IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

EDWARD GRAHAM, et al. Plaintiffs v. CITY OF LAKEWOOD, et al. Defendants	CASE NO. CV-15-846212 JUDGE JOHN P. O'DONNELL **PLAINTIFFS' EMERGENCY MOTION TO COMPEL DISCOVERY**

Plaintiffs seek an emergency motion to compel Defendants The Cleveland Clinic Foundation ("CCF") and Lakewood Hospital Association ("LHA") to turn over previously requested documents and related discovery responses to the Plaintiffs. These two Defendants are withholding relevant and compelling evidence and are continuing to engage in conduct designed to obstruct and frustrate the Plaintiffs in their lawful right to prosecute this case. The Plaintiffs have the legal right to investigate the performance and the fidelity of CCF in its obligations to manage and operate Lakewood Hospital pursuant to the terms of a 1996 Definitive Agreement ("DA") between CCF and LHA. Likewise, the conduct of LHA and its duty to faithfully enforce the promises and terms of a written 1996 Amended and Restated Lease ("Lease") to manage a publicly-owned hospital asset worth in excess of $100 million is also rightfully subject to legal scrutiny.

This emergency motion to compel is necessary because of the purposeful delays to hinder the discovery of evidence in support of injunctive relief. Indeed, CCF is working feverishly with the City to complete a deal before the issues can be properly vetted before this Honorable Court. The Plaintiffs have uncovered relevant information by the recent deposition testimony by CCF employees, Joseph Strauss and John Mills. In addition, Plaintiffs have obtained recent email communications sent by CCF Rehabilitation Director, Dr. Frederick Frost, regarding the CCF's

decision to move medical services from Lakewood Hospital to other CCF wholly-owned community hospitals or medical facilities by the first week of December 2016.

On August 26, 2015, Dr Frederick Frost, M.D., Executive Director of CCF Rehabilitation solicited a Lakewood Hospital physician in an e-mail to relocate to a new CCF facility in Avon, Ohio. (Strauss Depo., Ex. 23). Dr. Frost stated that "after nearly ten years in planning, our beautiful new 60-bed Cleveland Clinic rehabilitation hospital will open the first week in December on the Richard E. Jacobs Health Campus in Avon." (*Id.*). Dr. Frost further explains that it is CCF's "goal to bring this great medical care to a sparkling new facility, and to integrate the patients' care into the existing Cleveland Clinic networks." (*Id.*). This e-mail is evidence of CCF's ongoing plan to remove medical services (i.e. rehabilitation) currently at Lakewood Hospital and transfer them to CCF's wholly-owned facilities, including "the Richard E. Jacobs Health Campus in Avon." (*Id.*).

The City of Lakewood ("City"), pursuant to discovery, has recently produced an unsigned July 3, 2014, letter from Lakewood Mayor Michael Summers to Dr. Brian Donley, President of CCF Regional Hospitals. (Strauss Depo., Ex. 22). The 2014 document sets forth "a formal protest of The Cleveland Clinic's recent decision and subsequent announcement to move the Rehabilitation Service to a soon to be built Select Medical 60-bed facility in Avon." (*Id.*). The Mayor explained that the City-owned Lakewood Hospital recently received "in excess of $3.7 million of Lakewood Hospital Association and donated Lakewood Hospital Foundation monies" to improve the rehabilitation services at Lakewood Hospital. (*Id.*). Further, these investments "were made in good faith that the CCF intended to honor the spirit and letter of our definitive agreement of services at Lakewood Hospital." (*Id.*). The Mayor's letter states that the rehabilitation medical service "delivers approximately three million dollars of contribution to the

financial performance of Lakewood Hospital. Consequently, the absence of these monies will have a devastating impact on the financial viability of our hospital." (*Id.*).

Mayor Summers' July 3, 2014, formal protest letter to Dr. Brian Donley concludes with the following remarks:

> **This decision, and other similar to it, as a continuation of the Cleveland Clinic's unilateral strategic approach to seemingly disregarding the impact on Lakewood Hospital to the benefit of the Clinic system as a whole.** I recognize the market and regulatory pressures that might compel these decisions, but I must protest their detrimental impact on Lakewood Hospital. **I believe the service losses are in violation of the letter and spirit of the definitive agreement between the Lakewood Hospital board of trustees and The Cleveland Clinic Foundation.**

(Strauss Depo., Ex. 22) (Emphasis added).

Mayor Summers' July 3, 2014, letter and the recent August 26, 2015, email from Dr. Frost establish an immediate need to compel discovery, on an emergency basis, in order to gather information for an injunction and to prevent irreparable harm to Lakewood Hospital. The above facts, alone, may be sufficient to warrant an injunction to preserve the status quo.

For the past several months, Plaintiffs' counsel has made multiple requests for documents related to the lawsuit from CCF and LHA. Despite following the appropriate process and accordance with the Rules of Civil Procedure, Plaintiffs' counsel has been stonewalled by CCF and LHA lawyers, who are unwilling to turn over relevant documents directly related to the Plaintiffs' claims. Plaintiffs' counsel wrote on September 4, 2015, and September 9, 2015, to CCF and LHA attorneys seeking the production of documents to avoid a discovery dispute. On Friday, September 11, 2015, CCF and LHA attorneys responded and refused to produce documents and maintained improper objections to written discovery requests. Thus, Court intervention is now necessary.

Just last week the Plaintiffs were able to conduct the depositions of two CCF employees, Joseph Strauss, Director of Planning and Design for CCF and John Mills, Chief Operating Officer for Fairview Hospital. From the testimony of these two witnesses, the Plaintiffs have been able to acquire evidence that gives rise to questions of concealment and deception, which may have been perpetrated by other CCF employees in furtherance of a desire to remove medical services from Lakewood Hospital and solely benefit the CCF enterprise.

In 2010, CCF made written and oral promises and representations to Lakewood City Council in order to secure permission for the removal of medical services from Lakewood Hospital and authorization to transfer those medical services to Fairview Hospital. (Strauss Depo., Exs. 7, 8, and 9). These specific medical service lines, for trauma and in-patient pediatric care, were assets that belong to Lakewood Hospital. As a financial asset of Lakewood Hospital, their fair value would be calculated over the remaining 16-year term of the Lakewood Hospital lease.

The public record for Lakewood City Council legislation in 2010 reveals that CCF approached the City Council to secure authorization from the City of Lakewood to remove the trauma and in-patient pediatric medical service lines from Lakewood Hospital. (Strauss Depo., Ex. 10). CCF publicly acknowledged that these medical services could not be removed without the express consent of Lakewood City Council pursuant to the terms of the Hospital lease. The representatives of CCF stated to Lakewood City Council members that the medical service removal was necessary to improve patient care and to facilitate expansion of programs at Lakewood Hospital that would assure the long-term viability of the hospital. (Strauss Depo., Exs. 7, 8, and 9).

The evidence will show that CCF representatives were referring to a Lakewood Hospital plan previously announced in 2009 by LHA and CCF called the "Vision for Tomorrow". (Strauss

Depo., Exs. 3, 4, 6, and 11). The plan specified for the establishment of medical "centers of excellence" as a new strategy for the future sustainability of Lakewood Hospital. The plan for these medical centers of excellence related to Geriatrics, Orthopaedics, Neurological services and Diabetes/Endocrine. (*Id.*). CCF officials proclaimed that this strategy was to allow Lakewood Hospital to serve as the hub for specific medical service lines and thus assuring the future profitability and sustainability of Lakewood Hospital. (Strauss Depo., Exs. 7, 8, and 9).

In the spring of 2010, several official communications from CCF were made to the members of Lakewood City Council explaining their request for removal of medical services and their rational as to why such removal would be beneficial to Lakewood Hospital and the citizens of Lakewood. (Strauss Depo., Exs. 7, 8, and 9). CCF made formal communications to the Lakewood City Council, as well as appearances and comments at Lakewood City Council meetings. (*Id.*). The records indicate that based upon assurances and representations made by CCF to Lakewood City Council, the City consented and agreed to the removal of the medical services. (Strauss Depo., Ex. 10). The written resolution, as passed by Lakewood City Council, and signed by the Lakewood Mayor, made the following recitations:

1. "That the City and the Cleveland Clinic aspire and commit to provide appropriate services suitable for the Lakewood Community and to maintain the near and long-term viability of Lakewood Hospital".

2. "The citizens of Lakewood and the elected officials have been assured continued, active participation in key decisions impacting the "Vision of Tomorrow Plan" and related Centers for Excellence for the duration of the lease term".

3. "City joins Lakewood Hospital Board of Trustees in giving public cognizance and support to the Lakewood Hospital Vision for Tomorrow plan including its Centers of Excellence emphasis as described in the April 6, 2010, letter from Cleveland Clinic leadership to the City of Lakewood".

(Strauss Depo., Ex. 10).

However, recently discovered evidence, acquired through witness depositions and subpoena of third party records, calls into question the veracity of those 2010 representations and statements made on behalf of CCF. It now appears that there is reasonable suspicion to justify further inquiry and scrutiny in order to determine whether a deception may have occurred at the time that these formal promises and representations were being made to Lakewood Public Officials and the citizens of Lakewood.

CCF employee John Mills, who serves as Chief Operating Officer (COO) for Fairview Hospital, testified that he drafted a business plan calling for significant expansion of the Fairview Emergency Department in 2007. (Mills Depo., p. ___). He further testified that he had become part of on-going planning activities related to a Master Plan for Fairview Hospital in 2012. (Strauss Depo., Exs. 16 through 19). This planning assignment had already received approval by CCF's leadership prior to Mr. Mills' involvement. (Mills Depo., p. ___). The first task for the Fairview Hospital Planning Process involved developing a secret and confidential plan for the "Decanting of Lakewood Hospital". (Strauss Depo., Exs. 14 through 21). Decanting has been described as removal of hospital medical equipment and services from Lakewood Hospital and their transfer to Fairview Hospital or other CCF facilities. In addition, the Decanting plan contemplated the closing and demolition of Lakewood Hospital. (*Id.*). The Decanting plan was formulated in secret with a confidential Fairview Hospital and CCF steering committee. (*Id.*). The Planning Committee did not include any involvement or participation by the Lakewood Hospital trustees or Lakewood public officials and is contrary to the promises made by CCF to Lakewood City Council. In fact, the evidence produced thus far suggests all of these planning activities were done in secret without the knowledge of LHA Trustees or public officials. (*Id.*). Third party documents obtained pursuant to subpoena reveal that this "Decanting" or "Lakewood

Plan" was such a highly confidential activity by CCF that it was disguised and concealed in the planning notes to be referred to as "Market/System Impact". (Strauss Depo., Ex. 18).

Both Joseph Strauss and John Mills testified that the decisions concerning the decanting of Lakewood Hospital and the replacement of Lakewood Hospital with a medical office building would have been decisions made by CCF officials senior to the Director of Planning and the Chief Operating Officer for Fairview Hospital. Furthermore, both witnesses indicated that decisions would be at the highest level of the CCF administration decision makers, including the Chief Strategy Officer, the Medical Institute Chairs, and the Board of Governors for the CCF enterprise. All of these approvals to formulate a Decanting plan for Lakewood Hospital would have taken place prior to the retention of outside architects, engineers, and consultants. In this case, the Westlake Reed Leskosky Architects ("WRL") were engaged in 2011 to design a medical office building (MOB) for the Lakewood Hospital Campus as a replacement for the hospital facilities. (Strauss Depo., Exs. 12 and 13).

The Ohio Revised Code 2913.01 defines deception as "knowingly deceiving another or causing another to be deceived by any false or misleading representation, by withholding information, by preventing another from acquiring information, or by any other conduct which perpetuates a false impression in another." The evidence produced so far in this case creates a reasonable suspicion that employees of CCF have failed to disclose to Lakewood City Council that a plan to Decant Lakewood Hospital was being formulated. Furthermore, the evidence suggests that a decanting strategy and medical office building plan were secretly under consideration at the very same time that representatives of CCF were providing public assurances and pronouncements as to the long term sustainability of Lakewood Hospital. Those representations as to long term sustainability and growth would be in direct contradiction to "Decanting" and "Market/System Impact". It is reasonable to conclude that had CCF's secret

plan for Lakewood Hospital been made known to the public and City Council, it is likely that CCF's request to remove valuable medical service lines and to transfer them to Fairview Hospital would have been denied.

Other evidence obtained pursuant to subpoena served upon third parties reveals that in 2007 and 2008, the LHA Trustees reviewed and approved a Mater Plan Feasibility Study[1] that called for the demolition and replacement of two of Lakewood Hospital buildings known as A & B along Belle and Detroit Avenues, with a construction of a single new hospital bed tower. (Strauss Depo., Ex. 2; see diagram figure 12):

The proposal was submitted to CCF leadership to approve funding for the new construction of the hospital building that would reconfigure the hospital capacity from 280 to 245 patient beds at a cost of $65-69 million. (*Id.*). CCF has failed to disclose the meeting minutes or the review process concerning LHA's approval of the proposal to build a new hospital bed tower at Lakewood Hospital. It should be noted that the WRL architects involved in the 2007-2008 Plan for a Lakewood Hospital Bed Tower are now actively involved in the construction of a new bed tower rising from the cornfields of Avon, Ohio.

[1] WRL website Lakewood Hospital Master Plan: http://www.wrldesign.com/projects/health-care/lakewood-hospital-master-plan.

In light of the evidence presented so far, Plaintiffs have reasonable suspicion that CCF and LHA have evidence that would pinpoint the decision making timetable and process to close and decant Lakewood Hospital. That kind of evidence is material to a number of claims made by the Plaintiffs in this lawsuit and should be immediately turned over to the Plaintiffs in compliance with the law.

CONCLUSION

Based upon the facts set forth above, and the potential irreparable harm that may occur, Plaintiffs seek an emergency order requiring the following production of documents and discovery upon Defendants CCF and LHA:

- All of CCF's strategic planning from 2006 to the present regarding Lakewood Hospital and its medical service lines and/or the decanting of Lakewood Hospital.
- From 2008, all master and strategic plan(s) and studies for Lakewood Hospital.
- From 2008, all approved and completed implementation of projects and phases of the Fairview Hospital Master Plan.
- The currently approved and pending implementation of the Fairview Hospital Master Plan projects and phases involving medical service lines being decanted from Lakewood Hospital to Fairview Hospital or other CCF wholly-owned facilities.
- The currently approved and pending plan to remove or diminish any medical service lines from Lakewood Hospital to CCF's wholly-owned other medical facilities and hospitals, including but not limited to, Avon Medical Campus, Lutheran Hospital, and Fairview Hospital.
- The deposition of Ann Huston, Head of CCF's Strategy Department, which determines which medical lines will provide service at each community hospital in the region.
- The deposition of a CCF corporate representative regarding CCF's central scheduling of out-patient and in-patient services between the CCF community hospitals and medical facilities.
- The 2007 Business Plan prepared by Mr. John Mills for the future operation of Fairview Hospital, which was then approved in 2008 and began implementation in 2009.
- All LHA Board Meeting minutes from 2008 to the present.

- All LHA Planning Committee Meeting minutes from 2008 to the present.

- All LHA Select Committee and Step2 Committee Meeting minutes from 2012 to the present.

- All CCF Board of Governance, Strategic Planning Committee, Executive Committee, and Finance Committee Meeting minutes from 2006 to the present involving Lakewood Hospital.

Respectfully submitted,

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CERTIFICATE OF SERVICE

A copy of the foregoing **Plaintiffs' Emergency Motion to Compel Discovery** has been filed through the Court's electronic case management system ("ECM"), is available for review on-line by counsel and parties, will be provided notice of filing by the Court's ECM system, and a courtesy pdf copy is also being sent via email only on this 18th day of September, 2015, to the following:

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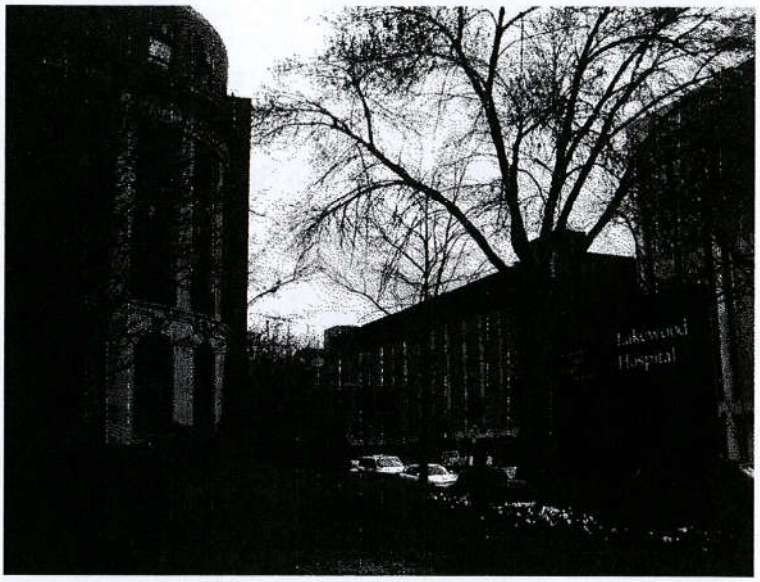

MASTER PLAN FEASIBILITY STUDY

Lakewood Hospital
14519 Detroit Avenue
Lakewood, OH 44107

Conceptual Design Report
February 1, 2007

Westlake
Reed
Leskosky

Frank Zilm and
Associates, Inc.

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1 EXECUTIVE SUMMARY

Introduction

The purpose of this study is to evaluate the existing facility and determine an action plan for building improvements. Several key project initiatives are addressed in this study:

1. Facilitate or strengthen programs related to specialty service lines.
2. Convert from double occupancy model to single occupancy for patient rooms.
3. Eliminate or replace antiquated facilities including buildings, central plant, and infrastructure.
4. Improve the image and visibility of the Hospital

A series of meetings with the Steering Committee appointed by the Hospital and Fred DeGrandis, CEO for the region yielded several different strategies (see Appendix B). The preferred solution is presented in detail in this report. The solution involves two phases in order to fully realize the above listed design initiatives. Phase 1 provides a modern floor plate for a nursing unit, maximizes the hospital's visibility from Detroit Avenue and makes a design statement.

Site Analysis

The hospital is located on a city block along Detroit Avenue between Marlowe Street and Belle Avenue. Expansion across either Marlowe or Belle is not a viable option nor is expansion to the south due to the adjacency of the residential neighborhood. In addition, any work done along the Marlowe frontage must be sensitive to the concerns of the residential area on the other side of the street.

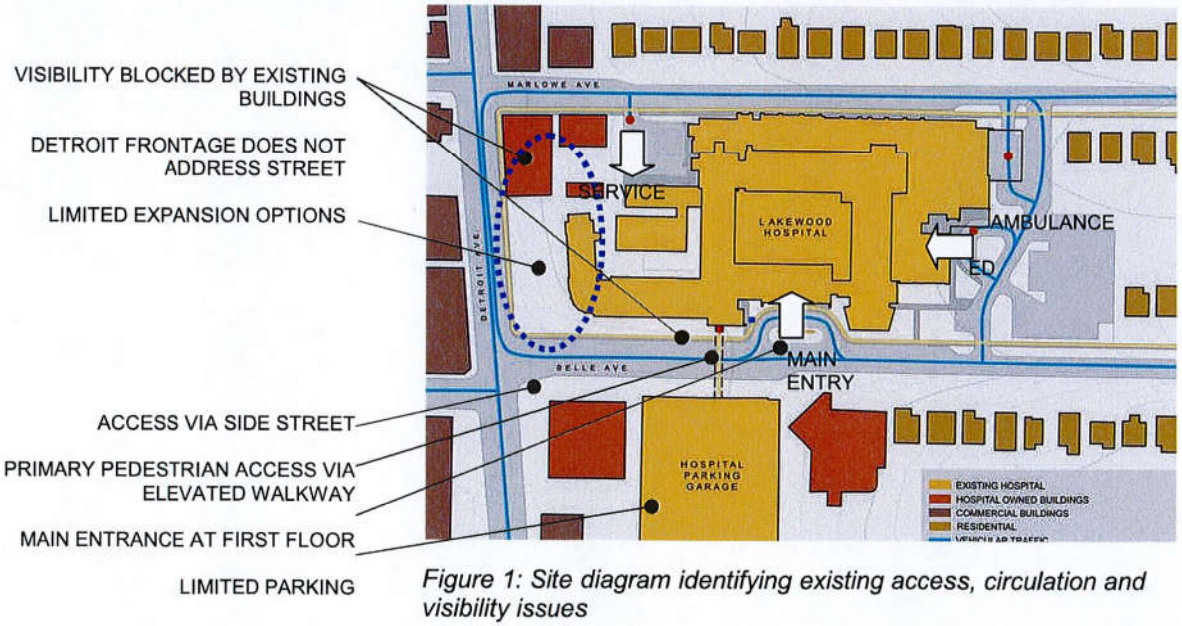


Figure 1: Site diagram identifying existing access, circulation and visibility issues

Access to the loading area is an issue as is visibility of the docks and central plant from the residences on Marlowe. Underground storage tanks are located in the lawn area at the north of the property. Access to the hospital is via the Emergency department entrance to the south, a drop off area adjacent to the main lobby along Belle and a pedestrian bridge that connects the parking structure and the hospital across Belle.

An expansion zone along the Detroit Avenue frontage can be identified, where a lawn area and mixed use residential buildings that are owned by the Hospital and can be demolished occur. A small expansion zone along the Belle frontage can also be identified between the existing face of the hospital and the sidewalk.

Recommendations

1. Define expansion zones available to the project and weigh them based upon their affect on overall program and site access.

2. Explore ways to make the hospital more prominent from Detroit Avenue.

Building Analysis

The existing hospital is comprised of several buildings ranging in age from 1912 to 2002. The four main buildings, C,D,E and F are arranged in a square "donut" around a central atrium. The two oldest buildings, A and B, form an L shape that connects to the northwest corner of this donut and the emergency department connects to the southeast corner. The G Building is located in the courtyard formed between the A,B and F buildings and contains the central plant as well as the loading docks and central supply department.

Figure 2: View of atrium from 3rd floor

The ground, first and second floors contain only partial openings into the atrium space because they are infilled with administrative, support or outpatient departments.

In analyzing the overall diagram of the hospital, critical patient functions such as the ED, Imaging, Surgery and Critical Care units are in good proximal relationship to one another, but are grouped at the south east quadrant of the hospital campus (D and E buildings). Access to these areas from the A, B and C buildings is not ideal. Additionally, a large amount of patients and visitors enter the hospital at the second floor via the pedestrian walkway from the parking structure. This creates presents circulation and wayfinding challenges because there is no lobby space at this entry point to orient visitors and access to medical units is difficult and often requires walking through other units.

The A and B buildings are the oldest on the campus and have obsolete infrastructure. The A building is no longer suitable for patient occupancy as it does not conform to current codes.

From a programming standpoint, an addition to the building is necessary to achieve the desired number of beds/units with a private room model. The addition is located in such a way as to maximize the amount of program that can be built in this phase and to minimize the disruption to existing hospital functions during construction.

Recommendations

1. Demolish A, B and G buildings and ancillary buildings on site.

2. Construct new central plant as part of Phase 1 project.

3. Provide main entry that aligns vertically with second floor walkway entrance to establish vertical and horizontal wayfinding from this point. Regrade site and portion of Belle Avenue to allow better access to first floor from Belle.

4. Locate building addition to maximize the hospitals image and street presence along Detroit while minimizing construction impact to Hospital. Provide site design that showcases building.

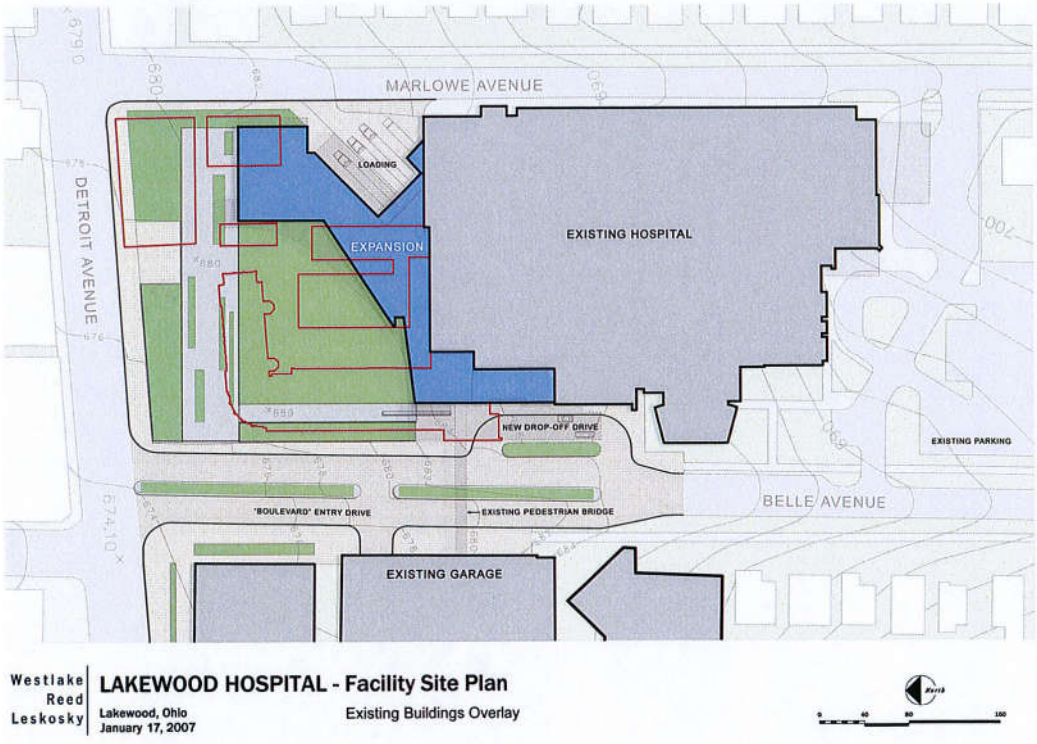


Figure 3: Campus view highlighting new construction. Existing buildings to be demolished are indicated in red.

Design Options

OPTION	Phase 1	Phase 2
DESCRIPTION	New building along Marlowe Frontage, demolition of A,B and G buildings, new main entry.	Renovate existing departments. Provide new inpatient lines of service.
SITE GOALS		
Provides presence on Detroit	Yes	No
Mitigates impact on Marlowe	Yes	No
Restores retail component	No	No
BUILDING GOALS		
Improves wayfinding	Yes	Yes
Renovates existing departments	No	Yes
Improves connectivity to public circulation and major departments	Somewhat	Yes
Provides program space for outpatient lines of service	No	Yes
Adds units to achieve projected bed counts with private rooms	No. Adds 2 units to existing No renovation of existing units except for 4E	No. Renovates existing units and reduces rooms from double to single occupancy.
INFRASTRUCTURE GOALS		
Replaces equipment at end of useful life	Yes	N/A
Improve Central plant energy efficiency	Yes	N/A
Provides new central plant	Yes	No
Improves efficiency of existing buildings	Somewhat	Yes
Improves the reliability of emergency electrical power	Yes	Yes
Improves the reliability of the chiller water plant	Yes	Yes
Improves the reliability of electrical power in B, C, and F building	No	Yes

2 PROGRAMMING/DESIGN REPORT

EXISTING CONDITIONS
Site Issues

Access and Circulation

The hospital main entry is located at the first floor on Belle Avenue, a residential side street, although the hospital's address is Detroit Avenue - the only frontage located on a major arterial. In fact, the hospital does not have much presence at all on Detroit Avenue. This frontage is set back from the street and does not address the street. A mixed use retail building at the corner of Detroit and Marlowe that is built to the sidewalk effectively blocks visibility of the hospital for those approaching on Detroit from the east. A large Medical Office building on the west side of Belle at Detroit blocks visibility from the west.

Figure 4: View of Detroit Frontage from corner of Belle and Detroit

The main entry is primarily a vehicular drop-off and is not particularly friendly for pedestrian approach. Most pedestrian access to the hospital is via an overhead walkway that connects the parking garage on the west side of Belle to the second floor of the hospital. This access point is not highly visible and does not have a welcoming presence.

Figure 5: View of main entry from Belle Road

The emergency department has both walk-up and ambulance entry along the south side of the hospital property. This entry is at grade but located at the second floor of the building. This entry also serves as an access point for PAT and Ambulatory Surgery.

Figure 6: View of Emergency Department entry

Service entry to the site occurs along Marlowe. A single entry point provides access to the central plant as well as loading docks for materials management. Because Marlowe is a residential street, loading and unloading activity as well as noise from the Central Plant have generated complaints along this residential street. The docks are located such that trucks must maneuver quite a bit to pull up to them, resulting in inefficient traffic flow.

