Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Saint Luke's Hybrid OR Conversion Project No: #6109 HS

Project Description: Conversion of an existing open operating room to a hybrid endovascular operating room at Saint Luke's Hospital of Kansas City

Done	Page	N/A	Description
			Divider I. Application Summary:
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✔	7-10		2. Representative Registration (From MO 580-1869)
✔	11-12		3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
			Divider II. Proposal Description:
✔	13, 17-81		1. Provide a complete detailed project description and include equipment bid quotes.
✔	13		2. Provide a timeline of events for the project, from CON issuance through project completion.
✔	82		3. Provide a legible city or county map showing the exact location of the project.
✔	13, 83		4. Define the community to be served and provide the geographic service area for the equipment.
✔	13		5. Provide other statistics to document the size and validity of any user-defined geographic service area.
✔	14		6. Identify specific community problems or unmet needs the proposal would address.
✔	14		7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
✔	14		8. Provide the methods and assumptions used to project utilization.
✔	14-15,84-217		9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
✔	15		10. Provide copies of any petitions, letters of support or opposition received.
✔	15		11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
✔	15		12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.
			Divider III. Service Specific Criteria and Standards:
		✔	1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
✔	218		2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
		✔	3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
		✔	4. For evolving technology address the following:
		✔	- Medical effects as described and documented in published scientific literature;
		✔	- The degree to which the objectives of the technology have been met in practice;
		✔	- Any side effects, contraindications or environmental exposures;
		✔	- The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
		✔	- Food and Drug Administration approval;
		✔	- The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
		✔	- The degree of partnership, if any, with other institutions for joint use and financing.
			Divider IV. Financial Feasibility Review Criteria and Standards:
✔	221-267		1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
✔	268-269		2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
✔	219		3. Document how patient charges are derived.
✔	270-282		4. Document responsiveness to the needs of the medically indigent.

DIVIDER I: Application Summary

1. Applicant Identification and Certification (Form MO 580-1861)
    a. The required applicant identification and certification form is included in this application as Attachment #2.
    b. The Application's Letter of Intent is included as Attachment #1.
2. Representative Registration (Form MO 580-1869)
    a. The required Representative Registration Forms are included in this application as Attachments #3-6
3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
    a. The required Proposed Project Budget form is included as Attachment #7. The related detail sheet with documentation of costs is Attachment #8.

DIVIDER I ATTACHMENTS

Attachment #1

Certificate of Need Program

LETTER OF INTENT

1. Project Information *(Attach additional pages as necessary to identify multiple project sites.)*

Title of Proposed Project (Name of existing or proposed facility)	County
Saint Luke's Hospital Hybrid OR Conversion	Jackson

Project Address *(Street/City/State/Zip Code or Latitude and Longitude with City/State/Zip Code if no assigned address)*

4401 Wornall Rd, Kansas City, MO 64111

2. Applicant Identification *(Attach additional pages as necessary to list all owners and operators.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd, Kansas City, MO 64111	816-932-2000

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd, Kansas City, MO 64111	816-932-2000

3. Type of Review

Full Review:
- New Hospital
- New/Add LTC Beds*
- New/Add LTCH Beds/Eqpt.
- New/ ✔ Additional Equipment

Expedited Review:
- 6-mile RCF/ALF Replacement
- 15-mile LTC Replacement
- 30-mile LTC Replacement
- LTC Bed Expansion
- LTC Renov./Modernization
- Equipment Replacement previously approved
- Equipment Replacement not previously approved

Non-Applicability Review:
- (See 7. Applicability next page)

4. Project Description *(Information should be brief but sufficient to understand scope of project.)*

Include the number and type of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If replacing equipment previously approved, provide the CON project number of the existing equipment. If requesting a non-applicability letter, also complete the next page of this form.

Saint Luke's Hospital of Kansas City plans to convert an existing open operating room to a hybrid endovascular operating room. This will be an additional hybrid OR at SLHS. This conversion is due to increased volume in vascular cases and a change in practice for vascular surgery resulting in an increased proportion of endovascular cases. Coversion to a hybrid endovascular operating room will also ensure we have the most up-to-date technology. The quote we received from vendors for the cost of the equipment is $2,470,498, the cost for system integration is $420,910, the cost of the construction and design to build for this project is $2,291,260 making the total cost of this project $5,182,668. The square footage impacted by the build is 1,540. Upon CON approval and after construction and installation, we plan for the equipment to be fully functional in 1st Quarter 2025.

*If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation.

☐ Bed need standard is met. (*Attach documentation.*) -OR- ☐ Special exceptions apply. (*Attach explanation.*)

Key: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility

5. Estimated Project Cost: $ 5,182,668

6. Authorized Contact Person Identification ***(List only one person who would be the main contact person for the project)***

Name of Contact Person	Title
K. Morgan Rioux-Forker	Operations Project Consultant

Contact Person Address *(Company/Street/City/State/Zip Code)*

901 E 104th St, Kansas City, MO 64131

Telephone Number	Fax Number	E-mail Address
573-356-0100		krioux-forker@saint-lukes.org

Signature of Contact Person	Date of Signature
KMRF	4/3/24

MO 580-1860 (11/22)

Certificate of Need Program

LETTER OF INTENT

7. Applicability *(Check the box below to indicate the rationale for the exemption or waiver being sought.)*

A Proposed Expenditure form (MO 580-2375) is required even if the project cost is "$0".

☐ If proposed expenditures are **less than the minimums** in §197.305(6), attach supporting documentation to illustrate how each of those amounts were determined, such as schematic drawings, equipment quotes, and contractor estimates.

☐ §197.305(9)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than $600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less. The facility must have had no patient care class I deficiencies within the last 18 months and has maintained at least an 85% average occupancy rate for the previous 6 quarters.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

☐ §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or

☐ If the proposal meets the definition of **"nonsubstantive projects"** in §197.305(10) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.

☐ If the proposal meets the definition of **"purchase"** or **"replacement"** in §197.318(4) and 19 CSR 60-50.450(4) for an **exception** from review, complete both pages of this form, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

Explain the rationale for the non-applicability letter request.

Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

*The information provided must match the **Letter of Intent** for this project, without exception.*

1. Project Location *(Attach additional pages as necessary to identify multiple project sites.)*

Title of Proposed Project	Project Number
Saint Luke's Hospital Hybrid OR Conversion	#6109 HS
Project Address *(Street/City/State/Zip Code)*	**County**
4401 Wornall Rd. Kansas City, Mo 64111	Jackson

2. Applicant Identification *(Information must agree with previously submitted Letter of Intent.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd., Kansas City, MO 64111	(816) 932-2000

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd., Kansas City, MO 64111	(816) 932-2000

3. Ownership *(Check applicable category.)*

- ☑ Nonprofit Corporation
- ☐ Individual
- ☐ City
- ☐ District
- ☐ Partnership
- ☐ Corporation
- ☐ County
- ☐ Other_____

4. Certification

In submitting this project application, the applicant understands that:

(A) The review will be made as to the community need for the proposed beds or equipment in this application;
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months:
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person *(Attach a Contact Person Correction Form if different from the Letter of Intent.)*

Name of Contact Person		Title
K. Morgan Rioux Forker		Operations Project Consultant
Telephone Number	**Fax Number**	**E-mail Address**
573-356-0100		krioux-forker@saint-lukes.org
Signature of Contact Person		**Date of Signature**
KMRF		4/16/24

Attachment #3

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Luke's Hospital Hybrid OR Conversion	#6109 HS

(Please type or print legibly.)

Name of Representative	Title
Morgan Rioux-Forker	Operations Project Consultant

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Health System	(816) 589-4399

Address (Street/City/State/Zip Code)

901 E 104th St., Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

4401 Wornall Rd., Kansas City, MO 64111

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☑ Employee
- ☐ Legal Counsel
- ☐ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature	Date
KMRF	4/16/24

MO 580-1869 (11/01)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Luke's Hospital Hybrid OR Conversion	#6109 HS

(Please type or print legibly.)

Name of Representative	Title
Marshaun Butler	Chief Operating Officer

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

901 E 104th St., Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

4401 Wornall Rd., Kansas City, MO 64111

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☑ Employee
- ☐ Legal Counsel
- ☐ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature	Date
Marshaun R. Butler	1.26.24

Attachment #5

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Luke's Hospital Hybrid OR Conversion	#6109 HS

(Please type or print legibly.)

Name of Representative	Title
Lisa Riggs	Director Cardiovascular Surgical Services

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

901 E 104th St., Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

4401 Wornall Rd., Kansas City, MO 64111

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☑ Employee
- ☐ Legal Counsel
- ☐ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original DocuSigned by:	Date
Lisa Riggs 953443BA1D994C1...	4/18/2024

Attachment #6

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Luke's Hospital Hybrid OR Conversion	#6109 HS

(Please type or print legibly.)

Name of Representative	Title
Ashley May	Manager Transplant and Surgical Service

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

901 E 104th St., Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's Hospital of Kansas City	(816) 932-2000

Address (Street/City/State/Zip Code)

4401 Wornall Rd., Kansas City, MO 64111

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☑ Employee
- ☐ Legal Counsel
- ☐ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature	Date
DocuSigned by: Ashley May BBF83AF7121F410...	4/18/2024

Certificate of Need Program

PROPOSED PROJECT BUDGET

Description	Dollars
COSTS:*	*(Fill in every line, even if the amount is "$0".)*
1. New Construction Costs ***	$0
2. Renovation Costs ***	$2,124,000
3. Subtotal Construction Costs (#1 plus #2)	$2,124,000
4. Architectural/Engineering Fees	$167,260
5. Other Equipment (not in construction contract)	$881,844
6. Major Medical Equipment	$1,896,074
7. Land Acquisition Costs ***	$0
8. Consultants' Fees/Legal Fees ***	$0
9. Interest During Construction (net of interest earned) ***	$0
10. Other Costs ***	$0
11. Subtotal Non-Construction Costs (sum of #4 through #10	$2,945,178
12. Total Project Development Costs (#3 plus #11)	$5,069,178 **
FINANCING:	
13. Unrestricted Funds	$5,069,178
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	$5,069,178 **
18. New Construction Total Square Footage	
19. New Construction Costs Per Square Foot *****	
20. Renovated Space Total Square Footage	1,540
21. Renovated Space Costs Per Square Foot ******	$1,379

* *Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.*

** *These amounts should be the same.*

*** *Capitalizable items to be recognized as capital expenditures after project completion.*

**** *Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.*

***** *Divide new construction costs by total new construction square footage.*

****** *Divide renovation costs by total renovation square footage.*

Proposed Budget Detail Sheet (Costs)

1. New Construction Costs:
    a. Not applicable
2. Renovation Costs
    a. $2,124,000 is the total estimate of renovation costs for this project
3. Architectural/Engineering Fees:
    a. $167,260 is the architectural and engineering fee estimate for this project
4. Other Equipment (not in construction contract)
    a. $881,844 is the estimate received from Stryker for “Other Equipment” for this project
5. Major Medical Equipment
    a. $1,896,074 is the estimate received from Philips for “Major Medical Equipment” for this project
6. Land Acquisition Costs
    a. Not applicable
7. Consultants’ Fees/Legal Fees
    a. Not applicable
8. Interest During Construction (net of interest earned)
    a. Not applicable
9. Other Costs
    a. Not applicable

DIVIDER II: Application Summary

1. **Provide a complete detailed project description and include equipment bid quotes.**
    a. Saint Luke's Hospital of Kansas City plans to convert an existing open operating room to a hybrid endovascular operating room. This will be an additional hybrid OR at SLHS. This conversion is due to increased volume in vascular cases and a change in practice for vascular surgery resulting in an increased proportion of endovascular cases. Conversion to a hybrid endovascular operating room will also ensure we have the most up-to-date technology. The quote we received from vendors for the cost of the equipment is $2,470,498, the cost for system integration is $420,910, the cost of the construction and design to build for this project is $2,291,260 making the total cost of this project $5,182,668. The square footage impacted by the build is 1,540. Upon CON approval and after construction and installation, we plan for the equipment to be fully functional in 1st Quarter 2025. Quotes from Philips and Stryker are Attachments #9 and #10.
2. **Provide a timeline of events for the project, from CON issuance through project completion.**
    a. **07/15/2024**: Certificate of Need Meeting Date; CON issuance date
    b. **July 2024**: Submit purchase order for imaging equipment, lights, booms, and integration system
    c. Anticipated durations: *Construction: 15 weeks, Installation: 5 weeks*
    d. **Quarter 1 2025**: CVOR6 fully functional to perform procedures
3. **Provide a legible city or county map showing the exact location of the project.**
    a. See Attachment #11
4. **Define the community to be served and provide the geographic service area for the equipment.**
    a. The community served by Saint Luke's Hospital of Kansas City is defined as the population residing within the primary service area which includes seven counties: Cass, Clay, Jackson, and Platte Counties in Missouri, and Johnson, Wyandotte, and Leavenworth Counties in Kansas.
5. **Provide other statistics to document the size and validity of any user-defined geographic service area.**
    a. A map demonstrating the user-defined geographic service area is included in Attachment # 12. On the Missouri side, this includes Platte, Clay, Jackson, and Cass Counties.
    b. You will also find information below detailing the projected growth of individuals over 65 in the service area per the Missouri Department of Health and Senior Services Bureau of Health Care Analysis and Data Dissemination. This population utilizes health care services at a disproportionate rate compared to the overall community and their unique needs are accounted for when planning for the provision of services.

