PACU Rooms will support the Interventional Unit. Sixteen (16) Prep / Stage Recovery Rooms will support the Interventional Radiology and Cardiac Cath Procedures.

Women's Services. The LDR / C-Section Suite and the Post Partum Unit are located on the second floor and are accessed by the public elevators dedicated to the Women's and Children's Pavilion (Pavilion A) from the first-floor lobby. There will be six (6) Triage Rooms, six (6) Antepartum Rooms and twenty-two (22) Labor Delivery Recovery rooms ("LDR"). The LDRs are adjacent to a three (3) room C-Section Suite that has off stage access to the surgical suite for additional volume needs.

Third Floor

Administration and Conference. The new hospital will contain ten (10) conference rooms that will be arranged in a flexible layout that may be configured into larger rooms as needed. The conference rooms are located on the third floor adjacent to the public elevators and can be used by other public events and entities in addition to administrative needs.

The adjacent administrative suite will contain offices for the executive C-Suite and flexible work areas for other system leaders.

Information Technology. Information Technology is also located on the third floor and has adjacencies to the conference center and administrative departments.

Central Sterile Processing (CSP). CSP is located on the third floor directly above the surgical suite. The three (3) zone CSP has a dedicated elevator connection to the second floor for transport of soiled and clean materials.

Pharmacy. The Pharmacy is located on the third floor directly above the materials storage area with a direct elevator connection for transport of goods. The pharmacy is also located directly below the Neonatal Intensive Care Unit. The pharmacy will also have connections to the bed floors and interventional platform through the service elevators. Pneumatic tube stations will also be provided in strategic areas for medication delivery.

Fourth Floor

Neonatal Intensive Care. The Neonatal Intensive Care Unit is located on the fourth floor directly above the LDR / C-Section Suite located in the Pavilion A. This unit is forty (40) beds comprised of a combination private, double, and four (4) bedded rooms.

Inpatient Nursing Unit. The fourth floor will also consist of a thirty-six (36) bed acuity adaptable Intensive Care Unit with public access from the Inpatient Pavilion B elevators at the first floor of the public lobby.

Fifth Floor

Acute Care Inpatient Nursing Unit. The fifth floor will consist of one (1) Acute Care Inpatient Unit and one (1) 32-bed postpartum unit with a 25-bay normal newborn nursery. This unit is accessible by the public elevators at Pavilion A.

Sixth Floor

Acute Inpatient Nursing Unit. The sixth floor will consist of one (1) Acute Care Inpatient Unit and one 32-bed postpartum unit with a 25-bay normal newborn nursery, accessible by the public elevators at Pavilion A.

Seventh Floor

Acute Inpatient Nursing Unit. The seventh floor will consist of one (1) 18-bed Acute Care Inpatient Unit located in Pavilion B.

Pediatric Unit. Adjacent to the Acute Care Inpatient Unit will be a 16-bed Pediatric Unit of which five (5) of the beds will be licensed for Pediatric Intensive Care.

Inpatient Acute Care Units

The Inpatient Acute Care Units are designed to be adaptable for future changes in patient acuity. Each typical patient unit will have a total of thirty-six (36) beds and meet the unit size requirements of critical care. Floors Five and Six in Pavilion A will each have a 32 bed postpartum unit. Floors Four to Six in Pavilion B will each have a 36-bed Acute Care Nursing Unit. Floor Seven in the Pavilion

B will accommodate an 18-bed acute care unit and a 16-bed Pediatric Unit. The Pediatric Unit will also be sized to meet critical care standards to provide future flexibility for acuity.

These patient units will be accessed by the public elevators in their designated pavilion locations. They will also be accessed by the staff and have connections to support and ancillary functions through the corresponding support elevators that travel directly to the units.

Patient Care Areas

The units will be designed with an off-stage corridor that will access support areas to maintain the privacy and allow for support functions to occur without disrupting the patient. Each patient unit is supported by all the necessary spaces to allow the units to further be configured into units of 18-beds each.

Every patient unit has two (2) isolation rooms with the ante room configurations and meet the requirements for Airborne Isolation Room. Full bathrooms will be provided for each patient room (no central bathing) patient toilet and shower. A decentralized nursing station will be provided at each patient room with direct visibility through a vision panel from the corridor location into those rooms. These decentralized stations are in addition to the nursing station(s) provided in the core of each unit.

Neonatal Intensive Care Unit

The Neonatal Intensive Care Unit is designed to be adaptable for future flexibility providing a series of private, semiprivate, and multiple infant rooms pending census and population needs. Design features are similar to the adult inpatient unit providing on stage and off-stage corridors for separation of public and staff access and to allow for increase in patient privacy.

