

CERTIFICATE OF NEED
Department Staff Project Summary, Analysis & Recommendations
Relocation of General Hospital

Name of Facility:	Monmouth Medical Center
Certificate of Need #:	FR 2024-04352-13;01
Name of Applicant:	RWJ Barnabas Health – Monmouth Medical Center
Project Costs:	\$858,700,000.00
Financing:	Cash, Loans, Fundraising, Major Gift
Location:	Long Branch and Tinton Falls, Monmouth County
Service Area:	Monmouth County and regions within Ocean County

Applicant's Project Description:

The Department of Health (Department) has received and reviewed a certificate of need (CN) application for the relocation of Monmouth Medical Center (MMC), a general acute care hospital located in Monmouth County at 300 Second Avenue in Long Branch owned by RWJ Barnabas Health, Inc. (RWJBH), a New Jersey non-profit 501(c)(3) organization (Applicant).

The application was originally submitted in April 2024. As initially submitted, the Applicant proposed to relocate selected services from the existing MMC hospital in Long Branch to a new, second general hospital at the former Fort Monmouth U.S. military installation in Tinton Falls, Monmouth County (to be named the Vogel Medical Campus), approximately 6.5 miles west of the Long Branch facility. See Appendix, Figures 1 and 2.

N.J.A.C. 8:43G-2.12(a) sets forth 27 professional departments, services, facilities, and functions that must be provided by a general hospital. As initially proposed, neither location would offer the full complement of these mandatory hospital services. Instead, the application proposed dividing the mandatory services between the two locations under one single hospital license. This proposal would have resulted in two acute care hospital “campuses,” operating under one hospital license, with neither campus qualifying on its own as a general acute care hospital. However, the proposal failed to comply with the Department’s hospital licensure rules, namely N.J.A.C. 8:43G-2.11(b). Under N.J.A.C. 8:43G-2.11(b), “[i]ndividual licenses shall not be required for separate hospital buildings and services located on the same or adjoining grounds, if these are operated under one management.” The Department has long interpreted the clear wording of N.J.A.C. 8:43G-2.11(b) to require separate licenses for hospital-related facilities that are not situated on the same campus. Accordingly, the Long Branch and Tinton Falls campuses would have been required to maintain separate licenses.

During the application process, the Department and Applicant exchanged five different rounds of completeness questions. In response to completeness questions

answered in February 2025, the Applicant presented a modification to its proposal and the Department eventually accepted this modification pursuant to N.J.A.C. 8:33-4.6(a). This modified proposal, which conforms with N.J.A.C. 8:43G-2.11(b), constitutes the application that is now submitted for your review.

The application was accepted as completed by the Department pursuant to N.J.A.C. 8:33-4.5 proposes relocating all mandatory acute care hospital services to Tinton Falls. The Long Branch campus would be revitalized and licensed as a hospital-based, off-site ambulatory care facility offering a satellite emergency department, a patient observation unit, imaging services, inpatient psychiatric beds, an outpatient surgery center, and outpatient clinics. Hospital construction is planned for 2027, with licensing and relocation anticipated in 2029. The proposed distribution of services at each location is as follows:

Tinton Falls Campus:

- 90 medical/surgical beds
- 36 adult ICU/CCU beds
- 70 OB/GYN beds
- 11 pediatric beds
- 5 pediatric ICU beds
- 23 intensive NICU bassinets
- 8 intermediate NICU bassinets

Long Branch Campus:

- 25 closed adult psychiatric beds
- 19 open adult psychiatric beds
- 24-bed observation unit
- Satellite Emergency Department (SED)
- All inpatient and outpatient behavioral health services
- Imaging services
- Outpatient surgery and specialty clinics

A transportation service will be available between the two sites for the convenience of patients, staff, and family members/caregivers.

Applicant's Justification of Need:

The application states that the decision to relocate MMC from Long Branch to Tinton Falls is based on how to best serve and ensure access to the residents of its primary and secondary service areas and to provide a new, modern facility in a cost-effective and efficient manner. A global design, architecture, engineering, and planning firm was hired to evaluate the existing MMC campus, which reported that the Long Branch campus facilities are "below standard or undesirable" when evaluated on functional and

physical qualities. The age of the facility buildings, older floor plan configurations and expansions, disconnected patient units, use of semi-private (dual occupancy) patient rooms, confusing location of elevator banks, dispersed location of outpatient areas, limited vehicle access, lack of adequate parking, and high cost to maintain or replace the infrastructure are all identified in the report and application as justifications for relocation of the hospital.