County	**2025 County Projection**
Cass County, MO	112,122
Clay County, MO	269,569
Jackson County, MO	730,249
Platte County, MO	117,165

6. **Identify specific community problems or unmet needs the proposal would address.**
    a. The need for vascular surgery intervention is largely in the diabetic, chronic kidney disease and peripheral arterial disease patient population. These patient populations are very much related with diabetes being a precursor disease process leading to kidney disease, impaired circulation, wound ulcers and vascular disease, in general.
        i. 38 million people in the US have diabetes. 11.2% of the population of Missouri has been diagnosed with diabetes and it is appreciated that diabetes is underdiagnosed especially in lower socio-economic or marginalized patient populations.
        ii. 40% of patients with diabetes have chronic kidney disease (CKD). 694,000 people in Missouri have CKD.
        iii. Peripheral arterial disease (PAD) prevalence is 19-21 million individuals in the US. 537,000 residents of Missouri have PAD. 2021 statistics for diabetes, a primary precursor to PAD, show 11.2% of Missouri residents with diabetes and 33.6% of the Missouri adult population has pre-diabetes (elevated blood glucose but not elevated enough to reach the diabetic threshold).
        iv. Smoking is another primary risk factor in PAD. 17.3% of Missouri residents use tobacco which is significantly higher than the national rate of 13.5%. Missouri ranks 43rd in the US for the use of tobacco.
7. **Provide the historical utilization for each of the past three years and utilization projections through the first three (3) FULL years of operation of the new equipment**
    a. The historical utilization for each of the past three years is as follows:

Year	Cases	OR Minutes
2021	682	108,112
2022	769	125,257
2023	853	138,161

    b. The projected total utilization for the first full three years is as follows:

Year	Cases	OR Minutes
2026	1,135	183,892
2027	1,249	202,282
2028	1,374	222,510

8. **Provide the methods and assumptions used to project utilization.**
    a. Case volume grew by 13% from 2021-2022 and by 11% from 2022 to 2023. Assuming no significant changes to the population or community needs, a conservative estimate of 10% growth year over year is anticipated in the first three full years of operation.
9. **Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**
    a. Saint Luke's Hospital of Kansas City and all Saint Luke's Health System entities continuously monitor consumer preference and research patient needs. Saint Luke's has continuously shown some of the best patient satisfaction rates in the metropolitan area, partly due to an ongoing partnership between community members and the health system.

Included in this application as Attachment #13 is the most recent Community Health Needs Assessment for Saint Luke's Hospital of Kansas City. To help Saint Luke's Health System improve health through outreach, prevention, education, and wellness efforts, we conduct Community Health Needs Assessments (CHNAs) for each of our hospital entities. We use a collaborative approach that is designed to identify and prioritize the greatest health care needs in each of the communities we serve. The CHNAs fulfill a requirement of the Affordable Care Act, and they reflect our health system's longstanding commitment to partnering with our communities to ensure impactful care to the people we serve.

10. **Provide copies of any petitions, letters of support or opposition received.**
    a. This will be provided as supplemental information upon request.
11. **Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.**
    a. A public notice was published in the KC Star on May 2, 2024, with the following language: "Saint Luke's Hospital of Kansas City plans to convert an existing operating room to a hybrid endovascular operating room at 4401 Wornall Rd., Kansas City, Missouri 64111, pending Certificate of Need approval of their $5,200,000 application from the Missouri Health Facilities Review Committee. This application (project #6109 HS) will be filed on May 3, 2024."
12. **Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.**
    a. A letter was sent to affected facilities within the four Missouri counties in the geographic service area on April 26, 2024. Sample language and a recipient list has been included below.
    b. Sample language: **"**Attention Administrator: Saint Luke's Hospital of Kansas City plans to convert an existing open operating room to a hybrid endovascular operating room at 4401 Wornall Rd, Kansas City, MO 64111, pending Certificate of Need approval of their $5,200,000 application from the Missouri Health Facilities Review Committee. This application (Project #6109 HS) will be filed on May 3, 2024. Please e-mail krioux-forker@saint-lukes.org for more information."

Facility Name	City	Zip
Belton Regional Medical Center	Belton	64012
Cass Regional Medical Center	Harrisonville	64701
Excelsior Springs Hospital	Excelsior Springs	64024
Kindred Hospital Northland	Kansas City	64118
Liberty Hospital	Liberty	64068
North Kansas City Hospital	North Kansas City	64116
St. Mary's Medical Center	Blue Springs	64014
Centerpoint Medical Center	Independence	64057
Center for Behavioral Medicine	Kansas City	64108
Research Medical Center	Kansas City	64132
Research Medical Center-Brookside Campus	Kansas City	64131
Research Psychiatric Center – A Campus of Rese	Kansas City	64130
St. Joseph Medical Center	Kansas City	64114
University Health Lakewood Medical Center	Kansas City	64139
University Health Truman Medical Center	Kansas City	64108
Lee's Summit Medical Center	Lee's Summit	64063

DIVIDER II ATTACHMENTS

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Sold to:
St Lukes Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111-3241

Presented By
Stephanie Folkers
Philips Healthcare a division of Philips North America LLC
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Ship to:
St Lukes Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111-3241

Quote #: Q-00285779
Customer #: 94017706
Quote Date:
Valid Until: 07/31/24

St. Luke's Plaza Hybrid lab

Dear Valued Customer,

I am pleased to submit the attached proposal for your consideration. Philips Healthcare is transitioning to a new quoting system and you will notice that this quote looks different than the ones you are used to receiving from us.
I would like to point out a specific area of change to you. Promotions are applied to the line item price of individual items, instead of to the total net price as you are used to. As a result the line item prices appear lower than you might expect based on previous quotations. Please note that the list price of the system has not changed and promotion values are subject to availability.
I trust this meets your expectation, however should you have any queries or require further information or clarification, please do not hesitate to contact me using the details shown at the bottom of this letter.
Please note that all necessary initial applications training is included in the offer price. Further application training can be purchased separately by contacting our Customer Care Center.
Orders relating to this proposal should be sent to the address or fax number at the top of this document.
The parties have entered into a Master Purchasing Agreement with an effective date of November 1, 2022 (Master), including, but not limited to, Service Terms and Conditions. The Master shall prevail and supersede any conditions that print out automatically with this quote.

Thank you,

Stephanie Folkers

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IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

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1. Financial Overview

Line	Article No.	Description	Qty
1	722224	Azurion 7 M20	1
2	797403	INTRASIGHT	1
3	100133	CV Third Party Products	1

Total Section Price: **$ 1,643,635.40**

Total Net Price **Total Price**
$ 1,643,635.40

(Optional Items)

Line	Article No.	Description	Qty	Net Price	Customer Initials
3	**100133**	**CV Third Party Products**			
	989930009701	(Opt) Philips Laser System	*1*	*$ 252,438.80*	_____

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2. Quote Overview

Line	Description	Qty	Included	Optional
1	**Azurion 7 M20**			
1.1	Azurion 7 C20 FlexArm	1	●	
1.2	Ceiling Rails FlexArm 6000 mm	1	●	
1.3	Compact Full Load UPS	1	●	
1.4	Clinical Education Program for Vessel Navigation	1	●	
1.5	Vascular/Neuro/Onco Ent	1	●	
1.6	Azurion FlexArm/Flexmove Educ Pkg	1	●	
1.7	ClarityIQ.	1	●	
1.8	Hybrid kit for FlexArm	1	●	
1.9	FlexVision XL HD, 3rd p MCS	1	●	
1.10	addl FlexVision XLHD 3rd p MCS	1	●	
1.11	coupling to video switching	1	●	
1.12	optional ref monoplane	1	●	
1.13	extension to FlexVision Pro	1	●	
1.14	Isolated Wall Connection Box	10	●	
1.15	Subtracted Bolus Chase	1	●	
1.16	FD Rotational Angio	1	●	
1.17	SmartMask Monoplane	1	●	
1.18	extension to 30Fr/sec (mono)	1	●	
1.19	FD Dual Fluoro monoplane	1	●	
1.20	CO2 VIEW TRACE	1	●	
1.21	Intercom	1	●	
1.22	Wireless footswitch: mono-plane version	1	●	
1.23	Touch Screen Module Pro	1	●	
1.24	Peripheral X-ray filter	1	●	
1.25	Pivot for table base.	1	●	
1.26	table tilt option	1	●	
1.27	Cradle extension	1	●	
1.28	Vascular/Neuro/Onco Essential.	1	●	
1.29	StentBoost	1	●	
1.30	VesselNavigator	1	●	
1.31	MR/CT Roadmap	1	●	
1.32	IW Hardware	1	●	
1.33	Cabinet Rear Cover	4	●	
1.34	Patient table adaptation plate	1	●	
2	**INTRASIGHT**			

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2.1	IntraSight 5	1	●	
3	**CV Third Party Products**			
3.1	Lower Body Protection	1	●	
	(Opt) Philips Laser System	1		●

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3. Quote Details

Line	Description	Qty
1	**Azurion 7 M20** **Article No. 722224** **Details** The list of items below represent a tailored configuration of our Philips Azurion 7 M20 Image-Guided Therapy system.	
1.1	**Azurion 7 C20 FlexArm** **Article No. NNAT219** Azurion 7 C20 FlexArm Innovative solution that provides virtually unlimited imaging and staff positioning flexibility to perform a wide range of open and minimally invasive procedures in a single room. Key benefits • Improved visualization of anatomies in 2D and 3D • Improved staff positioning freedom • Improved workflow for radial access cases on fully extended arms without moving the patient • Patient movement can be reduced or even eliminated • Advanced infection management and clean floor design • Increased lab utilization with procedure-based workflows • Multi-purpose design supports multiple specialties now and in the future • Efficient use of lab/OR space • More independent control for physician from table side • Intuitive user interaction for an easy to use, easy to learn system Designed to optimize workflows for multiple specialties With our Live Image Guidance we aim to remove barriers to safer, effective and reproducible treatments, delivering clinical value where it's needed most - at the point of patient treatment. Intelligent and intuitive integration of live imaging, patient information, and procedure-based applications optimize real time therapy guidance. The Philips Azurion 7C20 system with FlexArm is an innovative solution that frees up new ways to grow and improve your interventional and surgical care. This ceiling-mounted system provides virtually unlimited imaging flexibility for diverse procedures and exceptional positioning freedom for medical teams. With the full flexibility and compact set-up of the FlexArm stand you are provided with a highly cost-effective and future proof investment. Empowered by SmartMove technology, the FlexArm stand moves on no less than 8 separate axes to deliver excellent imaging results, without the need to move the patient table. Teams can choose the best position to perform complex interventions and freely access the patient. Less movement can also	1

enhance the patient experience. All imaging and parking movements can be easily controlled at tableside with the intuitive controller. Whether you angulate or rotate, the SmartMove technology maintains accurate image alignment on the patient to support consistent image quality.