Figure 7: View of loading area

Expansion areas

The site is landlocked. Expansion to the south into the residential neighborhood is not an option due to the inability to acquire additional land as well as the difficulty of expanding in front of the emergency department. Expansion to the east is not possible as the building is built up to the right of way line. Expansion to the west is possible in a limited fashion, there is an approximately 40'-0" wide strip of land between the face of the existing hospital and the right of way line. This type of expansion would be difficult however, because it would have to preserve the vehicular access patterns at the front door. Expansion to the north is most logical. The hospital owns a considerable amount of land along the Detroit frontage as well as the existing mixed use and residential buildings at the corner of Marlowe and Detroit. The buildings at the north end of the campus are also the oldest and least amenable to modern patient care uses therefore, a large amount of land could be cleared for expansion. Existing underground fuel storage tanks will need to be relocated in order to fully utilize this expansion area.

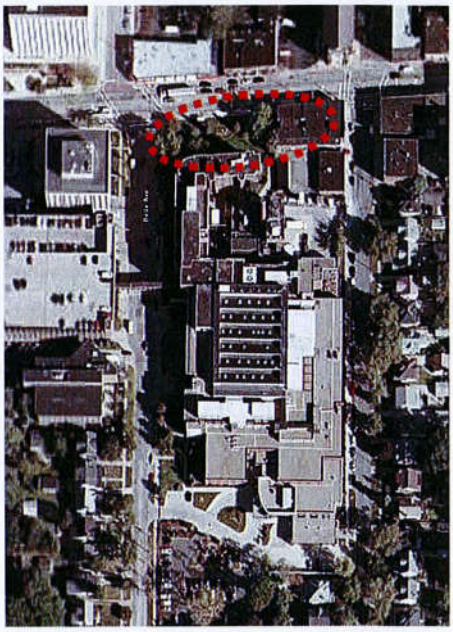


Figure 8: Aerial view of site highlighting recommended expansion area

Building Issues

Circulation and Adjacencies

Because the units are arranged in a donut formation and the oldest buildings extend off that shape, access to any given department or unit can require traveling through adjacent units, a condition that is less than ideal. This configuration also has necessitated multiple vertical circulation nodes, which are not efficient and contribute to wayfinding problems for those not familiar with the space.

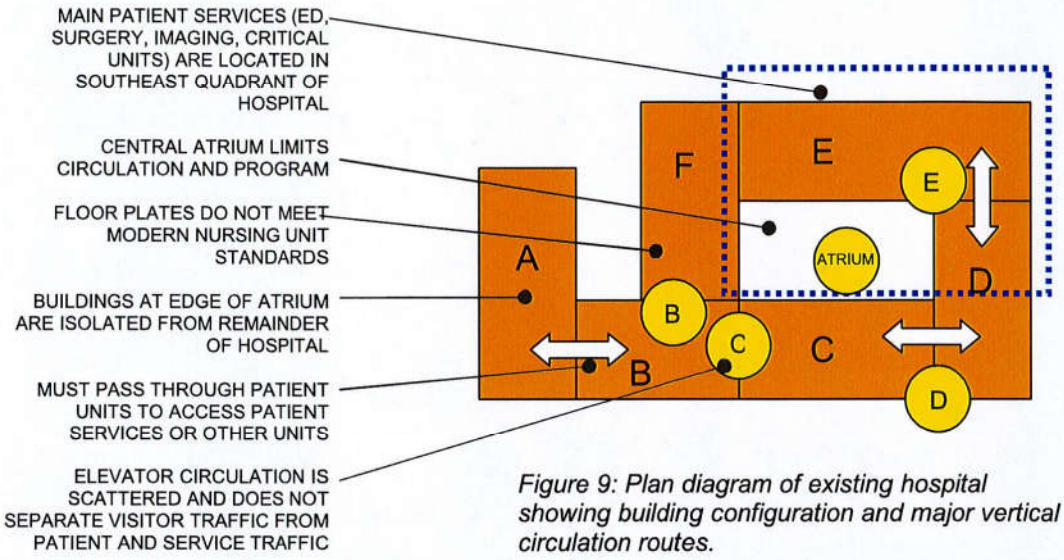


Figure 9: Plan diagram of existing hospital showing building configuration and major vertical circulation routes.

While there is good proximity of the ED with imaging and good vertical connectivity to surgery, only bed units in the D and E buildings have good access to other hospital departments. Units in the A, B or C buildings must often cross public circulation paths and pass through other units to access these functions.

The F building does not have patient access through, further degrading the connectivity of bed units to other departments.

Patient units at the first and second floor of the A, B are so remotely located that they must pass through main public circulation routes to reach other parts of the hospital.

Patients and visitors entering the building from the main lobby are well oriented to major public spaces such as the cafeteria and gift shop. Elevators easily visible in the atrium lead to upper floors. However, those who enter via the pedestrian walkway are deposited into a hallway with no clear sense of how to access their destinations.

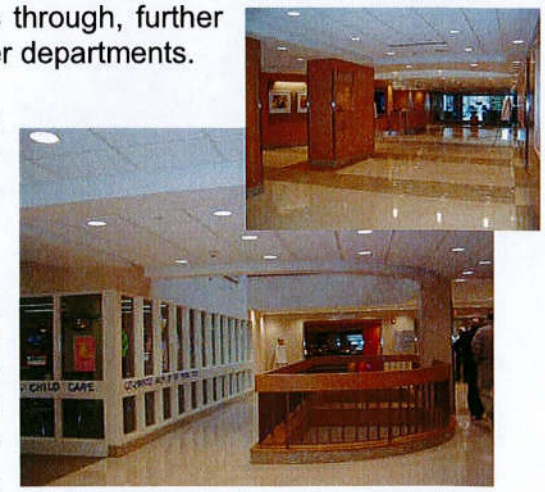


Figure 10: Views from main lobby

Infrastructure

There are many vertical circulation elements located throughout the hospital including freight elevators, passenger only elevators, patient elevators and stairs. The following is an assessment of the condition of the existing elevators:

1. B and C elevators have been refurbished but are the oldest
2. D and E elevators have gone the longest without upgrades

3. Atrium elevators are the newest
4. Freight elevators are poorly located and small
5. The A elevator was not considered

Floor to floor heights at 11'-6" in all areas except for the ICU/NICU and CCU which have a floor to floor height of 11'-0". The A building was not considered in this breakout

The mechanical and electrical systems need to be upgraded both at the central plant level and in terms of the means of delivery to several units in order to comply with current codes.

Assessment of Existing Bed Units

The hospital leases its land from the City of Lakewood and has committed to remaining a full service hospital for that community. Therefore, this study does not attempt to make recommendations on which departments should remain based upon throughput data, but looks to accommodate all required departments as identified by the Steering Committee.

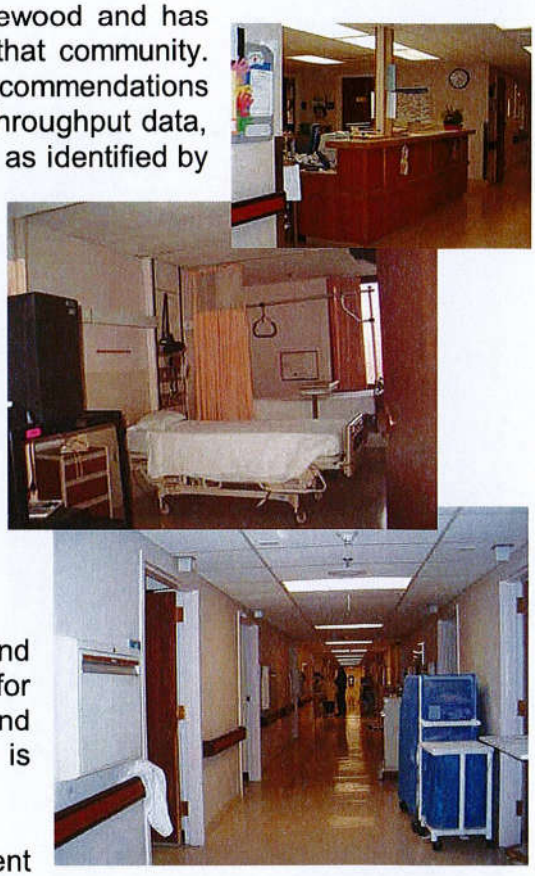


Figure 11: View of typical nursing unit conditions

The existing units occupy floor plates that are not well suited to the layout of a modern nursing unit. The floor plates feature double occupancy rooms arranged along double loaded corridors. While some rooms are of a size that could work for a modern single occupancy room, visibility and access from the nurse station is limited. All toilet rooms are small and do not comply with current standards such as shower facilities or handicap accessibility.

Modern nursing units arrange patient rooms around core areas that contain support and work space for staff. This promotes a high degree of visibility and access, but requires a wider floor plate than is available in any of the existing hospital buildings.

In current medical planning, the ratio of department gross square feet (DGSF)/bed ranges from 650sf – 750sf per bed for a community hospital. Single patient rooms are 240-270 net square feet (nsf) and the patient toilets are 45-60 nsf.

Based upon discussions with Lakewood hospital, it has been determined that the minimum functional nursing unit size is 24-30 beds per unit. Because of the size of the rooms and the number of rooms on a unit, decentralized nursing workstations are more effective than the traditional central workstation. Applying

a 1.6 grossing factor, 650/DGSF per beds that converts to 406/bed. Deduct the patient room and toilet arrives at a total of 105 nsf per bed for support.

Lighting and finishes in the existing units are largely worn and dated and in need of replacement. Long, unbroken corridors do not promote orientation and represent long travel distances for nursing staff.

Bldg	Patient Room nsf	Patient Toilet nsf	Avg. DGSF/ Bed (if rooms are used as singles)	Comments
B	200	23	11500/20= 575	Patient rooms at 1st floor, second floor. OB on 3rd Floor PT on 4th floor
C	204	22	7302/18= 406	Patient rooms at floors 2,3,4. 4th floor considers entire building as one unit, although hospital currently splits between two departments.
D	238	20	12519/15= 834 (4th floor) 10786/16= 674 (3rd floor)	Patient rooms at 3 and 4. Department at 4 is SNF and utilizes entire floor plate. Department at 3 is step-down and has only partial floor plate.
E	251	25	7561/16= 473	Patient rooms only at ortho unit on 4th floor
F	174	0	8036/12= 670	Patient rooms only at psych unit on 4th floor

Recommended New Construction and Phasing

In order to achieve a currently standard floor plate as well as better connectivity to other departments, Westlake Reed Leskosky recommends that a new four story building be constructed to house two new nursing units, new loading and materials managements, and new central supply. The hospital has the option to build a fifth floor in order to house the OB department.

As a second phase, a second new floor plate can be added to the north side of the C Building along Belle that houses outpatient facilities.

Recommended Renovation

Renovation of the existing nursing units will take place in the second phase of construction. Completely gutting and reworking the space is not necessary, as the floor plate will always dictate a very similar level of configuration. Instead, existing rooms should be refurbished and refinished, toilet rooms enlarged, and the rooms used as single occupancy. Units located in the A and B Buildings are not considered for remodeling as these buildings will be demolished and replaced with a new building.

Exterior Recommendations

Recommendations for improving the campus at Lakewood Hospital center around three objectives:

1. Cultivate street appeal- Take advantage of Detroit avenue frontage and pedestrian infrastructure.

2. Establish a new front door- Reorient campus to focus on new additions. Create a new entry drive off of Belle that includes a drop-off at a new lobby with amenities and outpatient services. The new lobby can connect into the existing lobby.

3. Improve access and wayfinding by establishing the new lobby as the main circulation node for the hospital. Open the node to the pedestrian walkway leading from the parking structure.

Figure 12: View of new addition from Detroit Avenue showing new entry and landscaping.

Program for Specialty Service Lines and Bed Units

Bed Units							
Unit	**Existing Beds**		**Bed Target**	**Proposed Planning Model**			
	Count	**Location**		**Units**	**#Room/Unit**	**Beds**	**Comment**
Behavorial	21	4F	0	0	0	0	
Gero Psych	11	4C	11	1	24	24	
M/S	130	3C, 1B, 4E, PCU	116	5	24	120	
Future M/S	0	N/A	24	1	24	24	Develop Options
SNF	44	4D, 4C	33	1	24	36	Assume 12 Doubles to allow for seasonal flex
Rehab	19	4 A & B	12	1	12	12	
OB	12	3 A & B	12	1	12	12	
Peds	12	2C	6	1	6	6	
Neuro	9	3D	9	1	9	9	
CCU/ICU	22	3D	22	2	11	22	
Totals	**280**		**245**			**265**	
Other:							
Grace LTAC	20	2 A & B	20	1	20	20	
Observation Beds	0	N/A	20	1	20	20	Need Lakewood Agreement
CDU	0	N/A	??			??	
Programs						**DGSF**	
Diabetes						2,500	
Infusion Oncology						2,500	
Imaging						1,500	Includes Vascular Programs, Cath Lab
Central Plant						TBD	
Bridge-Entry						TBD	

Units: (9) 24 Bed Units + LTAC + Obs Beds + Peds

Analysis by:

Angela Mazzi, AIA
Phil LiBassi, AIA, ACHA
Frank Zilm, FAIA, FACHA

3 ENGINEERING REPORT

Structural Report

The proposed structural system for the hospital expansion is a steel-framed structure that would resist both gravity and lateral loads. An alternative structural system could be a combination of steel framing with concrete masonry bearing walls, where the masonry walls could possibly resist lateral loads as well. The foundations and basement walls would be cast-in-place concrete. Given the proximity of the new structure to adjacent existing buildings, it should be determined whether the new building will match the foundation level of the existing or if the new structure would be deeper. If deeper, the existing buildings, will will require underpinning to prevent collapse of the adjacent buildings' foundation. The roof of the new structure will be a combination of wide flange beams and girders with open web joists as infill.

Elevated floor slabs will be cast-in-place concrete on metal deck. An alternate to this construction, depending on the final column grid layout and resulting spans could be precast / prestressed concrete planks on steel wide flange beams. In this system, the planks would rest on the top flange of the beams unless a head room problem occurs. In that situation the planks can be lowered within the beams somewhat to provide addition free space below the steel beams bottom flange. The founding slab will be a cast-in-place slab-on-grade, while the roof will be metal deck with insulation and roofing membrane.

A citical area of the new structure will be in the area of the loading dock. Since the columns for the elevated floor will pass through the truck traffic area of the docks, additional precations will need to ge taken to protect the columns from truck impact. One of the simplest means of achieving this is to encase the lower portions of the columns in concrete. This actually satifies two distinct requirements in the area, one being the protection previously mentioned and the second being fire protection for the othwise exposed structural steel.

Soil borings and a geotechnical report would have to be commissioned for all locations. These borings and report are particularly important because of the likelihood that other structures were previously located at this site and the uncertainty with respect to the type of fill that may have been used to bring the site to grade after any structures were removed.

Analysis by: Stan Tomaszewski, P.E.

Mechanical

Existing Mechanical Systems

Steam for pre-heat (in air handlers), generating heating water, humidification, and dietary needs is generated at the boiler plant, located in the basement level boiler room. The steam plant consists of (3) 400 boiler horsepower fire tube boilers. The boilers are approximately 1990 vintage Iron Fireman brand fire tube steam generating boilers. The boilers are set up to burn either natural gas or No.2 oil. (The existing boilers require licensed operators.)

Based on discussions with facilities staff, the hospitals existing steam demand peaks at approximately 600 boiler horsepower in winter and 350 boiler horsepower in summer. In addition, the winter steam load may reach approximately 800 boiler horsepower without the aid of energy recovery in the air handling systems. (This information was presented anecdotally, but could not be verified through reported data logs.)

There are (4) abandoned Iron Fireman 125 boiler horsepower "Ohio Special" boilers, vintage approximately 1968. These boilers are not in use at the present time. Based on discussions with facilities staff, the estimated cost to refurbish these boilers to operable condition is $15-17,000 each.

Hot water for reheat systems is generated by shell and tube heat exchangers, and pumped in a primary/secondary system throughout the hospital. Secondary water loops distribute heating water at approximately 110-120°F, using 3-way mixing valves to temper the water.

A secondary pump room located in the B wing basement level compressor room houses (2) shell / tube heat exchangers and (3) 15 HP close-coupled hot water pumps. This area serves wings B, C & F. Equipment in this room dates to 1971 and has well exceeded its expected life.

A secondary pump room located in the basement level of D wing serves D and E wing. (2) 25 HP pumps serve re-heat / perimeter heat coils in D and E wings. The equipment is estimated to date to 1980 (from serial numbers) and by inspection it has exceeded its useful life.

Chilled water is generated for the hospital at two locations. A combined 1,100 ton plant is located within several levels to the East of the boiler house. (2) 500-ton York centrifugal chillers and (1) 100-ton York centrifugal chiller are located on the 1st floor of the central plant. The 500-ton units were manufactured in 1984 and use refrigerant R-11 which is no longer approved according to the Montreal Protocol. Adequate stockpiles of reclaimed R-11 exist at the hospital to continue

servicing and operating this equipment. The 100-ton unit was intended for low load conditions, but is not operated.

Chilled water from the 1,100 ton plant is distributed to the D & E wings by (4) 50 HP and (2) 15 HP base mounted pumps. Selection and operation of these pumps (as with most other equipment) is manual.

A newer (1998) 750-ton Carrier chiller is located in the basement level B wing compressor room. This chiller was refurbished in the last 5 years and uses R-134a. (2) 40 HP(?) Weinman split case pumps distribute chilled water to the B, C & F wings. Chilled water pumps appear to predate the chiller and show signs of age.

Original Marley NC type cooling towers for the 1,100 ton plant sit atop the central plant building. A newer cooling tower was added at the same time as the 750-ton chiller. Condenser water lines are interconnected, but the water levels of these cooling towers are not at the same elevation. (4) 75 hp turbine type condenser water pumps for these towers are in the basement level, and draw water from a 35,000 gallon concrete sump.

The existing hospital is equipped with varying levels of DDC controls (primarily manufactured by Siemens, or previous generations – Powers, Landis, Landis / Staefa, etc.) Central plant equipment is generally not well controlled by the DDC system, as controls have been disabled or over-ridden by operators.

Attached is a summary of mechanical airside systems capacity and description of types serving each of the areas (A-F) of the existing hospital.

Existing Plumbing / Fire Protection Systems

The facilities gas service has been upgraded within the last five years. A new gas house was built and a new underground service enters the boiler house at 5 psig.

Bulk storage of oxygen and nitrous oxide is located adjacent to the gas house. Connections for temporary supply are located adjacent to the loading dock.

Medical air and vacuum systems are located in the D wing basement level mechanical space. Both systems were installed in 1983 and use outdated technology and have exceeded their expected life. A triplex medical air compressor (with liquid ring seals) was installed in 1983 with (3) 25 hp pumps. Capacity of this unit is well oversized for the needs of the facility. The main medical air line is 4". The medical vacuum system includes (3) 15 hp compressors.

No. 2 oil is stored in (2) 10,000 gal. underground storage tanks (UST's) near the A wing. At peak load, the oil consumption is estimated as 240 gph. Combined with the generator demand of approximately 50 gph, the peak oil requirement is 290 gph. Estimating approximately 85% useful volume of storage, the tank volume represents 58 hours of capacity at full load. Condition of the UST's is not known. From conversations with facilities staff, leak detection and monitoring is present.

Multiple 4" water services enter the facility from Belle Ave, Marlowe Ave, and Detroit Ave. The water pressure and flow appear adequate for the present needs and is not boosted. Pressure regulators reduce the incoming pressure to approximately 60 psig.

The building is not fully sprinklered, though sprinklers are added with each renovation. An existing (1985?) diesel engine fire pump and associated jockey pump are located in the dedicated fire pump room adjacent to the boiler house.

Proposed Mechanical Systems

Proposed mechanical renovations and improvements will address the following major areas of concern:

1. Modernize outdated chilled water plant.
2. Update medical gas infrastructure.
3. Evaluate Boiler Plant operating and maintenance cost.

The above priorities will be addressed in a manner consistent with the overall facility masterplan, and as outlined in previous sections.

As part of the proposed renovations, central plant services (including steam generation, chilled water generation, hot water generation, emergency power generation, etc.) will be located to the basement, first and second level of the Phase I addition. The work of this renovation is intended to include central plant equipment only. Primary piping distribution and pumping will be replaced and reconnect to existing secondary distribution, as described under "existing mechanical systems."

New boiler plant equipment (boilers, pumps, feedwater equipment) will be located at the basement level. The required capacity is preliminarily estimated at approximately 700 boiler HP. Based on this, (5) "Ohio Special" boilers are indicated at a capacity of 150 boiler HP, each. Space for additional future boilers is also indicated. Heating water pumps, heat exchangers, boiler feedwater equipment, and specialties are indicated at the basement level. Refer to the following section "Boiler Plant Analysis" for additional information.

Peak chilled water demand is estimated as 1,300 tons. The existing 750-ton Carrier chiller (1998) will be relocated to the new 1st floor mechanical room. An additional 750-ton chiller (and space for a future 3rd 750-ton chiller) will be provided. New chilled water pumps, and associated specialties will be included.

The existing 750-ton cooling tower will be relocated to the roof of the Phase I addition. A new 750-ton cooling tower will be added, and dunnage space provided for a future tower. Acoustical isolation will be added to shield these units from the residential development on Marlowe St.

(Prior to design phase, existing chilled water and steam peak demands will be further verified to support these preliminary estimates.)

New medical vacuum and medical air systems will be provided in the renovated central plant. Preliminary capacity for each is estimated at (3) 15 HP compressors. A refrigerated dryer system will be provided for the medical air

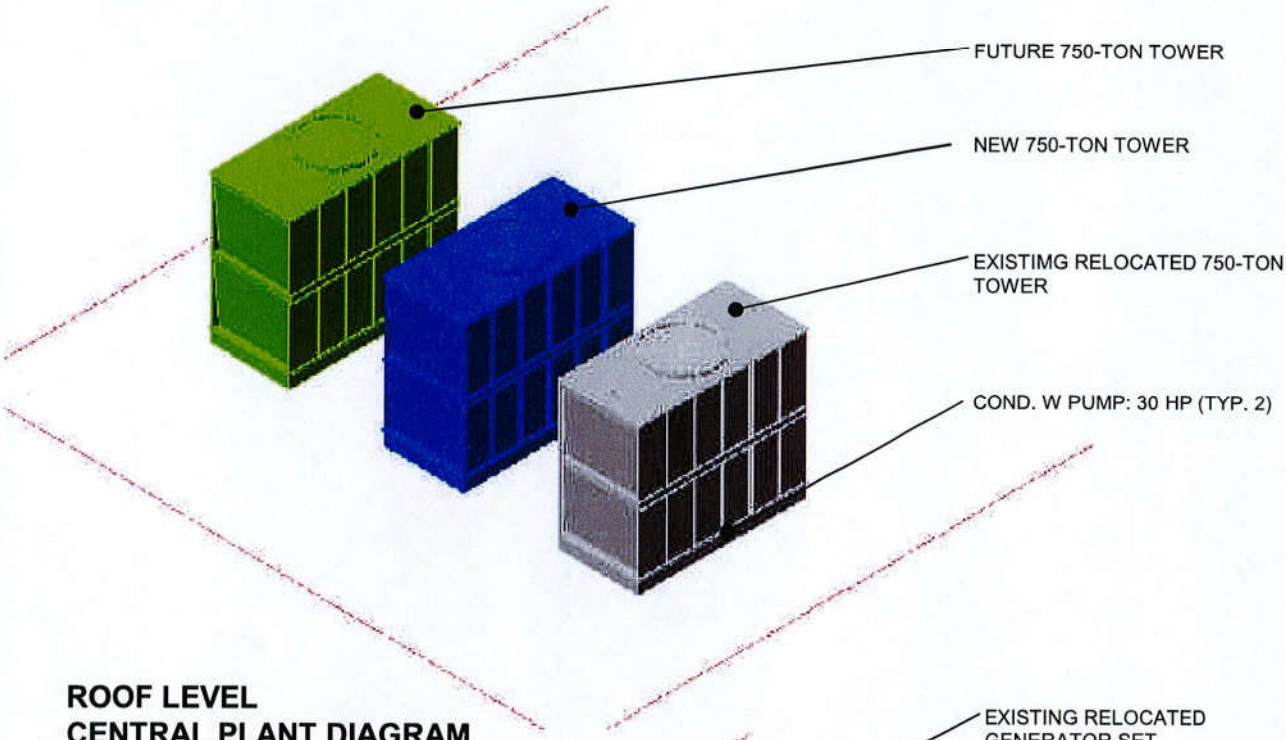
system. New master control panel(s) will be provided with wiring back to zone control panels in the hospitals.

Space will be provided in the new central plant for a fire pump and jockey pump. It is anticipated that the existing fire pump will be able to be reused. Further hydraulic analysis / code study will be required.

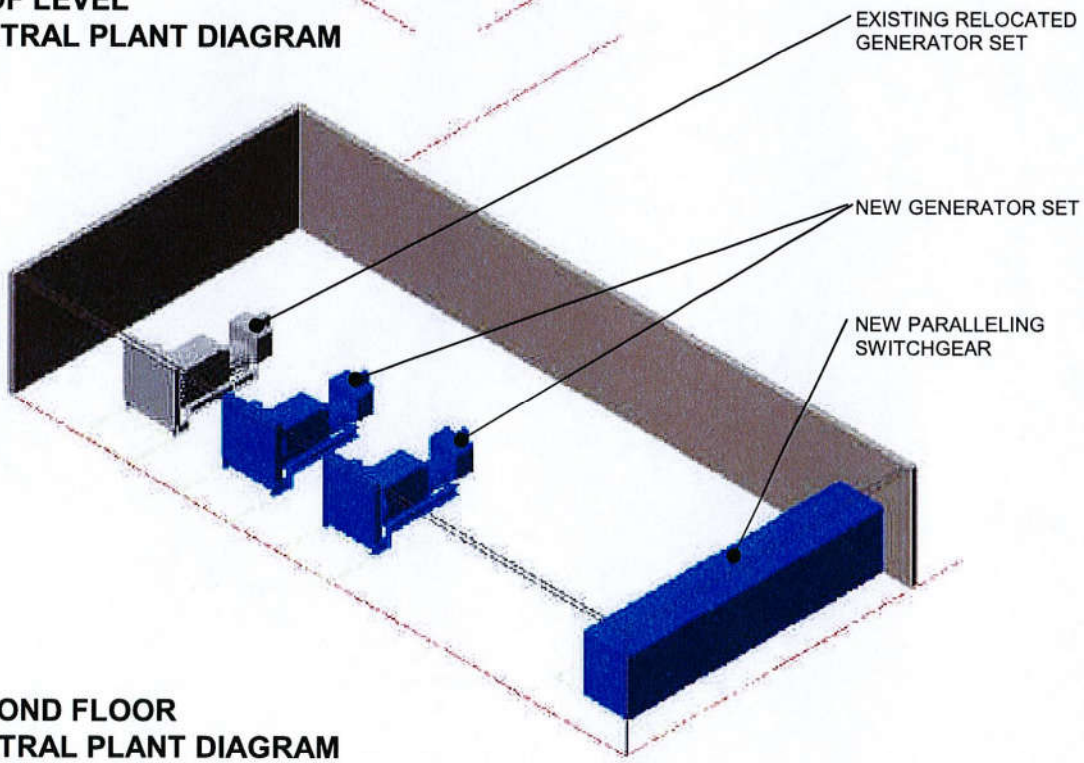
(2) 10,000 gal. underground fuel oil storage tanks (UST's) will be provided as part of the Phase I central plant addition. A packaged fuel oil pump set will deliver oil to boilers and emergency generators.

New DDC controls (compatible) with the existing Siemens / Landis controls system will control all central plant equipment (chillers, boilers, pumps, etc.)