The Neonatal Intensive Care Unit is located on the fourth floor of the Pavilion A directly above the LDR | C- Section Suite. Public elevators located at Pavilion A on the first floor will allow for direct access to the unit. Separate service elevators have a direct connection from the LDR Suite below to the NICU. These elevators also have connections to the support and ancillary functions of the hospital. Public access is secured and controlled by security processes and staff.

Patient Care Areas

Upon the infant's arrival to the NICU the neonate may be taken to one of two (2) triage rooms for further assessment and preparation prior to disposition to their patient room. This triage room provides an additional area for assessment.

This unit is forty-one (40) beds comprised of a combination double, isolation, and four (4) bedded rooms to include both intermediate and intensive care beds. The plan calls for a combined unit of level II and level III beds which will be operated at the current licensed levels until the next CN call for NICU beds, at which time additional beds will be requested. The following is the composition of the key planning units:

- Six (6) private beds
- Eight (8) semiprivate beds
- Four (4) four beds
- Two (2) Isolation beds

Each patient unit and room meet the criteria as established. The unit has two (2) isolation rooms with ante room configurations that meet the requirements for Airborne Isolation Rooms. There is an additional (1) bed room to be utilized as family/education room.

Women's Services (Obstetrical Services)

Labor Delivery Recovery ("LDR")

The operational model for Obstetrical Services will be a Labor | Delivery | Recovery model in which after delivery the mother and infant will be transferred to the postpartum unit. The LDR is located on the second floor of Pavilion A adjacent to the C-Section Suite. The Postpartum Units are located on floors five and six. Design features are similar the adult inpatient acute care unit providing on stage and off-stage corridors for separation of public and staff access and to allow for increase in patient privacy.

Public elevators located in Pavilion A on the first floor will allow for direct access to the LDR unit. Separate service elevators have a direct connection from the LDR Suite to the NICU on the fourth floor. These elevators also have connections to the support and ancillary functions of the hospital. The location of the unit meets the requirements for Location. Public access is secured and controlled by security processes and meet the requirements for Security.

Patient Care Areas

Upon the mother's arrival to the LDR unit the patient will be taken to one of six (6) triage rooms for further assessment and preparation prior to disposition to their labor and delivery room. This triage area meets the requirements for Exam Treatment Room. The triage rooms have adjacent toilet rooms. The triage area is self-sufficient with a nursing station, documentation area, clean supply, soiled holding and medication room.

The LDR Unit has twenty-two (22) Labor Delivery and Recovery Rooms. The complete composition of the Obstetrical Unit includes the following:

- Six (6) Triage Rooms
- Twenty-Two (22) LDRs
- Six (6) Antepartum Rooms
- Three (3) C-Section ORs

Each Labor Delivery and Recovery Room meet the criteria established for space requirements. The unit has three (3) isolation rooms with the ante room configurations and meet the requirements established and the requirements for Airborne Isolation Rooms. LDR room has space allocated for its own infant resuscitation area and its own patient bathroom. Handwashing stations are provided in each patient room.

A decentralized documentation station will be provided between each Labor and Delivery Room and Ante Partum Room at the corridor location for a total of fourteen (14). These decentralized stations are in addition to the nursing station(s) provided in the core of the unit. Each Antepartum room is design to meet Space requirements for intensive care units.

C-Section Suite

The C- Section Suite is located on the second floor of Pavilion A adjacent to the LDR Unit and the Interventional Platform. The C-Section Operating rooms are located directly adjacent to the General Operating rooms of the interventional platform allowing for the flexibility to use to the adjacent operating rooms if the need should arise.

Public elevators located at Pavilion A on the first floor will allow for direct access to the LDR and C-Section Suite. Separate service elevators have a direct connection from the LDR Suite and C-Section to the NICU on fourth floor. These elevators also have connections to the support and ancillary functions of the hospital. The location of the unit meets the requirements for Location. Public

access is secured and controlled by security processes and staff and meet the requirements for Security.

Patient Care Areas

Upon the mother's arrival to the C-Section unit the patient will be taken to the prep recovery PACU area prior to the OR. This area is also located directly adjacent to the six (6) triage rooms for further assessment and preparation prior to disposition to the patient's labor and delivery room.

The C- Section Unit includes the following Key Planning units.

- Three (3) C-Section ORs
- Five (5) Prep/PACU/Recovery Rooms

Each C-Section OR meets the requirements for space. The C-Section ORs also include space for infant resuscitation. Three (3) scrub sinks are also provided prior to entry into each OR.