With Philips Azurion 7C20 with FlexArm, you gain the positioning freedom and workflow efficiency to create a multi-purpose treatment environment where you can seamlessly perform open, minimally invasive and hybrid procedures, ranging from EVAR stenting or TAVI to open surgery. This exceptional versatility helps your Azurion 7C20 room deliver long-term economic value. Perform smooth radial access cases on fully extended arms without table pivots. Easily do 2D or 3D imaging from head to toe on either side of the table. Confidently carry out new and complex procedures as your clinical demands evolve.

The system uses a range of Procedure Cards to help optimize and standardize system set-up for your cases, from routine to mixed procedures. It has been specifically designed to save time by enabling the interventional team to work on all activities in the exam room - and at one or more work spots in the control room at the same time - without interrupting each other. This leads to higher throughput and faster exam turnover and contributes to quality of care.

To improve dose management, Philips Zero dose positioning enables you to move the stand and table to the region of interest shown on the last clinical image hold before a new acquisition is started, without any radiation.

By working around you, Philips Azurion with Mozart helps you optimize your suite performance and deliver superior care.

Azurion 7 C20 FlexArm clinical use

The Philips Azurion series (within the constraints of the operating room table used) is intended to be used to perform:

- Image guidance in diagnostic, interventional and minimally invasive surgical procedures for the following clinical application areas: vascular, non-vascular, cardiovascular and neuro procedures.
- Cardiac imaging applications, including diagnostics, interventional and minimally invasive surgical procedures.
- 3D image acquisitions at the head, nurse and physician positions of the table (0, +90 and -90 degrees).
- Image guided navigation at seven positions (0, +/- 45 degrees, +/- 90 degrees, +/- 135 degrees), allowing staff to take the most optimal work positions during procedures.
- Imaging for all procedures while keeping the head-end of the table available for anesthesia. If no imaging is needed, the system can be parked away from the table to create a normal operating area for open surgery and allow medical teams to make full use of the lab.

The Azurion 7 C20 with FlexArm comprises five functional building blocks:

- Geometry
- X-ray generation
- Image detection
- User interface

- Viewing

Each functional building block is explained in further detail including accessories.

Geometry

A. Azurion 7 C20 with FlexArm

The ceiling mounted Philips Azurion stand provides an extremely strong and stable support for the FlexArm, a flexible arm that rotates on 8 axes, and supports the C-arm. The FlexArm geometry consists of a ceiling mounted carriage, a flexible geometry arm, and a C-arm with a rotatable image beam. This provides the following advantages:

- The ceiling carriage and flexible arm allow the system to be steered over the patient using a joystick.
- The system can be parked in a standby position away from the table, giving physicians all the space they need around the patient. It can be easily moved into working position whenever needed.
- The ceiling carriage and flexible arm allow the system to be moved around the patient and be brought in from any position without disturbing staff or equipment
- When a minimally invasive procedure has to convert to open surgery, the system can be easily moved out of the way.
- The compact form of Philips Azurion with FlexArm takes up a limited amount of space around the table to limit its impact on the workflow of the physicians and staff in the room.

The FlexArm option is available for two different ceiling heights: 270 cm and 290 cm. The X-ray tube and the flat detector are integrated into the C-arm and the Image Beam Rotation feature continually aligns and rotates the image beam so it remains centered over the patient as the C-arm is moved. This provides a compact assembly completely free from the floor that offers maximal positioning flexibility and unrestricted access to the patient. The stability of the stand provides excellent reproducibility of projections, required, for example in subtracted imaging procedures and advanced 3D imaging. The flexible arm can be rotated and moved longitudinally and laterally, allowing three-sided patient access and total body coverage from both sides of the table.

- C-arm rotation around the patient table: from +135 to -135 degrees
- FlexArm coverage: Y stroke: 285, 460 or 635 cm depending on the chosen rail length. X-stroke: 236 cm

3D acquisitions can be made at the head of the table at 0 degrees (propeller rotation) and at the nurse/physician positions at +/- 90 degrees (roll rotation). The FlexArm roll rotation speed has been increased to provide 5.2 second rotational scans, which reduces artifacts from patient movements.

FlexArm ceiling rails are not part of the core block and should be ordered separately. They can be delivered separately and earlier as required.

B. Patient Support

The patient support provides very light manual float movement, even for heavy patients, thanks to the mono-bearing technology. The long flat carbon fiber tabletop provides ample space to place e.g. catheters and endovascular tools. On customer request, the standard table top can be replaced by a table top for neuro procedures. This table top has a smaller width at the head end for better imaging results in neuro procedures.

- Table top length of 319 cm including OR rails (316 cm excluding OR rails), width of 50 cm (neuro table top is 45cm at head end)
- Metal-free cantilever 125 cm
- Floating table-top movement of 120 cm longitudinal and +/- 18 cm transversal
- Motorized height adjustment range is 74 -102 cm for a table without swivel nor cradle/tilt.
- Maximum cantilever of 223 cm -, for full patient coverage
- Table tilt +17 /-17 degrees (optional)
- Table cradle +15 / -15 degrees (optional)
- Pivot range 270 degrees (-90 to +180 or +90 to -180 degrees), table can be locked at any position and has stops at 0, +/-13, +/- 90 and +/- 180 (optional)
- Table swivel, 78.2 cm longitudinal displacement, motorized (optional).
- Maximum load: 275 kg (up to 250 kg patient weight plus 25kg accessories or 225kg patient weight plus 50kg accessories) plus 500 N for CPR in any longitudinal position of the table top.

The Philips Azurion system can be fitted with a comprehensive set of accessories to help you perform your procedures as conveniently as possible. Included are:

- Cerebral filter
- Drip stand
- Rail accessory clamp
- Set of cable holders
- Patient straps
- Arm Support Board
- Set of Elbow Supports
- Head Support
- Lower Body Protection
- Black anti-fatigue floor mat w/logo
- Mattress

The mattress is a slow recovery foam mattress with a density of 58 kg/m3. The mattress has a thickness of 7 cm and adapts to the body shape of the patient. It makes the pressure being divided equally and it recovers when the patient is taken off the mattress. The light yellow cover is easy to clean. Patients are more relaxed due to the comfort of this mattress.

Prep Table for Volcano

Prep Table for Volcano prepares the table with the cabling needed for an integrated version of the Volcano IntraSight system. This preparation will facilitate the installation of the integrated system and

reduce the cable clutter around the table. The user interface can be placed on the table OP rails, while the Volcano IntraSight unit is typically placed in the control room. The Volcano IntraSight Bedside Utility Box (BUB) that is used to connect the IVUS and FFR PIM cables can be stored on the Auxiliary OP-Rail mounted at the foot of the table base.

The Prep Table for Volcano option cannot be purchased in combination with Swivel AND Prep Table for Table Mount Injector.

Content:

- OP rail at table foot
- Cables

X-ray Generation

A. Generator

The 7 C20 with FlexArm system comprises an integrated, micro-processor controlled Certeray generator based on high frequency converter technique. The user interface control of this X-ray Generator is incorporated in the touch screen module, review module, and the on-screen displays. The Certeray generator comprises:

- X-ray generator 100 kW
- Voltage range is 40 - 125 kV
- Maximum current 1000 mA at 100 kV
- Maximum continuous power for fluoroscopy: 1.5 kW
- Program selection:
- Pulsed X-ray up to 3.75, 7.5, 15, 30 (optional), 60 (optional) frames/s for digital dynamic exposures
- Pulsed X-ray for pulsed fluoroscopy (30 | 15 | 7.5 | 3.75 | 1.875 | 1.0 | 0.5 img/s (non-Clarity settings))
- Minimum exposure time of 1 ms
- ECG triggered acquisition: allows acquiring one exposure for each QRS peak with selectable delay time (optional)
- Automatic kV and mA control for excellent image quality prior to run to save dose
- X-ray tube load incorporated in the Certeray generator
- Pulsed X-ray for (subtracted) acquisition up to 12 frames/s for vascular applications

B. X-ray tube

The 7 C20 with FlexArm system has the Maximus ROTALIX Ceramic grid switch tube assembly MRC200+ GS 0407 integrated.

The MRC 200+ GS 04 07 tube assembly and cooling unit CU 3101 for cardiovascular systems comprises:

- 0.4/0.7 mm nominal focal spot values maximal 30 and 65 kW short time load

- Grid switching at pulsed fluoroscopy and low load exposure (to eliminate soft radiation and improve image quality)
- Continuous loadability: 3400 W (at 21 degrees C room temperature) / 4000 W (= Max assembly continuous heat dissipation)
- Application of SpectraBeam dose management
- Tube housing is oil cooled with thermal safety switch
- Maximum anode cooling rate of 1820 kHU/min
- Anode heat storage capacity of 6.4 [MHUeff]

C. System intrinsic

- Fully digital imaging chain in maximizing the utilization and technology of the x-ray generator, x-ray tube, flat detector and image processing.
- Customizable EPX protocols to each application according to user preferences for different composition of dose rate, pulse speed, filter setting, and image processing (noise reduction, adaptive contour enhancement, and adaptive harmonization).
- Built-in SpectraBeam filtering of low energy radiation to improve image quality and dose efficiency with MRC200+ X-ray tubes.
- Pre-filters of 0.2, 0.5 and 1.0 mm CU equivalent.
- Automatic cardiac wedge positioning.
- X-ray depth collimator with single semi-transparent wedge filter with manual and automatic positioning.
- Xper Beam Shaping, which means that both shutters and wedges can be positioned on the Last image Hold without the need for X-ray radiation.
- Xper Fluoro Storage, a grab function allows storage and archiving of both a fluoro image or the last 20 seconds of fluoroscopy run. These images or runs can be archived and reviewed as a regular run.

D. User selections

- Removable anti-scatter grid to lower x-ray dose for pediatrics (grid ratio 12:1).
- ECG triggered acquisition, offering the possibility to acquire images at the same phase of the heart cycle. This applies to the low dose fluoro and exposure program for EP applications. This allows patient dose reduction by lowering the pulse rate to 1 pulse per heart and let the physician still focus on relevant items (optional).
- Three programmable fluoroscopy modes can be selected from the control module. Each mode has a different composition of dose rate, pulse speed, filter setting, and image processing (noise reduction, adaptive contour enhancement, and adaptive harmonization).

The acquisition segment coordinates the parameters for automatic exposure control, ensuring excellent X-ray tube loading for top image quality. Different programs can be selected via the touch screen module and/or via the review module. Several exposure techniques are provided for different types of examination:

- Serial imaging for DA and DSA with automatic exposure setting.

- Single shot mode, acquisition frame rates: 0.5 to 12 images/s at 2048 x 2048, 14 bit matrix.

Roadmap Pro can be selected from the control module.

In the first Roadmap phase a vessel map is created by live fluoroscopy or by selecting an exposure image (SmartMask) with a vessel map which, in the second Roadmap phase, is superimposed with subtracted live fluoroscopy.