Analysis by: Matthew J. Murphy, PE



ROOF LEVEL
CENTRAL PLANT DIAGRAM



SECOND FLOOR
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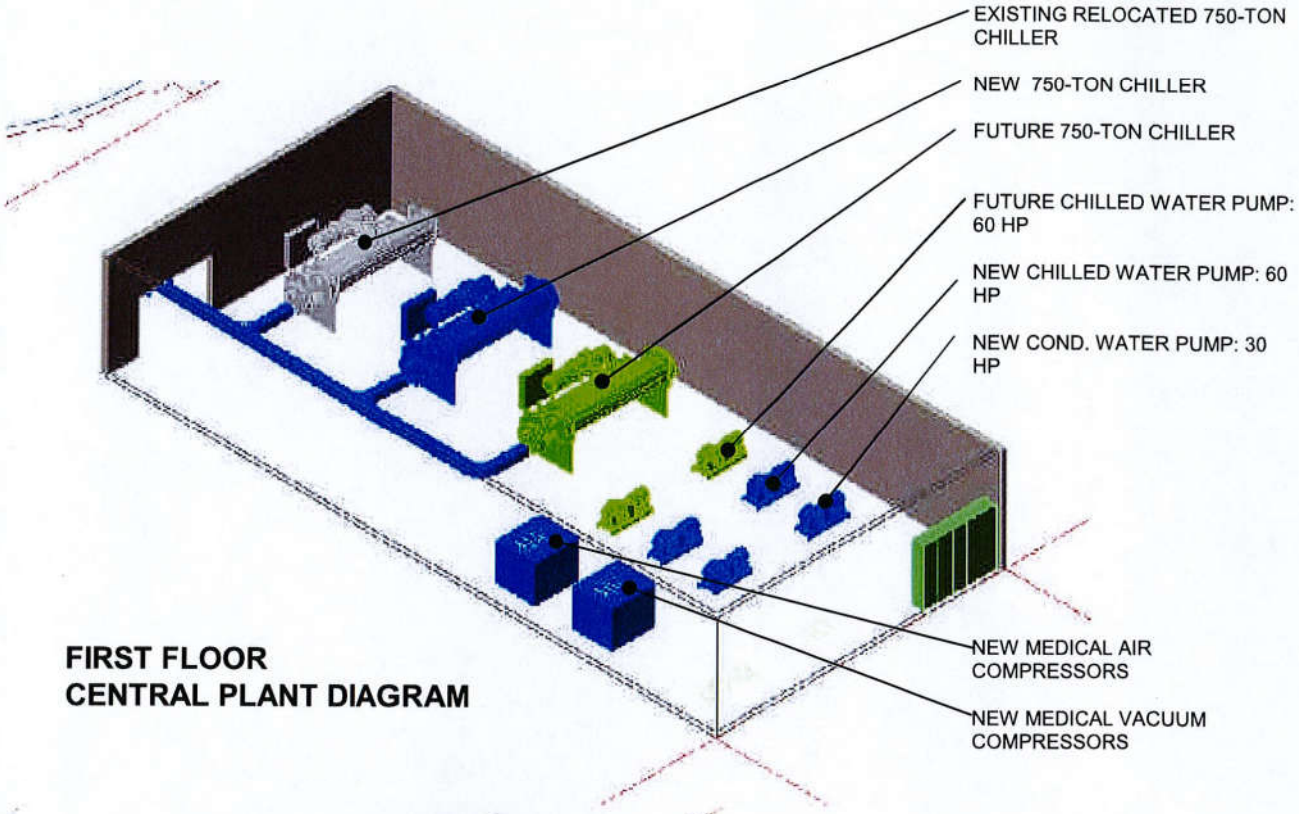
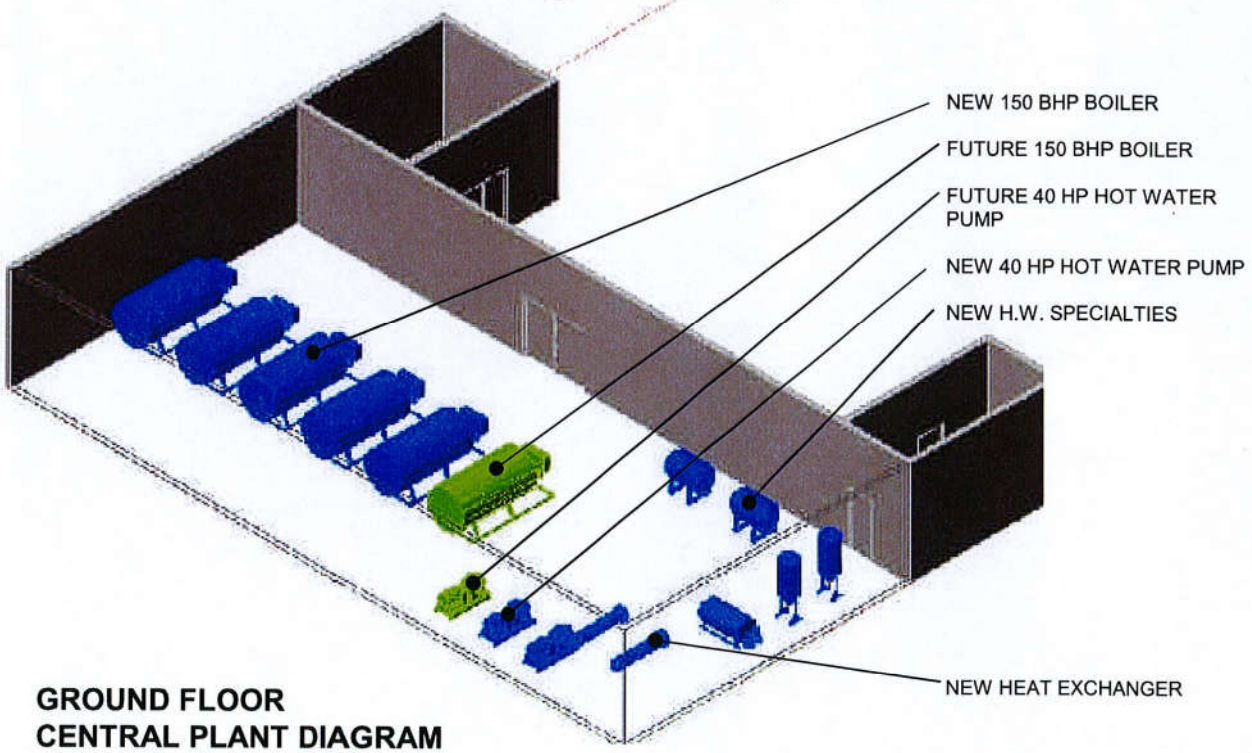


FIRST FLOOR
CENTRAL PLANT DIAGRAM



GROUND FLOOR
CENTRAL PLANT DIAGRAM

Air Handling Systems Summary

AHU Desig.	Area Served Desig.	Area Served GSF	System Description	Capacity (CFM)	Capacity Control	SF Motor (HP)	Req AC
AHU-B1	B1,B2,B4	28,200	100% OA AHU w/ energy recovery (glycol runaround) . Radiant (heating / cooling panels). HU not in operation		CV	50?	
AHU-B2	A3, B3	14,400	VAV & HW re-heat, w/ HW RCP's. Heat Exchanger, (2) pumps in B penthouse		VFD	50	
RTU-???	4A, 4B (part.)	6,000	Packaged, cooling-only RTU, VAV w/ HW reheat, DDC controls.	4,000	VFD	?	
AHU-C	C (all)	24,000	100 %OA AHU w/ energy recovery (glycol runaround). Radiant (heating / cooling panels).		CV	40	
AHU-D1			Mixed Air AHU unit. D-1 has 2-speed fans (for smoke control of atrium.) D-1 supplies ventilation air for 4-pipe fan coil units. Humidifier is not operational.	50,000	2-speed (IGV's)	100	
AHU-D2	D3, ICU-CCU, Radiology		100 %OA AHU w/ energy recovery (glycol runaround). D-2 supplies ventilation air to 4-pipe fan coil units(via CV terminals) in patient areas and supplies directly to VAV terminals (w/ hot water reheat) to non-patient areas. Humidifier is not operational.	50,000	IGV's	200	
AHU-E1	E-wing (basement, pharm, records, admin, Caf.)		Mixed air AHU unit.	60,000	IGV's	200	
AHU-E2	E-wing (lab, ER, Cafeteria)		100 %OA AHU w/ energy recovery (glycol runaround). D-2 supplies ventilation air to 4-pipe fan coil units(via CV terminals) in patient areas and supplies directly to VAV terminals (w/ hot water reheat) to non-patient areas. Humidifier is not operational.	50,000	IGV's	200	
AHU-E3	4D, 4E, Surgery		100 %OA AHU w/ energy recovery (glycol runaround). D-2 supplies ventilation air to 4-pipe fan coil units(via CV terminals) in patient areas and supplies directly to VAV terminals (w/ hot water reheat) to surgery areas. Direct steam injection humidifier.	50,000	IGV's	200	
AHU-F8	F4, dietary, patient transp.		100%OA AHU w/ energy recovery (glycol runaround). F8 supplies existing multizone ducts with steam reheat coils.		?		

Thermal Utilities (Steam / Ch. W.) Estimate

Existing Hospital Area Analysis

	Patient Rm	Procedure	Imaging	Admin. / support	Physical Plant	Comp./Data
B				26278	22846	1945
1	7,800	3,150		13,400	9,070	152
2	31,900	9,600	20,000	11,515	3,070	
3	32,186	28,500		5,600		
4	42,680			4,300		
Total	114,566	41,250	20,000	34,815	12,140	152
SF / TON	300	225	300	400	400	175
Existing Chilled Water Plant Capacity	382	183	67	87	30	1

Ex. Steam Plant Capacity	44	btu/sf (heating)			
	49	btu/sf (heating)			
	55	btu/sf (heating & dietary)			
Existing A/B	12,985	sf / floor	x	5	floors
Addition - Phase 1	15,300	sf / floor	x	3	floors
	3,400	sf / floor	x	2	floors
Addition - Phase 2	15,300	sf / floor	x	5	floors

Post-MP Addition SF

Final Chilled Water Load

Final Steam Load

Electrical Report

Electrically, the biggest infrastructure issue is the emergency generators. The second, is the normal electrical distribution in the "B", "C", and "F" buildings.

Emergency power is currently generated by two separate diesel generator sets. One is at the end of its useful life and the other is at mid life. Any new project should include a new centralized emergency generation and distribution system. Two new 1000 kW generators paralleled will serve the current hospital needs and the short term growth. The synchronizing switchgear should be set up for three sets so the existing 1000 kW set can be relocated to be adjacent to the new sets and will then provide n+1 redundancy for emergency power. In order to allow the hospital to remain in service the two new diesel generator sets should be installed and after they are operational the existing set should be relocated The existing emergency power distribution systems will be re-fed from this new emergency power generation system. Phase I includes the emergency generation system described above located in the new Central Plant space.

If extensive renovation is planned in the central buildings "B, C, & F", the electrical vault in the basement of F needs to be replaced. This equipment is not only very old but does not provide any separation between the emergency power and the normal power. Thus, an arcing failure in one will cause a prolonged outage in both normal and emergency electrical power. Also the conductor insulation in these wings is suspect due its advanced age. Any level of renovation should include replacing the feeders and panelboards, as movement of conductors during renovation will destroy the insulation and be almost impossible to repair.

The normal power for the new chillers will come from the existing service vault at medium voltage from the south end of the facility. The south vault will require some reconfiguration to permit new feeders to be added. At the new chiller room the medium voltage will be transformed down to utilization voltage. With the three generators consideration can be given to connecting one chiller to a generator in order to provide some limited cooling during a power failure or for peak shaving during utility power shortages. Construction of the new Phase I addition on Detroit will require some reconfiguration of the existing normal power at the current Central Plant to allow construction.

General electrical notes;
If work is done in D3 new receptacles will need to be added, since all of the power now comes from the critical branch and this configuration not only does not meet code, but poses an unusually high risk to patient care in the event of a critical branch failure.

In any level of work above minimal, the electrical panels should be plannedfor replacement, due to their advanced age and the limited availability of parts for older panels. This would be best handledwith wing renovation and not before.

Also a centrally located tele/data room riser is needed in the central portion of the remodeled buildings, as the existing closets are too small to be effective with current technology.

Analysis by: Raymond Heintel, PE, RCDD

4 COST ESTIMATE

Summary

An order of magnitude estimate of probable costs has been prepared by PCS based upon the conceptual design scheme and field investigation findings included in the final report.

Total project cost ranges from $65 M to $69 M. Please refer to the following page for a summary of costs and list of options related to construction.

5 APPENDIX A : MEETING NOTES

6 APPENDIX B : DRAWINGS

Cleveland Clinic plans updating of Lakewood Hospital

By SHANNON MORTLAND
Originally Published: January 30, 2009 10:23 AM Modified: January 30, 2009 4:15 PM

The Cleveland Clinic has committed to spending at least $28 million to renovate Lakewood Hospital over the next five years under a plan called Vision for Tomorrow.

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The plan is a multiyear project that aims to transform 102-year-old Lakewood Hospital into one that mirrors the Clinic's newer hospitals, said Fred DeGrandis, president and CEO of the Clinic's regional hospitals. The project could cost up to $50 million, noted Lakewood mayor Edward Fitzgerald. Clinic officials would not confirm the $28 million or $50 million figures provided by the mayor.

The cornerstone of the plan is to transform 200 hospital rooms into private patient rooms that will enable families and friends to visit patients in a more intimate and comfortable setting, Mr. DeGrandis said.

"The conversion to private rooms is really the centerpiece of this project," he said. "It serves the patient in a much better environment."

Much of the medical equipment now used in hospital rooms also will be moved to cabinets that will be inside the walls, so it's not sitting out near the beds, Mr. DeGrandis said. The Clinic has been designing the rooms in its new buildings to be cleaner and more spacious by hiding the equipment.

The rooms also will be equipped to handle new technology, and wireless services will be made available throughout the hospital, he said.

Hospital to feature centers of excellence

Parts of the hospital will be redesigned to provide more outpatient care. The hospital also plans to forge more partnerships with community organizations on wellness programs, strengthen management of chronic diseases such as diabetes, and better align Cleveland Clinic services and community doctors with the hospital.

Centers of excellence in geriatrics, orthopedics, neurological services and diabetes/endocrine also will be created at Lakewood Hospital.

The services offered at the hospital will be better tailored to the needs of residents in Lakewood and the surrounding communities, Mr. DeGrandis said. The hospital primarily serves Lakewood, Cleveland, Rocky River, Bay Village and Lorain — a geographic area with an aging population and a high incidence of diabetes.

"Diabetes is to the point where there really is immediate intervention needed," he said.

Mayor Fitzgerald said the city of Lakewood looks forward to expanding its effort to work with the hospital on community wellness initiatives. Under the Healthy Lakewood Partnership, the Clinic's Dr. Michael Roizen recently held an open talk on nutrition, which was attended by about 600 local residents, he said.

The Clinic also is involved in a pilot project at a Lakewood elementary school in which it is exploring the links between nutrition and student performance. The city hopes to offer more such programs, the mayor said.

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The Vision for Tomorrow plan will take place over the next several years. While some projects are still in the planning stages, those slated for 2009 include beginning the transition to private rooms, creating an eight-bed unit for acute care for the elderly, enhancing the endovascular suite, improving the parking garage and installing new heating and cooling systems.

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About Us

Lakewood Hospital, located on the southeast corner of Belle and Detroit Avenue, is an acute care hospital that has served the diverse healthcare needs of the Westshore communities since 1907. Lakewood Hospital celebrated its' 100 year anniversary in 2007 with a theme "A Century of Touching Lives." The theme reflected the hospital's tradition of caring and personal patient experience that has become the hospital's legacy since its founding. Each year, more than 130,000 patients receive high-quality and innovative patient care from our talented medical staff of some 500 physicians, supported by more than 1,300 employees and nearly 400 volunteers.

Lakewood Hospital's primary service area is western Cuyahoga County, primarily the cities of Lakewood, Rocky River, Bay Village, Westlake, Fairview Park, eastern portion of Lorain County and western portion of the City of Cleveland (Detroit Shoreway area). Lakewood Hospital, accredited by The Joint Commission, provides a full continuum of care from birth to senior services.

Several core services – called Centers of Excellence are:

Neurological Services: The Cleveland Clinic Neurological Institute at Lakewood Hospital, which opened in the fall of 2008, offers a full-spectrum of neurological care to inpatients and outpatients. Lakewood Hospital was one of the first hospitals in Ohio to be named a Primary Stroke Center by The Joint Commission for providing outstanding patient care. Additionally, we are one of a few select community hospitals in the nation with a designated Neuro Integrated Care Unit, which offers patients the opportunity to stay in one room through all levels of their neurological care.

Diabetes and Endocrine Center: We are the only hospital on the West side of Cleveland to offer diabetes and endocrine care in one location. The Diabetes and Endocrine Center employs two endocrinologists, a certified diabetes educator, a dietician, inpatient and outpatient diabetes education nurses and a community outreach coordinator. Other physicians and clinicians rotate through the center to provide services including podiatry, wound care and mental health.

Digestive Health Center: We offer the most advanced services for diagnosing and treating a broad range of digestive conditions. We are one of the few centers equipped to handle pancreatic and biliary disorders and are the only facility in Northeast Ohio – and one of only a handful of hospitals in the nation – that has an endoscopic ultrasound (EUS) equipment for the evaluation and diagnosis of digestive tract disorders.

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Heart Center: We offer a full range of care including diagnostic services, surgical interventions, non-surgical interventions and rehabilitation services. For patients on blood thinning medications our Anticoagulation Clinic provides patients a specialized place to receive one-on-one care. The clinic is designed to help patients manage their medication regimen as safely and accurately as possible.

SeniorCare Services: We address the aging process by helping older adults develop healthy and rewarding lifestyles. We also offer guidance and support to families and caregivers. Our SeniorCare Assessment Center is a cornerstone of our SeniorCare services and is staffed by a multidisciplinary team of geriatric health specialists. The Wound Care Clinic, Lifeline, Emergency Response System and Driver Rehabilitation Program are also part of the services provided by SeniorCare.

Orthopaedics: Lakewood Hospital Orthopaedic Services is dedicated to providing high-quality orthopaedic medical and surgical care to our patients. Our orthopaedic staff, which includes orthopaedic surgeons, registered nurses and rehabilitation staff, will be with you throughout your recovery process.

Vein & Vascular Center: Located on our Westlake Medical Campus, the Center provides state-of-the-art treatment for varicose and spider veins, a wide range of cosmetic services and cardiac and vascular diagnostic testing services including Laser Vein Ablation, Sclerotheraphy, and Phlebectomy. Our team includes a board-certified general and vascular surgeon, echo cardiographers and vascular technologists.

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A Spirit of Giving
news for friends
of Lakewood Hospital Foundation

Hats Off! Celebrates Nursing Excellence

The sixth annual Hats Off! event, held on November 8, was once again a great success netting nearly $25,000 to benefit the Lakewood Hospital Nursing Advancement Fund. More than 250 friends and supporters of the hospital enjoyed a relaxed evening of camaraderie, dining and dancing. Under the leadership of event co-chairs Lee Girman, RN, Birthing Center, and Andrea Schiavoni, RN, nurse manager of 3C, the nursing units created and donated elaborate hobby-themed baskets that were raffled at the event.

Hats Off! was originally developed as a means to raise funds for the Nursing Advancement Fund, which supports continued education, training, program development and professional growth for the nursing staff. Beyond the immediate benefit to the nursing staff, the ultimate recipients of the support provided through the Nursing Advancement Fund are the patients who benefit daily from the successful outcomes attributed to an improved scope of practice. Notable among the successes are enhanced nursing expertise, nursing care advanced to the highest standards, and recruitment and retention of the best and brightest nursing personnel, at all levels.

Since the fund's inception, more than $95,000 has been granted to 78 nurses through the Nursing Advancement Awards. Michele Thornan, chief nursing officer at Lakewood Hospital, notes, "Part of our vision is to continually strive to improve in areas of quality, patient satisfaction and employee satisfaction. Support from this fund is instrumental in helping us fulfill our mission."

"It is impossible to take advantage of the many continuing education opportunities on my own, but as a nurse it is my responsibility to keep current in this ever-changing field," says Nursing Advancement Award recipient Chris Myers, RN. "The support I received through the fund has not only enhanced my knowledge and skills but most importantly, improved the patient experiences of which I am part."

"Supporting continuing education in the healthcare environment is essential," says Jack Gustin, president of Lakewood Hospital. "Through the generosity of all those who support Hats Off!, and the hard work of the employees who plan it, the money raised helps us continue to take care of the enhanced educational needs of our nurses. It is truly a case of family taking care of family."

Nursing at Lakewood Hospital

Lakewood Hospital employs nearly 470 nurses at varying levels including clinical nurse specialists, nurse practitioners, registered nurses and licensed practical nurses.

The average length of employment for an RN at Lakewood Hospital is 12.27 years.

Lakewood Hospital employs an annual average of 275 full and part-time RNs.

35% of the nursing staff have a Bachelor of Science in Nursing degree, with an additional 25% having an advanced degree or professional certification.

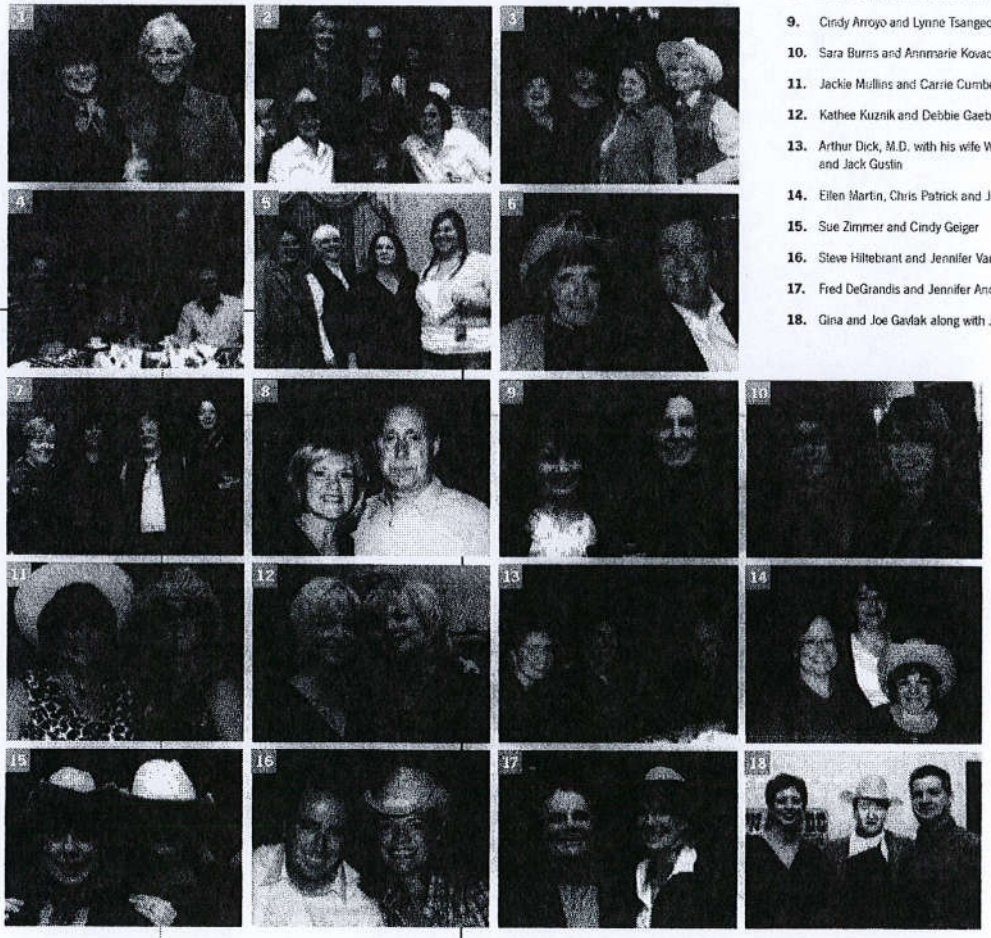
Lakewood Hospital's bedside RN vacancy rate is 6.56%.

The average age of the nursing staff is 47.

The majority of the nursing staff lives on the west side with over 22.3% residing in Lakewood.

Hats Off Photos:

1. Char Chavez and Jacquie Nowlin
2. Seated: Joann Obermiller, Susan Hogan, Anne Hanzel Standing: Patty Kalan, Jeff Roberts, M.D., Jessica Skinner
3. Kellie King, Eileen Dziak, Donna Duffin and Jackie Rambert
4. Carlos Nader, Simone Nader M.D.Laura Haas, Craig Pearse, M.D. and George Khuri, M.D.
5. Sharon Foote, Laura Thomay, Debbie Funk and Sarah Beno
6. Kathleen and Michael Rorapaugh
7. Andrea Schiavoni, Michele Thornan, Lee Girman and Christine Staviscak
8. Laura Dollison, M.D. and her husband Dennis Owens
9. Cindy Arroyo and Lynne Tsangeos
10. Sara Burns and Annmarie Kovach
11. Jackie Mullins and Carrie Cumberledge
12. Kathee Kuznik and Debbie Gaebelein
13. Arthur Dick, M.D. with his wife Wynne Morley, M.D. and Jack Gustin
14. Ellen Martin, Chris Patrick and Josie Schultz
15. Sue Zimmer and Cindy Geiger
16. Steve Hiltebrant and Jennifer Van Dyk
17. Fred DeGrandis and Jennifer Andrey
18. Gina and Joe Gavlak along with John Wayne



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Foundation, and keeps you informed of the latest news and events. Do you have a story idea for a future issue or a comment about this issue? Please let us know! Contact us at 216.529.7009 or foundation@lkwh.org.

Thanks to everyone who contributed to this issue.

Emergency Department staff Richard Nelson, M.D., Judy Porter and Sara Burns

Contributors at Work: ED Social Worker

Lakewood Hospital has a long and rich tradition of providing quality and innovative healthcare to residents of the Westshore communities. In a continuing effort to meet the needs of the patients and the community it serves, several years ago hospital leadership recognized the benefit of placing a full time social worker in the Emergency Department (ED) in order to provide comprehensive care to patients seen in the emergency room. Having a social worker on site, rather than on call, allows for a personalized face-to-face interaction with patients and/or family. This has resulted in early detection and treatment of the non-medical issues and appropriate referral to community agencies for long-term follow-up. Lakewood Hospital Foundation has provided the funding for this position since it was initiated in 2005.

The ED social worker is a source of comfort, education, and advocacy for the patient and family. The social worker focuses on meeting the psychosocial needs of ED patients and their families, well beyond the scope of acute care. The role of the ED social worker is multifaceted and dynamic, and includes: clinical and psycho-social assessments; investigating possible abuse situations; grief counseling; addressing concerns with families and patients; providing supportive care; and connecting patients to additional healthcare and community resources. Examples of such include assisting a senior with placement into a nursing home, finding shelter and community services for a victim of domestic violence, linking a depressed teen with the hospital's Teen Health Center, helping an alcoholic get into a detox program, or finding program assistance for a patient who cannot afford the medication prescribed.

As an integral part of a multidisciplinary team, the social worker functions as the liaison between patient/family and the staff/doctor, navigating complex social situations and providing interventions as appropriate. "Each discipline- medicine, nursing and social work- has its own area of expertise, but a well functioning ED has areas of blended roles that overlap while still respecting the unique contributions of each professional," says Howard Dorenkott, Emergency Department Administrative Director.

Those who benefit the most from this service include: the frail elderly; those without a primary care physician; homeless or uninsured patients; behavioral health patients; and patients presenting with chronic health conditions or limited resources. Through the input of the ED social worker a relationship is formed and information is provided that will hopefully reduce non-urgent care in the ED and increase visits to primary and specialty physicians.

Lakewood Hospital's ED social worker Judy Porter notes, "Many patients end up in emergency departments as a result of health and psycho-social problems that are not being well-managed. EDs do not have the capacity to assist these patients with their real needs - housing, primary care, mental health services, substance abuse treatment, and coordination of care. It is my role to help by providing coordinated, multilevel care- many times beyond the boundaries of the ED."

"Working in tandem with the medical and nursing staff, Judy performs a vital service that, because it is in an emergency situation, cannot be monitored or performed by the medical staff. Her ability to manage multiple complex cases, provide crisis intervention and supportive counseling makes her best suited to render services of this type," says Dorenkott.

Beyond the obvious benefit to patients and their families is the global benefit to the hospital. There is a reduction of repeat emergency room visits and unnecessary inpatient stays because the ED social worker is reaching out to patients using a variety of engagement strategies, including help with immediate basic needs such as food, shelter and medication. "I work with patients and families to understand why they visited the emergency department, assess their medical and social needs, and link them to needed services," states Porter.

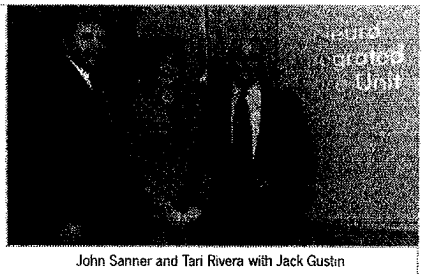
Lakewood Hospital understands the value for community care and support, and the importance of decreasing the time patients spend waiting in the ED. Patients and their families are well served in Lakewood's ED. The psychosocial needs of patients are addressed because the social worker is there, available, caring, and able to help. Lakewood Hospital Foundation is proud to support this position and has committed to do so again in 2009.

John Sanner working with the John Hay High School ACE Team

Corporate Partner Spotlight: Regency Construction Services

Fourteen years ago, Tari Rivera chose Lakewood as the community in which to establish the headquarters for her construction management and general contracting business. Founded in 1994, Regency Construction Services, Inc. was formed with a passion for the design and building industry. Together with a commitment to a client-centered practice, the successful result is a company that has built both enduring relationships and building footprints that impact our community in a positive way. Today Regency oversees and builds construction projects for diverse clients all over Ohio - many of whom have been with Regency since its earliest days.

As founder and president, Rivera, along with executive vice president John Sanner, takes great pride in the reputation they have built not only as a strong, leading Lakewood-based business, but most importantly as a caring and compassionate neighbor. A culture of philanthropy - with a focus on healthcare and education - is woven through the company at all levels. The long-term relationships that have been forged, specifically with the schools and the hospital, are priceless. "We believe it is our duty as a corporate leader to step up and give back," said Sanner.