Due to existing site constraints, poor renovation potential, highly inefficient and disruptive demolition/replacement processes, aging infrastructure, and high replacement costs, the Applicant asserts that the relocation of the full hospital to Tinton Falls is the best option for service continuity, patient access, and cost perspectives.

Considering the historical significance of MMC as an essential part of the Long Branch community, the Applicant would retain certain acute care services that would be provided as hospital-based off-site services. These include a satellite emergency department, same-day surgery, and other outpatient clinic services. The application also states that psychiatric beds would remain at Long Branch at the current levels.

The Applicant further asserts that its decision to relocate MMC is supported by its analysis of patient-origin and market share data that places the relocated hospital in Tinton Falls near the geographic center of its primary service area, where it will be more accessible to the majority of area residents. The Applicant contends that establishing a new hospital campus will allow the development of modern facilities that offer the best care environment in the shortest timeframe possible, thereby enhancing its ability to meet the acute healthcare needs of the communities it serves.

Applicant's Statement of Compliance with Statutory & Regulatory Requirements:

The Applicant has stated the following to demonstrate its compliance with the statutory criteria contained in the Health Care Facilities Planning Act, as amended, at N.J.S.A. 26:2H-1 et seq., and N.J.A.C. 8:33-1.1 et seq., as follows:

1. The availability of facilities or services which may serve as alternatives or substitutes:

According to the Applicant:

The general hospitals located in Monmouth County include Riverview Medical Center in Red Bank and Jersey Shore University Medical Center in Neptune, both within MMC's primary service area. Bayshore Medical Center in Holmdel and CentraState Medical Center in Freehold are within MMC's secondary service area. Riverview, Jersey Shore, and Bayshore are part of the Hackensack Meridian Health system, while CentraState recently affiliated with Atlantic Health System. See Appendix, Figures 1, 2 and 3.

The Applicant states that MMC operates as the leading provider of medical services in its primary service area¹, the primary provider of maternity care in Ocean and Monmouth Counties, and the primary provider of behavioral healthcare in Monmouth County. The new Tinton Falls hospital is in the same planning region and is 6.5 miles from the current hospital in Long Branch². See Appendix Figures 3 and 4.

The Applicant states that the new hospital will enhance access to healthcare services for the majority of patients in the service area. The new location is easily accessible from the Garden State Parkway and N.J. Route 35, making it more accessible than its current location for most residents and emergency vehicles.

In addition, the Applicant reports that market research findings rank MMC highest when residents in its service area are asked which hospital they would choose for themselves or a family member in need of acute care hospital services.

2. The need for special equipment and services in the area:

According to the Applicant:

No proposed changes in the scope of special equipment or services resulting from the relocation are identified by the Applicant. MMC does not plan to add any new services or bed types at the new hospital that are not already offered at the existing Long Branch location.

3. Economies and improvements in service anticipated from joint central services:

According to the Applicant:

The relocation of MMC is part of a multi-year strategic planning study by RWJBH. As part of a fully integrated delivery system of healthcare services, MMC can provide patient services and track outcomes, from outpatient care to inpatient care to post-acute care, in an efficient manner. The proposed new hospital is projected to yield operational and staff efficiencies over the older hospital facility in Long Branch. The new facility will also provide updated, modernized spaces and equipment to ensure patient safety and improve patient clinical outcomes.

4. The adequacy of financial resources and sources of present and future revenues:

According to the Applicant:

¹ As defined by the Applicant in Figure 3 and 4.

² N.J.A.C. 8:33-1.3 - "Planning region" means the county(ies) where (a) facility(ies), service(s), or bed(s) subject to CN is located and/or proposed to be located, in accordance with the approved CN, and contiguous counties.

The application includes documentation regarding the finances of RWJBH and MMC, including estimated project/construction costs, a financial feasibility assessment, consolidated financial statements and revenue projections, an independent auditor's report, and certifications of financial assets/investments.

Project costs include \$800 million for capital expenditures (including \$520 million for new construction) and \$58.7 million for financing costs, for a total of \$858.7 million. The costs are expected to be financed through \$258.7 million in available cash, \$450 million in loans, \$100 million in net fundraising, and a \$50 million gift from philanthropists Sheldon and the late Anne Vogel.