Roadmap Pro features Smart Settings in special clinical modes that are optimized to visualize special materials such as coils and glue.

- Acquisition runs can be done without losing the vessel map of Roadmap Pro.
- Live processing of the vessel map, the device map and the landmark map can be done on the touch screen module.
- Field of View (FoV) can be altered during the second phase.
- Xres for vascular procedures is standard part of Roadmap Pro.

E. User dose awareness

DoseWise program: Philips DoseWise program is a set of techniques, programs and practices built into the X-ray system that enables excellent image quality during each interventional application, while at the same time reducing x-ray dose at every opportunity. The DoseWise comprises of three building blocks to help manage x-ray dose without compromising diagnostic quality: system intrinsic, user selection and awareness.

On-system monitor display provides and displays body zone specific Air Kerma data (10 zones for cardiac applications) in numeric and graphical bars.

- Graph displays the accumulated Air Kerma dose for the particular body zone of the actual projection
- When the accumulated Air Kerma dose of the particular body zone reaches the critical skin dose level of 2 Gy, it will be indicated on the display and made visible to the x-ray operator.

Radiation Dose Structured Report

Collection of dose relevant parameters and settings and export to a DICOM database (e.g. PACS) (dose information is sent in MPPS message not as Radiation Dose Structure report), according IEC60601-2-43, 2nd Edition. The reported data can be used for, for example:

- Quality improvement: evaluating trends in X-ray dose performance per facility, system and operator. RDSR enables analysis of average dose levels & variance for routinely performed exams and procedures. Also, typical system usage can be extracted from the data, helping to identify root causes behind deviations and measures to improve.
- Analysis of individual patient cases: using dose levels and system usage per procedure

- Alerting for high dose cases, timely identifying patients at risk or deterministic effects, for proper follow-up.

Secondary Capture Dose Report

The Secondary Capture Dose Report function allows the user to save & transfer, manually or automatically, a patient Dose Report to PACS in DICOM secondary capture format.

The dose report will be stored in the related patient image folder.

Image Detection

The system has a 20 inch flat panel image detector. This detector can be rotated over 90 degrees from portrait to landscape and vice versa.

The image chain with the 20 inch flat panel image detector comprises the following:

- A 30 cm by 40 cm (20 in.) diagonal 8 mode Dynamic Flat Detector subsystem for fluoroscopy and cine-fluorography.
- 8 modes 30*38/30*30/26*26/22*22/19*19/16*16/13.5*13.5/11*11 cm, Dynamic Flat Detector
- 48, 42, 37, 31, 27, 22, 19, 15 cm (19, 17, 14.4, 13, 10.5, 8, 7, 6 inch) diagonal formats
- The outer detector physical housing is 36 x 47.2 cm
- The digital output of the Flat detector is 1904*2586 pixels at 16 bit depth.
- The pixel pitch is 154 micron by 154 micron
- The DQE (0) is >77% providing high conversion of X-ray into a digital image, while maintaining a high MTF.

Philips Azurion offers a storage capacity of (optionally extendable) of 50,000 images at matrix size of 1024 x 1024, in 8 or 10 bit depth. With a matrix size of 2048 x 2048 this is 12,500 images. Maximum number of examinations is 999, with no limit to the maximum number of images per examination.

Xres is a multi-resolution spatial temporal noise reduction and edge enhancement filter for interventional applications. Xres exploits the full benefits of dynamic digital flat detector imaging to enhance sharpness and contrast and has been designed to reduce noise in fluoroscopy and exposure runs. The settings for Xres Cardio can be customized to improve image quality.

Xres is a Philips unique image processing algorithm developed at Philips Research for medical applications. Xres is used with Philips MR and US scanners next to Philips Azurion systems.

User Interface

User Interface in Examination Room

The User Interface comprises a variety of User Interface modules in the Examination Room. There is the On-Screen Display, the touch screen module, Viewpad and the control modules.

The On-Screen Display is positioned on the left side of the live/ref monitor. The following system information is displayed:

- X-ray indicator
- X-ray tube temperature condition
- Gantry position in rotation and angulation
- Source Image Distance
- Table height
- Table top tilt and cradle angle, if applicable
- Detector field size display
- General System messages
- Selected Frame speed
- Fluoroscopy mode
- Integrated fluoroscopy time
- Skin Dose: dose rate during X-ray, cumulated dose when no X-ray
- Dose Area Product: dose rate during X-ray, cumulated dose when no X-ray
- Graphical bars for Body Zone specific dose-rate and accumulated skin dose levels, related to the 2 Gy level (for cardiac applications)
- Stopwatch

Touch screen module

The touch screen module is provided for use at either the tableside or in the control room. The touch screen module has a touch screen, which can be operated when covered with sterile covers. The touch screen module includes multi-modality function that allows control of (depending on configuration):

- Compatible other equipment (e.g. IntraSight, CX50, Interventional Tools, EchoNav, DoseAware, Philips Hemo system)
- Monitor layout (Flexvision, switchable viewing)
- X-Ray settings (Collimation, Projections, Table, Series and Processing)
- Quantitative Analysis (optional) User can only start QA from the touch screen module. No controls

Viewpad

The Viewpad contains the preprogrammed function settings. The system is provided with two Viewpads. The following functions are provided:

- Run and image selection
- File and run cycle
- File overview
- Store to Reference image file
- Copy image to photo file
- Digital (fixed) zoom and panning
- Recall reference images, which means switching control of Viewpad function from live to reference monitor

- Laser pointer, intended to point at regions of interest on the image monitors
- LED indication of laser pointer on/off and battery low
- Subtraction on/off
- Remasking
- Landmarking

Control module

The control module can be positioned at three sides of the patient table, while keeping the button operation intuitively logical. The control module single-plane provides the following functionality:

- Tabletop float
- Table height position
- Table tilt angle if function is applicable
- Source Image Distance selection
- Gantry positioning
- Gantry rotation in an axis perpendicular to the floor
- Store and recall of two scratch gantry positions including SID
- Geometry reset button, which resets stand and table to a factory-default starting position
- Emergency stop button
- Execute button of the Automatic Positioning Control (APC) if applicable
- Unlocking button for table pivot function (if option is installed)
- Table tilt and cradle controls (if option is installed)
- Fluoroscopy Flavor selection defined per setting
- Shutters and Wedge positioning
- Manual or automatic semi-transparent wedge filter
- Xper Fluoro Storage
- Selection of the Detector field size
- Reset of the fluoroscopy buzzer
- Roadmap Pro activation if function is available
- The control module is provided with a protection bar. This removable bar protects the buttons from unintended control.
- Access flat detector rotation

User Interface in Control Room

The control room comprises a review module, data color monitor and review monitor. The data and review functions are controlled by a single keyboard and mouse. The review module offers the basic functions for review. The most prominent functions can be controlled by the push of a button. The review module comprises the following functionality:

- Power on/off
- File and run cycle
- File, Run, and Image stepping
- Run and file overview
- Reset fluoroscopy timer
- Enable/disable X-ray

- Geo disable

Acquisition monitor. A standard keyboard and mouse control the user interface. The acquisition monitor is intended to follow live case in the ER. System information is displayed on the bottom of the monitor:

- Stopwatch and Time
- System guidance information
- Dose Area Product (DAP) and Skin Dose, as dose rate during X-ray and cumulative dose at no X-ray
- Frame speed settings, fluoroscopy mode, and accumulated Fluoroscopy time
- Exposure and fluoroscopy settings as Voltage (kV), Current (mA) and time (ms)
- Geometry information as rotation, angulation, and SID

The acquisition monitor is designed for standard workflow based on scheduling, preparation, acquisition, review, report, and archive.

Scheduling

In the scheduling page it is possible to add new patients (either querying from RIS/CIS or by creating patient locally). The patients can be listed and selected per date, physician, and intervention type. Previous DICOM patient studies can be uploaded with the DICOM Query Retrieve function in the Philips Azurion system. Patient management protocols are flexible and allow for multiple studies to be selected under one patient identification number. This means that new studies can be appended to an earlier patient file. Furthermore, each study can contain multiple examinations to allow for split administrative purposes. Each examination contains multiple files, like acquisition file, reference file, and QA results file.

Procedure Cards

Procedure Cards provide the information of room and patient preparation for each individual physician. Procedure Cards are customizable per setting and allow each physician to provide their own room protocols. Procedure Cards is intended to make hard copies of the protocol instructions redundant.

Acquisition

The acquisition page contains information on the currently selected patient.

Reviewing

The review page allows for reviewing of patients:

- Previous examination cases
- Review of other DICOM XA or DICOM SC studies.

Archiving

Clinical studies can be archived to a CD/DVD, USB or a PACS. The archive process can be completely automated and customized with settings. Parameters like multiple destinations, archive formats can be selected to the individual needs and wishes for programming under the settings.

With Philips Azurion the control room comprises of an acquisition monitor and a review monitor. The review monitor is a 24 inch color TFT-LCD medical grade monitor.

The Graphical User Interface on the Review monitor has the following features and possibilities:

- Step through file, run, or images
- File, and run overview
- Contrast, brightness, and edge enhancement settings
- Flagging of runs or images for transfer
- Applying text annotation in images
- DICOM printing if available
- Executing Quantitative Analysis Packages if available
- Subtraction functionality

This system is delivered with printed instructions for use and/or electronic instructions for use, as well as a quick start leaflet. A printed paper instructions for use can also be ordered at no additional cost.

Viewing

A. Viewing in Examination room

Philips Azurion systems come with one 27 inch high brightness color medical grade LCD monitor for clinical image display in the Examination room. This LCD monitor is intended for viewing in the examination room and is designed for medical applications. The monitor is used for combined viewing of live images and reference display. Selection and storing of live to reference monitor is controlled by the infra-red remote-control viewpad or via touch screen module.

The On-Screen Display provides status information on stand rotation-angulation, table height, display of system messages, X-ray tube load status, selected fluoroscopy mode, selected detector Field of View, and both the rate and accumulation of the dose area product and Air Kerma dose.
The main characteristics are:

- 27 inch high brightness color TFT-LCD display
- Native format 1920x1080 Full HD
- 10 bit gray-scale resolution with gray-scale correction
- Wide viewing angle (approx. 178 degrees)
- High brightness (max 650 Cd/m2, default 400 Cd/m2)
- Long term luminance stability through backlight stabilization circuit
- Automatic brightness control with backlight sensor
- Control functions on side
- User programmable and standard reference setting
- On-Screen Display
- Internal selectable lookup table for gray-scale transfer function, including DICOM

- Internal power supply (100-240 VAC)
- Integrated LCD protection screen

Unless otherwise stated, with FlexArm an integration kit HD is supplied for a Monitor Ceiling Suspension (MCS) containing crucial parts for operating the equipment.

B. Viewing in Control room

Philips Azurion includes two 24 inch high brightness color LCD monitors. The color monitors are for acquisition and reviewing display.

The main characteristics for color monitor are:

- 24 inch color TFT-LCD display
- Native format 1920x1080 Full HD
- High brightness (max 400 Cd/m2, default 350 Cd/m2)
- Wide viewing angle (approx. 178 degrees)
- Long term luminance stability through backlight stabilization circuit
- Automatic brightness control with backlight sensor
- Control functions on side
- User programmable and standard reference setting
- On-Screen Display
- Internal selectable lookup table for gray-scale transfer function, including DICOM
- Internal power supply (100-240 VAC)
- Integrated USB hub

A Philips Azurion system includes the DICOM Image Interface which enables the export of clinical images to a DICOM destination like a CD-Medical station or a PACS server. The export formats are based on DICOM 3.0 protocols. The system exports clinical studies in Cardiac DICOM XA Multi-Frame or DICOM Secondary Capture formats.