John Sanner and Tari Rivera with Jack Gustin

Over the years, Regency has been a generous supporter of Lakewood Hospital Foundation's efforts and last year was the Signature Sponsor of Starry Night, an event that has quickly become known as the biggest and best street party on the west side. "Our sponsorship provides a wonderful opportunity for us to visibly show our support for this great event- right in Regency's 'hometown'. With the proceeds benefiting the hospital's Diabetes Center and the Lakewood Arts Festival Scholarship Fund, it's a perfect match for what we think is important - healthcare and education," Rivera said.

Philanthropic support is just one component of Regency's impact on the hospital. As Lakewood Hospital prepared to begin its second century, significant updates and changes were needed if the hospital was to remain the leading healthcare provider for Lakewood and the surrounding Westshore communities; Regency has played a major role in making sure this happens.

More that three years ago, the hospital initiated a renovation project that encompassed its critical care units. Regency Construction served as the general contractor for all three phases. The entire $7 million investment, completed in late-2008, totals approximately 25,000 square feet.

"Tari and John listened patiently and adjusted their plans to fit our needs," notes Bill Koziol, Lakewood Hospital senior vice president. "They helped us realize our dreams and visions of improving efficiency in patient care while promoting a comfortable, healing environment for patients who require the specialized care that the critical care areas provide." Additionally, Regency Construction oversaw the build out of the hospital's Diabetes Center, again working to create a space that offers each patient the best, personalized care possible.

Community support extends way beyond the walls of Lakewood Hospital. Rivera and Sanner take great pride in the student programs they have initiated within the schools that provide students of all ages with an educational journey of a construction project- every step of the way from beginning to end. Additionally, Regency has played a key role in the rehabilitation and rebuilding of the Lakewood City Schools and is a strong supporter of the Beck Center and Lakewood Chamber of Commerce. The preservation of the environment is high priority for Regency as well, and as a result, the company is a huge advocate of "green" projects.

"Regency is truly a model corporate citizen and recognizes the impact of giving back to the community. They are an icon in the city of Lakewood and have been a tremendous influence in the ongoing efforts to rebuild and revitalize this city," said Mary Anne Crampton, executive director, LakewoodAlive. "Tari and John are well known throughout the community for their selfless support both professionally and personally."

thankYOU

stewards these gifts received, passing your support on to Lakewood Hospital to serve the needs of patients and of the community. For over 100 years Lakewood Hospital has benefited from the financial support of its friends and neighbors. This tradition of caring has created a unique institution in the true spirit of partnership with the community. Donor generosity helped build this hospital and continues to keep it growing today and into the future.

The following list highlights philanthropic support received September 1 - December 31, 2008.

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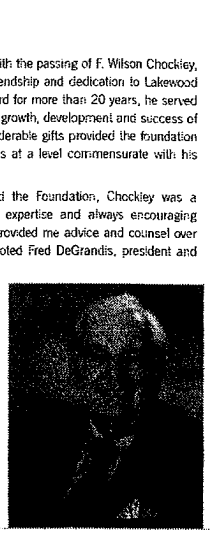
In Memoriam

Last fall, Lakewood Hospital Foundation lost a special friend with the passing of F. Wilson Chockley, Jr. Chockley will be remembered by many for his service, friendship and dedication to Lakewood Hospital Foundation. An active member of the Foundation board for more than 20 years, he served as president from 1982-87. Wilson was a guiding force in the growth, development and success of Lakewood Hospital Foundation. His acquisition of many considerable gifts provided the foundation on which the corpus is built. His own personal support was at a level commensurate with his passion for the organization.

Throughout his years of service to Lakewood Hospital and the Foundation, Chockley was a wonderful and dynamic presence, sharing his professional expertise and always encouraging commitment and support from others. "Wilson generously provided me advice and counsel over the years and I am grateful for his insights and wisdom," noted Fred DeGrandis, president and CEO, Cleveland Clinic Regional Hospitals.

In recognition of his dedication and leadership, Honorary Lifetime Trustee status was conferred upon Wilson in 1992 by Lakewood Hospital Foundation. Lakewood Hospital and Lakewood Hospital Foundation are better today because of his contributions of time, talent and treasure.



F. Wilson Chockley

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Deceased in *italics*.

HATS OFF!

November 8, 2008

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Dr. Robert W. Reynolds
Mrs. Carolyn P. Seelbach
Mr. & Mrs. John J. Tanis
Mr. Eric B. Townsend
Mrs. Bridget Tyler
Ms. Karen Weisman
Dr. Reynaldo T. Zabala

GRABER SOCIETY

Lakewood Hospital Foundation's Graber Society honors a special group of donors for their commitment to compassionate, quality healthcare through deferred and endowed gifts. The dedication and generosity of the Graber Society members enables Lakewood Hospital to offer a vision of future programs that bring hope and health to others.

We gratefully recognize these members of the Graber Society who have chosen to make a difference in the lives that follow by leaving a legacy at Lakewood Hospital.

Dr. & Mrs. Mirza Baig
Mr. Curtis M. Brosky
Mr. Milan G. Busta
Mr. F. Wilson Chockley, Jr.
Mrs. Matthew I. Cotabish
Mr. John P. Coury, Jr.
Mrs. Betty Jeanne Cramer
Mr. & Mrs. Fred M. DeGrandis
Mrs. Mary McGuire Eitzen
Mr. & Mrs. James D. Evans
Mr. & Mrs. Larry E. Faulhaber
Mrs. Frederick W. Ferbert
Mrs. James I. FitzGibbon
Mr. & Mrs. Thomas J. Gable
Mr. Franklin S. Galko
Mr. William R. Gorton
Mr. & Mrs. Walter Hagen
Mr. & Mrs. Graham Hall
Miss Mary Jane Holland
Mr. & Mrs. Charles S. Huffman, Jr.
Mr. & Mrs. Brian M. King
Mr. William B. La Place
Mr. & Mrs. James Meehan
Mr. Robert Nemetz & Ms. Laura DiVincenzo
Mrs. James R. O'Malley
Mrs. Myron L. Pardee
Mr. & Mrs. Robert L. Potts
Mr. George B. Ramsayer
Miss Rose A. Rinella
Mr. & Mrs. John P. Ringenbach
Mr. Merritt B. Sampson
Mrs. Carolyn P. Seelbach
Dr. Marvin D. Shie, III
Mr. Peter E. Shimrak
Mr. Dudley Taw
Mr. James R. Vine
Mrs. John C. Wasmer, Jr.
Mr. George B. Webber
Mr. Robert C. Weber
Mrs. Trudy Ryan Wendling
Mr. & Mrs. Horace E. Wetzell, Jr.
Two donors who wish to remain anonymous

Named Endowment Funds

Moin Baig, M.D. Memorial Endowment Fund
Helen E. and Robert L. Burns Memorial Endowment Fund
Callinan Family Endowment Fund
Children's Board of Lakewood Hospital Endowment Fund
Kenneth E. & Lucille F. Clarke Memorial Endowment Fund
William (Mike) Folberth Memorial Endowment Fund
Mary Jean & Walter A. Hagen Endowment Fund
Mary Jo & William M. Hegarty, M.D. Memorial Endowment Fund
Junior Board of Lakewood Hospital Endowment Fund
Steven Kovacs, M.D. Memorial Endowment Fund
Catherine (Kay) La Place Memorial Endowment Fund
James R. O'Malley M.D. Endowment Fund
August & Carmella Rinella Memorial Endowment Fund
Rose A. Rinella Endowment Fund
Louise E. Taw Memorial Endowment Fund
Woman's Board of Lakewood Hospital Endowment Fund

Kathy Devney, Diabetes Education Program Coordinator, consults a patient

Caremark Grant to Fund Diabetes Assistance Initiative

Uninsured and underinsured diabetes patients will benefit from a grant recently awarded to Lakewood Hospital Foundation. The $100,000 grant, split evenly between Lakewood and Marymount hospitals, is one of just ten awarded statewide from the Caremark Rx L.L.C. Discretionary Settlement Fund. The money has been used to establish a Diabetes Assistance Initiative at each hospital. This initiative provides financial assistance for prescription medication and scholarships for self-management education programs, two core components of diabetes care. With one in 14 individuals in Northeast Ohio living with diabetes, these programs are needed now more than ever.

Lakewood Hospital Diabetes Center has been seeing an increased number of patients without health insurance, as well as those who have insurance, but are not covered for diabetes education. People falling into either of these groups will benefit from this program. The Center focuses on education, research and prevention programs.

"We are committed to improving the health and well-being of our local community," says Jack Gustin, president of Lakewood Hospital. "We identified a need and have begun taking steps toward a solution. This grant will help our Diabetes Center expand its care to the uninsured and underinsured living with diabetes."

While those at or below 100% of the federal poverty guidelines benefit from charity care programs for diabetes services, there is a gap in care for those just above this threshold. Many uninsured and underinsured individuals who fall between 100% and 400% of the federal poverty guidelines are unable to access diabetes medication, supplies and education due to lack of insurance coverage or financial hardship.

"Diabetes affects all people. It doesn't discriminate based on one's ability to pay. Medications, testing supplies and education are basic survival needs, not luxuries. This is an incredible opportunity to help make things better for people," says Dan Zezena, director of Lakewood Hospital Diabetes Center. "It's why we're here. It's what we do. We help people so they can help themselves."

A recent settlement with Caremark Rx - one of the nation's largest pharmacy benefits management companies - allowed the Ohio Attorney General's Office to distribute $1 million to support Ohio non-profit organizations. Together, the ten projects selected to receive the funds will provide services to over 50 Ohio counties benefiting low income, disabled or elderly.

As one of the first hospitals on Cleveland's West Side to receive recognition from the American Diabetes Association for its outpatient diabetes education program, this grant will allow Lakewood Hospital's Diabetes Center to expand its outreach efforts to benefit an even greater number of people with diabetes.

For more information on the Diabetes Assistance Initiative, please contact the Lakewood Hospital Diabetes Center at 216.529.5300.

Lakewood Hospital is Going Green!

In an effort to "Go Green" and become more environmentally responsible, Lakewood Hospital will be producing an electronic newsletter and would love to add you to the email list.

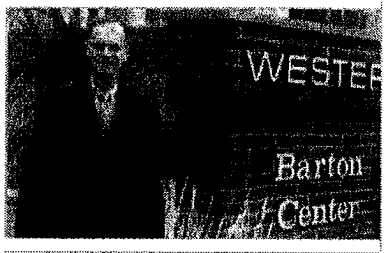
Each issue will be filled with upcoming health talks, health tips from medical experts and much more. It is easy to sign up. Just log onto lakewoodhospital.org and complete the e-newsletter form on the homepage.

Leaving a Legacy

For more than 100 years, Lakewood Hospital and the community that it serves have been woven together in an intricate quilt. The importance of this fabric is not lost on Curt Brosky, who intends to leave a legacy to the hospital and other local organizations long after he is gone.

"I feel very connected here," says Brosky, who for the past 12 years has served as president and chief executive officer of several corporations that provide services for older adults, including the LSC Service Corporation that manages the Westerly Apartments and four other non-profit senior citizen apartments, and two senior centers. He also manages the Barton Center, a non-profit senior citizens activities center. The Westerly and Barton Center are located only two blocks east of Lakewood Hospital. "We take care of each other," says Brosky. "We are very supportive of the hospital, and they take care of us."

Brosky's involvement with the community is notable. He has served as a Lakewood Hospital trustee since a mayoral appointment in 1997. He has chaired the hospital board's governance and finance committees, and has witnessed much of Lakewood Hospital's recent growth, including the new emergency room, renovated critical care units, and the opening of the Neurological Institute. He also has served as a trustee of the Cleveland Clinic - Western Region (Fairview, Lakewood and Lutheran Hospitals) for the past eight years. Other current appointments include the Lakewood Chamber of Commerce, Lakewood/Rocky River Rotary Club, and LakewoodAlive Board of Trustees. In 2006 he was named the "Lakewood Business Person of the Year" and is a recipient of the Cox Cable "Spotlight Award for Community Service."



Curt Brosky

"I never really felt connected to the community when I worked in Cleveland and Akron," he said. His feelings changed when he came to work in Lakewood. "There are so many community connections here," he says, citing the relationship that Lakewood Hospital has with the Westerly and Barton Center.

Westerly is home to more than 500 seniors, while Barton Center provides social activities and educational programs to more than 1,000 older adults from Lakewood and the west shore area. "Good health is vital to our seniors," he says. "We are fortunate to have a world-class affiliated hospital two blocks from our door." Lakewood Hospital provides the Barton Center with a nurse to do lab work and perform weekly health screenings. In addition, physicians and other healthcare professionals provide regular on-site health education programs. "Many of our residents say that the major reason they chose to live at Westerly is due to our location near the hospital and their doctors in the Medical Office Building," says Brosky. "The hospital is an important resource to our employees and their families, too."

In addition, Brosky says he is grateful for the Lakewood Hospital Foundation, which funds health outreach programs for our friends and neighbors who otherwise could not afford it. "We really do take care of each other," he says. The good work that is taking place in Lakewood is something that he wants to see continue. So much so that he has pledged to continue to support his community for many years to come. "This community has given me so much that I want to give back," he says.

Beyond his regular giving to Lakewood Hospital Foundation, Brosky recently made a commitment to the Foundation and other community organizations in his will. By naming Lakewood Hospital in his estate plans, Brosky became a member of The Graber Society- named in honor of hospital founder Dr. C. Lee Graber and his wife Belle. "I have concentrated my giving to local organizations where I know my contributions can truly make a difference." In addition to Lakewood Hospital, he also supports Westerly and Barton Center, among others. "I know my gifts to these organizations are making a positive impact."

"I have been blessed with a good life and good health," he says. "I feel we have an obligation to give back to society both our time and our treasure, and to help others who aren't so blessed."

Please consider helping to preserve the hospital's heritage and leave a legacy by joining The Graber Society. You can do this by making a provision for Lakewood Hospital in your estate plan, creating an endowed named fund, or through a life income gift. We invite your questions and would be happy to discuss with you, in confidence, the advantages and possibilities for planning your gift to Lakewood Hospital Foundation. For more information, please contact Kristin Broadbent at 216.529.7107 or kbroadbent@lkwh.org.

Distinction in Philanthropy

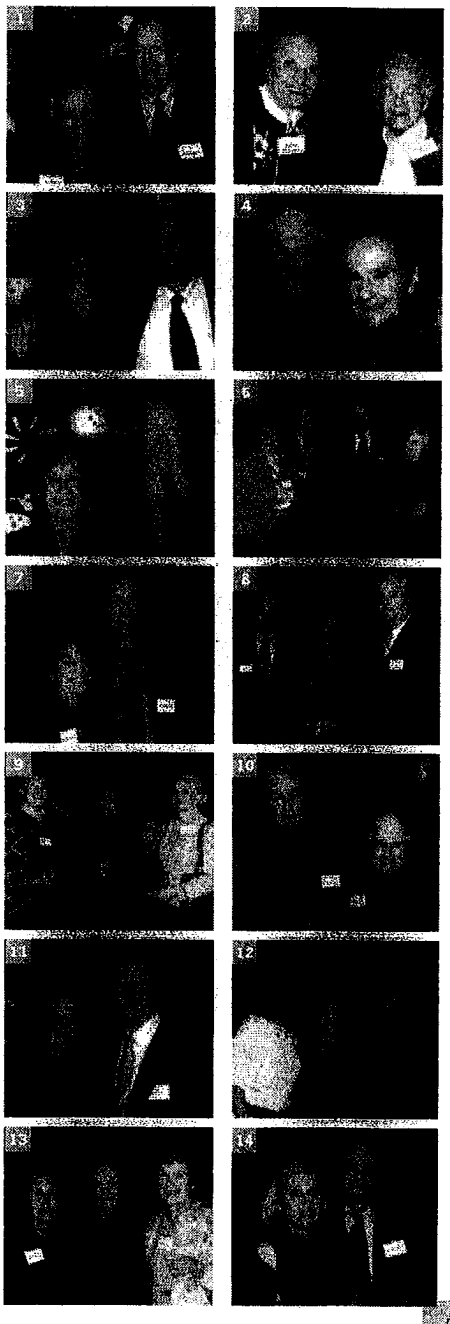
Each holiday season, at its Distinction in Philanthropy event, Lakewood Hospital Foundation recognizes and honors its exceptional donors for their annual, cumulative and deferred giving. "The event is a wonderful way to offer our heartfelt thanks in person to our largest and most enduring donors for their support past, present and future," notes Brian King, president, Lakewood Hospital Foundation Board of Trustees.

Held this year in the hospital Atrium, the evening also served to celebrate the opening of the Cleveland Clinic Neurological Institute at Lakewood Hospital. Guests were treated to a tour of the facility and program by speaker Peter A. Raamussen, M.D., director of the Cerebrovascular Center of the Cleveland Clinic Neurological Institute, who highlighted the numerous benefits to the patients and community of the Neurological Institute at Lakewood Hospital.

The following were honored as new members of the Founder's Council, which recognizes a milestone in cumulative giving:

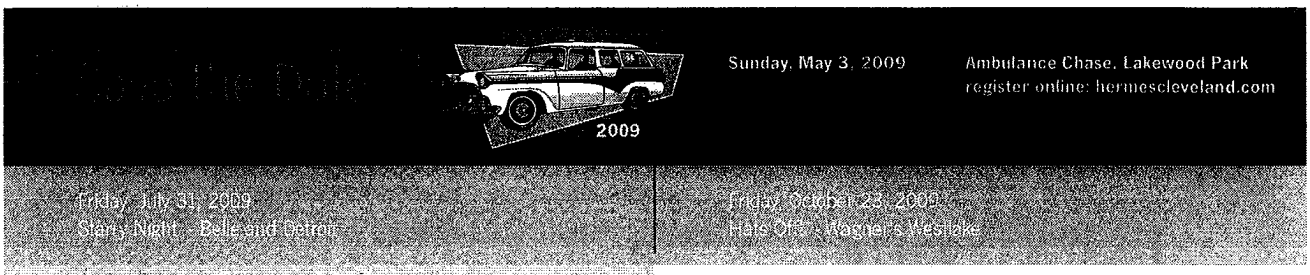
Curt Brosky
Ernie Court
Fairview Hospital
Rosemary and Larry Faulhaber
Jan and Jack Gustin
Lakewood Senior Health Campus
Howard Laundy
Lesjak Planning Corporation
K. Kay Peretz, Ph.D.
Lorraine and Bill Reisel, M.D.
Pam and Tom Smith
Sandy Wright

1. Ann and Phil Ranney
2. Barbara Beckenbach and Anna Mary Winton
3. Barbara and Mark Hastings, M.D.
4. Bill La Place and Maxine F. Calvey
5. Carole and Cap Wetzel
6. Dede and Dave Baker with Bob and Mary Jo Potts
7. Diana and Dave Lesjak
8. Don Esarove with Kathy and Dennis Roche
9. Donna King, Betty Jane Mulcahy and Jamie Lawrence
10. Jim and Sue Evans
11. Pam and Jim Vine
12. Kris Griesmar Spencer, Lacey Hoffmann and Kristin Broadbent
13. Sandy Wright, Mary Lou Ferbert and Carolyn Seelbach
14. Shelley and Marcello Melino, M.D.



Lakewood Hospital Foundation
14601 Detroit Avenue, #240 ■ Lakewood, OH 44107

PAID
CLEVELAND, OH
PERMIT NO. 4499



Charitable Gift Annuity - When You Can Give and Receive

In today's unsettling economic times, where caution and security are key, there is a way to obtain a high rate of investment return with a lifetime income and tax advantages, while at the same time supporting Lakewood Hospital. A charitable gift annuity is a simple contract between a donor and a charity. The charity – in return for a transfer of cash or marketable, publicly traded securities – agrees to pay a fixed sum of money for a timeframe or lifetime.

Strategic charitable planning is now more important than ever. A charitable gift annuity is a gift that addresses the concerns often raised during volatile market conditions, such as:

- **How can I lock in the gain I have realized in my securities or address the matter of a loss?**
- **How can I get a reasonable return on my assets?**
- **How can I assure that my assets will provide both income and charitable objectives?**

Rates on gift annuities are generous and are based on the age of the annuitant at the time the gift annuity is established. Typically, rates on gift annuities outpace those on traditional fixed-income investments. If you have a certificate of deposit that is nearing maturity or a low yielding money market fund, you may want to consider converting the funds or a portion of the funds into a charitable gift annuity. This conversion is a simple transaction.

Although there are many benefits to establishing a charitable gift annuity in any economic environment, now is one of the best times to make a gift to Lakewood Hospital Foundation using a charitable gift annuity. Low interest rates and market volatility are causing concern among investors but these are also the very reasons to consider a gift annuity. Another benefit is, of course, the satisfaction you receive for making a charitable gift to Lakewood Hospital. Every time you receive a payment, you are reminded that your gift annuity will eventually contribute to the future of the hospital.

If you want to philanthropically support Lakewood Hospital, as well as protect your income, a charitable gift annuity will allow you to accomplish both objectives. **Contact Kristin Broadbent**, director, at **216.529.7107**, for a personalized gift illustration.

Charitable Gift Annuity Rates (based on One Life)	
65	**5.3%**
70	**5.7%**
75	**6.3%**
80	**7.1%**
85	**8.1%**

Rates are recommended by the American Council on Gift Annuities as of 2/1/09

For nearly a century, friends and grateful patients have generously supported Lakewood Hospital. Your charitable gift annuity will help ensure the future financial support of one of the region's leading community hospitals, while providing you income for life.

Vision for Tomorrow

Lakewood Hospital is pleased to unveil its new, strategic plan – **Vision for Tomorrow!** This multi-year plan will position the hospital for future growth and long-term stability.

For more than a century, Lakewood Hospital has been committed to providing the highest level of care to patients and supporting the communities it serves. To ensure the hospital is able to carry out this commitment, its **Vision for Tomorrow** will allow it to better meet the changing needs of the community and maintain its role as a quality healthcare provider, community partner and stable employer.

Lakewood Hospital's **Vision for Tomorrow** plan encompasses a variety of changes that will place greater emphasis on improving the patient experience, establishing Centers of Excellence and enhancing the management of chronic disease.

Key Components of Vision for Tomorrow include:

- Converting the hospital to all private rooms
- Focusing on four Centers of Excellence: Geriatrics, Orthopaedics, Neurological Services and Diabetes/Endocrine
- Expanding outpatient care
- Partnering with community organizations to maximize wellness offerings
- Strengthening the management of chronic disease, such as diabetes
- Aligning Cleveland Clinic services and community physicians into Lakewood Hospital

Vision for Tomorrow in Action

Lakewood Hospital's **Vision for Tomorrow** will take place in phases over several years. In 2009, some of the expected projects include:

- Beginning the transition to private patient rooms
- Constructing an eight-bed ACE (Acute Care for the Elderly) Unit
- Enhancing the Endovascular Suite
- Making improvements to the parking garage and beginning replacement of the heating and cooling systems

A significant investment will support the **Vision for Tomorrow** plan and represent one of the largest investments in Lakewood Hospital's history.

Lakewood Hospital Foundation is proud to partner with the hospital in supporting **Vision for Tomorrow** with a $5 million leadership gift. "We hope support of this magnitude conveys to others how strongly the Foundation trustees believe that this is a necessary step in securing the future provision of healthcare services to meet the health and wellness needs of the West Shore community members," notes Brian King, president, Lakewood Hospital Foundation. Additionally, the Lakewood Hospital Medical Staff has pledged their support of this plan with a $500,000 gift.

For more information about **Vision for Tomorrow**, visit **lakewoodhospital.org**.

Lakewood Hospital
a Cleveland Clinic hospital

April 6, 2010

City of Lakewood
c/o The Honorable Edward FitzGerald, Esq.
12650 Detroit Avenue
Lakewood, Ohio 44107

Dear Mayor FitzGerald:

Lakewood Hospital (the "Hospital") is committed to the Lakewood community and will continue to maintain its status as the city's major employer. We're proud of the fact that nearly 1,300 Cleveland Clinic health system employees reside in the City of Lakewood and contribute nearly $900,000 in the aggregate annually in payroll taxes to the City of Lakewood. We plan to maintain this civic leadership role through the implementation of a plan outlined in this letter that will strengthen and improve Lakewood Hospital and elevate the level of care for the Lakewood community and all communities we serve.

On February 11, 2010, the Board of Trustees of Lakewood Hospital Association ("LHA") held a Special Meeting to discuss an exciting strategic direction for Lakewood Hospital and to receive the recommendation of a Special Committee of the Board that had been established to review an independent third party's report on the same subject. After considerable discussion, the Board of Trustees unanimously voted to approve and implement a bold comprehensive plan (the "Plan") to advance Lakewood Hospital's *Vision for Tomorrow*. The Plan will address the sustainability of Lakewood Hospital, while simultaneously making available the finest services typically provided by hospitals in communities similar to Lakewood. The Plan further aligns Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs.

The agreements between the City of Lakewood and LHA unite the City, the Hospital, and the Cleveland Clinic in a relationship of mutual commitment to serve the community. These agreements, including the Lease (the "Lease"), not only bind us together but recognize that hospital services evolve and change over time. In the spirit of our partnership, we write this letter to describe our Plan, which involves many components. One of the Plan's components involves transitioning the Hospital's trauma service and inpatient pediatrics service to a sister hospital, Fairview Hospital, and affects the Lease as described below. The transition will enable us to expand existing services and transfer new clinical services to Lakewood Hospital. This letter is intended to tell you, members of City Council, others in City administration, and our community about the Board's Plan and why we believe the Plan constitutes a comprehensive framework that will improve Lakewood Hospital's ability to serve the Lakewood population.

Process Behind the Plan

Before reviewing the Plan, we would like to describe the dedication and involvement that was given by the Lakewood community members of our Board, the members of Lakewood Hospital's Medical Staff, and others in formulating the Plan. The Board's Executive Committee, at a meeting on November 5, 2009, established a Special Committee (the "Committee") to review and assess this Plan. Utilizing all available resources, an operational and strategic assessment was conducted which included interviews of more than 40 key Hospital leaders. The Committee had 11 members and included representation from the Board's Executive Committee, Finance Committee, and Medical Staff. The Committee met several times and, with the assistance of management, thoroughly discussed and reviewed the Plan. At its last meeting, the Committee recommended approval of the Plan to the full Board, which adopted it on February 11, 2010. The Plan in part affirmed Lakewood Hospital's *Vision for Tomorrow* plan, which is a multi-year strategic plan shaped to better meet the changing needs of the Lakewood community that was adopted by the Board in 2008.

Positioning Lakewood Hospital for the Future

Lakewood Hospital's *Vision for Tomorrow* and the Plan positions and strengthens our services around four centers of clinical excellence – **Neurosciences, Orthopedics, Diabetes and Geriatrics**; ensures the highest level of care for our patients; creates improved coordination of care on the West Side; and positions the Hospital for long-term stability.

Lakewood Hospital and Fairview Hospital have long served overlapping areas, and as you know we recently announced a unified leadership structure involving the two hospitals. This structure better positions us to provide the highest level of care in Lakewood and the communities we serve; ensures care is provided in the right setting; creates better coordination of services throughout our health system; and strengthens both hospitals' financial outlooks.

Inpatient Pediatrics

We believe focusing our care for children at Lakewood Hospital on outpatient services and emergency care meets the changing needs of patients using our services. In developing the Plan, we found that inpatient pediatrics was under-utilized at Lakewood Hospital. Last year, for example, we averaged one to two patients daily on a 12-bed unit.

This trend is not unique to Lakewood Hospital; nationally pediatric subspecialty care is becoming increasingly concentrated in large regional children's hospitals. In fact, finding one major pediatric center serving an entire metro market, or in some cases an entire state, is not unusual. (A 2004 Survey of Pediatricians, backed by American Hospital Association annual survey, 1992-2004, found a 50% decline in pediatric bed space.)

We believe our pediatric patients will be best served just 3.5 miles away at Fairview Hospital for inpatient care. Fairview Hospital provides full pediatric resources and services, as well as pediatric subspecialty care not currently offered at Lakewood Hospital, to meet the needs of children. The relocation of inpatient pediatric services, moreover, provides needed facility space for acute rehabilitation and geriatric services as contemplated by other components of the Plan.

Trauma

We will continue to provide full-service 24-hour emergency care at Lakewood Hospital for patients of all ages with all types of illnesses and injuries. However, Lakewood Hospital has experienced a decline in the number of trauma cases. To clarify, a trauma is a very serious injury or shock to the body, from violence or an accident that requires immediate and highly specialized care. In fact, out of the 34,801 total emergency patients seen at the Hospital last year, more than 99% were *not* trauma-related. In 2009, we treated 25 trauma patients at Lakewood Hospital. We believe the right approach for patients in this region is to take them to the best trauma center for their care. We are privileged to have two trauma centers (Level I – Metro Health and Level II – Fairview Hospital just 3.5 miles away) in close proximity to the City of Lakewood.

Nationally, research has shown that combining trauma centers increases patient volumes resulting in better outcomes for patients. In addition, consolidation of trauma centers saves money by eliminating duplication of expensive resources. [*Journal of the American Medical Association (JAMA)*, 2001; 285:1164-1171 – results indicated that a strong association exists between trauma center volume and outcomes, with significant improvements in mortality and length of stay; *Journal of the American Medical Association (JAMA)*, Vol. 289, No. 12, Mar. 26, 2003 – the concentration of the most severely injured patients in a limited number of specialty care facilities (i.e., Level I or II trauma centers) will increase patient volumes and experience at these centers and thus improve patient outcomes.]