Postpartum Unit

The Postpartum Units are located on floors five and six of the Women's and Children's Pavilion. The units are two (2) thirty-two (32) beds for a total of sixty-four (64) private rooms. Each patient unit will have its own dedicated normal newborn nurseries. The model of care emphasizes rooming in, and the nurseries have been sized to reflect that model.

These patient units will be accessed by the public elevators in their designated pavilion locations. They will also be accessed by the staff and have connections to the support and ancillary function through the corresponding support elevators that travel directly to the units. Vertical connections from the LDR and C-Section OR are provided direct to the postpartum units from the second floor.

Patient Care Areas

The postpartum units will be designed similar to the acute care units with an off-stage corridor that will access support areas to maintain the privacy and allow for support functions to occur without disrupting the patient. The unit design will meet the space requirements for medical surgical units with the exception of the space requirements for the patient room.

Each patient unit and room will meet the criteria as established for postpartum room. Each postpartum unit has two (2) isolation rooms with the ante room configurations and meet the requirements for Airborne Isolation Rooms. Full bathrooms will be provided for each patient room (no central bathing) patient toilet and shower.

Normal Newborn Nursery

Patient Care Areas

The Normal Newborn Nurseries are located on each Postpartum Unit which meets the lactation requirements. There are 25 well borne bassinets located on each Postpartum Unit. Two (2) nurseries are provided on each unit, one nursery has space for eight (9) bassinets and the other has space for fifteen (12) bassinets and meet the space requirements for Newborn Nursery. There are also four (4) isolation rooms provided on each unit which comply with the requirements for Airborne Isolation Room.

Emergency Department
The Emergency Department is located on the first floor of the proposed new building. There is immediate adjacency to the imaging department with direct access to diagnostic needs.

The Emergency Department is designed to be flexible and adaptable with census. Designed in pods of treatment rooms, each pod is self-sufficient with support areas and can close and open with

census fluctuations. There is a dedicated pod for pediatrics and a dedicated PESS unit. Integrated into the Emergency Department footprint is a treatment/observation unit. This unit will function as an extension of the department and will operationally focus on observation patients that require less than a 24 hour stay.

The walk-in entrance provides a covered entry and meets the requirements for Vehicular drop off and pedestrian entrance. A separate and distinct entry is provided for ambulance arrival which is protected with a covered canopy.

Separate service elevators have a direct connection to both patient towers and the surgical suite. There is a dedicated elevator adjacent to the ambulance entry for direct transport to the interventional and surgical procedure rooms.

Patient Care Areas

The composition of the treatment areas in the Emergency Department is as follows:

- Five (5) triage exam rooms
- Thirty-six (36) general exam treatment rooms
- Four (4) isolation rooms
- Two (2) bariatric rooms
- Two (2) resuscitation rooms
- Seven (7) behavioral health rooms (PESS)

One pod of treatment rooms is dedicated to Pediatrics and is located immediately adjacent to the walk-in entrance. The behavioral health rooms have a dedicated pod that has a distinct flow from entrance off the ambulance entry and a dedicated exit. Both specialty areas meet the requirements for Emergency department treatment areas.

Triage. The triage rooms are located immediately off the waiting area. Each triage room and the waiting area has direct visibility from the reception and nurses' station. There are five (5) triage areas provided, private rooms each with a handwashing station. The triage rooms are double sided with direct entry into the treatment area. Two (2) of the triage rooms are specifically for pediatrics.

Trauma Rooms. The project accommodates two (2) trauma rooms with one directly located off the ambulance entry.

General Treatment Rooms. The general treatment rooms meet the minimum size requirements of 120 square feet. All treatment rooms are private with their own handwashing station and storage area for supplies. Four (4) of the general treatment rooms serve as airborne isolation rooms with ante rooms and are distributed through the department. Each airborne isolation room has its own patient toilet. There are ten (10) patient toilet rooms provided.

Behavioral Health Rooms. The program includes a dedicated pod of seven (7) treatment spaces for behavioral health patients. This pod is self-sufficient with support areas and is separate from the other treatment zones. This pod of treatment rooms has two (2) patient toilet rooms.

Treatment/Observation Unit. The observation unit is collocated within the Emergency Department. There are eighteen (18) patient rooms provided with individual bathrooms and can function as a self-sufficient unit with its own support areas.

Diagnostic Imaging

Diagnostic Imaging will be located on the first floor with adjacencies to the public lobby and accessible by the emergency department, the breast center, and inpatient units for imaging needs. The department is located off the main lobby with public entry for outpatients that will need diagnostic testing and has a discrete entry from the breast center. The breast center will share the diagnostic modalities creating efficiencies in modality usage and staffing resources. All diagnostic imaging modalities and noninvasive cardiology testing services are grouped together to share support services and optimize efficiencies.