5. The availability of sufficient manpower in the several professional disciplines:

According to the Applicant:

The Applicant does not anticipate any difficulties in hiring staff required to implement this project. Expected staffing increases are anticipated for engineering, environmental services, and Emergency Department operations. RWJBH is confident in its ability to recruit personnel for these positions.

6. Will not have an adverse economic or financial impact on the delivery of health care services in the region or statewide and will contribute to the orderly development of adequate and effective health care services:

According to the Applicant:

The proposed relocated hospital is a replacement facility located approximately 6.5 miles west of the existing facility in Long Branch. The Applicant states that the relocation to Tinton Falls would have the same minimal impact that would result if the existing hospital site in Long Branch could be replaced with a newer facility. While MMC's primary service area would grow slightly toward the west, its overall service areas (primary and secondary) would remain the same. A new, modernized hospital facility in proximity to the old hospital site is expected to enhance access and improve the delivery of healthcare services in the region and statewide.

Track Record:

Department staff reviewed MMC's track record of compliance with licensing standards for general hospitals, including any recent complaints, investigations, and federal or state compliance actions. No violations sufficiently serious to warrant denial of the application were identified.

State Health Planning Board Public Hearing:

Although not specifically required by N.J.S.A. 26:2H-5.8 for the relocation of a hospital, a public hearing with Kevin Slavin, State Health Planning Board member presiding, was held at the Anne Vogel Family Care and Wellness Center in Eatontown on November 13, 2025. The hearing started at 4:00 p.m. and ended at 9:20 p.m. Approximately 300 people appeared in person, and 200 attended by remote audio/visual connection. Additionally, interested parties were invited to submit written comments.

Approximately 100 individuals spoke during the hearing, including representatives from RWJBH, MMC, and other area hospitals (Jersey Shore University Medical Center and Riverview Medical Center). Additionally, several public officials attended and provided comments opposing the application, including Congressman Frank Pallone, Long Branch Mayor John Pallone, Neptune Mayor Robert Lane, Red Bank Deputy Mayor Kate Georgiano, former Highland Park Mayor Gail Brill Mittler, Neptune Council President Glen Kocsis, Long Branch Councilman Bill Dangler, Long Branch Councilman Glen Rassas, and Red Bank Councilwoman Laura Janowen.

Approximately 917 people expressed support for the application (35 spoke in person and 882 submitted written comments). Supportive comments generally focused on improving infrastructure with modern facilities, providing better access to healthcare services, improving patient experiences, enhancing behavioral health services, providing economic and safety benefits, building/renovating in a more cost-effective manner, improving vehicle and parking access, improving capacity for handling emergencies, and committing to area/community health outcomes.

Approximately 92 people expressed opposition to the application (58 spoke in person and 34 submitted written comments). Opposing comments generally focused on potential negative impacts for Long Branch residents, including loss of a community asset, travel/accessibility for vulnerable and elderly populations, local economic impacts to businesses, loss of nearby hospital services and beds, and emergency travel times to Tinton Falls. Other concerns generally focused on fragmented care delivery, burdens on other area hospitals, such as Jersey Shore University Medical Center and Riverview Medical Center, and criticism of the timing and location of the public hearing.

Department Staff Analysis:

Department staff has concluded that the Applicant has adequately documented compliance with the state regulations at N.J.A.C. 8:33-1.1 et seq and N.J.A.C. 8:43G-1.1. et seq and general statutory standards at N.J.S.A. 26:2H-1 et seq. For the purposes of this review, this application is considered a relocation of a general acute care hospital.

Department staff reviewed the application and determined that the rationale to relocate MMC is based on a realistic assessment of the Long Branch physical plant condition and potential for refurbishment, service area, and healthcare services

environment for Monmouth and Ocean Counties. Department staff notes that the Long Branch campus does not have room for significant expansion and it would be difficult to build a replacement hospital at that location without significant disruption of services. Department staff further notes that MMC has a good record of serving indigent and underinsured patients and is confident that the Applicant will make every effort to continue this record of service.

Department staff notes that all of MMC's services will either be relocated 6.5 miles away in Tinton Falls or will remain in Long Branch. The Applicant has committed to provide all services, currently provided at the Long Branch campus at the relocated hospital in Tinton Falls. These include all services required by N.J.A.C. 8:43G-2.12 and existing designations as a regional perinatal center, children's hospital, and primary stroke center, and to serve all area residents, including indigent and underinsured patients, without any disruption in the delivery of healthcare services. In addition, the Applicant plans to revitalize the Long Branch campus to provide psychiatric beds, a satellite emergency department, a same day surgery center, observation beds and outpatient clinics.