We take pride in the accreditations we've earned that support our emergency services in chest pain certification and stroke accreditation, and we plan to continue to maintain these exceptional services at Lakewood Hospital.

Expansion of Services

In 2008, Cleveland Clinic expanded and extended the care and services of its Neurological Institute (CCNI) to Lakewood Hospital. This represented a significant investment in Lakewood Hospital by Cleveland Clinic. The Neurological Institute provides patients on the West Side with access to a multi-disciplinary team of specialists who provide a broad spectrum of neurological care, including medical and surgical treatment for stroke and neurosurgery. Our outpatient services facilities and inpatient neurological intensive care unit were improved with capital investments totaling $3.3 million over the last two years.

Cleveland Clinic continues to extend Neurological Institute offerings at Lakewood Hospital. In 2009, we brought 10 Cleveland Clinic Neurological Institute specialists to Lakewood in a variety of specialties, including Headache/ Pain; Neurorehabilitation/ Spasticity Management; Vascular Neurology/ Stroke; Movement Disorders; Multiple Sclerosis; Adult and Pediatric Epilepsy; and Neuromuscular Medicine to complement our community physician staff members. Additional physician recruitment is planned in 2010.

According to the World Health Organization, neurological diseases, ranging from epilepsy to stroke to headache, represent the largest and fastest growing unmet medical need: affecting more than 1 billion people worldwide. It is anticipated that as the population continues to age, this number will continue to rise.

We recently began alignment of inpatient acute rehabilitation from Cleveland Clinic's other West Side hospitals to Lakewood Hospital, enabling the Hospital to serve as the hub for this needed service in this market, complementing Lakewood's centers of excellence in neuroscience and orthopedics. Inpatient rehabilitation will bring a significant financial benefit to the Hospital and will provide intensive physical and occupational therapy so patients can return home to activities of daily living as quickly as possible.

As part of our Plan, we are excited about patient referrals from Cleveland Clinic facilities coming to Lakewood Hospital. We continue to make great strides in orthopedics, including opening a new, $3.2 million 16-bed orthopedic unit with private rooms. We have developed strong relationships in Lorain County with the Cleveland Clinic facilities and physicians which have resulted in bringing orthopedic surgeries that were previously performed in non-Cleveland Clinic hospitals to Lakewood Hospital.

We also continue to implement strategies to strengthen our geriatric services by broadening our geographic reach through our relationship with medical directors and affiliated physicians caring for patients in assisted living and/or long-term care facilities. This aging patient population benefits from our expanded SeniorCare program offerings, which has long been a strong foothold for Lakewood Hospital. We are expanding our reach beyond Cuyahoga County to care for these patients.

Finally, we have engaged in discussions to align West Side diabetes programs with the goal to develop a regional center at the Hospital in conjunction with the Cleveland Clinic Endocrine Institute.

Reviewing the Lease Provisions

As you can see, the vast majority of the Plan builds upon or adds to the services provided and services we are expanding, but as we indicated above one component of the Plan involves transitioning Lakewood Hospital's trauma service and inpatient pediatric service to Fairview Hospital, which we plan to do on or after June 15, 2010. Below are details regarding the provisions of the Lease, which we believe are important to acknowledge.

The Lease was developed over 25 years ago – in a spirit of collaboration, energy, and trust among the participants. The Lease provides that LHA is required to provide certain services within the City of Lakewood during the entire 30-year term of the Lease. The definition of those services requires that LHA provide hospital services "of the nature then generally provided by a community hospital in communities comparable to the City [of Lakewood]." The Lease further provides that LHA must continue to provide such services within the City, that it will not terminate them unless it first gives notice to the City (which LHA is doing with this letter), and the City does not object to the service changes.

The Lease was intended to be a living document that would contemplate emerging scientific technologies, medical breakthroughs, and evolving service levels. What may have been a service generally provided by a community hospital in the past may not hold for the future. While trauma and inpatient pediatrics may have been standard services for community hospitals when the Lease commenced, they are no longer, and the language of the Lease supports viewing such services in real time, not locked in the past. Further, the LHA Board of Trustees recognized a responsibility, in this changing healthcare environment, to maintain its governance oversight over the services transitioned to assure that access, value and quality are continued.

Continued Commitment to Lakewood

Over the past three years, we have invested $24.4 million into Lakewood Hospital for a variety of projects that support the *Vision for Tomorrow* plan, including major renovations in Orthopedics, intensive care units, the Neurological Institute, as well as significant infrastructure improvements. We remain committed to investing in facilities and programs at Lakewood Hospital.

Meeting the Community's Changing Health Needs

This community is fortunate to have both Lakewood Hospital and Fairview Hospital so close together, and it's our responsibility to determine how we can optimize the care, value and services we provide on the West Side to meet the evolving needs of those who entrust us with their care – both today and in the future.

We believe you will agree that our Plan will ensure that the services Lakewood Hospital provides will continue to meet community health needs, reflect the changing needs of the Lakewood residents, and more deeply align Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs.

Sincerely,

Mousab Tabbaa, M.D.
Chairman of the Board of Trustees
Lakewood Hospital Association

Fred DeGrandis
President and CEO
Cleveland Clinic Regional Hospitals

Janice Murphy
President
Lakewood Hospital and Fairview Hospital

cc: Members of City Council of Lakewood, Ohio
City of Lakewood, Ohio, Attention: Director of Finance (via certified mail, return receipt requested)
City of Lakewood, Ohio, Attention: Mayor (via certified mail, return receipt requested)
City of Lakewood, Ohio, Attention: Director of Law (via certified mail, return receipt requested)
City of Lakewood, Ohio, Attention: Clerk of Council (via certified mail, return receipt requested)
Lakewood Hospital Association, Attention: Michael J. Meehan, Esq. (via certified mail, return receipt requested)
National City Bank, Attention: Corporate Trust Administration (via certified mail, return receipt requested)
KeyBank National Association, Attention: Corporate Trust Dept. (via certified mail, return receipt requested)
The Cleveland Clinic Foundation, Attention: Delos M. Cosgrove, M.D. (via certified mail, return receipt requested)
The Cleveland Clinic Foundation, Attention: David W. Rowan, Esq. (via certified mail, return receipt requested)

Cleveland Clinic

Janice G. Murphy, FACHE
President, Fairview & Lakewood Hospitals

May 24, 2010

Kevin Butler
President, Lakewood City Council
12650 Detroit Avenue
Lakewood, OH 44107

Dear Council President Butler,

Attached please find responses to the questions as posed by the Committee of the Whole. I look forward to continued dialogue this evening

Thank you for the opportunity to continue this important dialogue

Respectively,

Janice G. Murphy
President
Fairview & Lakewood Hospitals

Responses from Lakewood Hospital to Kevin Butler, Lakewood City Council

We have responded below to the questions presented by the members of City Council. We appreciate the depth of City Council's review process and the insight and thought shown by these questions. We remain committed to the Lakewood community and to the patients who entrust us each and every day to provide the best care possible to them. We take this responsibility very seriously and we appreciate the long-standing relationship between the City of Lakewood, the Lakewood Hospital Association, the Lakewood Board of Trustees and Cleveland Clinic.

We look forward to continuing to work to create a healthcare delivery system that advances Centers of Excellence and provides services that match the changing needs of the community, while taking steps to position Lakewood Hospital for viability and sustainability.

What are the intentions of the Clinic? Is this a temporary move to buy time?

Our intentions are described in the Notice letter dated April 6, 2010, addressed to the City of Lakewood. The Lakewood Hospital Association and its Board have worked very carefully and diligently with the Clinic to create a plan which we believe provides the best service to meet the needs of this community.

As stated in the Notice letter dated April 6, 2010,

> "The Plan will address the sustainability of Lakewood Hospital, while simultaneously making available the finest services typically provided by hospitals in communities similar to Lakewood. The Plan further aligns Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs."
>
> "Over the past three years, we have invested $24.4 million into Lakewood Hospital for a variety of projects that support the *Vision for Tomorrow* plan, including major renovations in Orthopedics, intensive care units, the Neurological Institute, as well as significant infrastructure improvements."

What have been total staffing numbers over the term of the lease thus far?

As stated in our Notice letter dated April 6, 2010:

> "Lakewood Hospital (the "Hospital") is committed to the Lakewood community and will continue to maintain its status as the city's major employer. We're proud of the fact that nearly 1,300 Cleveland Clinic health system employees reside in the City of Lakewood and contribute nearly $900,000 in the aggregate annually in payroll taxes to the City of Lakewood."

Lakewood Hospital is supported by both regional staff and corporate staff, which are not represented in these numbers, but who continually provide valuable services and resources for the benefit of Lakewood Hospital and its patients. The following is the number of full-time equivalent Lakewood Hospital employees 2006 – 2010; (2006) 1,144; (2007) 1,150; (2008)1,148; (2009)1,098; (2010)1,078.

What is the viability of the hospital now?

Lakewood Hospital continues to maintain its status as the city's major employer. Currently, its finances are challenged. The Hospital was not in compliance with a bond covenant for the last two years, but its balance sheet remains strong. We believe the Vision Plan, unanimously supported by the Board, positions the Hospital for future sustainability. The Vision Plan is more than just transitioning services, which have been a financial drain due to staffing needs in these areas, as well as low volumes. The Plan involves establishing Centers of Excellence and bringing in key services, which not only meet the changing needs of this community, but support the viability of Lakewood Hospital.

As stated in the Notice letter:

> "One of the Plan's components involves transitioning the Hospital's trauma service and inpatient pediatrics service to a sister hospital, Fairview Hospital... The transition will enable us to expand existing services and transfer new clinical services to Lakewood Hospital."
>
> "Lakewood Hospital and Fairview Hospital have long served overlapping areas, and as you know we recently announced a unified leadership structure involving the two hospitals. This structure better positions us to provide the highest level of care in Lakewood and the communities we serve; ensures care is provided in the right setting; creates better coordination of services throughout our health system; and strengthens both hospitals' financial outlooks."

What is the risk of keeping the hospital the same?

As indicated above, the Hospital's finances are challenged. Health care delivery continuously evolves. As stated in the Notice letter:

> "The Lease was intended to be a living document that would contemplate emerging scientific technologies, medical breakthroughs and evolving service levels. What may have been a service generally provided by a community hospital in the past may not hold for the future. While trauma and inpatient pediatrics may have been standard services for community hospitals when the Lease commenced, they are no longer, and the language of the Lease supports viewing such services in real time, not locked in the past. Further, the LHA Board of Trustees recognized a responsibility, in this changing healthcare environment, to maintain its governance oversight over the services transitioned to assure that access, value and quality are continued."

Are there alternatives to this plan?

The plan we recommend moving forward with is based on a deliberate and extensive strategic planning process which has been ongoing since 2005. Additionally, the plan was reviewed and updated by a national expert strategic consultant at the direction of the board in 2009.

As stated in the Notice filed April 6, 2010:

> "The Board's Executive Committee, at a meeting on November 5, 2009, established a Special Committee (the "Committee") to review and assess this Plan. Utilizing all available resources, an operational and strategic assessment was conducted which included interviews of more than 40 key Hospital leaders. The Committee had 11 members and included representation from the Board's Executive Committee, Finance Committee, and Medical Staff. The Committee met several times and, with the assistance of management, thoroughly discussed and reviewed the Plan. At its last meeting, the Committee recommended approval of the Plan to the full Board, which adopted it on February 11, 2010. The Plan in part affirmed Lakewood Hospital's *Vision for Tomorrow* plan, which is a multi-year strategic plan shaped to better meet the changing needs of the Lakewood community that was adopted by the Board in 2008."

What guarantees does the City get that the services to be augmented will remain so?

As stated in our Notice letter:

> "Lakewood Hospital is committed to this community and will continue to maintain its status as the city's major employer."

The Board, which includes significant community representation, will continue to monitor and adjust services to meet the community's changing needs. The 23 positions on the Hospital Board include 10 positions that are either elected city officials from the City of Lakewood or their appointees.

As stated in the Notice filed April 6, 2010:

> "Lakewood Hospital's *Vision for Tomorrow* and the Plan positions and strengthens our services around four centers of clinical excellence – **Neurosciences, Orthopedics, Diabetes** and **Geriatrics**; ensures the highest level of care for our patients; creates improved coordination of care on the West Side; and positions the Hospital for long-term stability."
>
> "This community is fortunate to have both Lakewood Hospital and Fairview Hospital so close together, and it's our responsibility to determine how we can optimize the care, value and services we provide on the West Side to meet the evolving needs of those who entrust us with their care – both today and in the future.

We believe you will agree that our Plan will ensure that the services Lakewood Hospital provides will continue to meet community health needs, reflect the changing needs of the Lakewood residents, and more deeply align Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs."

Will the Clinic consider amending the definition of "required services" in the lease to ensure the city is protected from sudden changes in the future?

The Notice presented to the City is based on a specific provision of the lease established in 1997. We do not believe it is necessary to amend the lease to accomplish these changes or to protect the city from sudden changes. The lease enables such changes as needed to answer the changing health care needs of the community, subject to a minimum 60-day review process and potential objection by City Council. As we stated in our Notice letter, "[t]he Lease was intended to be a living document that would contemplate emerging scientific technologies, medical breakthroughs, and evolving service levels. What may have been a service generally provided by a community hospital in the past may not hold for the future. While trauma and inpatient pediatrics may have been standard services for community hospitals when the lease commenced, they are no longer, and the language of the lease supports viewing such services in real time, not locked in the past." Additionally, it important to note that amending the lease could delay implementation of critical components of the plan that need to be implemented during 2010.

Will the Clinic consider accepting Council's approval subject to the existence of other practices at the hospital in the future?

We do not believe an approval subject to future events is wise. The lease contemplates a potential objection by Council but not an approval, much less a contingent approval. A contingent approval could be construed as a constructive objection and may raise unanswerable legal questions that could jeopardize timing and cause delay.

We believe that continuing the best method to ensure optimum service levels to address community need and organizational viability is a responsibility vested in the Lakewood Hospital Board of Trustees, the majority of whom are members of the Lakewood community.

How does Lakewood Hospital fit into the strategic plan for the Clinic?

Considerable discussion was afforded to this topic in the Notice Letter to the City dated April 6, 2010. The relationship with the Cleveland Clinic was an integral consideration during the Lakewood Vision for Tomorrow development. It was imperative to develop the Lakewood plan in conjunction with the overall Cleveland

Clinic strategic plan. As such, Lakewood Hospital is envisioned as the West Side center for neurological, diabetes, geriatric and rehabilitation services.

Some specific examples from the Notice are included below.

"The agreements between the City of Lakewood and LHA unite the City, the Hospital and the Cleveland Clinic in a relationship of mutual commitment to serve the community. These agreements, including the Lease (the "Lease), not only bind us together but recognize that hospital services evolve and change over time..."

"In 2008, Cleveland Clinic expanded and extended the care and services of its Neurological Institute (CCNI) to Lakewood Hospital. This represented a significant investment in Lakewood Hospital by Cleveland Clinic. The Neurological Institute provides patients on the West Side with access to a multi-disciplinary team of specialists who provide a broad spectrum of neurological care including medical and surgical treatment for stroke and neurosurgery. Our outpatient services facilities and inpatient neurological intensive care unit were improved with capital investments totaling $3.3 million over the last two years."

"We recently began alignment of inpatient acute rehabilitation from Cleveland Clinic's other West Side hospitals to Lakewood Hospital, enabling the Hospital to serve as the hub for this needed service in this market, complementing Lakewood's centers of excellence in neuroscience and orthopedics. Inpatient rehabilitation will bring a significant financial benefit to the Hospital and will provide intensive physical and occupational therapy so patients can return home to activities of daily living as quickly as possible.

As part of our Plan, we are excited about patient referrals from Cleveland Clinic facilities coming to Lakewood Hospital. We continue to make great strides in orthopedics, including opening a new, $3.2 million 16-bed orthopedic unit with private rooms. We have developed strong relationships in Lorain County with the Cleveland Clinic facilities and physicians which have resulted in bringing orthopedic surgeries that were previously performed in non-Cleveland Clinic hospitals to Lakewood Hospital."

"We have engaged in discussions to align West Side diabetes programs with the goal to develop a regional center at the Hospital in conjunction with the Cleveland Clinic Endocrine Institute."

"We believe you will agree that our Plan will ensure that the services Lakewood Hospital provides will continue to meet community health needs, reflect the changing needs of the Lakewood residents, and more deeply align Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs."

Where does Lakewood stand compared to Fairview within that strategic plan?

As stated in the Notice letter:

> "Lakewood Hospital and Fairview Hospital have long served overlapping areas, and as you know we recently announced a unified leadership structure involving the two hospitals. This structure better positions us to provide the highest level of care in Lakewood and the communities we serve; ensures care is provided in the right setting; creates better coordination of services throughout the health system; and strengthens both hospitals' financial outlooks."

In addition the Lakewood Hospital Board will maintain governance oversight over the services transitioned between the hospitals, as stated in the Notice letter:

> "Further, the LHA Board of Trustees recognized a responsibility, in this changing healthcare environment, to maintain its governance oversight over the services transitioned to assure that access, value and quality are continued "

What has been the financial history since the inception of the lease?

Throughout the term of the amended lease, the Hospital has done well as evidenced by the annual Member Reports provided to the City since 2004 and the annual Audit provided to the City each year.

Up until two years ago, the Hospital met the financial performance requirements. The recent financial history of the Hospital, like that of many other hospitals in similar geographic demographics, has seen a decrease in its volumes as a result of the decrease in population (~70,000 in 1980s to ~50,000 currently). Additionally, due to the declining economy, the Hospital has experienced an increase in care for the uninsured and changing patterns of practice.

What statistics are available to show that trauma and in-patient pediatrics are no longer part of the community hospital model locally, regionally and statewide?

As stated in our Notice letter dated April 6, 2010:

> "In developing the Plan, we found that inpatient pediatrics was under-utilized at Lakewood Hospital. Last year, for example, we averaged one to two patients daily on a 12-bed unit.
>
> This trend is not unique to Lakewood Hospital; nationally pediatric subspecialty care is becoming increasingly concentrated in large regional children's hospitals. In fact, finding one major pediatric center serving an entire metro market, or in some cases an entire state, is not unusual. (A 2004 Survey of Pediatricians,

backed by American Hospital Association annual survey, 1992-2004, found a 50% decline in pediatric bed space.)"

"Lakewood Hospital has experienced a decline in the number of trauma cases. To clarify, a trauma is a very serious injury or shock to the body, from violence or an accident that requires immediate and highly specialized care. In fact, out of the 34,801 total emergency patients seen at the Hospital last year, more than 99% were *not* trauma-related. In 2009, we treated 25 trauma patients at Lakewood Hospital. We believe the right approach for patients in this region is to take them to the best trauma center for their care. We are privileged to have two trauma centers (Level I – Metro Health and Level II – Fairview Hospital just 3.5 miles away) in close proximity to the City of Lakewood.

Nationally, research has shown that combining trauma centers increases patient volumes resulting in better outcomes for patients In addition, consolidation of trauma centers saves money by eliminating duplication of expensive resources. [*Journal of the American Medical Association (JAMA)*, 2001; 285:1164-1171 – results indicated that a strong association exists between trauma center volume and outcomes, with significant improvements in mortality and length of stay; *Journal of the American Medical Association (JAMA)*, Vol. 289, No. 12, Mar. 26, 2003 – the concentration of the most severely injured patients in a limited number of specialty care facilities (i.e., Level I or II trauma centers) will increase patient volumes and experience at these centers and thus improve patient outcomes.]"

Do doctors have confidence in the model? Will they continue to send patients to Lakewood?

We were proud of the testimony provided by members of our Medical Staff at your recent Council meeting, May 17, 2010. For example, confidence of the Plan and the Hospital leadership's willingness to address concerns of the Medical Staff was expressed by Dr. Kristen Ekman, a leading Hospital obstetrician. Dr. John A. Costin, Chair of the Cleveland Clinic Lorain Institute, described and complimented the quality of services provided by Lakewood Hospital to patients he and other physicians from Lorain are bringing to Lakewood Hospital.

Also, as we stated in our Notice letter:

"We would like to describe the dedication and involvement that was given by the Lakewood community members of our Board, the members of Lakewood Hospital's Medical Staff, and others in formulating the Plan. The Board's Executive Committee, at a meeting on November 5, 2009, established a Special Committee (the "Committee") to review and assess this Plan. Utilizing all available resources, an operational and strategic assessment was conducted which included interviews of more than 40 key Hospital leaders. The Committee had 11 members and included representation from the Board's Executive Committee, Finance Committee, and Medical Staff. The Committee met several times and, with the assistance of management, thoroughly discussed and reviewed the Plan. At its last meeting, the Committee recommended approval of

the Plan to the full Board, which adopted it on February 11, 2010. The Plan in part affirmed Lakewood Hospital's *Vision for Tomorrow* plan, which is a multi-year strategic plan shaped to better meet the changing needs of the Lakewood community that was adopted by the Board in 2008."

How determined is the Clinic Foundation to make this work?

Our letter of April 6, 2010 describes the determination of the Clinic in its ongoing support of Lakewood Hospital:

"The agreements between the City of Lakewood and LHA unite the City, the Hospital and the Cleveland Clinic in a relationship of mutual commitment to serve the community. These agreements, including the Lease, not only bind us together but recognize that hospital services evolve and change over time."

"In 2008, Cleveland Clinic expanded and extended the care and services of its Neurological Institute (CCNI) to Lakewood Hospital. This represented a significant investment in Lakewood Hospital by Cleveland Clinic. The Neurological Institute provides patients on the West Side with access to a multi-disciplinary team of specialists who provide a broad spectrum of neurological care, including medical and surgical treatment for stroke and neurosurgery. Our outpatient services facilities and inpatient neurological intensive care unit were improved with capital investments totaling $3.3 million over the last two years.

Cleveland Clinic continues to extend Neurological Institute offerings at Lakewood Hospital. In 2009, we brought 10 Cleveland Clinic Neurological Institute specialists to Lakewood Hospital in a variety of specialties, including Headache/Pain; Neurorehabilitation/Spacticity Management; Vascular Neurology/Stroke; Movement Disorders/Multiple Sclerosis; Adult and Pediatric Epilepsy; and Neuromuscluar Medicine to complement our community physician staff members. Additional recruitment is planned in 2010.

We recently began alignment of inpatient acute rehabilitation from Cleveland Clinic's other West Side hospitals to Lakewood Hospital enabling the Hospital to serve as the hub for this needed service in this market, complementing Lakewood's Centers of Excellence in neuroscience and orthopedics. Inpatient rehabilitation will bring a significant financial benefit to the Hospital and will provide intensive physical and occupational therapy so patients can return home to activities of daily living as quickly as possible.

As part of our Plan, we are excited about patient referrals from Cleveland Clinic facilities coming to Lakewood Hospital. We continue to make great strides in orthopedics, including opening a new $3.2 million 16-bed orthopedic unit with private rooms. We have developed strong relationships in Lorain County with the Cleveland Clinic facilities and physicians which have resulted in bringing orthopedic surgeries that were previously performed in non-Cleveland Clinic hospitals to Lakewood Hospital."

"Finally, we have engaged in discussions to align West Side diabetes programs with the goal to develop a regional center at the Hospital in conjunction with the Cleveland Clinic Endocrine Institute."

"Over the past three years, we have invested $24.4 million into Lakewood Hospital for a variety of projects that support the *Vision for Tomorrow* plan, including major renovations in Orthopedics, intensive care units, the Neurological Institute, as well as significant infrastructure improvements. We remain committed to investing in facilities and programs at Lakewood Hospital."

"We believe you will agree that our Plan will ensure that the services Lakewood Hospital provides will continue to meet community health needs, reflect the changing needs of the Lakewood residents, and more deeply align Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs."

Please provide estimates of patient caseloads that were used to make this decision (e.g., bed census data).

As stated in our Notice letter dated April 6, 2010:

"In developing the Plan, we found that inpatient pediatrics was under-utilized at Lakewood Hospital. Last year, for example, we averaged one to two patients daily on a 12-bed unit.

"This trend is not unique to Lakewood Hospital; nationally pediatric subspecialty care is becoming increasingly concentrated in large regional children's hospitals. In fact, finding one major pediatric center serving an entire metro market, or in some cases an entire state, is not unusual. (A 2004 Survey of Pediatricians, backed by American Hospital Association annual survey, 1992-2004, found a 50% decline in pediatric bed space.)"

"Out of the 34,801 total emergency patients seen at the Hospital last year, more than 99% were *not* trauma-related. In 2009, we treated 25 trauma patients at Lakewood Hospital. We believe the right approach for patients in this region is to take them to the best trauma center for their care. We are privileged to have two trauma centers (Level I – Metro Health and Level II – Fairview Hospital just 3.5 miles away) in close proximity to the City of Lakewood."

How does the Cleveland Clinic senior staff view Lakewood Hospital's importance, viability, and ownership structure? Does this structure create a disincentive to invest for success? (It is the only hospital in the system with its own balance sheet, external audit, and debt structure.)

The incentives to invest are evident from the investments recently made. As we mentioned in the Notice letter:

"Over the past three years, we have invested $24.4 million into Lakewood Hospital for a variety of projects that support the *Vision for Tomorrow* plan, including major renovations in Orthopedics, intensive care units, the Neurological Institute, as well as significant infrastructure improvements. We remain committed to investing in facilities and programs at Lakewood Hospital."

A specific illustration may be helpful. Lakewood Hospital's plan involves multiple components, one of which is the investment of $4.2 million to develop a rehabilitation program, for which space is needed. The under-utilized pediatrics inpatient unit is being transitioned to Fairview Hospital to free up the needed space, subject to City Council's review process. If Council does not permit the termination of the pediatric inpatient service at the Hospital, then the rehabilitation program will not be implemented as envisioned. Continued investment in that program, and others, depend on many factors, such as the success of the program, future patient volumes, the support of the Medical Staff, the impact of health care reform regulations, etc., that the Hospital and the Clinic would consider.

As we stated in the Notice letter:

"The agreements between the City of Lakewood and LHA unite the City, the Hospital and the Cleveland Clinic in a relationship of mutual commitment to serve the community. These agreements, including the Lease (the "Lease), not only bind us together but recognize that hospital services evolve and change over time..."

What are the marketplace trends for the four proposed centers of excellence (Neuroscience, Orthopedics, Diabetes, and Geriatrics) and how would this strategy position Lakewood Hospital to gain market share?

The Plan was developed taking into consideration population trends, disease burden estimates and regional demographic trends.

In looking at population trends in our market, for example, in the next five years, the age group 0-17 is estimated to decrease 8% while the age groups of 55-64 and 65-74 are estimated to have the largest increase--by 3.3% and 1.2% respectively.

The estimated outpatient growth for years 2005 through 2016 in the seven county market area is forecasted as follows: Neuroscience +7.6%, Orthopedics +13.6%, Diabetes +8.5 %

As stated in the Notice letter dated April 6, 2010:

"According to the World Health Organization, neurological diseases, ranging from epilepsy to stroke to headache, represent the largest and fastest growing unmet medical need: affecting more than 1 billion people worldwide. It is anticipated that as the population continues to age, this number will continue to rise."

"We recently began alignment of inpatient acute rehabilitation from Cleveland Clinic's other West Side hospitals to Lakewood Hospital, enabling the Hospital to serve as the hub for this needed service in this market, complementing Lakewood's centers of excellence in neuroscience and orthopedics. Inpatient rehabilitation will bring a significant financial benefit to the Hospital and will provide intensive physical and occupational therapy so patients can return home to activities of daily living as quickly as possible.

"As part of our Plan, we are excited about patient referrals from Cleveland Clinic facilities coming to Lakewood Hospital. We continue to make great strides in orthopedics, including opening a new, $3 2 million 16-bed orthopedic unit with private rooms. We have developed strong relationships in Lorain County with the Cleveland Clinic facilities and physicians which have resulted in bringing orthopedic surgeries that were previously performed in non-Cleveland Clinic hospitals to Lakewood Hospital.

"We also continue to implement strategies to strengthen our geriatric services by broadening our geographic reach through our relationship with medical directors and affiliated physicians caring for patients in assisted living and/or long-term care facilities. This aging patient population benefits from our expanded SeniorCare program offerings, which has long been a strong foothold for Lakewood Hospital. We are expanding our reach beyond Cuyahoga County to care for these patients.

"Finally, we have engaged in discussions to align West Side diabetes programs with the goal to develop a regional center at the Hospital in conjunction with the Cleveland Clinic Endocrine Institute."

What are the key elements of implementation success (support from physician staff, investments, marketing, etc.)?

Continuing positive partnerships between the City, Lakewood Hospital Association and its Board, as evidenced in your meeting on May 17, 2010, is imperative. The active and effective governance of the Hospital by its Board of Trustees, which continues to monitor and design services to address the changing needs of the community, is paramount.