The DICOM Image Interface transfers through its fast Ethernet link, making images available on-line within seconds. The archive process can be configured by X-ray settings. The images are sent out either in the background, or manually upon completion of the examination. The export format is configurable in 512x512 or 1024x1024 matrix in 8 or 12 bit depth. The examination can be sent to multiple destinations for archiving and reviewing purposes. The DICOM Image Interface provides DICOM Storage and DICOM Storage Commitment Services. The DICOM Query/Retrieve function allows older DICOM XA MF and DICOM SC studies to be uploaded in the system. Furthermore, additional information can be appended to a study while keeping the patient identification the same.

Security

The Philips Azurion system runs on the Windows 10 Operating system and offers features such as OS Hardening, AppLocker, & BitLocker functionality

Remote service

Access to the system from a Remote location is possible via network or modem connection. Remote access to a system can shorten the time needed for e.g. changing system settings or problem diagnosis.

Environmental

At Philips Healthcare, we feel the responsibility towards society and the environment. The latest 7 C20 with FlexArm system is a perfect example of our EcoVision program. By examining every aspect of the 7 C20 with FlexArm design and development through a green eye, we reduced the products environmental impact.

Full System APC
Store and recall stand-related positions
Helps to save time and manage X-ray dose with automatic positioning
Positioning the X-ray system to visualize relevant anatomy from different perspectives can involve a great deal of time and many scout images during interventional procedures. To help save time and manage X-ray dose while working, the Automatic Position Controller (APC) provides an easy way for interventional team members to store and recall stand & table related positions. Operators can select a sequence from a pre-defined list or from positions stored during a procedure or use an image to define the position to be recalled.

Specifications

Different modes of Automatic Positioning Control for system are defined:

- Sequence: for recalling a list of user customizable positions of the stand
- Store / Recall: for storing and recalling stand positions during system use.
- Image Reference: an image is used to determine the stand & table position that has to be recalled
- Image Reference 3D: an image from a 3D work spot is used to recall.
- The operator can define a new point of the table (longitudinal, lateral and height) as the new iso-center and recall this table position.

Quantitative Vascular Analysis

Key benefits

- Allows quantitative assessment of different size vessels such as aortic and peripheral
- Aids confident decision making for device selection, approach angles and follow-up
- Designed for efficiency with single click functions and fast results

Easily obtain objective assessment of aortic and peripheral vasculature

To support decision-making and allow quantitative assessment of vasculature during vascular interventions, the 2D quantitative vascular analysis option supports quantification such as aortic and peripheral artery dimensions of about 5 to 50 mm from 2D angiographic images. With one click, the relevant segment is detected and a visualization of the obstruction, healthy vessel, reference diameter, stenosis diameter and plaque area is created.

Specifications:

- Automated vessel segmentation
- Diameter measurement along selected segment
- Automated obstruction analysis
- Stenosis diameter, stenosis length
- % stenosis diameter, % stenosis area
- Automated and manual calibration routines
- Store result page

Analysis of the targeted vessel segment has been simplified with the single click function. Position the mouse on or close to the stenotic area and click once to detect the relevant segment. The visualization shows the obstruction, healthy vessel, reference diameter, stenosis diameter and plaque area.

RIS/CIS Interface

This package allows communication of the X-ray system with a local information system (CIS or RIS).

Key benefits

- Reduce errors in patient information
- Facilitate X-ray dose management

Reduce data errors and facilitate X-ray dose management

Connecting the X-ray system with your local information system (CIS or RIS) helps streamline exam workflow and promote radiation management. The RIS/CIS DICOM interface package allows your X-ray system to communicate with a local CIS or RIS information system. The interface uses the DICOM Worklist Management (DICOM WLM) and Modality Performed Procedure Step (DICOM MPPS) standards.

If a hospital has an X-ray system and an information system it can receive patient and examination request information from the information system and report examination results to:

- Eliminate the need for retyping patient information on the X-ray system
- Prevent errors in typing patient names and registration numbers (ensuring consistency with IS information to prevent problems in archive clusters or to search for a name in case of later retrieval)
- Inform the information system about the acquired images and radiation dose for each examination

Specifications

Upon request from the X-ray system the complete worklist with all relevant patient and examination data is returned from the IS to the X-ray system. For each patient the following information will be shown on the -ray system after it has been retrieved from the IS:

- Patient Identification: Patient name, Patient ID, Birth date, Sex
- Examination/Request Information: Accession number, Scheduled procedure step start time, scheduled performing physician's name

It is possible at all times to enter patient demographics information manually within the X-ray system in case of an emergency or in case the local Information System connection is down.

On request of the clinical user the X-ray system will report the following information about the selected patient to the IS:

- Patient Identification: Patient name, Patient ID, Birth date, Sex
- Examination/Request Information: Accession number, Performed procedure step status start/end date and time, Performing physician's name, Referenced image sequence
- Radiation dose: Total time of fluoroscopy, Accumulated fluoroscopy dose, Accumulated exposure dose, Total dose, Total number of exposures, Total number of frames

Further detailed information can be found in the X-ray system DICOM Conformance Statement.
The interface requires an EasyLink (hardware and software) if the RIS/CIS is not compliant with DICOM WLM and DICOM MPPS.

Contrast Injector Interface

Simplify contrast injection timing and enhance imaging results

The Contrast Injector Interface allows the injection of contrast to be coupled to the start of X-ray acquisition. This simplifies contrast injection timing during interventions.
Specifications

The Contrast Injector Interface allows injection of contrast coupled to the start of X-ray acquisition, controlled by the X-ray ON button. The timing of the X-ray start related to the contrast injection is programmable.

Pan Handle
An optional extension of the control possibilities for floating movements of the table top in cardio vascular and neuro systems.

Key benefits

- Flexible positioning during cardio and neuro procedures
- Flexible positioning during cardio and neuro procedures

To allow more flexible positioning during cardio and neuro procedures, the pan handle option can be used to perform floating table movements. The pan handle provides a solid grip of the tabletop and can release and apply the tabletop brakes. It can be attached anywhere along the tabletop and accessory rails without affecting the floating range.

Specifications

- Pan handle with cable and connector
- Table-top attachment clamp
- Accessory-rail attachment clamp

Marker tool

Marker tool allows you to easily mark areas of interest on a 2D image. Clear and precise markings on the image as the marking scales with the image when it's zoomed or panned
Key benefits

- Allows you to mark areas of interest to on a image during your procedure (e.g. to indicate where to put stent/grafts)

Enhance functionality on the touch screen module
This option extends the functionality of the touch screen module, allowing markings on images.
Affordable alternative vs expensive 3rd party applications

Specifications

- Enhance functionality on the TSM
- Provides intuitive zooming and panning functionality (also during fluoroscopy)
- Turns the touchscreen into the marking device in order to improve communication during the procedure

Hemo on TSM
Control Xper Flex Cardio from table side
Key benefits

- Helps to perform a complete hemodynamic study from tableside.
- Optimizes workflow in the interventional lab by seamlessly integrating Xper Flex Cardio with the X-ray system.

The touch screen module interface acts as a remote control to the Xper Flex Cardio system. The "Hemo" menu on the touch screen module contains a subset of the Xper Flex Cardio features. Changes selected on the touch screen module will be displayed on the Xper Flex Cardio system.

Specifications
Now you can perform common FlexCardio features at table side:

- SNAP (Auto record)
- Obtain/Capture and store hemodynamic waveforms and ECG's

- Cardiac Output measurements
- Monitor scale and sweep speed
- FFR measurements
- NIBP measurement

1.2 **Ceiling Rails FlexArm 6000 mm** 1
Article No. NNAT130

Ceiling Rails FlexArm 6000 mm

Extend Flexarm rail to 6000 mm

CEILING RAILS FLEXARM 6000

CEILING RAIL FLEXARM INTERFACE SET 6000

1.3 **Compact Full Load UPS** 1
Article No. 989801278456

Compact Full Load UPS
Socomec IGT Compact Full UPS 75kva:
Enough battery for full functionality for 2-5 minutes. (Assumes batteries are in good condition) (gets you well beyond the ten seconds needed for the hospital emergency generator to come online and feed the UPS).
(1 cabinet plus remote display panel).
Full imaging system conditioning power protection allowing full Imaging System functionality during two minutes of power outage.

- Small footprint and weight
- True online double-conversion technology
- Power factor corrected input
- IGBT inverter: PWM-design
- Dry contact status and alarm indications
- Exchangeable batteries and power modules
- Internal maintenance bypass

UPS has a compatibility statement with Philips Imaging Systems.

1.4 **Clinical Education Program for Vessel Navigation** 1
Article No. NNAE503

Philips Imaging Systems Clinical Education Specialist will provide sixteen (16) hours of education for up to four (4) students, as selected by customer, including technologists from weekend/night shifts as necessary. CEU credits are not available for this portion of training. Please refer to guidelines for more information. Note: Site must be patient ready. Philips personnel are not responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation.

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Education expires one (1) year from equipment installation date (or purchase date if sold separately).
Ref#296273-20150805
This training requires teh purchase of Vessel Navigator.

1.5 **Vascular/Neuro/Onco Ent** 1
Article No. NNAT069

IGT SmartCT Angio: Philips Applications Specialists will provide sixteen (16) hours of education for up to four (4) students, selected by customer, including technologists from night/weekend shifts if necessary. CEU credits may be available for each participant that meets the guidelines provided by Philips. Please refer to guidelines for more information. Note: Site must be patient-ready. Philips personnel are not responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation.

Education expires one (1) year from equipment installation date (or purchase date if sold separately).
Ref#296511_29062020

1.6 **Azurion FlexArm/Flexmove Educ Pkg** 1
Article No. NNAE676

Azurion FlexArm/Flexmove Educ Pkg

Clinical Education Program for Azurion FlexArm C-Arm System:
The purchase of the Azurion System includes a StartRight entitlement pool that allows for the customized delivery of educational events to improve staff time to proficiency, knowledge on system features, and improve overall lab efficiency. For new users, the recommended series of educational events includes:

Essentials Offsite Education: Philips will provide two (2) Cardiovascular Technologists Registered Technologists, Registered Nurse, or other system operators as selected by customer, with in-depth didactic, tutorial, and hands-on training covering basic functionality and work-flow of the cardiovascular imaging system. In order to provide trainees with the ability to apply all fundamental functioning on their system, and to achieve maximum effectiveness, this class should be attended no earlier than two weeks prior to system installation. This twenty-eight (28) hour class is located in Cleveland, Ohio, and is scheduled based on your equipment configuration and availability. Due to program updates, the number of class hours is subject to change without notice. Customer will be notified of current, total class hours at the time of registration. This class is a prerequisite to your equipment handover OnSite Education. CEU credits may be available for each participant that meets the guidelines provided by Philips. Please refer to guidelines for more information. **In the event that an EP Navigator workstation has also been ordered, the offsite training course will be tailored to focus on the electrophysiology functionality of the Azurion system and the EPN workstation. Travel and lodging are not included, but may be purchased through Philips. It is highly recommended that 989801292102 (CV Full Travel Pkg OffSite) is purchased with all OffSite courses.** Clinical Services cancellation policies apply and will be provided during scheduling process.

Introductory e-Learning: Introductory electronic learnings are provided on the Philips Learning Center educational portal. These courses introduce the Philips IGT systems. Course topics include system startup and shutdown, system functionalities, helpful quick-steps and more. The modules will provide the technologist familiarity with the workflow and software prior to onsite training. It is recommended

that this online self-paced learning be completed prior to the onsite applications training. The eLearning modules can be accessed by technologists as needed for reference and refresher. Clinical Services cancellation policies apply and will be provided during scheduling process.