After careful review of the data, including hospital occupancy rates (see Appendix Figures 5, 6 and 7), Department staff believes that the relocation of MMC from Long Branch to Tinton Falls will not result in a negative impact on the community, on patients that the hospital has historically served, or other hospitals. Two other hospitals are located in MMC's primary service area: Riverview Medical Center and Jersey Shore University Medical Center. Given that the travel times to the other hospitals in the primary service area will not significantly change with this relocation, it is unlikely that there will be significant impact on the other hospitals in the primary service area. Department staff is satisfied with the Applicant's representations that it will continue to operate the relocated services of MMC in full compliance with all CN and licensing requirements.

As the infrastructure at MMC's Long Branch campus is aging and needs replacement, and the campus itself is at maximum capacity with no room for expansion or replacement, Department staff concurs with the application that relocation of MMC to Tinton Falls is in the best interests of the continued delivery of acute care health services in the area. As the Applicant is committed to remaining in Long Branch, after the relocation, the Department believes that the application presents a feasible option to ensure that quality healthcare services will continue to be provided to the communities served by MMC.

Finally, as stated in the application and outlined in the CN compliance section above, Department staff is satisfied that RWJBH has the financial ability to construct, relocate, and operate a new hospital in Tinton Falls.

Staff Recommendations:

Based on the above documentation of compliance with regulatory and statutory criteria, Department staff recommends approving the application to relocate MMC from its location in Long Branch to Tinton Falls for the following reasons and with the conditions noted below:

Reasons:

1. RWJBH has exercised its fiduciary duty in studying and considering options for the continued operation of MMC, either at its current location in Long Branch or in another location nearby. This analysis has concluded that relocation is the best option for MMC in terms of service continuity, patient access, delivery of quality acute care hospital services to the residents of its service area, and cost.
2. Engineering and architectural studies have clearly identified the age and configuration of existing MMC buildings as below modern standards and inadequate for the desired provision of high-quality hospital services. Disconnected patient units, dispersed location of clinical care areas, reliance on non-private, double occupancy patient rooms, and limited vehicle access and parking are existing conditions at MMC that fail to provide hospital services in a manner expected by patients and desired by RWJBH.
3. RWJBH has demonstrated that it has adequate financial resources and revenues (current and future) to satisfy statutory and regulatory requirements that the project can be economically accomplished and maintained.
4. Department staff concurs with the Applicant that the relocation is within the same planning region and does not significantly change the overall current service areas of MMC, the availability of hospital services to residents, nor does it adversely affect the ability of patients historically served to access inpatient and outpatient services offered by MMC.
5. The Applicant makes a commitment to continue a presence in the Long Branch community by operating certain acute care services on the current site, including emergency services, same day surgery services, psychiatric care, and outpatient clinics.
6. The Applicant has complied with the general CN criteria for a relocation of a general hospital and has no identifiable track record violations sufficient to warrant denial of the application.
7. RWJBH agrees to provide the same levels of care by MMC to uninsured and underinsured patients in the region. It remains committed to the community to preserve access to healthcare services to all patients, including the medically indigent and medically underserved population.

8. Department staff agrees that the application is supported by an analysis of patient origin and market share data that justifies the relocation to a site that is accessible to a majority of area residents and that will not adversely affect the delivery of health care services in the planning region.

Proposed Conditions:

Based on this documentation of compliance with regulatory and statutory criteria, Department staff recommends approving this application, with the following conditions:

1. At least six months prior to the relocation, MMC shall provide the following plans to the Department:
 - a. A written communications plan to MMC staff and the community, including elected officials, clinical practitioners, and emergency services providers, concerning the relocation of hospital services.
 - b. A written outreach plan to ensure that all residents of the MMC service area, especially the medically indigent and uninsured/underinsured residents, are aware of the relocation of MMC and the availability of no-charge transportation shuttle services from Long Branch to the Vogel Medical Campus at Fort Monmouth.
 - c. A written operational plan for the transition of all inpatient services and patients from the existing hospital in Long Branch to the Vogel Medical Campus at Fort Monmouth.
2. At least 90 days prior to the relocation, the Applicant shall file a licensing application with the Department's Division of Certificate of Need and Licensing (Division) to license the hospital at its new location.
3. Within 90 days of the completion of the hospital's relocation, RWJBH shall file a signed certification with the Division as to the final, total project costs expended for the entire project.
4. MMC shall continue to operate the same bed types and service types at the new Vogel Medical Campus at Fort Monmouth that are currently offered at the Long Branch facility, except for psychiatric beds, which shall remain in operation in Long Branch. The designation of these beds, including open and closed adult psychiatric beds and closed pediatric psychiatric beds, shall remain the same. Any change in the designation or relocation of these psychiatric beds shall require review and approval by the Department, with the advice of the N.J. Department of Human Services, Division of Mental Health and Addiction Services. Any changes in the number of other beds and services, including the number of medical/surgical beds, shall also require review and approval by the Department.