Patient Care Areas

The diagnostic imaging suite includes the following class one (1) imaging modalities:

- Four (4) General Radiology Rooms
- One (1) Dexascan
- Three (3) Ultrasound Rooms
- Two (2) Fluoroscopy Rooms
- Two (2) MRI 1.5T
- One (1) MRI 3 T
- Three (3) CT Scan
- One (1) PET CT
- One (1) SPECT CT
- Three (3) Nuclear Camera

The diagnostic imaging department also include the following testing areas:

- Four (4) Echo Rooms
- One (1) EKG
- Two (2) Stress Test | Cardiac
- One (1) Stress Test | Tilt
- Three (3) EEG Procedure Rooms

Breast Center

The Breast Center will be located on the first floor off of the public lobby with direct access to a secondary public lobby area that is at the first-floor level of Pavilion A. The Breast Center will provide diagnostic and screening services for Breast Health. This suite of spaces will also have a direct connection to the diagnostic imaging department for use of additional imaging modalities as required.

Patient Care Areas

The Breast Center will accommodate the following key program spaces:

- One (1) Stereotactic Biopsy
- Four (4) Ultrasound
- One (1) Ultrasound Biopsy
- Six (6) Mammography Rooms

Interventional Platform

The surgical operating rooms and the procedure rooms are all co-located in a consolidated platform referred to as the Interventional Platform. This procedural area can be accessed by the public from the elevators located on the first floor and by patients and staff through the service elevators in both inpatient towers. There is a dedicated elevator from the emergency department that allows access directly to the platform into a controlled zone.

Patient Care Areas

The Interventional Platform (Interventional Procedure Rooms and Surgical ORs) are located on the Second floor and contain the following Procedure rooms:

- Ten (10) General Operating Rooms (ORs)
- Two (2) Specialty Operating Rooms (ORs)
- Two (2) Hybrid Operating Rooms (ORs)
- Two (2) Cardiac Catheterization Labs
- Two (2) Interventional Radiology Procedure Rooms
- Two (2) Transesophageal Diagnostic Rooms
- One (1) ERCP Room

The following key supporting rooms are provided for each designated area:

General | Specialty and Hybrid Operating Rooms (ORs)

- Thirty-eight (38) Prep | Stage II Recovery | PACU

Cardiac Catheterization Lab | Interventional Radiology

- Sixteen (16) Prep | Stage II Recovery

The operating rooms meet the square footage and clearances required by code. While most cases will be inpatients, there will be patients that will arrive for same day surgery. Patients and families can access the surgical suite by taking the elevators from the main lobby to the second floor where they can immediately check-in at the reception. The pre and post care is designed with a separate PACU from the prep and recovery area. The PACU has restricted access and is designed with seventeen (17) private PACU rooms. The adjacent prep and recovery consist of private room model and is within the unrestricted area.

The PACU and prep recovery bays are designed to meet the requirements for Pre- and Post-Procedure Patient Care. Four (4) of the rooms have ante rooms for airborne infectious isolation. Two (2) of the prep | recovery rooms in the Cardiac Cath | Interventional area have ante rooms. All PACU and prep recovery rooms are equipped with a sliding door and curtains for additional privacy. All PACU and prep recovery rooms are equipped with a stretcher, overbed table, required medical gases, handwashing sink, physiological wall mounted monitor and a guest chair.

There are crash cart alcoves provided for the PACU and prep and recovery rooms. These alcoves are recessed to avoid the equipment encroaching into the minimum required corridor width. Locker room is provided to store all patient belongings.

The proposed plan calls for a decrease in acute care beds overall in keeping with current and future trends in hospital utilization. Over the last decade or more, hospitals across the nation as well as in New Jersey has seen utilization declines as care has shifted out of the hospital to outpatient care centers or to receipt of in-home care. Utilization experts predict that these trends will continue as medical innovation and reimbursement pressures drive care that can be safely delivered to alternative sites with the expectation that higher acuity patients will require inpatient care. The use of acuity adaptable bed design will ensure capacity to meet the highest acuity patient needs while building an infrastructure that is expected to operate more effectively and efficiently.

Current med/surg licensed capacity is overstated and under-utilized. The inpatient average daily census for medical/surgical inpatients was approximately 79 patients for 2022 as reported on the B2. This supports our decision to request a decrease of 180 medical surgical beds. Inpatient demand