Pre-Training Onsite Education: Philips Education Specialists will provide one consectutive session of twenty -four (24) hours of pre-training applications for up to (8) students selected by customer, including technologists from night/weekend shifts if necessary. This training will be coordinated to provide instruction on the operation of the FlexArm C-Arm prior to the Go Live handover date of the entire Azurion Imaging System. **In the event that a Maquet OR table** with 24 hours of pre training has also been purchased this FlexArm 24 hour training will be used as a post-handover follow up session. No CEU credits will be available for this session. Please refer to guidelines for more information. **Note: The equipment must be entirely operational. Philips personnel are not responsible for actual patient contact or operation of the equipment during the education sessions except to demonstrate proper equipment operation.** Clinical Services cancellation policies apply and will be provided during scheduling process.

Initial Handover OnSite Education: The primary Philips Education Specialists will provide one consecutive session of twenty-four (24) hours of education for up to four (4) students, selected by customer, including technologists from night/weekend shifts if necessary. Students should attend all 24 hours, and must include the two OffSite education attendees. CEU credits may be available for each participant that meets the guidelines provided by Philips. Please refer to guidelines for more information. **Note: Site must be patient-ready. Philips personnel are not responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation. It is highly recommended for systems that are fully loaded or for customers with a large number of staff members to also purchase 989801292099 (IGT Addl OnSite Clin Educ 24h).** Clinical Services cancellation policies apply and will be provided during scheduling process.

FollowUp OnSite Education: Philips Education Specialists will provide one consecutive session of sixteen (16) hours of education for up to four (4) students, selected by customer, including technologists from night/weekend shifts if necessary. Students should attend all 16 hours, and must include the two OffSite education attendees. CEU credits may be available for each participant that meets the guidelines provided by Philips. Please refer to guidelines for more information. Note: Site must be patient-ready. Philips personnel are not responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation. Clinical Services cancellation policies apply and will be provided during scheduling process.

Education expires one (1) year from installation date (or purchase date if sold separately.

1.7 **ClarityIQ.** 1
Article No. NCVD069

Significantly lower dose- across clinical areas, patients and operators.

Key benefits
• High-quality imaging at low dose levels
• Enhanced work environment for staff through active management of scatter radiation
• Expands treatment options enables longer procedures to treat obese and high-risk patients with confidence

See with confidence every time

Interventions are becoming increasingly complex, which lengthens fluoroscopy time and increases the need for high resolution imaging. New devices can be more difficult to visualize, making it harder to position them precisely. The prevalence of patients with a high BMI can also require increased dose levels to visualize anatomy. All of these factors inspired us to completely redefine the balance in interventional X-ray with AlluraClarity.

AlluraClarity with its unique ClarityIQ technology gives you exceptional live image guidance during treatment. What's more, you can confidently manage low X-ray dose levels without changing your way of working. In short, you can see what you have to regardless of patient size.

Specifications
ClarityIQ technology is the foundation of Philips X-ray systems with AlluraClarity. It offers:
- Noise and artefact reduction, also on moving structures and objects
- Image enhancement and edge sharpening
- Automatic real-time patient and table motion correction on live images
- A flexible digital imaging pipeline from tube to display that is tailored for each application area
- Over 500 clinically fine-tuned system parameters making it possible to filter out more X-ray radiation and use smaller focal spot sizes and shorter pulses with the grid switching technology of Philips MRC tube and accompanying generator

Pulsed X-ray for pulsed fluoroscopy
25 | 12.5 | 6.25 | 3.125 | 2.5 | 1.25 | 0.625 img/s

1.8 **Hybrid kit for FlexArm** 1
Article No. NCVD226

The Hybrid OR Ceiling kit is a set of materials and adaptations to cope with the stricter cleaning and sterility requirements in modern Hybrid OR environments. It supports undisturbed laminar airflow.

Key benefits
• Supports sterility and easy cleanability of moving ceiling parts
• Height adjustable carriage top cover to improve air flow and eliminate air jet effects

The ceiling mounted FlexArm supports optimal utilization of your lab by allowing procedure-based workflow. To support the high sterility and cleanability standards in the Hybrid OR, the top of the moving parts of the ceiling rails has been specially designed to cope with the higher sterility and laminar airflow compatibility requirements in modern Hybrid ORs.

Specifications
The Hybrid OR ceiling kit for FlexArm includes a closed cable duct and a carriage cover.

Cable duct
• Closed duct to keep out dust
• Easy to clean stainless steel belt
• Seal strip affixed to duct maintains a tight seal
• High quality, specially designed rail guide materials, result in low friction and no/low noise

Carriage cover
• Carriage cover for top of ceiling rails prevents jet air effects to eliminate laminar airflow disturbances
• Closes off top of rail carriage

• Cover can also be added after installation of stand

1.9 **FlexVision XL HD, 3rd p MCS** 1
Article No. NCVD034

FlexVision XL is an integrated viewing solution designed to give you full control over your viewing environment which brings High Definition viewing.
This FlexVision XL is mounted on 3rd party Monitor Ceiling Suspension.

Key benefits
• Easily access multiple, up to 8, video inputs (including third party systems) video inputs to inform decision making during procedures
• Create custom display templates to support diverse procedures
• The screen layout of the FlexVision XL HD can also be changed from the control room
• Enlarge images to reveal more details and support comfortable working positions

Diagnostic information easily made available at table side
In today's interventional setting, as you perform more complex procedures with smaller devices in complex anatomy, you rely on various types of diagnostic information to guide you. To inform decision making in the exam room, Philips offers an advanced digital workspace called FlexVision HD. You can display multiple images in a variety of custom layouts on a large, high-definition LCD screen. Zoom in and out to enhance fine details, while maintaining an overview of all information. Create custom display templates for specific procedures/physician preferences to easily support diverse procedures.

Specifications
FlexVision XL HD offers:
• Native resolution of FD20 can be displayed.
• Sharp images at full size without zoom
• High Definition display at native resolution for ultimate detail
• Up to 2k*2k image display fully integrated
• Enhanced small vessel visualization

1. DVI video composition unit.
The DVI video composition unit allows the user to direct and switch the video output of all connected medical equipment to specific sub windows of the Philips 58-inch color LCD with LED backlight in the Examination Room.
• The DVI video composition unit is operated from the touch screen module.
• The DVI video composition unit supports a wide variety of display formats (up to 1920x1200)
• Up to 11 external inputs are connected to the DVI video composition unit via wall connection box or boxes.

2. Medical grade, high resolution color LCD in the Examination Room
This display supports the image quality requirements for monochrome X-ray images as well as color images and replaces all displays normally delivered with the system for the Examination Room.
Main characteristics are:
- 58-inch, 8 Megapixel color LCD
- Native resolution: 3840x2160
- Brightness: Max: 700 Cd/m2 (typical) stabilized: 400 Cd/m2
- Contrast ratio: 1:4000 (typical)
- Wide viewing angle (approx. 176 degrees)

- Constant brightness stabilization control
- Lookup tables for gray-scale, color and DICOM transfer function
- Full protective screen Ingress Protection: IP-21

3. Large color LCD control (touch screen module)
• Enlarge information at any stage during the case via the touch screen module in the Examination Room or Control Room.
• Select viewing lay-outs via the touch screen module in the Examination Room.
• Create new layouts by matching inputs to desired locations on preset templates.
• Adjust the screen layout during the procedure without going into configuration
• 20 layouts; each layout is customizable, size of viewports can be customized by end user X-ray status area visible with all X-ray details

4. Monitor ceiling suspension
Monitor ceiling suspension for use in the Examination Room carries the 58-inch color LCD, providing highly flexible viewing capabilities. The monitor ceiling suspension is height-adjustable and moveable along ceiling rails. It can be positioned on either side of the table.

5. Snapshot
The snapshot function allows the user to store/save a screen-capture of any image on the FlexVision HD as a photo image to the current acquisition patient study.

1.10 **addl FlexVision XLHD 3rd p MCS** 1
Article No. NCVD051

Additional FlexVision XL HD Philips 58 inch monitor, for 3rd party MCS. The content is a slave of the 1st FlexVision XL HD screen.

1.11 **coupling to video switching** 1
Article No. FCV0834

Key benefits
• Easily display any data or clinical information needed to work efficiently

Simplify workflow with flexible viewing control
Having patient data and clinical information easily available on screen can enhance decision making and efficiency during interventions. Coupling to Video switching enables coupling of maximum 4 color outputs (e.g. Interventional tools, Xcelera, XperIM and IntelliSpace Portal).

Specifications
Video splitter box to enable coupling of maximum 4 color outputs (e.g. Interventional tools, Xcelera, XperIM and IntelliSpace Portal) to the switching concept from our partner.
In combination with the MultiSwitch option, the Video splitter box is used to connect a maximum of 3 workstation with a total power dissipation of maximum 1380 W.
For the remaining workstations, up to 4 in total, a second video splitter box needs to be ordered.
In addition, 4 splitter units are delivered to enable coupling of up to 4 of the X-ray system Live and Ref signals to the partner video switching system.
The partner system provides fully galvanically isolated DVI extender cables to connect these signals.

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1.12 **optional ref monoplane** 1
Article No. NCVD061

Additional Ref2 and Ref3 viewport

Key benefits
• Easily display any data or clinical information needed to work efficiently

Simplify workflow with flexible viewing control
Having patient data and clinical information easily available on screen can enhance decision making and efficiency during interventions. Optional ref monoplane offers an additional video output of the X-ray system offering an additional Ref2 and Ref3 viewport on one LCD monitor.
Combined with the Dual Fluoro license this enables users to zoom live images during acquisition, while having the Dual Fluoro image visible on the Ref3 viewport.

1.13 **extension to FlexVision Pro** 1
Article No. NCVD064

Extension to Flexvision large 58 inch high resolution LCD for exam room, enabling flexible screen lay outs and full control (seamless mouse) of up to 11 external sources including third party systems.

Key benefits
- Full control at table side of all applications with seamless mouse control or via touch screen module
- Full flexibility of screen layouts (live resize, drag and drop, unlimited number)
- To simplify and standardize system set-up for your FlexVision Pro, your personalized layout will come up automatically with ProcedureCards.

Easy tableside control
With FlexVision Pro, user can control FlexVision and video sources on FlexVision through wireless mouse in Examination Room as well as virtual keyboard and touchpad on the touch screen module in the Examination Room. An operator can resize images and adjust the screen layout during the procedure without going into configuration.

Specifications
Full control at table side of all applications in the interventional lab (view and control) with a single wireless mouse or with a Touch Screen Module
• Integration: control of up to 11 external sources
• Possibility to configure unlimited flexible screen layouts
• Screenshots: with single click all displayed inputs can be captured
• Live resize the video window and adjust the screen layout during the procedure without going into configuration
• Operate all the video sources displayed on the monitor using the wireless mouse at tableside
• Mouse and keyboard function on the touch screen module (TSM) to control (external) sources

1.14 **Isolated Wall Connection Box** 10
Article No. FCV0588

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Introduction

Isolated Wall Connection box to support the display of an external video source on a monitor in the examination room

Key Benefits

- Easily stream video to other locations
- Stream video from other modalities on the interventional X-ray suite
- Connect external video in the exam room

Details

Specifications
The quantity of the VWCB's has to be calculated as follows:
- For each video signal via MultiVision: 1 VWCB (max = 4)
- For each video signal to FlexVision XL on Cardio System: 1 VWCB (max = 9)
- For each video signal to FlexVision XL on Vascular System: 1 VWCB (max = 8)
- For each 3rd party video signal directly connected to an LCD in the MCS: 1x VWCB

Note:
No VWCB is required in case a video signal is connected directly to a dedicated LCD from the following sources:

1) Live/ref Slaving
2) Interventional HW (XtraVision), IntelliSpace Portal, Philips Xcelera (only if workstations are powered by Philips X-ray system)
3)XperIM

Includes

Many interventional facilities use video to record and stream images from other modalities on the interventional X-ray suite for training or presentation purposes. The Video Wall Connection Box facilitates connection of the video source via a standard DVI cable/connector and lossless transfer of the video signal over the approximate 30 meter long cable. It can be mounted in the examination room or in the control room, depending on the location of the video source.