5. RWJBH agrees to prioritize the hiring of current employees at MMC Long Branch for positions at the new Tinton Falls facility.
6. MMC shall operate a satellite emergency department (SED) with an observation unit on the grounds of the existing Long Branch site indefinitely and shall operate the SED pursuant to the requirements of N.J.A.C. 8:43G-36.
7. MMC shall operate, for a minimum of five years, outpatient clinics at the existing Long Branch site to serve the needs of nearby residents. The new hospital shall also provide outpatient clinics, including services for medically indigent patients, for those services provided on an inpatient basis, pursuant to the requirements of N.J.A.C. 8:43G-2.12(a)(19) and N.J.A.C. 8:43G-5.21.
8. MMC shall operate, for a minimum of five years, a same-day surgery center at the existing Long Branch site, pursuant to the applicable requirements of N.J.A.C. 8:43A.
9. The observation unit planned for Long Branch shall be restricted to patients who meet the defined criteria for observation care and shall have clinical oversight with physicians and advance practice providers during all operational hours. In addition, the unit shall have clear transfer protocols to the new Tinton Falls hospital or other hospitals for patients that need inpatient hospital services.
10. MMC shall provide no-charge transportation for patients who present at the Long Branch site to transport such patients to the new Tinton Falls hospital. This transportation should include a shuttle bus service that operates from 6:00 a.m. until 9:00 p.m. MMC shall report on the use of these services to the Department on an annual basis and may petition for changes based on volume and hours of usage while operating the SED and clinics.
11. MMC shall work with the Department's Office of Emergency Medical Services (OEMS) and with local emergency medical transport providers to develop plans for addressing personnel and equipment needs required to provide care and transport of patients during the transition and relocation to Tinton Falls.
12. MMC shall comply with federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements to provide care for all patients who present themselves at Tinton Falls or the satellite facility at Long Branch without regard to their ability to pay or payment source in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c).
13. MMC shall provide care in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c), at the new location in Tinton Falls, and the satellite facility in Long Branch which shall not be limited to, nor substantially less than, the amount of charity care provided historically in Long Branch.

14. At least 90 days prior to the relocation, MMC shall create a Community Advisory Group (CAG) to provide ongoing community input to the hospital's Board of Trustees and executives regarding how RWJBH can meet the needs of the residents in the MMC service area. This would include participating in the development and updating of the Community Health Needs Assessment (CHNA).
 - a. Subject to the provisions below, MMC shall determine the membership, structure, role, and governance of the CAG in accordance with the primary objectives set forth above and shall provide a written report setting forth same to the hospital's Board, with a copy to the Department and subject to the Department's approval, within 60 days from the date of formation of the CAG. The CAG shall meet at least quarterly each year.
 - b. MMC shall minimally seek participation from each town in its primary service area by offering a seat on the CAG to each town's mayor or his/her designee. Membership on the CAG shall also include patient care advocates, local public health officials, clinical practitioners whose mission is to ensure that New Jersey residents are provided fully integrated and comprehensive health services, labor union officials, and community advocates. MMC shall designate co-chairs of the CAG, one of whom shall be a member of the hospital's Board and one of whom shall be a community member who is neither an employee of, nor related to employees or owners of any parent corporation, subsidiary corporation or corporate affiliate.
 - c. The co-chairs of the CAG shall jointly submit to the hospital's Board, with a copy to the Department, an annual report of the progress toward the goals of the CAG.
 - d. Each member of the CAG shall be required to publicly disclose any and all conflicts of interest to the CAG members and the hospital's Board.
 - e. MMC may petition the Department to disband the CAG no earlier than three years from the date of relocation and on a showing that all of the above conditions have been satisfied for at least one year.
15. MMC shall participate as a member in good standing in the regional Maternal and Child Health Consortium that serves the hospital's primary service area.
16. Within 90 days of the opening of the Vogel Medical Campus, the facility shall identify a single point of contact to the Division concerning the status of all of the conditions referenced within the timeframes noted in the conditions.
17. All the above conditions shall also apply to any successor organization to RWJBH which acquires MMC within five years from the date of CN approval.