We believe the active involvement of City officials and their designates on the Board, (10 of 23 members), as well as continued hospital leadership on civic and local organizations, will continue to position us to address the community needs today and in the future. This has been the long established tradition and rich heritage of Lakewood Hospital.

"In addition, the creation of Centers of Excellence at Lakewood Hospital, which is supported by the Board of Trustees, as well as the collaboration and cooperation between Lakewood Hospital and Fairview Hospital will position both hospitals for future sustainability and allow us to meet the communities' needs at a higher level." (As stated by Board Member, Gary Pritts to City Council on May 17, 2010.)

What are the structural considerations that make this strategy more/or less likely to succeed (e.g. geographical location, age and design of the physical structure, demographic trends, technology investments and fit)?

The management structure we've implemented, as well as the organizational changes outlined in the Notice filed April 6, 2010 define these details behind our Plan.

What are the unintended consequences of removing historically core services (pediatrics, cardiology, etc.) on the remaining services?

All organizations need to change and evolve to meet the needs of its customers and the needs of its community. The utilization of the services recommended for transition as noted in the Notice filed April 6, 2010, as well as dedicating service in areas defined in the Plan (our Centers of Excellence), represents effective stewardship by the Lakewood Board of Trustees. Lakewood Hospital will continue to be an acute care hospital and by working more closely with Fairview Hospital will be able to provide additional value to the communities we serve today and in the future.

As stated in the Notice filed April 6, 2010:

> "This structure better positions us to provide the highest level of care in Lakewood and the communities we serve; ensures care is provided in the right setting; creates better coordination of services throughout our health system; and strengthens both hospitals' financial outlooks."

What are the implications of the newly passed Healthcare Reform Act 2010 on this strategy?

At this time we continue to evaluate the implications of the Healthcare Reform Act, just like hospitals across the country. Due to the complexity and the provisions of the reform bill it will require considerable study in the months ahead. In the meantime, Lakewood Hospital has scheduled an educational session in June for our Board of Trustees about healthcare reform

What are patient caseload projections into future years? What are the actuals going back several years?

A significant focus on trends, demographics and other market conditions were key factors which resulted in the development of the Plan. The Plan includes Centers of Excellence, as well as the recommendation regarding transitioning inpatient pediatrics and trauma.

As stated in the Notice filed April 6, 2010:

> "We believe you will agree that our Plan will ensure that the services Lakewood Hospital provides will continue to meet community health needs, reflect the

changing needs of the Lakewood residents, and more deeply align Lakewood Hospital with Cleveland Clinic services to create a health delivery system for today's and tomorrow's community health needs."

What are the metrics for success by which the Clinic will evaluate Lakewood Hospital and its transformation plan? What benchmarks must be hit to know the hospital is successful and will have a stable and continuing future?

The metrics will include the following:

- Increased patient activity
- Improved patient experience through the nationally monitored HCAHPs scoring
- Financial sustainability
- Improved quality performance, as measured by CMS and Joint Commission standards

How do business decisions made by the Clinic network to steer patient caseload to other hospitals affect the viability of Lakewood Hospital as a long-term stable center for strokes, arthritis, and other aging conditions?

The health system and Lakewood hospital are focused on developing Centers of Excellence, which first and foremost are designed around the needs of our patients. As we design these services, we anticipate an increase in activity which creates an opportunity for the continued improvement of services. Ultimately, this will continue to grow the reputation of Lakewood Hospital.

A good example of this is the coupling of services around a Center of Excellence. For instance, as part of the Plan, both Neurological Services and Orthopedic Services will be supported by the complementary service – acute rehab. This vital complementary service is envisioned as the only one of its kind in a Cleveland Clinic hospital on the West Side.

As stated in the Notice filed April 6, 2010:

"We recently began alignment of inpatient acute rehabilitation from Cleveland Clinic's other West Side hospitals to Lakewood Hospital, enabling the Hospital to serve as the hub for this needed service in this market, complementing Lakewood's centers of excellence in neuroscience and orthopedics. Inpatient rehabilitation will bring a significant financial benefit to the Hospital and will provide intensive physical and occupational therapy so patients can return home to activities of daily living as quickly as possible."

"This structure better positions us to provide the highest level of care in Lakewood and the communities we serve; ensures care is provided in the right setting; creates better coordination of services throughout our health system; and strengthens both hospitals' financial outlooks."

"We also continue to implement strategies to strengthen our geriatric services by broadening our geographic reach through our relationship with medical directors and affiliated physicians caring for patients in assisted living and/or long-term care facilities. This aging patient population benefits from our expanded SeniorCare program offerings, which has long been a strong foothold for Lakewood Hospital. We are expanding our reach beyond Cuyahoga County to care for these patients.

Finally, we have engaged in discussions to align West Side diabetes programs with the goal to develop a regional center at the Hospital in conjunction with the Cleveland Clinic Endocrine Institute."

May 24, 2010

Cleveland Clinic

David L. Bronson MD, FACP
President, Cleveland Clinic Regional Hospitals

June 9, 2010

City of Lakewood
c/o The Honorable Edward FitzGerald, Esq.
12650 Detroit Avenue
Lakewood, Ohio 44107

Dear Mayor FitzGerald:

As you know, recently the City of Lakewood ("City"), through its elected Council, and The Cleveland Clinic Foundation ("Clinic"), as the sole member of the Lakewood Hospital Association ("LHA"), have undertaken an extensive discussion about services to be provided at Lakewood Hospital ("Hospital") under the Vision for Tomorrow ("VFT") plan, and how the lease between the City and LHA may be affected thereby.

The City has been seeking assurances that services to be provided under the VFT plan will make the Hospital a successful, sustainable community hospital that produces the highest quality of care possible and contributes to a healthier Lakewood. The Clinic seeks the same goals, but also the business flexibility to respond to changes rapidly, without unnecessary barriers to reformatting the services provided.

We believe we can achieve these goals by providing the following assurances to the City:

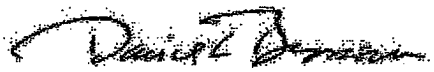
(1) At least 60 days prior to the LHA board of trustees taking any vote that would permit the elimination or transfer of any of the VFT "Centers of Excellence" services — neurosciences, geriatrics, endocrinology/diabetes, and orthopaedics — for the duration of the lease term, or otherwise at least 60 days before those services would be eliminated or transferred without board action, LHA will notify the City of such proposed change in services and permit the City to make inquiry of the LHA board members and appropriate Clinic officials regarding the proposed change. (A service would be considered eliminated or transferred if it were to result in the significant reduction in such service so as to be an effective elimination of such service at the Hospital.) This will give the City an opportunity to be heard with respect to any such change before it may occur, while respecting the role of the LHA board

The Cleveland Clinic Foundation
9500 Euclid Avenue, JJN6-01
Cleveland, Ohio 44195
Tel 216-445-2740
Fax 216-445-2778
bronsod@ccf.org

(2) Consistent with its obligation to produce an annual report to the City reflecting its compliance with the lease, the LHA would be happy to convene meetings with its trustees and the City, upon request by the City, in an effort to address any questions the City may have and provide requested data (as permitted by the lease) about operations at the Hospital for the duration of the lease term.

We hope these two assurances will address the City's concerns about its oversight function, while still yielding a fiscally sound and successful community hospital that produces the highest quality of care possible.

Very truly yours,



David Bronson, MD, FACP
President, Cleveland Clinic Regional Hospitals

DLB/

cc: Mr. Kevin Butler, President of City Council of Lakewood, Ohio
Members of City Council of Lakewood, Ohio c/o Clerk of City Council

RESOLUTION NO. 8429-10 BY: Antonio, Bullock, Butler, Madigan, Powers, Summers.

A RESOLUTION supporting the Cleveland Clinic Foundation and Lakewood Hospital Association's Vision for Tomorrow plan and its focus on Centers of Excellence at Lakewood Hospital.

WHEREAS, the City of Lakewood entered into a partnership with the Lakewood Hospital Association, whose sole member is the Cleveland Clinic Foundation, in 1996 through a definitive agreement and lease; and

WHEREAS, the City and Cleveland Clinic both aspire and commit to provide appropriate services suitable for the Lakewood community and to maintain the near- and long-term viability of Lakewood Hospital; and

WHEREAS, the marketplace, regulatory and financial trends and forces regarding health care delivery services, including hospital services, are in an extraordinarily dynamic and uncertain state, as evidenced by the fact that 50 percent of the hospitals in the United States reported operating losses in 2009; and

WHEREAS, as described in the April 6, 2010, letter to the City, the Cleveland Clinic and Lakewood Hospital Association have asked for approval for their Vision For Tomorrow strategy at Lakewood Hospital, with emphasis on four Centers of Excellence, as a means of addressing the marketplace trends and forces; and

WHEREAS, the City has worked diligently to understand these trends, the proposed strategy, and the roles and responsibilities of all parties to the lease agreement as evidenced by numerous public forums as well as the May 24, 2010, questions-and-answers letter, the June 1 letter, and the most recent letter, received on June 9, from the Cleveland Clinic leadership; and

WHEREAS, as a result of these communications, the citizens of Lakewood, through their elected officials, have been assured continued, active participation in key decisions impacting the Vision for Tomorrow plan and related Centers of Excellence for the duration of the lease term; and

WHEREAS, Lakewood City Council and the mayor of Lakewood appoint 10 of the 23 seats on the Board of Trustees of the Lakewood Hospital Association; and

WHEREAS, the Lakewood Hospital Association Board of Trustees has the responsibility and authority to oversee the performance and service strategy of Lakewood Hospital; and

WHEREAS, the Lakewood Hospital Association Board of Trustees has unanimously voted to support the Vision for Tomorrow strategy at Lakewood Hospital; and

WHEREAS, it is thus fitting and proper that the City join the Lakewood Hospital Association Board of Trustees in giving public cognizance and support to the Lakewood Hospital Vision for Tomorrow plan including its Centers of Excellence emphasis; now, therefore:

BE IT RESOLVED BY THE CITY OF LAKEWOOD, STATE OF OHIO:

Section 1. This Council and the Mayor affirm their support for the Vision for Tomorrow plan at Lakewood Hospital, with its focus on the Centers of Excellence, as described in the April 6, 2010, letter from Cleveland Clinic leadership to the City.

Section 2. This Council and the Mayor affirm their duties and responsibilities as defined by the lease agreement entered into by the City and Lakewood Hospital Association in 1996, as well as their duties and responsibilities arising from any ancillary or related documents, including, principally, their recognition and need to work with and through the Lakewood Hospital Association Board of Trustees on matters pertaining to service and performance.

Section 3. It is found and determined that all formal actions of this Council concerning and relating to the passage of this resolution were adopted in an open meeting of this Council, and that all such deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements.

Adopted: June 10, 2010

Kevin M Butler
President

Mary F Hagan
Clerk

Approved: 6/15/10

Ed Fitzgerald
Mayor

CRAIN'S CLEVELAND BUSINESS

City officials, Cleveland Clinic tussle over proposed changes at Lakewood Hospital

By SHANNON MORTLAND

2:55 pm, June 2, 2010

Cleveland Clinic officials have hit a snag in their plans to discontinue some services and boost others at Lakewood Hospital.

Under its Vision for Tomorrow plan for the hospital, the Clinic wants to move pediatric inpatient services to nearby Fairview Hospital and discontinue trauma services at Lakewood Hospital this month. Pediatric inpatient and trauma services are among the services mandated to be provided at Lakewood Hospital under a 30-year lease of the hospital the Clinic agreed to with the city of Lakewood, which owns the hospital. There are about 16 years left on that lease.

In addition, the Clinic's plan would create four centers of excellence at Lakewood Hospital in neurosciences, orthopedics, diabetes and geriatrics.

While city leaders like the idea of developing centers of excellence, they also want the Clinic to agree to add those services that are part of the Vision for Tomorrow plan to those it must provide at Lakewood Hospital as long as it leases the hospital from the city, said Lakewood Mayor Edward FitzGerald.

"We want to be flexible and adapt to the health care needs of the 21st century, but we're just looking for more precise language of that commitment," Mayor FitzGerald said.

According to a May 24 letter to the city of Lakewood from Clinic officials, the lease at Lakewood Hospital "was intended to be a living document that would contemplate emerging scientific technologies, medical breakthroughs and evolving service levels."

"What may have been a service generally provided by a community hospital in the past may not hold for the future," the letter stated.

Significant deadlines ahead

In a June 1 special meeting of Lakewood City Council, Lakewood officials proposed an emergency ordinance that called for Clinic officials to seek opinions from Lakewood residents before discontinuing any services during the duration of the lease.

The Clinic maintains that the 23-member Lakewood Hospital board of trustees already includes 10 people appointed by the city, according to the May 24 letter. It also said the lease "enables such changes as needed to answer the changing

health care needs of the community, subject to a minimum 60-day review process and potential objection by city council."

In the letter, the Clinic said it might need to change services in the future to improve finances at Lakewood Hospital.

Lakewood Hospital had operating losses of $700,000 in 2007, $8.8 million in 2008 and was on track last September to end 2009 with operating losses of between $1 million and $1.5 million, said Jack Gustin, president of Lakewood Hospital, in a story in Crain's last September. He since has been replaced by Janice Murphy, who is also president of Fairview Hospital.

The hospital's finances currently "are challenged," the May 24 letter noted, as "the hospital was not in compliance with bond convenants for the last two years." The Clinic already has invested $24.4 million in the Vision for Tomorrow plan to turn Lakewood Hospital around, according to the letter.

By adding the centers of excellence, Lakewood Hospital could tap into service areas that are growing on the West Side and in Northeast Ohio in general, the letter stated. For instance, outpatients are expected to grow by 7.6% in neuroscience, 13.6% in orthopedics and 8.5% in diabetes by 2016, the letter stated.

City Council is in talks with officials at Lakewood Hospital but plans to meet this Friday, June 4, if they do not reach an agreement before then. City leaders must decide by Saturday, June 5, whether to pass emergency legislation that would force the Clinic to continue to offer pediatric inpatient and trauma services at Lakewood Hospital until the Clinic and city officials can reach an agreement on the lease, Mayor FitzGerald said.

The mayor said talks with the Clinic have been friendly and he hopes the city and the health system will reach an agreement.

Westlake
Reed
Leskosky

November 9, 2011

Cleveland Clinic
Mr. Joseph Strauss
Director Planning and Design
9500 Euclid Avenue CC41
Cleveland, OH 44195

RE: Client Name: The Cleveland Clinic
Project Name: MOB Prototype
Commission Number/File: 11156/A-1
CC Project Number: Need
CC PO Number: Need

RE: Proposal

Dear Joe:

It was good to meet with you (et al) on Friday to discuss this opportunity. The following proposal outlines my understanding of the scope, and I have provided a fee proposal that aligns with the scope.

Project Communications / Confidentiality
The project will be referred to in our office as "Cleveland Clinic, MOB Prototype". In this way location will be undefined. With respect to confidentiality, all staff will execute the confidentiality agreement and submit under separate cover. We will exercise necessary precautions within our office to ensure this.

Project Scope and Deliverables
The purpose of the project is to study three (3) options for an MOB/ASC. The options, based on the program as defined by the Cleveland Clinic, are defined as follows:

1. Option 1 –
    a. Develop an implementation approach to that would allow for expansion on an existing site.
    b. Program would be a 100,000 sf MOB/ASC.
2. Option 2 –
    a. Explore the feasibility of renovating portions of existing space to be used for MOB functions while retaining portions of existing program to be used in their current function.
3. Option 3 –
    a. Diagram the metrics of a 100,000 sf MOB/ASC on a yet to be determined 'green-field' site.
4. Program as defined by the Cleveland Clinic
    a. ASC - 20,000 sf; ED – 25,000 sf; Clinical Services, Support and Administration –55,000 sf
    b. Total program – 100,000 sf
    c. Note: Net to gross factors will vary based on each option. Areas noted are assumed for a new build facility. Adjustments will be evaluated for renovated spaces.
5. Each option will address 'presence' on primary street and relation of main entry to related structures.

6. Analysis
    a. A macro-level qualitative and quantitative analysis will be developed for each option. The information will be formatted in a comparative fashion outlining schedule, cost, pros-cons, operating (energy) cost. This analysis will include recommendations and phasing approach to the current central plant operations/function.
    b. WRL, with support from Cleveland Clinic, identify operational efficiencies comparing new built space vs. renovated space.
    c. Analysis will be limited to primary building

For deliverables, we intend to provide the following:

1. Diagrammatic floor plans and site plan of each scheme
2. Comparative analysis chart
3. Supporting narratives outlining scope, phasing and implementation
4. 3 dimensional "Sketch-up" model from which we derive a rendering to capture the essence of the view from the primary street.
5. Comparative analysis with support from Cleveland Clinic
    a. Construction Cost estimates based on CC OCM data
    b. Operating costs based on historical CC data
    c. Operational costs (such as staff models, efficiencies, etc.)

We will review a draft of these at our next review meeting.

Schedule

11/4/11	Kickoff Meeting
11/11/11	Review Meeting No. 1
11/18/11	Review Meeting No. 2 – Completed Draft for CC Review
11/18-12/10	CC Review/Possible Adjustments

Project Team

We propose the following team for this project, each of whom have prior experience on this campus.

Phil LiBassi	Principal in Charge
Paul Westlake	Principal – Design
Ron Reed	Principal – Design
Glen Zeisset	Project Architect
Chris Block	Project Architect
Ray Heintel	Engineering Lead
Rich Danicic	Architect – renderings
Matt Murphy	Mechanical Engineer
Patrece Spiesman	Executive Assistant

Form of Agreement

We would our standard form of agreement for feasibility studies. (Attached)

Compensation

We would propose the following hourly not to exceed fee structure which we have included an itemized breakdown in the attached document.

Work Effort between 11/4/11-11/18/11	$	26,541
*Work Effort between 11/18/11-12/10/11	$	16,402
Total	$	42,943

*(Estimated)

We anticipate minimum reimbursable expenses, and would recommend an upset number not to exceed $500.00.

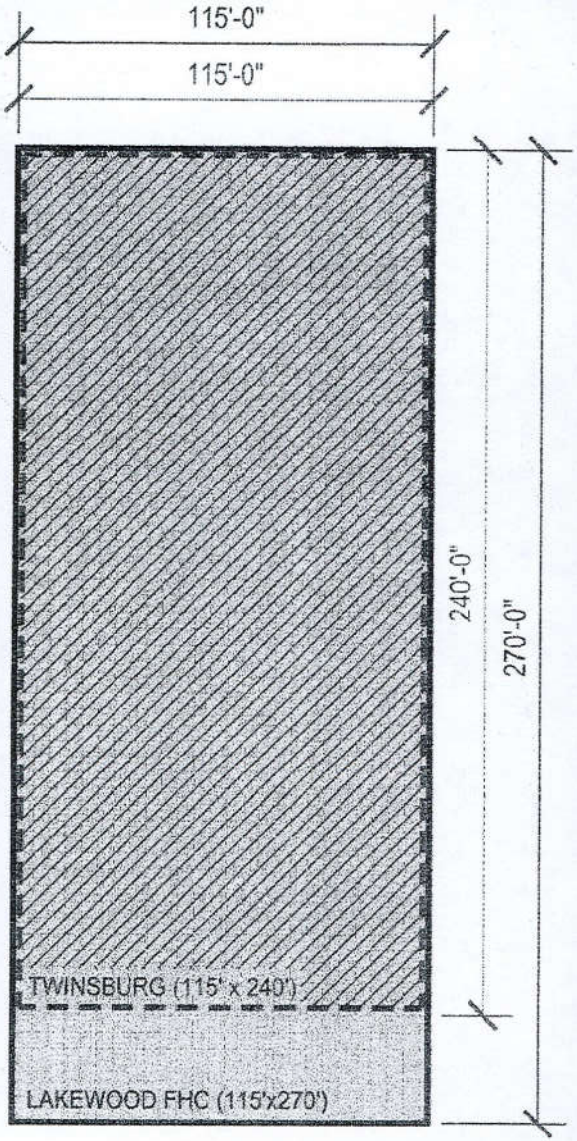
Sincerely,

Phil LiBassi AIA ACHA
Principal

Enclosures

cc: Paul Westlake WRL

Potential Floorplate



Twinsburg

115x240 = 27,600 sq ft

Lakewood FHC

115x270 = 31,050 sq ft

12.5% larger footprint

April 19, 2012 **Sent via Email**

Mr. Joseph Strauss
Director Planning and Design
Cleveland Clinic
9500 Euclid Avenue CC41
Cleveland, OH 44195

RE: Client Name: The Cleveland Clinic
Project Name: Fairview Hospital Master Plan(s)
Commission Number/File: 20121.05 / A-1
CC Project Number: Need
CC PO Number: Need

RE: Proposal for Professional Services

Dear Joe:

As a follow-up to phone conversations I have had with you and Frank Aucremanne, the following is a proposal for the referenced project.

Project Communications / Confidentiality
The project will be referred to in our office as "Cleveland Clinic, Fairview Hospital Master Plan". With respect to confidentiality, several of our staff have completed a confidentiality agreement for the Lakewood project. Regardless, we will exercise necessary precautions within our office to ensure that confidentiality is maintained.

Project Description
There will be two parts to this master plan. Part 1 will identify how the current programs/volumes at Lakewood Hospital will be accommodated by relocation to Fairview Hospital, and which programs will relocate to other facilities, either proposed or existing. Within Part 1, we will determine the impacts to the current configuration/capacities at Fairview particularly in relation to inpatient beds and operating room capacity. Part 2 will broaden the assessment to a wider view of capacity of supporting functions such as diagnostic and treatment, core processes and parking related to the projected growth of Fairview campus.

Scope of Services
WRL would perform the programming, architectural and MEPSIT services required to complete the master plan.
The scope of, or even the need for a Civil Engineer, Landscape Architect or Traffic/Parking consultants are not defined at this time. Should this arise, we would solicit proposals after we have had an opportunity to define the scope of services.

Services common to both Part 1 and Part 2

1. Base Building information – Floor plans identifying department boundaries, key circulation routes, vertical circulation elements and other significant features, along with SF by department summary
2. Building Assessment – This would include a cursory assessment of each structure including age, most recent renovation, and grade the condition of major systems (enclosure, MEPIT, etc.) The 2006 CC Facility Assessment will be used as a starting point for this assessment. Each building would be 'graded'.
3. System Analysis – A cursory evaluation of infrastructure to ensure major building systems have capacity to address possible programmatic changes (in conjunction with Fairview Facilities Staff)
4. Regulatory Requirements – Define authority having jurisdiction. Of particular concern would be zoning and parking requirements/limitations. WRL will coordinate with Russ Saghy, CC OCM, who is currently working on this site.
5. Implementation Plan / Schedule for both Part 1 and Part 2
6. Cost Model for each option indicating construction cost, project cost and cash flow related to implementation schedule.

Part 1 – Inpatient beds (OB GYN??) and OR only

1. Lakewood Hospital Decanting Plan –
    a. Develop a matrix that defines all Lakewood Hospital area and program requirements
    b. Identify the proposed status of all existing programs and where each program will ultimately exist (e.g. New MOB, Fairview Hospital, other CC facility)
2. Program / Utilization
    a. Define the volumes, and ultimately the area and program requirements for all inpatient activities that will be moved to Fairview Hospital
3. Define type and area of improvements to Fairview Surgery and IP beds to accommodate additional capacity. Grade them as essential, needed or desired.
4. Develop a Blocking / Stacking plan for Fairview Hospital indicating impact of Lakewood program assumption, which will be limited only to departments directly affected (limit to OR, Beds, Parking)

Part 2 – Comprehensive evaluation

1. Includes all of Part 1
2. Program / Utilization - Evaluate impact of assumed Lakewood volumes on the following departments/functions
    a. Parking and Traffic
    b. Diagnostic and Treatment areas
    c. Core Processes
        i. Supply Chain
        ii. Central Sterile Supply
        iii. Food Service
        iv. Environmental Services
        v. Lab, Pharmacy
        vi. Respiratory Therapy
        vii. Staff and Physician amenities
        viii. Administration

ix. IT/Technology
x. Clinical Engineering

3. Define type and area of improvements in addition to Part 1, to accommodate additional capacity. Grade them as essential, needed or desired.
4. Develop a Blocking / Stacking plan including all Fairview growth + Lakewood program (1- 3 options)

Cleveland Clinic Supplied information

1. Statement of conditions
2. Prior Master plans
3. CAD Backgrounds of all buildings & site
4. Service Line volumes/utilizations, both current and projected
5. Any planning completed by CC OCM to date

Cleveland Clinic Retained Consultants

Either WRL or CC can retain a cost estimating consultant

Deliverable

The master plan will be submitted in an 8-1/2" x 11" (11" x17") format with the following sections:

I. Executive Summary
II. Facility Assessment
III. Regulatory Requirements
IV. Program / Utilization
V. Part 1 Scope
VI. Part 2 Scope
VII. Implementation Plan
VIII. Cost Model
IX. Appendix

Schedule

We are prepared to begin immediately upon your authorization. We foresee a 3-4 month process with activities as follows:

1. Month 1 - Building Assessment, Regulatory requirements, Program/Utilization
2. Month 2 - Part 1 & Part 2 development
3. Month 3 – Implementation / Cost Model

We would also envision a bi-weekly meeting schedule with CC OCM for progress updates and evaluation. We also assumed time for CC review and comment.

Project Team
We propose the following team for this project, all of whom were involved in the Twinsburg Project or have experience working with the Cleveland Clinic

Principal in Charge	Phil LiBassi
Design Principal	Paul Westlake, Ron Reed
Project Director	Glen Zeisset
Architects & Interns	Dana Foerster, Katie Ritzmann
Structural Engineer	Stephanie Banfield
Mechanical Engineer	Matt Murphy
Electrical Engineer	Matt Barnett
Low Voltage	Ray Heintel

Form of Agreement
We would assume the business terms defined in the standard Cleveland Clinic O-A Agreement similar to the Twinsburg Agreement, with this letter serving as a definition of scope and compensation.

Compensation
We would propose the following compensation:

Common to Part 1 and Part 2	Lump Sum	$25,000
Part 1	Lump Sum	$20,000
Part 2	Lump Sum	$18,000
Total		**$63,000**

Reimbursables
Included are printing costs, approved out of town travel and other normative expenses. Excluded items include in-town car expense. We are also assuming a 1.0 multiplier on reimbursable expenses.
We suggest an allowance for reimbursable expenses of $2,500.

Again, thank you for this opportunity. We remain available to further discuss this proposal.

Sincerely,

Phil LiBassi AIA ACHA
Principal

cc: Paul Westlake WRL

Westlake
Reed
Leskosky

MEETING NOTES

Client: Cleveland Clinic
Project: Prototype MOB
Comm. No.: 20121.05
File No.: B02

Purpose: Prototype MOB Program Review
Location: Independence FHC – 7th Floor
Meeting Date: 05/15/2012 **Time:** 10:30am – 11:30am
Date of Notes: 05/15/2012

Present	Distribution	Name	Company/Department	Email
x	x	Christopher Soska	Cleveland Clinic	soskac@ccf.org
x	x	Randy Geise	Cleveland Clinic	geiser@ccf.org
x	x	Jonathan Dunford	Cleveland Clinic	dunforj@ccf.org
x	x	Erin Shaffer	Cleveland Clinic	shaffee@ccf.org
x	x	Phil LiBassi	WRL	pliba@wrldesign.com
x	x	Bradley Fink	WRL	bfink@wrldesign.com

AUTHOR: Phil LiBassi / Bradley Fink

NOTE: The following meeting notes constitute our understanding of the items discussed. Unless Author is notified of any additions and/or corrections within five (5) days after receipt, the following is assumed complete and correct.