1.15 **Subtracted Bolus Chase** 1
Article No. NCVA694

Helps to visualize vessel structures when blood flow is difficult to estimate.

Key benefits
• Bolus Chase improves results in case of challenging step movements, a mismatch between blood flow and selected program, or lack of real-time image information.

During digital acquisition in non-subtracted mode with uninterrupted real-time image display, the contrast bolus is followed (chased) interactively by a motorized table scan movement using a hanbd-hold speed controller to adapt the speed of the table scan to the contrast flow. With biplane systems, this Bolus Chase is applied with the lateral channel.

Specifications
• Framespeed can be adapted.
• Bolusrun is followed with a maskrun, using the same speed curve and framespeed that was generated during the bolusrun.
• Viewing is possible in the subtracted and non-subtracted mode. If subtracted viewing is not required, the maskrun can be skipped.
• Subtracted Bolus Chase gives fast, accurate results high patient throughput and efficient patient management.
• Automated exposure control and precise speed control generate high quality images and excellent subtraction cases.

1.16 **FD Rotational Angio** 1
Article No. NCVA695

Realtime 3D impressions of complex vasculature

Key benefits
• Use 3D imaging to quickly determine the projection angle for treatment in complex vascular interventions, surgery and radiotherapy
• Supports assessment of vascular pathologies for diagnostic and therapeutic decisions.

Revealing hidden structures
The complexity of interventional procedures lies in the fact that every person's pathology is unique. Visualization in three dimensions is therefore vital to aid decision making by the clinician. Rotational angiography provides real-time 3D impressions of complex vasculature and the coronary artery tree. Rotational Angio can be used to quickly determine the projection angle for treatment.

Specifications
Rotational Angio acquires multiple projections with just one contrast injection via a fast rotational scan of the region of interest. A rotational scan is possible both with the X-ray systems in the side position (ceiling mounted systems) and in the head position, providing the flexibility to perform procedures virtually from head to toe.
C-arm in side position:
Max. rotation Speed: 30 degrees/s
Max. rotation Angle: 180 degrees
C-arm in head position:
Max. rotation Speed: 55 degrees/s
Max. rotation Angle: 240 degrees
Max. Frame speeds are given by the frame speed specifications of the system configuration.
The very high movement speed allows using less contrast, whereas the very wide rotation range provides a complete evaluation of the anatomy.
A contrast run can be followed up with a mask run, to allow image/run subtraction.
The stand is designed for a very high mechanical stability. It offers precise positioning and high reproducibility, assuring you of high quality images and excellent subtraction studies. Rotational Angio results are available on the X-ray system.
Operation of Rotational Angiography is straight forward: the procedure is selected, set up and executed virtually in a matter of seconds, supporting high patient throughput.
A set of dedicated acquisition programs is available on the touch screen module and can be selected at the touch of a button. The Rotational Angio is controlled from the exposure hand- or footswitch.

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1.17 **SmartMask Monoplane** 1
Article No. NCVD072

Key benefits
• Simplifies roadmap procedures by overlaying fluoroscopy with a selected acquired image.
• Enables roadmap procedures to manage radiation dose and contrast media by selecting an image from an acquired series as a mask image.

Supports navigation during interventions without the need of additional contrast media.
SmartMask simplifies roadmap procedures by overlaying fluoroscopy with a selected acquired image in the Live X-ray window.

Specifications
The reference image can be faded in/out with variable intensity, controlled from tableside.
SmartMask uses the reference image displayed on the reference monitor. Any previously acquired image can be used as reference. SmartMask facilitates pre- and post- intervention comparisons to assess treatment results.

1.18 **extension to 30Fr/sec (mono)** 1
Article No. NCVD076

Frame rate extension to 30 frames per second.

Designed to enhance visualization of complex and pediatric interventions
Frame rate extension to 30Fr/sec increases the system acquisition speed up to 30 frames per second for cardio studies requiring high speed imaging.

Specifications
The frame rate extension increases the acquisition speed to 15fps and 30fps with a 1024x1024 matrix.

1.19 **FD Dual Fluoro monoplane** 1
Article No. NCVD078

An additional fluoro channel in parallel to the standard fluoro channel

Key benefits
• View the subtracted fluoroscopy next to the default non subtracted fluoroscopy
• View a digitally zoomed fluoroscopy image next to the default fluoroscopy image

Second fluoro image to support complex interventions
For complex interventions, it can be useful to view the subtracted fluoroscopy image next to the normal fluoroscopy image. The Dual Fluoro option provides an additional fluoro channel in parallel to the default fluoro channel. The dual fluoro option allows to view live digitally zoomed fluoroscopy next to non-zoomed fluoroscopy.

Specifications
The Dual fluoroscopy mode is selected via the touch screen module.
The trace subtracted fluoro image will be displayed on the live viewport, the non-subtracted fluoro image is displayed on the reference 3 viewport.

In Dual Fluoro mode, the live fluoroscopy image can be zoomed digitally, providing a larger view of the region of interest for complex interventions. The zoomed live fluoroscopy image will be shown on the live viewport, while the entire non zoomed image will be shown on the reference 3 viewport.
The fluoro zoom function is controlled via the touch screen module.

1.20 **CO2 VIEW TRACE** 1
Article No. NCVA258

Software package enabling tracing (stacking) of images acquired with CO2 injections. This function can be used during postprocessing next to view trace of images acquired with CO2 injections.

1.21 **Intercom** 1
Article No. NCVA082

• Enhance communication between exam room and control room

Enhance communication
The remote intercom is used to communicate between the examination and control room. A separate intercom can be connected to the system and placed in the preferred working position in the control room or examination room. The listen function can be selected separately on each intercom. Activating the talk function on a selected intercom automatically disables this function on the other intercom.

1.22 **Wireless footswitch: mono-plane version** 1
Article No. NCVC199

One wireless footswitch in the examination room.

Key benefits
• Reduces clutter around the examination table
• Simplifies preparation and cleanup
• Streamlines workflow in the interventional suite

Reduce clutter and streamline workflow
The wireless footswitch option streamlines workflow, reduces clutter, and simplifies preparation and cleanup in the interventional suite. Clinicians can use the footswitch to wirelessly control the X-ray system in the examination room, from any convenient position around the table. No sterile covers are needed with the IPX8 certified waterproof design.

Specifications
• The mono-plane wireless footswitch is a 3 pedal version; one pedal for fluoroscopy, one for exposure and one to control the room light/single shot. The pedals can be configured according customers preferred lay-out.
• The wireless footswitch is working via RF technology and is fully tested and released for medical use. It has an active range up to 10 meters, depending on structures within this range.
• The wireless footswitch has a lithium battery which only needs to be recharged once per week. During recharging the footswitch still can be used and is fully functional. In parallel, a wired footswitch can also be used.
• The status of the battery is indicated by an LED-indication on the footswitch itself, so that the user can decide when the footswitch needs to be recharged.

• The wireless footswitch has high water ingress protection standard (IPX8), it can easily be cleaned in water.
The wireless footswitch has an on/off switch. It can be switched off when not in use. When the footswitch is active, but not in use, it will go into a sleep-mode. It will be re-activated when touched or when one of the pedals is pressed.

1.23 **Touch Screen Module Pro** 1
Article No. NCVD081

Extension of Touch Screen Module for easy control of X-Ray images at table site

Key benefits
- Imaging parameters can be quickly and easily adjusted at tableside
- Clinical image are shown to support easy navigation. Collimate on the clinical image with one finger. Pinch, zoom, pan and flag images for processing. Position shutters and wedges by simply swiping the image on screen.
- All X-ray settings can be easily adjusted to help you effectively manage patient and staff dose

Enhance image navigation on the touch screen module
This option extends the functionality of the touch screen module, allowing live X-ray images and source images from reference monitors to be displayed on the touch screen module. Shutters and wedges can also be easily positioned with a fingertip by simply dragging them into position. A pointer is also available on screen to improve communication in and between the exam room and control room.

Specifications
- enhance image navigation on the TSM
- intuitive control of shutters and wedges by simply dragging the lines shown on top of the image
- provides intuitive zooming an panning functionality (also during fluoroscopy)
- turns the touchscreen into the pointing device in order to improve communication in ER/CR: when activated the pointer is shown on corresponding monitor
!!! Note: Touchpad and Keyboard control from the TSM is NOT part of this option but 'FlexVision Pro' option.
!!! Note: Images shown on the TSM are not meant for diagnostic purposes (image is downscaled, compressed and latency during live/replay maybe higher than on the live monitor)

1.24 **Peripheral X-ray filter** 1
Article No. NCVA101

• Obtain uniform density of lower peripheral areas

Enhance consistency of lower peripheral images
To help clinicians obtain consistent images of lower peripheral anatomy, this option provides a set of flexible X-ray filters. They provide uniform density in angiographic examinations of the lower peripheral area.

1.25 **Pivot for table base.** 1
Article No. NCVA783

• Flexible positioning for upper extremity angiography

• Easy patient transfer

Flexible positioning and transfers
Transradial access, upper extremity angiography, and patient transfer have never been simpler with our optional Pivot feature. One finger push-to-pivot allows effortless patient positioning. It moves with less friction, making it easier to move larger patients. A secure mechanism locks the tabletop in place to prevent it from moving.

1.26 **table tilt option** 1
Article No. NCVD138

Table tilt option provides precise imaging of contrast medium, blood, or objects in the body.

Key benefits
• Tilts the table to support gravity oriented and puncture procedures
• Keeps the region of interest in the isocenter of rotation and angulation
• Allows more precise imaging of contrast medium, blood, or objects in the body

Precise imaging during gravity oriented and puncture procedures
To obtain high quality results and avoid re-takes during gravity oriented or puncture procedures, it's important to keep the region of interest centered at all times. The tilt option allows you to tilt the table. As the table tilts, the X-ray beam automatically adapts to the movement to keep the region of interest in the isocenter of rotation and angulation of the stand. As a result, your region of interest always remains centered to allow more precise imaging of contrast medium, blood, or objects in the body.

The table floats even when tilted, and the region of interest can be followed by panning the tabletop. When combined with the Bolus Chase option, the table tilt option enables phlebography to be performed with a head-up tilted patient.

Specifications
• Motorized table height from 78.5 - 103.5 cm
• Maximum tilt range: -17 degrees (head down) to +17 degrees (head up).
• Tilt speed: 2 degrees/sec
• Automatic safeguarding system with manual override
• Panning range in tilted plane: equal to the standard tabletop specifications (longitudinal 120cm, lateral 36cm)
• Easy to use controls

1.27 **Cradle extension** 1
Article No. NCVB882

• Moves the tabletop in a cradle motion from side to side to support surgical and puncture procedures
• Improves access to patients
• Allows precise imaging of contrast medium or blood

Precise imaging during surgery and puncture procedures
To obtain high quality imaging results and help in avoiding re-takes during surgical or puncture procedures, it can be useful to swing the tabletop from side to side in a cradle movement. This

extension moves the tabletop in a cradle motion to improve access to patients. It also allows precise imaging of contrast medium or blood.

1.28 **Vascular/Neuro/Onco Essential.** 1
Article No. NCVC855

NCVC855 Vascular/Neuro/Onco Essential.