APPENDIX

Fig. 1 – Distances from Existing Long Branch Hospital

To:	Jersey Shore	Riverview	Bayshore	CentraState
MMC Long Branch	7.5 miles 21-23 mins.	8 miles 24-26 mins.	18 miles 33 mins.	21 miles 39-41 mins.

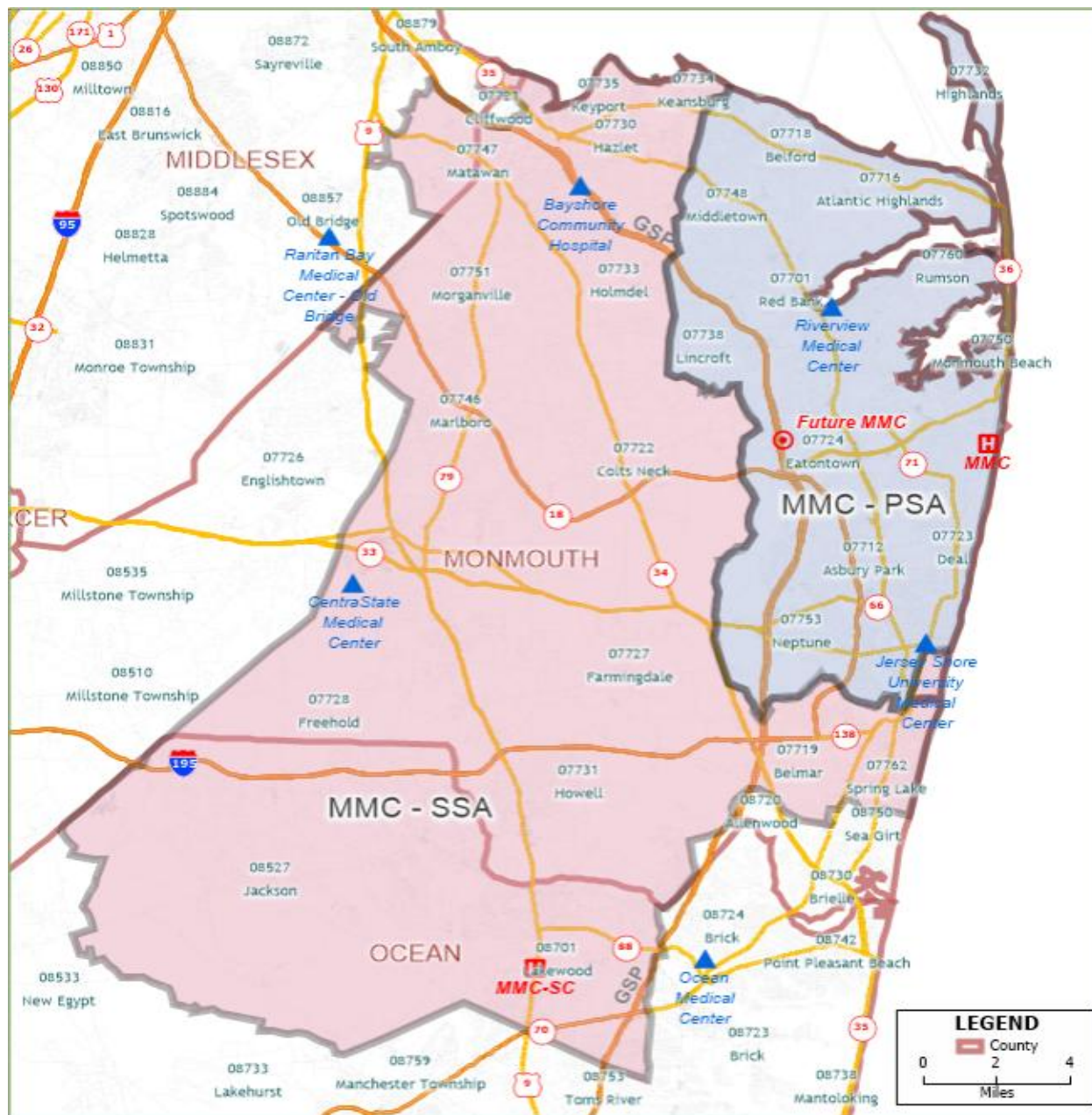
Source: Department estimates using Google Maps