PLAINTIFF'S DEPOSITION EXHIBIT 15 Strauss
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Washington 1634 Eye Street NW Suite 900 Washington, DC 20006 F 202.296.6116 T 202.296.4344
Cleveland 925 Euclid Avenue Suite 1900 Cleveland, Ohio 44115 F 216.522.1357 T 216.522.1350
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MEETING NOTES
Continued

NO.:	ITEMS DISCUSSED:
	Discussion
1.	Limited basement to occur for MEP systems
2.	Consider SPD in basement if difficult to accommodate on Third Floor
3.	Consider PAT on other floor if difficult to accommodate on Third Floor
4.	15 Periop beds req'd (not 18 as shown on plans)
5.	Nuclear Medicine Dept would not occur – consider expanding Lab into Nuclear Med space
6.	Lab at Twinsburg is too small, requires a separate Processing Room
7.	WRL to show ASC program blocking diagram on Third Floor plan
8.	Pediatrics department to be added to program and accommodated in plan – CC to advise on number of physicians/exam rooms
9.	Potential wellness center to be 1-story 40,000SF building including therapy pool, PT/OT, new community rooms (sim. to a YMCA facility)
10.	Potential wellness center would be developed by CC partner, possibly City and managed by entity such as the YMCA
11	Community Health Building is leased to CC from Lakewood Foundation
12	Community Health Building currently holds Child Day Care, OB offices, unused Geriatric offices, Community Room
13	Some med offices would move from Professional Building (on Detroit) to new FHC building
14.	WRL will email program spreadsheet with WRL program summary included
15.	CC to update program spreadsheet and re-distribute to team
16.	Current presentation format (colored plan diagrams and spreadsheet) is OK for future meetings
	Options
	WRL to develop four plan options: Options 1 thru 4
1	**Option #1**: Currently diagrammed FHC; new wellness center building (PT/OT dept to move from FHC to wellness center)
2	**Option #2**: Currently diagrammed FHC w/o wellness center; Community Room to remain in existing Community Health Building on Belle Ave.
3	**Option #3**: Currently diagrammed FHC, except move Primary Care, Pediatrics, Women's Health Depts. to Community Health Building; renovate 2nd and 3rd Floors; renovate existing Community Room
4.	**Option #4**: Option #3 with new wellness center building; Community Room added in new wellness building
	Next Meetings
1	**Next week:** Meeting (TBD)
2	**Two weeks:** Meeting with Dr. Bronson (TBD)

Westlake
Reed
Leskosky

MEETING NOTES

Client: Fairview Hospital
Project: Master Plan
Comm. No.: 12096
File No.: B-3

Purpose: Kickoff Meeting
Location: Admin Conf Room
Meeting Date: June 21, 2012
Date of Notes June 25, 2012

Time: 4:30 pm – 6:00 pm

Present	Distribution	Name	Company/Department	Email
		Fairview Hospital		
X	X	John Mills	COO – Admin.	jomill@ccf.org
X	X	Paul Slebodnik	VP - Facilities	psaleb@ccf.org
X	X	Ankit Chhabra	Sr. Dir. Finance	chhabra@ccf.org
		WRL		
X	X	Phil LiBassi	Principal	pliba@wrldesign.com
		Cleveland Clinic		
X	X	Joe Strauss	Director Planning	strausj2@ccf.org
	X	Randy Geise	Planning	geiser@ccf.org

AUTHOR: Phil LiBassi

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Los Angeles 2140 Hyperion Avenue Los Angeles, CA 90027 F 323.664.3566 T 213.804.4531

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NO.:	ITEMS DISCUSSED:	ACTION REQ'D BY	TARGET DATE
1.	Administrative a. PO is in for processing		
2.	Review of master plan objectives a. Everyone has reviewed and concurred that WRL proposal covers objectives		
	Lakewood		
1.	Decanting Plan a. Reviewed decanting plan spreadsheet b. Nursing Units i. **M/S Beds** : a total of 30-45 beds will move to Fairview Balance of existing beds will not be required. **Course of action:** complete work as planned for 6N, 6S, 5N & 5W. ii. **ICU Beds:** a total of 16 beds will move to Fairview. These beds have been addressed in the new ICU unit that is set to open in mid-2013. Balance of beds will not be required **Course of action:** in process iii. **Rehab beds:** Approximately 18 beds (of 35) will be impacted by the decanting of the 4B unit. An interim solution may be available by re-purposing beds within existing facility. Long term - TBD **Course of action:** Develop a plan iv. **OB Beds:** Fairview can absorb the 700-800 births/year without any physical improvement **Course of action:** None needed v. Grace LTAC, SNU will not be replaced Course of action: Establish termination date (assume mid-2013?) c. Diagnostic / Treatment i. ED: Current volume of 34K visits per year. Proposed FHC will be sized for 17K visits per year. Of the balance, it is assumed 8K visits will move to FH, with 9K visits being distributed to non-CC facilities. FH ED scheduled to open in Mid 2013 is design to handle this volume. **Course of action:** in process ii. Other D/T will move to proposed FHC. d. Interventional i. OP Surgery will move to proposed FHC. ii. IP Surgery and Cath Lab will move to FH Course of action: 1. A more comprehensive review of FH Surgery will be undertaken as part of FH Masterplan 2. Related core processes (eg Central Sterile and Materials management) will be evaluated as part of FH Masterplan		

	Fairview Hospital		
1.	OR Volumes a. WRL and A. Chhabra to review current volumes, etc b. Distribution of surgeries to be considered as a regional approach (eg can FH OP surgery move to LW ASC) c. Consider if current Peri-vasc cases can be moved from current cath lab into new hybrid room		
2.	For all planning, keep growth in mind		
3.	Backfill of ED and ICU spaces a. ED: Discussed possible uses as 'quick-peds (hydration), clinical decision unit, or non-chemo infusion b. ICU : Discussed possible uses as expansion of OR / Peri-op		
4.	Other a. Center for Family Health to move from Moll Center to basement of FH.		
5.	Next Steps a. WRL to finalize base mapping with: i. M. Kish for department boundaries ii. P. Slebodnik of properties owned by FH iii. WRL will set meetings b. Complete building assessment		
6.	Next Meeting (s) a. Project Calendar (attached). Meetings will be coordinated and blocked in calendars b. Focus Group Conference call: Ad Hoc Fridays 3:00-3:30 pm c. Focus Group No. 3: July 12, 2012 7:00 – 8:30 am @ FH d. Steering Group No. 1: July 16, 2012 8:30- 10:00 am @ FH		

Westlake
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Leskosky

MEETING NOTES

Client: Fairview Hospital
Project: Master Plan
Comm. No.: 12096
File No.: B-3

Purpose: Kickoff Meeting
Location: Admin Conf Room
Meeting Date: July 16, 2012 **Time:** 8:30 am – 10:00 am
Date of Notes July 20, 2012

Present	Distribution	Name	Company/Department	Email
		Fairview Hospital		
X	X	Janice Murphy	President	jamurp@ccf.org
X	X	John Mills	COO – Admin.	jomill@ccf.org
X	X	Deb Small	CNO – Admin.	smalld@ccf.org
X	X	Neil Smith D.O.	VP – Medical Affairs	smithn22@ccf.org
X	X	John Tafuri M.D.	Pres. – Medical Staff	jotafu@ccf.org
X	X	Susan Dunson	Reg. VP - Oncology	suduns@ccf.org
X	X	Victor Hall	Reg. VP - Cardiology	vihall@ccf.org
X	X	Alayne Fodor	VP-	alfodo@ccf.org
X	X	Paul Slebodnik	VP - Facilities	pasleb@ccf.org
X	X	Ankit Chhabra	Sr. Dir. Finance	chhabra@ccf.org
		Cleveland Clinic		
X	X	Joe Strauss	Dir. Planning & Design	strausj2@ccf.org
X	X	Randy Geise	Planner OCM	geiser@ccf.org
		Westlake Reed Leskosky		
X	X	Phil LiBassi	Principal	pliba@wrldesign.com
X	X	Bradley Fink		bfink@wrldesign.com

AUTHOR: Phil LiBassi

NOTE: The following meeting notes constitute our understanding of the items discussed. Unless Author is notified of any additions and/or corrections within five (5) days after receipt, the following is assumed complete and correct.

NOTE: These meeting notes are CONFIDENTAL – PROTECTED information.

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Los Angeles 2140 Hyperion Avenue Los Angeles, CA 90027 F 323.664.3566 T 213.804.4531

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NO.:	ITEMS DISCUSSED:	ACTION REQ'D BY	TARGET DATE
	Review of master plan objectives		
	1. PP was distributed for meeting attendees and will not be attached to these minutes		
	Discuss Impact of Lakewood Program		
	Beds 1. For beds moving over to FH 5 & 6 there are two approaches to renovations: a. Facelift b. Renovate to tie in new infrastructure. Both approaches will be evaluated 2. Dialysis on 5 – full plumbing not required due to self contained equipment 3. (8) ICU beds to FH? Surgery 1. The 120 cases from Avon are a placeholder. 2. Endoscopy cases done at LH will move to LW ASC 3. Columbia Road ASC (CRASC) volume – still up for discussion: goal is to get full utilization out of CRASC. 4. The information will be changed to note, "12 staffed OR's", not "11" Emergency 1. Discussed where the 'other' LH ED visits go. Regardless, FH will be able to handle the load. Other Discussion 1. Moving Physician groups to FH – how does planning support this? 2. Acute Rehab – This will not go to FH 3. Consider relocation of Vascular Lab equipment from LH to FH 4. LH shift will increase amount of uncompensated care 5. While the demographics indicate a shrinking population, it is an aging population.		
	Discuss Key Considerations for Fairview Hospital Lakewood Impact 1. Noted above Consequences of success 1. Healthcare reform will increase Outpatient activity and reduce Inpatient activity New Programs 1. Peds ED/Clinical Decision unit; eliminate inpatient Peds beds and shift to downtown. Operational Changes 1. Peds, Peds Surgery moving out 2. Neuro growth? 3. Compensation impact on beds 4. SNF, Post Acute beds? 5. All single occupancy rooms		

6. Current status of core processes:
    a. Docks/Materials Management/Stores
    b. Lab
    c. Outpatient Lab
    d. Phlebotomy
    e. Respiratory Therapy
7. Radiology - address Outpatient growth
8. Master Plan will study going to an all private model, recognizing cost and implementation requirements/limits

Backfill of program moving to ICU/ED Building

1. Verify ICU volumes and needs
    a. One option is to keep and improve
    b. Another option is to move surgery into
2. Heart volumes have dropped.

System Wide Assignments

1. Outcome of strategic plan for Institutes currently under way
2. Inpatient beds at Avon?
3. MICU (20 beds), EICU from Main Campus?
4. Use of Columbia Road ASC

Grading of importance by Steering Group

Essential Changes

1. Move to all single occupancy patient rooms – study
2. Moll Center improvements
3. Center for Family Medicine
4. Long term disposition and function of Outpatient operations – move out into the community
5. Parking deck
6. Surgery (ORs) upgrade – Inpatient and Outpatient operations are too blended and not separated as originally intended.
7. Add Capacity

Needed Changes

1. ICU/ED Connection - core processes, clean up corridors
2. Core processes
3. Retail Pharmacy
4. Materials Management/Dock

Desired Changes

1. Aesthetic Improvements
2. 4 South Birthing
3. Assessment findings
4. Move patient care from basement
5. Relocate OP Lab
6. CDU next to ED
7. Respiratory Institute
8. Access for Outpatients

Next Meeting (s)

Steering Group No. 2: August 29, 2012 8:30- 10:00 am @ FH

Cleveland Clinic

Fairview Hospital Master Plan
Steering Meeting No. 1

July 16, 2012

Westlake Reed Leskosky

Phil LiBassi Principal

CONFIDENTAL - PROTECTED

WRL 1188

Agenda

- Introductions
- Goals of Master Plan
- Impact of Lakewood Program
- Key Considerations for Fairview

Beds in Transition

Lakewood Hospital

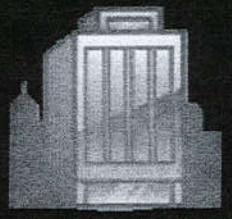
30-45 Patient Beds
700-800 Births
Earliest Date 2nd Q. 2013

Fairview Hospital

(12)GeroPsych
Earliest Date 2nd Q. 2013

Lutheran Hospital

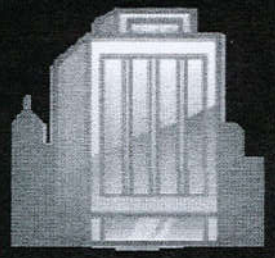
(59) Grace LTAC
?? Other Beds
Date: ???



Outside CC System

WRL 1198

Annual Inpatient Surgery Cases



Avon FHC
Current: 0

120

Fairview Hospital
Current: 5,422
Proposed: 7,315
Δ: + 1,893
Earliest Date: 1st Q 2015

1,773
Including Endo

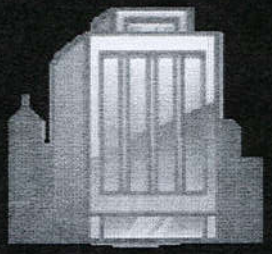
Lakewood Hospital
Current: 1,773 Including Endo
Proposed: 0

WRL 1200

Annual Outpatient Surgery Cases

Lakewood Hospital

Current: 3,421
Proposed: 0

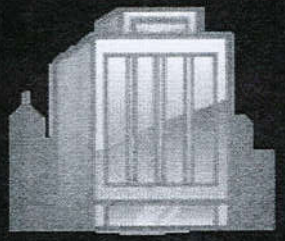


Columbia Road ASC

Current: 3,861
Proposed: 6,105
Δ: + 2,244
Earliest Date: 1st Q 2015

Fairview Hospital

Current: 7,953
Proposed: 3,866
Δ: - 4,087
Earliest Date: 1st Q 2015



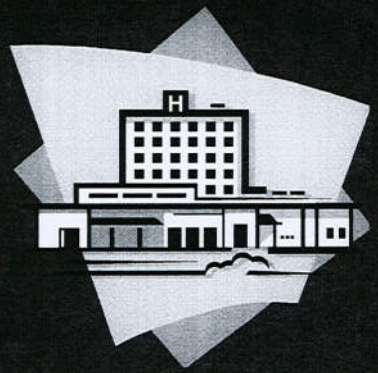
Lakewood ASC

Proposed: 3,554
Δ: + 133
Earliest Date: 1st Q. 2015

WRL 1202

ED in Transition

Early Date: 2 Q. 2015

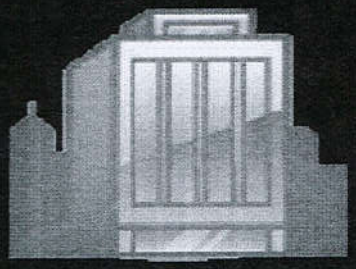


Lakewood Hospital

7,000 to 8,000 Visits

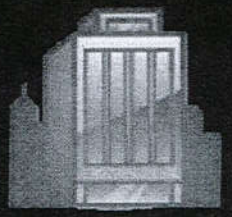
Fairview Hospital

17,000 Visits



Lakewood FHC/ASC

10,000 to 11,000 Visits



Outside CC System

WRL 1204

Fairview Hospital Master Plan Focus Group Meeting
07/30/2012
7:00am
Fairview Admin Conference Room

1. Keep institute plans in schedule, but affect on Fairview is unknown
2. Re: institute plans - Ann Houston is new Chief Strategy Officer for Cleveland Clinic
3. Master Plan complete end of September
4. Remove references to Lakewood and use "Market/System Impact"
5. No concrete plans for programming ED/ICU backfill areas
6. 13 Psych beds on Pavilion Fourth Floor
7. 13 SNU beds on West Main Fifth Floor
8. Consider lightwell if new floor is added to Jacobs
9. New ED/ICU building can accommodate 2 additional floors
10. Patient bed options: Scenario 1 – Existing; Scenario 2 – No new construction, only renovate doubles to singles (what is resultant reduced bedcount?); Scenario 3 – No new construction, renovate doubles to singles, move program and add beds, maintain same number of beds as existing (what program moves?); Scenario 4 – Renovate doubles to singles plus new construction to maintain number of patient beds
11. Parkview, Jacobs, ED/ICU are only buildings that can be vertically expanded
12. Grace, SNU, Ped Psych are possible units to be replaced by new med/surg beds
13. Second Floor ICU is not viable backfill area for med/surg beds – likely use for Surgery
14. What is Fairview Hospital vision as an outpatient facility? Possible off-site Center for Family Medicine near hospital or west of hospital
15. Outpatient oncology is growth area in next few years
16. Include property acquisition opportunities / recommendations in master plan
17. Consider property acquisition at gateway areas of site – north and south sides of Lorain at entry, as well as south of Parkview
18. Patient pulmonary services are in Basement below existing ED – show in green on floor plan
19. ED support offices in Basement below existing ED will remain – update backfill plan accordingly
20. Existing ED registration area will remain – waiting room will be backfill
21. Existing parking is approx 2000 spaces
22. Next meeting – Surgery study

Cleveland Clinic

Fairview Hospital Master Plan
Steering Meeting No. 2

September 12, 2012

Westlake Reed Leskosky

Phil LiBassi Principal

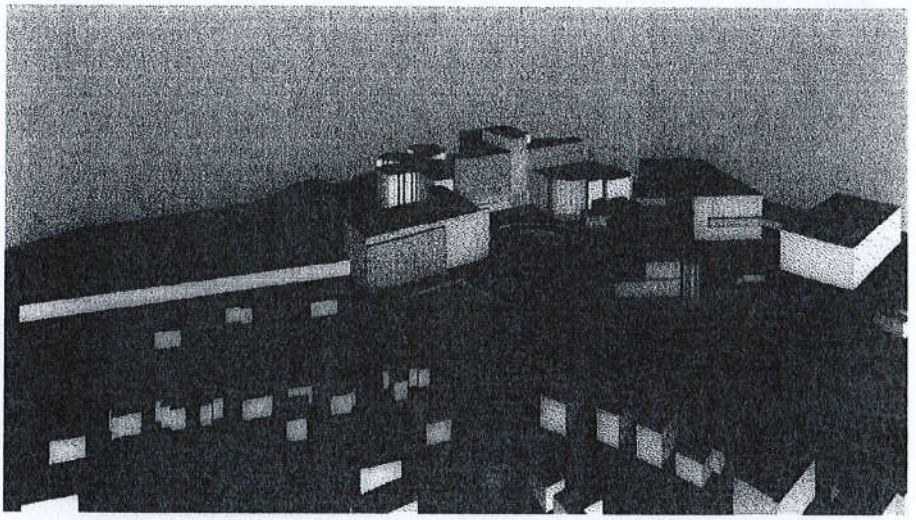
CONFIDENTAL - PROTECTED

Goals of the Master Plan

Status Report

	Activity	% Complete
Both	Assemble Current Information	
	Site and Floor Plans	100%
	Building & Systems Assessment	50%
	Regulatory Requirements	50%
Part 1	Decanting Plan	100%
Part 2	Fairview Master Plan	
	Program	95%
	Master Plan Options	80%
	Implementation	50%
	Next Steps	0%

Westlake
Reed
Leskosky



Fairview Hospital
a Cleveland Clinic hospital

Master Plan Report

Commission No: 12096.00
Date– 11-30-12
Final Report

CONFIDENTAL - PROTECTED

Decanting Plan – Lakewood Hospital

Summary

Fairview Hospital must be prepared to assume 30-45 M/S Beds and by Mid-2013. Other programs can be integrated into current Fairview Hospital without impacting current operations.

Purpose

The decanting plan for Lakewood Hospital is included as part of this report is to determine the key impacts for space needs at Fairview Hospital as well as the schedule related to implementation.

I. Decanting Plan

Refer to Exhibit ?? entitled Lakewood Decanting plan following this summary.

II. Implementation / Phasing Plan

The decanting of the building will take place in two phases; Phase 1 will decant the A & B buildings, clearing the site for the new Family Health Center / Ambulatory Surgery Center along Detroit Avenue; once the new facility is occupied at the completion of Phase 2, Phase 3 will include the demolition of the balance of the facility. Subsequent Phase 3, opportunities exist for mixed use development that supports a 'health' district in downtown Lakewood such as a wellness center and senior housing.

Phase 1

To vacate Buildings A & B, current program will be relocated as follows:

- 4th Floor: (18) Rehab beds will be relocated within Lakewood Hospital
- 3rd Floor: OB/GYN program will be relocated to **Fairview Hospital**
- 2nd Floor: Grace LTAC and related administrative support will move to non-CC facility
- 1st Floor (30) Bed M/S volume will be relocated to **Fairview Hospital Main Building 5 &** 6

Anticipated time line: Start no sooner than December 2013
Duration of Phase: 4-6 month duration

Phase 2

This Phase will include the construction and activation of the FHC/ASC.

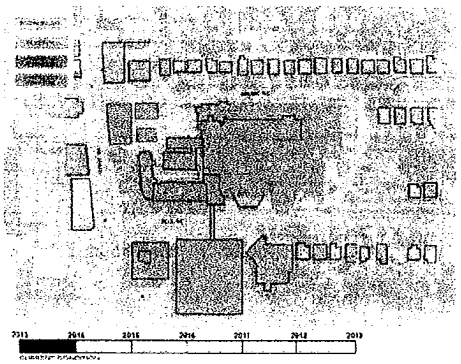
- Emergency, Outpatient Surgery, Clinics and related Administration will move into new building
- Inpatient Surgery will move to **Fairview Hospital** (anticipated no sooner than January 1, 2015)

Anticipated time line: Start no sooner than December 2014
Duration of Phase: 18-21 months

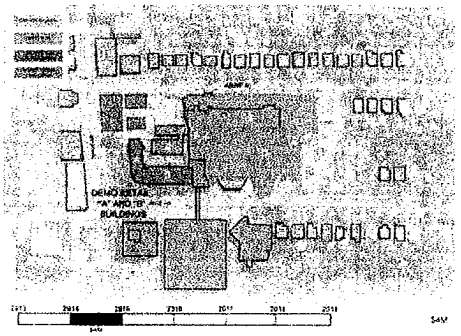
Phase 3

This phase will include the demolition of the balance of Lakewood Hospital.

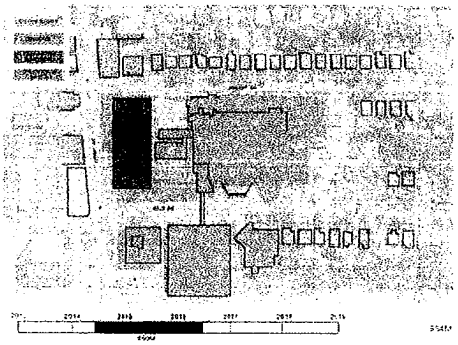
Anticipated time line: Start no sooner than August 2016
Duration of Phase: 4-6 months



CURRENT CONDITIONS



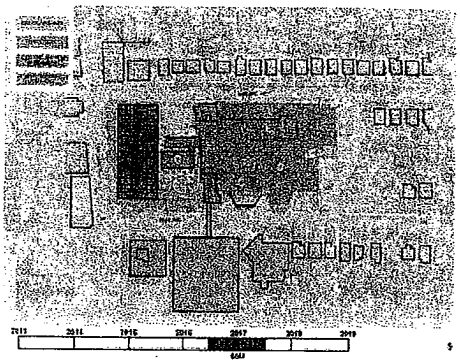
PHASE ONE - 2014



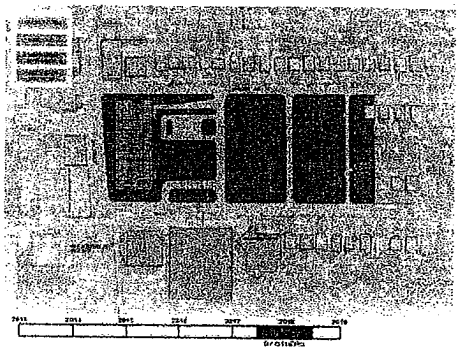
PHASE TWO – 2015-2016

Notes

1. Program Assumptions and volumes were provided by CC Lakewood Hospital and Fairview Hospital and Regional Admin. team



PHASE THREE – 2016-2017



PHASE FOUR – POST 2017

Exhibit 2 -
Decanting Plan

Cleveland Clinic
Lakewood Hospital

	Function/Department	Location / Floor Area	Beds	Current Location @ Lakewood						Proposed Location						Comments
				G	1	2	3	4	R/PH	New MOB	Fairview	CHB	PB	TBD	Not Moved	
1.00	Administration															
1.01	HR	1,700		C												
1.02	Medical Library	1,900		C												
1.03	Medical Records	5,300		D												
1.04	Admin	8,630		A1												
1.05	FEDS	10,600		A												
1.06	Lobby/Entrance	5,930			C											
1.07	Admin	4,750			A1											
1.08	Patient Accounting	4,200			C											
1.09	Grace Admin	4,830				A										
	Subtotal	48,800														
2.00	Nursing Units															
2.01	Oncology M/S	8,330	30 (2X)		B											
2.02	Grace LTAC	8,350	30 (2X)			B										
2.03	Gero Psych	6,700				C								LH		Moves to Lutheran
2.04	OB/L&D/RP/P	13,600					A-B									700-800 births / year absorbed by FH
2.05	M/S	7,200					C									30-45 beds move to FH 5 & 6
2.06	Step Down	10,800					D									
2.07	CCU	5,100					D									
2.08	ICU	5,230					D-E									16 beds move to FH ICU Mid 2013
2.09	Neuro ICU	4,100					D-E									
2.10	Rehab + IP PT	20,900						A-B-F			36 Beds					18 Beds will stay in LH
2.11	Rehab + OT	7,500						C								
2.12	Skilled Nursing Unit	13,200						D								
2.13	Ortho M/S	8,100						E								
	Subtotal	118,300														
3.00	Diagnostic/Treatment															
3.01	Endoscopy	2,000			E											
3.02	Emergency	16,700				E					17K to Other					7-8K to FV
3.03	Rehab Gym	10,300			D-E											
3.04	Laboratory	9,500				F										
3.05	MRI	3,600				D										
3.06	Imaging	7,200				A1										
3.07	IP Dialysis	3,800					E									
	Subtotal	53,100														
4.00	Interventional															
4.01	Surgery	18,500					E				IP to FH					FV OP to FV OP or LW ASC
4.02	Invasive Cardio (Cath Lab)	8,800				D										Hybrid Room
4.03	Peri-Op	11,200				E										
	Subtotal	38,500														
5.00	Non-Clinical															
5.01	Kitchen Cafeteria	21,000			F											
5.02	Surgery Support	3,830					F									
5.03	Pharmacy	3,000		E												
5.04	Material Management															Verify FV Capacity
5.05	General Store															
5.06	Mail Room															
5.07	Central Sterile (CSSD)	5,700		F												Verify FV Capacity
5.08	Server Room (ITD)	780		C												
5.09	Maintenance															
6.00	Ambulatory Care/Clinics															
6.01	Biometrics	6,000			D											
6.02	Lakeland Eye	1,000			D											
6.03	Cardiopulmonary	2,600			D											
7.00	Education															
7.01	Teaching-Seminar	5,000			D											
8.00	Miscellaneous															
8.01	Retail	1,700			C											
9.00	Central Plant															
9.01	Mechanical	9,000		CP												
9.02	Mechanical/Dock	7,200			CP											
9.03	Mech	3,600				CP										
10.00	Unaccounted															
	Circulation - Atrium-Other			40,020	12,900	24,200	22,400	3,300								
	Totals by Floors			86,600	92,500	104,600	93,900	53,000								
	Total Building GSF			430,600												

Lakewood Questions
1 What about Columbia Road?

Program Summary – Fairview Hospital

Summary

- Decreases in population of catchment area will result in either flat or decreasing patient volumes
- Nearby Non-Cleveland Clinic Hospitals offer similar services and are or have undergone improvements.
- Program shifts from Lakewood will be 'absorbed' with the exception of improvements to accommodate 30-45 M/S Beds
- Opportunities exist to consolidate surgery services and shift outpatient surgeries to other Cleveland Clinic facilities
- Backfill of vacated spaces and new modalities offer opportunities to improve intra- and inter- department efficiencies
- The parking garage has a sunset of 12/31/19
- Improvement or replacement of antiquated space should be considered on an incremental basis

Program Considerations

To determine the key factors that will affect space needs at Fairview Hospital, external and internal factors were taken into consideration:

External Factors

Changing Demographics[1]

The current catchment area for Fairview Hospital is in a stable, or slightly declining market. Between 2000-2010, the populations of all cities contiguous to the Fairview Hospital site declined within a range of 2.5% and 9.5%. It is the assumption of this analysis that an increase in population will not occur, and should not be a factor.

Competition

The following non-Cleveland Clinic hospitals are in contiguous cities that Fairview Hospital serves and have undergone recent improvements:

Southwest General Hospital – Middleburg Hts.

- New Emergency Department and patient tower (single occupancy rooms) is under construction; complete in late 2013
- Specialties : Maternity, Women, Heart, Cancer, Neuro, Ortho
- Affiliations: University Hospital

St. John Medical Center – Westlake

- Engaged in $45M expansion / improvement project to improve public spaces, surgery and cancer programs
- Specialties : Maternity, Heart, Cancer, Women
- Affiliations: University Hospitals and Sisters of Charity Health System

Parma Community Hospital - Parma

- Surgery improvements slated for 2014
- Specialties : Heart, Cancer, Ortho
- Affiliations: None

Internal Factors[2]

Impact of Lakewood Hospital Volume

Decanting Plan

Refer to 'Exhibit 2, Decanting Plan.

The decanting indicates the current location of existing program, and the proposed location with the reassignment. In summary, the majority of outpatient functions, imaging, outpatient surgery and emergency will be relocated to new Family Health Center / Ambulatory Surgery Center. Inpatient functions will be addressed at Fairview Hospital, Lutheran Hospital or to other non-Cleveland Clinic facilities. The assumptions are as follows:

Patient Beds

Med / Surg Beds

To permit the construction of the new Lakewood FHC/ASC. a total of 30-45 patient beds will be relocated to Fairview Hospital.

OB-GYN Unit and Beds

A total of 12 Post Partum beds plus the related Labor & Delivery functions for 700-800 birth per year will be moved to Fairview Hospital. Current and projected volumes at Fairview Hospital suggest this volume can be absorbed within current facilities.

ICU Beds

Currently, there are 31 ICU beds at Lakewood. There is capacity in the ED/ICU Building at Fairview to absorb a portion of this volume.