Fig. 2 – Distances from Proposed Tinton Falls Hospital

From:	To Tinton Falls:	Note:
MMC (Long Branch)	6.5 miles 18-23 mins.	Shall remain in the same planning region
Jersey Shore MC (Neptune)	8.3 miles 14-20 mins.	MMC Tinton Falls is 0.8 miles further from JSMC (but shorter travel time)
Riverview MC (Red Bank)	5.4 miles 17-20 mins.	MMC Tinton Falls is 2.6 miles closer to RMC (but shorter travel time)
Bayshore MC (Holmdel)	13 miles 18-20 mins.	MMC Tinton Falls is 5 miles closer to BMC (but shorter travel time)
CentraState (Freehold)	18 miles 27-30 mins.	MMC Tinton Falls is 3 miles closer from CSMC (but shorter travel time)

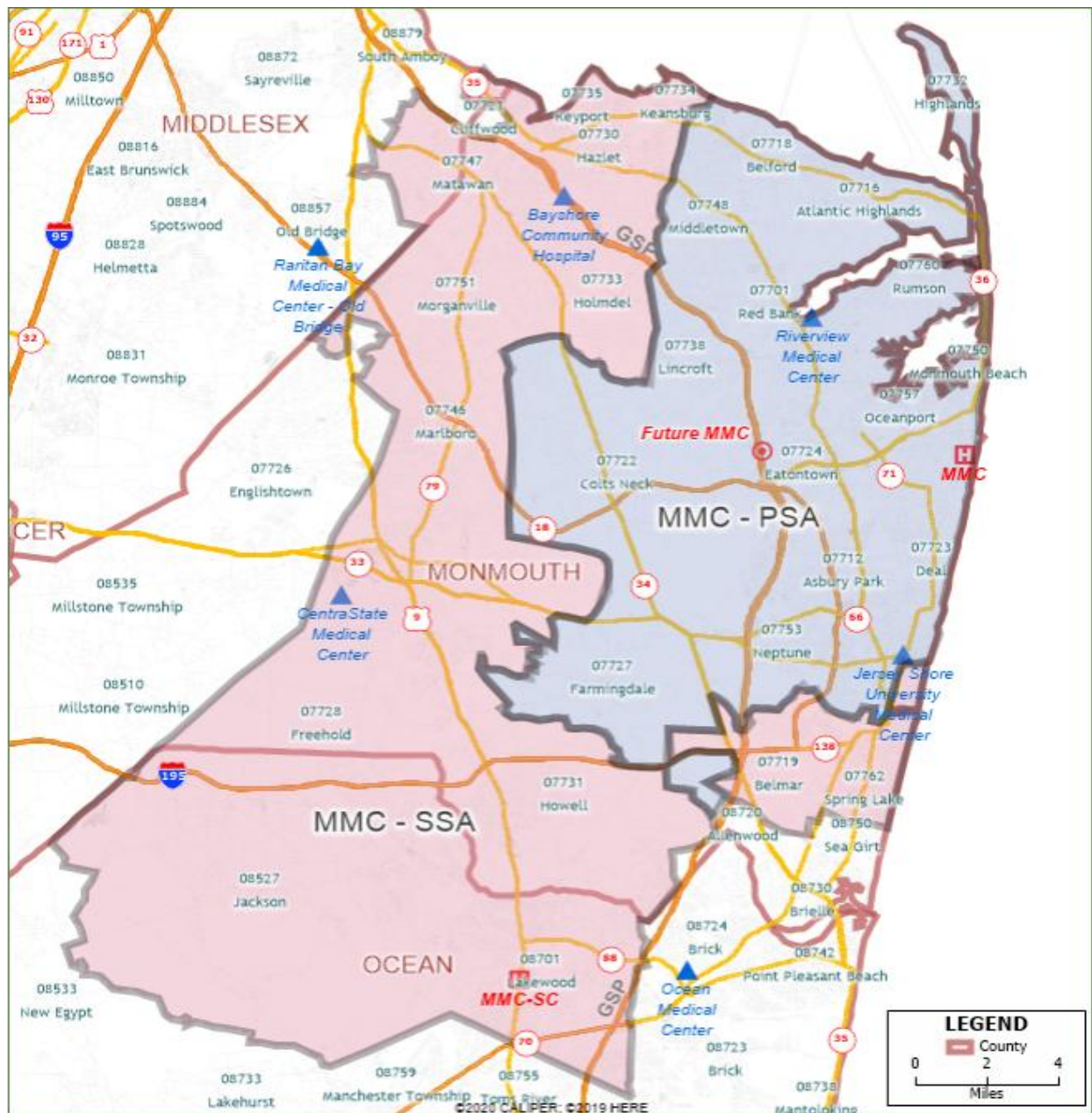
Source: Department estimates using Google Maps

Fig. 3 – Current Primary and Secondary Service Areas



Source: RWJ Application

Fig. 4 – Proposed Primary and Secondary Service Areas



Source: RWJ Application

Fig. 5 - Monmouth Medical Center Occupancy Rates

Year/Quarter	Med/Sur	ObGyn	Peds	ICU/CCU	Psych	Total
2020						
1	26	77	61	28	71	39
2	20	53	20	28	54	29
3	23	69	36	26	74	35
4	26	71	44	25	69	37
Total	24	67	40	27	67	35
2021						
1	31	73	35	35	76	42
2	26	77	47	27	74	39
3	27	83	46	29	70	39
4	26	79	31	26	70	38
Total	28	78	40	29	72	40
2022						
1	25	68	29	30	71	36
2	24	78	32	24	74	37
3	26	81	47	24	70	38
4	25	83	46	33	68	38
Total	25	78	38	27	71	37
2023						
1	26	84	48	29	72	39
2	25	79	25	17	68	36
3	27	84	23	22	67	38
4	27	83	38	21	55	37
Total	26	83	34	22	65	37
2024						
1	28	77	31	25	56	38
2	29	72	23	26	66	38
3	27	86	19	24	60	38
4	26	79	24	26	64	38
Total	27	79	24	25	62	38
2025						
1	28	78	31	25	57	38
2	26	80	20	25	66	37
3	26	82	22	22	69	37
Total	27	80	24	24	64	37

Source: B-2 Data submitted to Department

Fig. 6 – Jersey Shore Medical Center Occupancy Rates

Year/Quarter	Med/Sur	ObGyn	Peds	ICU/CCU	Psych	Total
2020						
1	74	62	46	78	78	73
2	65	52	24	66	83	63
3	67	58	22	65	89	65
4	71	58	29	75	85	69
Total	69	58	30	71	84	67
2021						
1	79	59	44	81	79	76
2	77	66	31	81	91	75
3	86	77	32	82	93	82
4	87	65	34	85	82	82
Total	82	67	35	82	86	79
2022						
1	83	73	44	84	90	81
2	86	68	33	79	94	82
3	89	73	34	81	92	84
4	84	78	49	80	90	82
Total	85	73	40	81	92	82
2023						
1	84	77	31	79	92	81
2	82	84	23	79	94	79
3	86	81	24	80	89	81
4	84	82	26	87	91	81
Total	84	81	26	81	92	81
2024						
1	94	86	29	84	86	88
2	92	108	28	82	85	87
3	89	94	27	84	91	85
4	86	95	28	77	93	82
Total	90	96	28	82	89	86
2025						
1	91	113	28	87	93	88
2	93	130	26	82	91	89
3	98	129	17	86	95	93
Total	94	124	24	85	93	90

Fig 7 – Riverview Medical Center Occupancy Rates

Year/Quarter	Med/Sur	ObGyn	Peds	ICU/CCU	Psych	Total
2020						
1	32	30	0	17	61	32
2	28	27	0	11	71	29
3	30	31	0	14	81	32
4	34	27	0	17	76	35
Total	31	29	0	15	72	32
2021						
1	22	0	0	16	0	20
2	35	31	0	14	77	35
3	34	34	0	8	75	34
4	35	34	0	19	71	35
Total	32	25	0	14	56	31
2022						
1	35	33	0	15	71	35
2	31	35	0	14	74	32
3	31	35	0	13	69	32
4	31	32	0	12	64	31
Total	32	33	0	13	69	32
2023						
1	33	30	0	12	68	33
2	30	28	0	10	60	29
3	32	36	0	13	40	30
4	33	35	0	14	0	28
Total	32	32	0	12	42	30
2024						
1	34	30	0	14	0	31
2	35	33	0	12	0	32
3	33	38	0	13	0	31
4	33	27	0	12	0	30
Total	34	32	0	13	0	31
2025						
1	35	29	0	14	0	31
2	33	32	0	11	0	30
3	31	34	0	12	0	28
Total	33	31	0	12	0	30

Source: B-2 Data submitted to Department