Emergency Department

Of the current volume of 34,000 annual visits at Lakewood Hospital, it is intended that 8,000 visits will shift to Fairview Hospital. Of the balance remaining, 17,000 visits will be accommodated by the new FHC/ASC and 9,000 visits will be absorbed by non-Cleveland Clinic facilities.

Surgery

For inpatients, 1,315 of the 1,700 annual cases at Lakewood Hospital will shift to Fairview Hospital. Considering the current utilization and proposed 'shifts', this volume should have no impact on the current operations. For outpatient surgeries (including endoscopy) at Lakewood Hospital, it is assumed all the current volume of 3,400 cases will shift to the new ASC. (Note: There are no Cath Lab procedures done at Lakewood.

Fairview Hospital Initiatives

The following in program will be impacted by system wide assignments, backfilling of vacated space, impacts related to operational or process changes within a department, or new programs / modalities.

In reviewing considerations for programs, the Steering Committee identified the following Improvements categorized as Essential, Needed and Desired:

Essential	Needed	Desired
Single Patient Rooms; no new build	ICU/ED Connecting Corridor in Basement	Aesthetic Improvements
Outpatient Services	Core Process Validation	4 South Birthing
Surgery Consolidation	Retail Pharmacy	Assessment Findings
Move CFM into Community	Material Management/Dock	Move Patient Care from Basement
Moll Center		Relocate OP Lab
		CDU next to ED
Future – 2020 and Beyond		
Replace Parking Garage	MOB	
Add Capacity	Replace Aging Fac.	

Patient Beds

Refer to **Exhibit 3 Bed Analysis**

To achieve the system wide goal of single occupancy patient rooms without new construction, **Exhibit 3** identifies the current (Summer 2012) bed count of 481 beds and related modality, and projected bed count (447 beds) and related modality. This also assumes The following modalities will vacate the Fairview Hospital Site.

- Peds M/S - 14 rooms (24 beds) located on 4W to location TBD
- Grace LTAC (29 beds) vacating 6N (Date TBD)
- Skilled Nursing Unit (11 beds)

Surgery[3]

Currently, outpatient surgery occurs on the first floor in a suite with (8) ORs, and inpatient surgery on the second floor in suite with (8) ORs. The current average 'staffed' number of ORs is (11). In the future, the institution intends to shift a volume of outpatient surgeries to the Columbia Road Facility. A summary of projected surgery volumes are as follows:

Location	Inpatient	Outpatient
Avon FHC	120	N/A
Columbia Rd. ASC	0	N/A
Fairview Hospital	7,315	3,866
Lakewood Hospital	1,315	0
Subtotals	8,750	3,866
Total for Fairview	**12,616 in (12) Staffed ORs**	

Based on surgery volumes, the availability of space on the second floor due to the relocation of ICU, and operational considerations, this report recommends a consolidation of surgery to the second floor. This program consolidation will be based on a (12) OR suite assuming a minimum clear area of 600 sf each, along with related peri-operative areas and related support.

Backfill of vacated space

Following the completion of the ED/ICU in mid 2013, the following areas will become vacant:

- ED on First and Second floor of Main Building South Wing
- ICU on Second Floor North Building

Also, should the Surgery Consolidation go forward, the area currently occupied by Outpatient Surgery will vacate in 2-3 years.

Considerations (listed in order of priority) for backfilling the first floor space include:

- Expansion/Improvements to Imaging
  - Separation of IP and OP entrances
  - Incremental improvement of equipment
- Patient Amenities at main entrance such as Retail Pharmacy, Food/Retail Services, Outpatient Lab Services
- Clinical Decision unit (Quick Peds Infusion) adjacent to ED
- Component of Moll (Cancer) Center

Considerations (listed in order of priority) for backfilling the second floor space include:

- Surgery Offices
- Other TBD

Improvement / Replacement of current space

The following spaces should be considered for either improvements or replacement, and are noted as such in order of priority:

Improvements

- Cosmetic Improvements to Main Public corridors on first floor
- Move Family Health out of Moll Center into community
- Materials Management – Dock
- Move PT/OT out of Basement
- Respiratory Institute

Replacement

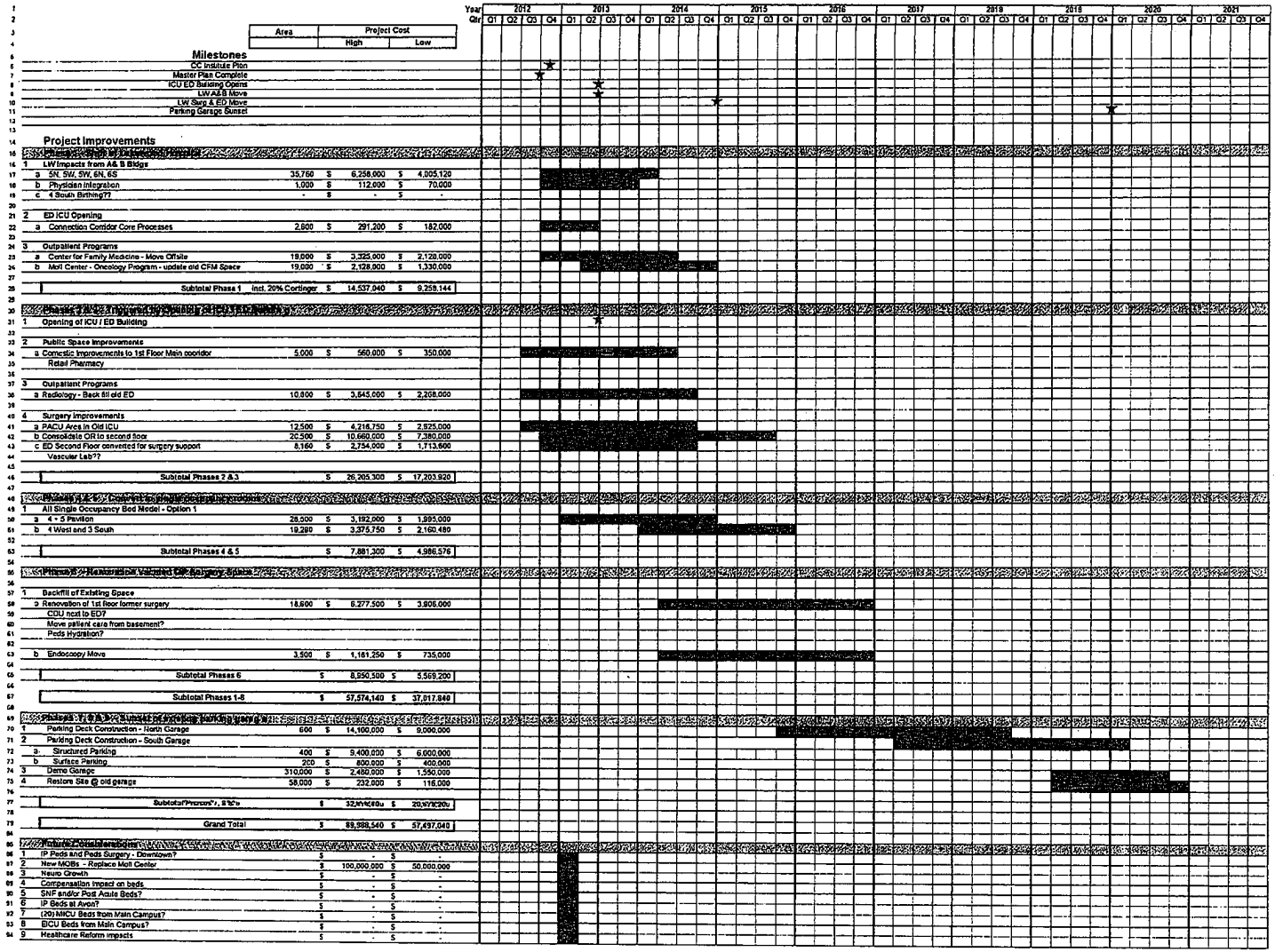
- Main Parking Structure
  - 699 spaces - originally constructed in 1975
  - Annual maintenance cost of $600-800,000/year
  - Anticipate a sunset date of 12/31/19
- Moll Center
  - Area is 56,000 gsf
  - One story structure has no vertical expansion capacity
  - Two story structure can expand one floor vertically
  - Footprint and efficiency is marginal
  - Consider for replacement in 10-12 years

Notes

1. Population information was gathered from 2010 census – online.
2. Program Assumptions and volumes were provided by CC Lakewood Hospital and Fairview Hospital and Regional Admin. Team
3. Refer to Appendix for Surgery Assumptions developed by CC

Exhibit 4 -
Implementation Plan

Cleveland Clinic
Fairview Hospital Master Plan



	Area	Project Cost High	Project Cost Low
Milestones			
CC Institute Plan			
Master Plan Complete			
ICU ED Building Opens			
LW A& B Move			
LW Surg & ED Move			
Parking Garage Sunset			
Project Improvements			
Phase 1 - Shift of Services / Growth			
1 LW Impacts from A& B Bldgs			
a 5N, 5W, 5W, 6N, 6S	35,760	$ 6,256,800	$ 4,005,120
b Physician Integration	1,000	$ 112,000	$ 70,000
c 4 South Birthing??	-	$ -	$ -
2 ED ICU Opening			
a Connection Corridor Core Processes	2,600	$ 291,200	$ 182,000
3 Outpatient Programs			
a Center for Family Medicine - Move Offsite	19,000	$ 3,325,000	$ 2,128,000
b Mall Center - Oncology Program - update old CFM Space	19,000	$ 2,128,000	$ 1,330,000
Subtotal Phase 1 incl. 20% Contingency		$ 14,537,040	$ 9,259,144
Phase 2 & 3 - Shift of Services / Growth (ICU ED Bldg)			
1 Opening of ICU / ED Building			
2 Public Space Improvements			
a Comestic Improvements to 1st Floor Main coorridor	5,000	$ 560,000	$ 350,000
Retail Pharmacy			
3 Outpatient Programs			
a Radiology - Back fill old ED	10,800	$ 3,645,000	$ 2,268,000
4 Surgery Improvements			
a PACU Area in Old ICU	12,500	$ 4,216,750	$ 2,625,000
b Consolidate OR to second floor	20,500	$ 10,660,000	$ 7,380,000
c ED Second Floor converted for surgery support	8,160	$ 2,754,000	$ 1,713,600
Vascular Lab??			
Subtotal Phases 2 & 3		$ 26,205,300	$ 17,203,920
Phase 4 & 5 - Continue Shift of Services / Growth			
1 All Single Occupancy Bed Model - Option 1			
a 4 - 5 Pavilion	28,500	$ 3,192,000	$ 1,995,000
b 4 West and 3 South	19,280	$ 3,375,750	$ 2,160,480
Subtotal Phases 4 & 5		$ 7,881,300	$ 4,986,576
Phase 6 - Renovation Vacated OR Surgery Space			
1 Backfill of Existing Space			
a Renovation of 1st floor former surgery	18,600	$ 6,277,500	$ 3,906,000
CDU next to ED?			
Move patient care from basement?			
Peds Hydration?			
b Endoscopy Move	3,500	$ 1,181,250	$ 735,000
Subtotal Phase 6		$ 8,950,500	$ 5,569,200
Subtotal Phases 1-6		$ 57,574,140	$ 37,017,840
Phase 1 & 2 - Support Parking (Parking Deck 2)			
1 Parking Deck Construction - North Garage	600	$ 14,100,000	$ 9,000,000
2 Parking Deck Construction - South Garage			
a. Structured Parking	400	$ 9,400,000	$ 6,000,000
b Surface Parking	200	$ 800,000	$ 400,000
3 Demo Garage	310,000	$ 2,480,000	$ 1,550,000
4 Restore Site @ old garage	58,000	$ 232,000	$ 116,000
Subtotal Phases 1 & 2		$ 27,012,000	$ 17,066,000
Grand Total		$ 89,988,540	$ 57,497,040
Future Considerations			
1 IP Peds and Peds Surgery - Downtown?		$ -	$ -
2 New MOBs - Replace Mall Center		$ 100,000,000	$ 50,000,000
3 Neuro Growth		$ -	$ -
4 Compensation Impact on beds		$ -	$ -
5 SNF and/or Post Acute Beds?		$ -	$ -
6 IP Beds at Avon?		$ -	$ -
7 (20) MICU Beds from Main Campus?		$ -	$ -
8 BICU Beds from Main Campus?		$ -	$ -
9 Healthcare Reform impacts		$ -	$ -

Year: 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021

Qtr: Q1 Q2 Q3 Q4

Legend:
- Project Justification/Approval
- Design / Bid /Award
- Construction
- Activation / Post Constrn

Westlake Reed Leskosky

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Exhibit 2 -
Decanting Plan

Cleveland Clinic
Lakewood Hospital

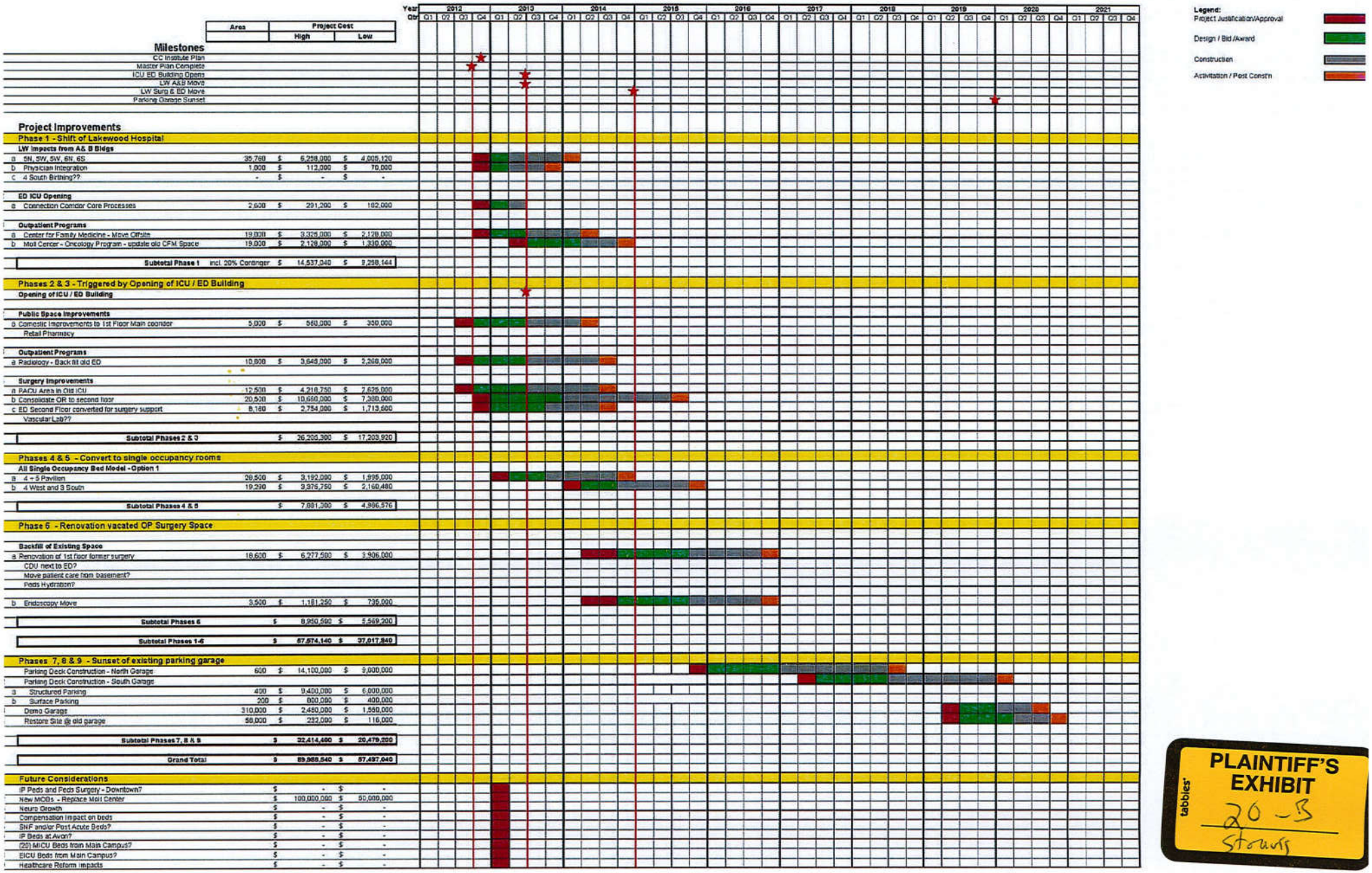
	Function/Department	Location / Floor		Current Location @ Lakewood						Proposed Location						Comments
		Area	Beds	G	1	2	3	4	R/PH	New MOB	Fairview	CHB	PB	TBD	Not Moved	
1.00	**Administration**															
1.01	HR	1,700		C												
1.02	Medical Library	1,900		C												
1.03	Medical Records	5,300		D												
1.04	Admin	8,600		AT												
1.05	FEDS	10,600		A												
1.06	Lobby/Entrance	5,000			C											
1.07	Admin	4,700			A											
1.08	Patient Accounting	4,200			C											
1.09	Grace Admin	4,800				A										
	Subtotal	**46,800**														
2.00	**Nursing Units**															
2.01	Oncology M/S	8,300	30 (2X)		B											
2.02	Grace LTAC	8,200	30 (2X)			B										
2.03	Gero Psych	6,700				C								LH		Moves to Lutheran
2.04	OB/LDR/PP	13,000					A-B									700-800 births / year absorbed by FH
2.05	M/S	7,200					C									30-45 beds move to FH 5 & 6
2.06	Step Down	10,800					D									
2.07	CCU	5,100					D									
2.08	ICU	5,200					D-E									16 beds move to FH ICU Mid 2013
2.09	Neuro ICU	4,100					D-E									
2.10	Rehab + IP PT	20,900						A-B-F			35 Beds					18 Beds will stay in LH
2.11	Rehab + OT	7,500						C								
2.12	Skilled Nursing Unit	13,200						D								
2.13	Ortho M/S	8,100						E								
	Subtotal	**118,300**														
3.00	**Diagnostic/Treatment**															
3.01	Endoscopy	2,000			E											
3.02	Emergency	16,700				E					17K to Other					7-8K to FV
3.03	Rehab Gym	10,300			D-E											
3.04	Laboratory	9,500				F										
3.05	MRI	3,600				D										
3.06	Imaging	7,200				AT										
3.07	IP Dialysis	3,800					E									
	Subtotal	**53,100**														
4.00	**Interventional**															
4.01	Surgery	18,500					E				IP to FH					FV OP to FV OP or LW ASC
4.02	Invasive Cardio (Cath Lab)	8,800				D										Hybird Room
4.03	Peri-Op	11,200				E										
	Subtotal	**38,500**														
5.00	**Services**															
5.01	Kitchen Cafeteria	21,000			F											
5.02	Surgery Support	3,800					F									
5.03	Pharmacy	3,000		E												
5.04	Material Management															**Verify FV Capacity**
5.05	General Store															
5.06	Mail Room															
5.07	Central Sterile (CSSD)	5,700		F												**Verify FV Capacity**
5.08	Server Room (ITD)	780		C												
5.09	Maintenance															
6.00	**Ambulatory Care/Clinics**															
6.01	Biometrics	6,600			D											
6.02	Lakeland Eye	1,000			D											
6.03	Cardiopulmonary	2,600			D											
7.00	**Education**															
7.01	Teaching-Seminar	5,000			D											
8.00	**Miscellaneous**															
8.01	Retail	1,700			C											
9.00	**Central Plant**															
9.01	Mechanical	9,000		CP												
9.02	Mechanical/Dock	7,200			CP											
9.03	Mech	3,600				CP										
10.00	**Unaccounted**															
	Circulation - Atrium-Other			40,020	12,900	24,300	22,400	3,300								
	Totals by Floors			86,600	92,500	104,600	93,900	53,000								
	Total Building GSF			430,600												

Lakewood Questions
1. What about Columbia Road?

WRL 725

Exhibit 4 -
Implementation Plan

Fairview H



	Area	Project Cost High	Project Cost Low
Milestones			
CC Institute Plan			
Master Plan Complete			
ICU ED Building Opens			
LW A&B Move			
LW Surg & ED Move			
Parking Garage Sunset			
Project Improvements			
Phase 1 - Shift of Lakewood Hospital			
LW Impacts from A& B Bldgs			
a 5N, 5W, 5W, 6N, 6S	35,760	$ 6,258,000	$ 4,005,120
b Physician Integration	1,000	$ 112,000	$ 70,000
c 4 South Birthing??	-	$ -	$ -
ED ICU Opening			
a Connection Corridor Core Processes	2,600	$ 291,200	$ 182,000
Outpatient Programs			
a Center for Family Medicine - Move Offsite	19,000	$ 3,325,000	$ 2,128,000
b Mall Center - Oncology Program - update old CFM Space	19,000	$ 2,128,000	$ 1,330,000
Subtotal Phase 1 incl. 20% Contingency		$ 14,537,040	$ 9,258,144
Phases 2 & 3 - Triggered by Opening of ICU / ED Building			
Opening of ICU / ED Building			
Public Space Improvements			
a Cosmetic Improvements to 1st Floor Main coonidor	5,000	$ 560,000	$ 350,000
Retail Pharmacy			
Outpatient Programs			
a Radiology - Backfill old ED	10,800	$ 3,645,000	$ 2,268,000
Surgery Improvements			
a PACU Area in Old ICU	12,500	$ 4,218,750	$ 2,625,000
b Consolidate OR to second floor	20,500	$ 10,660,000	$ 7,380,000
c ED Second Floor converted for surgery support	8,160	$ 2,754,000	$ 1,713,600
Vascular Lab??			
Subtotal Phases 2 & 3		$ 26,205,300	$ 17,203,920
Phases 4 & 5 - Convert to single occupancy rooms			
All Single Occupancy Bed Model - Option 1			
a 4 + 5 Pavilion	28,500	$ 3,192,000	$ 1,995,000
b 4 West and 3 South	19,290	$ 3,376,750	$ 2,160,480
Subtotal Phases 4 & 5		$ 7,681,300	$ 4,996,576
Phase 6 - Renovation vacated OP Surgery Space			
Backfill of Existing Space			
a Renovation of 1st floor former surgery	18,600	$ 6,277,500	$ 3,906,000
CDU next to ED?			
Move patient care from basement?			
Peds Hydration?			
b Endoscopy Move	3,500	$ 1,181,250	$ 735,000
Subtotal Phases 6		$ 8,950,500	$ 5,569,200
Subtotal Phases 1-6		$ 57,574,140	$ 37,017,840
Phases 7, 8 & 9 - Sunset of existing parking garage			
Parking Deck Construction - North Garage	600	$ 14,100,000	$ 9,000,000
Parking Deck Construction - South Garage			
a Structured Parking	400	$ 9,400,000	$ 6,000,000
b Surface Parking	200	$ 800,000	$ 400,000
Demo Garage	310,000	$ 2,480,000	$ 1,550,000
Restore Site @ old garage	58,000	$ 232,000	$ 116,000
Subtotal Phases 7, 8 & 9		$ 22,414,400	$ 20,479,200
Grand Total		$ 89,988,540	$ 57,497,040
Future Considerations			
IP Peds and Peds Surgery - Downtown?		$ -	$ -
New MOBs - Replace Mall Center		$ 100,000,000	$ 50,000,000
Neuro Growth		$ -	$ -
Compensation Impact on Beds		$ -	$ -
SNF and/or Post Acute Beds?		$ -	$ -
IP Beds at Avon?		$ -	$ -
(20) MICU Beds from Main Campus?		$ -	$ -
EICU Beds from Main Campus?		$ -	$ -
Healthcare Reform Impacts		$ -	$ -

ko Reed Leskosky
\\mkl\Cleveland Clinic\Fairview Hospital\Masterplan\Master Plan Report\Narrative\12-19-11 Program - Schedule V5 Report.xlsx

Cleveland Clinic

Fairview Hospital Master Plan
Dr. Bronson Meeting

December 14, 2012

Westlake Reed Leskosky

Phil LiBassi Principal

CONFIDENTAL - PROTECTED

Executive Summary

1. Lakewood program can be absorbed into Fairview with minor renovations
2. Fairview improvements
   a. Backfill / Improve First Floor
   b. Consolidation of Surgery
   c. Single occupancy beds by 1/1/16
   d. Replacement of Parking Garage
3. Phased Implementation Approach over 9 years @ $5M-14.5M / Year = $60M - $90M
4. Recommend Re-Zoning & Property Acquisition to allow for future growth

Summary

- Phase 1 – Phase 6
  - 4 Years - 2013-2016
  - $9.5M - $14.4M / Year = $37M - $58M
  - Single Occupancy Rooms. Backfill of vacant space; Consolidation of Surgery
- Phase 7 – Phase 9
  - 5 Years - 2017-2021
  - $5M - $8M / Year = $20 M - $33 M
  - Build new parking; demo old garage

(Estimates assumes a contingency of [illegible])

Summary

- Phase 10 – Phase 1[illegible]
  - 5 Years - 2021-2025
  - $15M- $22M / YR = $ 75 M [illegible]0M
  - New MOBs

July 3, 2014

Dr. Brian Donley
President of Cleveland Clinic Regional Hospitals
Mail Code NA4
9500 Euclid Avenue
Cleveland, OH 44195

Dear Dr. Donley

This letter is a formal protest of the Cleveland Clinic's recent decision and subsequent announcement to move the Rehabilitation Service to a soon to be built Select Medical 60 bed facility in Avon.

This service at Lakewood Hospital recently received in excess of $3.7 million of Lakewood Hospital Association and Lakewood Hospital Foundation monies. These investments were made in good faith that CCF intended to honor the spirit and letter of our definitive agreement of services to offered by CCF at Lakewood Hospital.

This particular service delivers approximately three million dollars of contribution to the financial performance of Lakewood Hospital. Consequently, The absence of these monies will have a devastating impact on the financial viability of our hospital.

This decision, and others similar to it, is a continuation of the Cleveland Clinic's unilateral strategic approach to seemingly disregarding the impact on Lakewood Hospital to the benefit of the Clinic system as a whole. I recognize the market and regulatory pressures that might compel these decisions, but I must protest their detrimental impact on Lakewood Hospital. I believe the service losses are in violation of the letter and spirit of the definitive agreement between the Lakewood Hospital board of trustees and The Cleveland Clinic foundation.

Sincerely,

Michael P. Summers

From: "Frost, M.D., Frederick" <FROSTF@ccf.org>
To: "maria@clevecpi.com" <maria@clevecpi.com>
Cc: "Bayoumy, Sam (SBayoumy@clevelandclinicrehab.com)" <SBayoumy@clevelandclinicrehab.com>
Subject: New Cleveland Clinic Rehabilitation Hospital in Avon
Date: Wed, Aug 26, 2015 12:34 PM

Hi Maria, Can you please forward the email below to Dr. Killroy? Thank you

Dr. Killroy,

After nearly ten years in planning, our beautiful new 60-bed Cleveland Clinic Rehabilitation Hospital will open the first week in December on the Richard E. Jacobs Health Campus in Avon. The walls are up, the landscaping is installed, and final touches are being put on the building- which will open about a year ahead of the new Avon Cleveland Clinic acute care hospital. This facility is the cornerstone of Cleveland Clinic's joint venture with Select Medical Corporation, an affiliation that we chose in light of the company's wonderful track record of working with the best academic hospital systems in the United States.

I am writing to solicit your interest in joining the medical staff of the hospital. As an inpatient rehabilitation hospital, it will operate on an acute care model. In order to meet criteria for admission, not only do patients need to have rehabilitation goals, hey must have medical conditions that require frequent physician visits – in some cases the patients are seen seven days a week by the doctors.

Over the years, in our rehab units at Lutheran, Fairview and Lakewood Hospitals, we have been grateful for the collaboration of our medical and surgical consultants. It is our goal to bring this great medical care to a sparkling new facility, and to integrate the patients' care into the existing Cleveland Clinic networks. In order to do so, we need to articulate our need for physicians, which is substantial. I'm reaching out personally to the physicians that have helped us in the past, and inviting them to apply for credentials and privileges.

As a follow up to this email;

- **Sam Bayoumy, the CEO of Cleveland Clinic Rehabilitation Hospital, will be sending out application packets to the short list of medical colleagues that we hope to engage in this new endeavor.**
- **I am available by phone, email, or in person to elaborate on the specifics of our new hospital. Dr. Patrick Schmitt, a Cleveland Clinic Staff Physician for the last 5 years, has been picked by the Joint Venture Board to serve as medical director of the new rehabilitation hospital. Patrick and I would consider it a privilege to meet with prospective physician colleagues individually at their convenience and location.**

Regards

Fred

Frederick S. Frost MD
Physical Medicine and Rehabilitation / Desk S31
Executive Director: Cleveland Clinic Rehabilitation and Sports Therapy
Chair: Department of Physical Medicine and Rehabilitation
Associate Professor of Medicine
Cleveland Clinic | 9500 Euclid Ave.
Cleveland, OH 44195
| tel (216) 445-7352 | fax (216 636 0221

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