This bundle provides the essential tools needed for interventional vascular, neuro and onco procedures. Understanding the vascular anatomy is crucial for interventional treatment planning and to verify procedural outcome.
3D vascular imaging with SmartCT Angio visualizes complex vasculatures, giving insights into branching vessels, and reduces the need for sequential DSA acquisitions.
SmartCT Roadmap provides a full 3D view overlaid on live fluoroscopy to improve navigation support of of guide wires, catheters and other devices through complex vascular structures.
All functionality is controllable from tableside on the touch screen module allowing full focus on the patient and reducing unnecessary sterility breaks.

SmartCT Angio
SmartCT Angio offers a 3D Rotational Angiography (3D RA) acquisition technique augmented with step-by-step guidance, advanced 3D visualization and measurement tools all accessible on the touch screen module at table side. To support you perform a fast and first-time-right* 3D-RA acquisition and streamline your workflow, you are guided though 4 key steps.
1- Room setup
2- Proper 3D protocol with corresponding suggested injection protocol (when applicable)
3- Collision free Zero dose table iso-centring
4- When to press and release the acquisition button

Once the 3D rotational scan is successfully performed, the acquired 3D image is automatically displayed in the SmartCT 3D visualization tools with the adequate rendering settings and the 3D measurement tools tailored for the selected 3D protocol.

Key Benefits
• Provides 3D imaging in the interventional suite to enhance decision making and guidance
• Supports accurate assessment of vascular pathologies by providing high-resolution 3D reconstructions of small vessels and lesions
• Enhances understanding of vascular anatomy for interventional treatment planning and procedural outcome verification.

Enhancing 3D functionality
Visualizing the complex spatial relationship between critical and branching vessels often involves several sequential 2D (DSA) acquisitions and radiation dose for the patient. SmartCT Angio offers a 3D-RA (3D Rotational Angiography) acquisition protocol that provides extensive 3D visualization of anatomy and vessels based on a single contrast-enhanced rotational angiogram. Its high-resolution 3D reconstructions provide critical information about depth and the relationship of one vessel to another to support the accurate assessment of anatomy and vasculature.

With SmartCT Angio, complex anatomy such as aneurysms, complex anatomy, or tortuous vessel structures can be assessed in three dimensions. This enhances the chances of delineating the neck of

aneurysms, for example, and its shape and relationship to adjacent arteries. It also enhances the assessment of complex congenital heart disease anatomy and its relationship to adjacent structures.

Combined with the unique whole body coverage of the X-ray system, specifically designed for 3D imaging, SmartCT Angio can cover cerebral, abdominal, cardiac, and peripheral vasculature as well as other anatomy.

Specifications
4 step Guidance.

1. Room setup
2. Proper 3D protocol with corresponding suggestion of injection protocol (when applicable)
3. Collision free Zero dose table iso-centring
4. When to press and release the acquisition button

Image Acquisition
Image acquisition is performed with the Rotational Angiography feature of the X-ray system with the flexibility to position the C-arm in either head or side (not F12) position.
C-arm in head position: scan range of 240 degrees with a rotation speed up to 55 degrees/sec.
C-arm in side position: scan range of 180 degrees with a rotation speed up to 30 degrees/sec.

3D Vessel Reconstruction
The rotational run is automatically transferred and displayed as a 3D vessel model: with the Real-Time digital link (option) 125 images are reconstructed into a 3-dimensional model within seconds.
Additional reconstructions, using the Reconstructive Zooming Technique, can be performed as well.

Workflow
Step by step acquisition guidance
Automated 3D-RA process from 3D acquisition to 3D Viewing,
3D at touch screen module,
3D Automatic Position Control (3D-APC),
3D Follow C-arc.

Calibration
3D-RA calibrations are performed by Philips Customer Support.
3D-RA calibration data are stable over at least 6 months' time.

Viewing
Real Time user interface.
Philips' CRM (Contrast Resolution Management) Technology.
Image rendering:
Volume/Surface Rendering,
MIP,
Average
Gradient rendering,
MPR (Multi-Planar Reformatting),
unlimited distance measurements calculated in the same volume, including "Quick measurement".
Volume calculation
Lesion segmentation,
Annotation,
Reconstructive Zooming Technique,

Subtraction of reconstructed volumes,
Set grey values WW/WL,
Store/Recall of user defined projections.

Archiving
Transfer to:
Optional Hard Copy unit (DICOM Print),
DICOM compatible device, supported are DICOM XA, DICOM SC, DICOM CT and DICOM 3D,
Any PC in a standard PC compatible format (JPEG, AVI),
One or multiple DVD's, CD-ROM(s),
USB device.

*Evaluated with clinical users in a simulated lab environment with a total of 17 teams consisting of a physician and a radio-tech, with different levels of experience

SmartCT Roadmap
SmartCT Roadmap facilitates complex interventions by providing live 3D image guidance that can be segmented to emphasize the targeted vessel and lesions, supporting fast and accurate treatment planning. All controlled via the touch screen module at the table. The SmartCT Roadmap overlays a 3D reconstruction of the vessel tree, acquired with a SmartCT 3D acquisition mode (3D RA or CBCT) on your interventional X-ray system, with live fluoro images. Previous projection positions, including the gantry position, table position and field of view, can be easily recalled at the press of a button on the touch screen module to save time. To enhance visibility for different guidewires and anatomy, you can choose your preferred 3D rendering mode, adapt its transparency and contrast, and display the vessel path, segmentation, markings and measurements of the 3D volume on the SmartCT Roadmap.

Key benefits
• Provides full 3D view to enhance navigation of guide wire, catheter, or other devices through complex vascular structures
• Helps to overcome the limitations of 2D roadmaps in visualizing overlapping vessels
• Offers a high level of precision thanks to real-time compensation for gantry, table, and small patient movements
• Accessible via the touch screen module to enhance efficiency during procedures
• Perform a 3D-RA scan without leaving the exam room

Live 3D image guidance
Diagnosing and treating vascular diseases without a clear picture of the relationships between overlapping vessels is a daily challenge for interventionists. SmartCT Roadmap was developed to overcome the inherent limitations of 2D versus 3D in visualizing overlapping vessels and therefore eliminate the need to perform multiple 2D(DSA) runs. 3D Roadmap provides a 3D real-time roadmap that overcomes this challenge by providing dynamic 3D guidance for navigating through vascular structures anywhere in the body.

Specifications
SmartCT Roadmap is based on the visualization of the vessel tree from a SmartCT 3D acquisitions (3D RA, CBCT) activated with one touch of a button on the touch screen module at tableside.

Viewing:
Table side control: bidirectional link between the X-ray system and 3D Roadmap,
3D Automatic Position Control,
3D Follow C-arc,

The 3D roadmap provides the freedom to change:
The angulation of the C-arc,
The rotation of the C-arc,
The Field of View,
The Source to Image Distance,
Landmarking,
Overlay opacity,
WW/WL settings,
Store and review runs,
Store snapshots and movies.Transfer/ export to:
Optional Hard Copy unit (DICOM Print)
DICOM compatible device, supported are DICOM XA, DICOM SC, DICOM CT and DICOM 3D
Any PC in a standard PC compatible format (JPEG,AVI)
One or multiple DVD's, CD-ROM(s)
USB device.

SmartCT Vessel Analysis
SmartCT Vessel Analysis allows easy inspection of the vessel and device positioning with straightened, curved and cross-section reformats to support treatment planning. The curved MPR view allows you to see the whole vessel segment on one plane. The straightened reformat view of the vessel segment, where the curvature is extracted from the vessel, while preserving the longitudinal and angular position, contains a graph showing the vessel diameter along the segment. The straightened cross-section view displays an indication of the minimum and maximum diameters at the pointer location as you move it over the curved, reformat or straightened reformat view. You can choose your preferred rendering to enhance visibility of guidewires and the stretched vessel view allows you to measure the diameter of the vessel/lumen and the length of the segment/stenosis at three locations. Ring landmarks can be used to mark feeder vessels to aid navigation.

1.29 **StentBoost** 1
Article No. NCVD378

StentBoost is a tool to enhance stent visualization in the coronary arteries.

Enhanced visualization software
When inserting a stent in complex cardiac vasculature, inexact positioning and underdeployment are always a challenge. StentBoost is a simple, quick, and cost-effective tool to enhance stent visualization in the coronary arteries. StentBoost images support precise pre- and post-stent deployment and allow the team to correct potential problems immediately, without applying additional fluoroscopy. StentBoost automatically detects the stent delivery markers image after image. In each image radiopaque material in the close proximity of the markers will be enhanced resulting in enhanced stent visualization.

Specifications
Image acquisition for StentBoost requires only a short cine run of 1 to 2 sec without contrast media (recommended with 40 frames out).

StentBoost functionality includes, but is not limited to:
• Pre-defined Region of Interest to indicate the location of the stent/balloon markers.
• Automatic stent detection
• Review of StentBoost runs

• Store image snapshot

Stentboost data can be exported to:
• Any optional DICOM compatible device, supported only by DICOM SC

1.30 **VesselNavigator** 1
Article No. NCVC465

Introduction

VesselNavigator allows reuse of 3D vascular anatomical information from existing CTA and MRA datasets as a 3D roadmap overlay on a live X-ray image.

Key Benefits

- Supports navigation through complex vessel structures
- Reusing a pre-acquired CTA or MRA reduces the need for contrast enhanced runs
- Philips CTA Image Fusion Guidance may lead to shorter procedure times
- Intuitive and easy to use by providing step-by-step workflow guidance
- VesselNavigator is a Medical Device as defined in Regulation (EU) 2017/745 (EU-MDR)

Details

Vessel Navigator essential components are: - 3D roadmap navigation with a personalized visualization of a CT or MR overlay of the selected vasculature on live fluoro; - Both 2D and 3D registration for CT or MR image fusion, allowing to choose the registration method for the user's workflow; - Easy, intuitive four step workflow, with one click vessel segmentation; - Ring markers to easily indicate the ostia and landing zones.

VesselNavigator provides the following functions: - One click vessel segmentation; - 3D landmarks, - Plan angles, - 2D registration; - 3D registration; - Live image guidance; Real-time overlay of the 3D Vessel segmentation on the live 2D X-ray images from the Philips Azurion X-ray system of the same anatomy; - Table tracking; - Table side control.

VesselNavigator movies and snapshots can be stored/archived on: - A PACS systems as DICOM Secondary Capture images or movies; - USB device; - One or multiple DVD's, CD-ROM(s) for easy archiving; - Hard copy via the (DICOM Print) protocol.

Includes

Reduce your need for contrast medium When delicately navigating a guidewire or inserting a stent in challenging endovasculature, seeing the full perspective of anatomy is crucial. Using X-ray and contrast medium efficiently is also very important, especially for vulnerable patients. VesselNavigator allows reuse of 3D vascular anatomical information from existing CTA and MRA datasets as a 3D roadmap overlay on a live X-ray image. With its excellent visualization, VesselNavigator provides an intuitive and continuous 3D roadmap to guide you through vasculature during the entire procedure. This reduces the need for a contrast enhanced run to create a conventional roadmap. Unlike 2D angiography images which can be limited by vessel superpositioning or foreshortening, VesselNavigator provides three dimensional views of vasculature that allow you to easily define the right projection angle2 for

navigation and stent placement. With the use of ring markers you can easily indicate the ostia and landing zones.

1.31 **MR/CT Roadmap** 1
Article No. NCVB167

Introduction

MR-CT Roadmap tool allows to re-use a vessel tree image from previously acquired MR or CT angiography scans for endovascular navigation. Key benefits: Roadmap on previously acquired MR and CT angiography datasets, reducing the need for additional X-ray dose and contrast medium; Reduce treatment risks for patients with renal insufficiency or young patients who are considered X-ray dose sensitive; Perform procedures with a high level of precision thanks to real-time compensation for gantry and table movement

Key Benefits

- Support archive on one or multiple DVD's, CD-ROM(s)
- Image transfer to a standard PC compatible format (JPEG, AVI)
- Store a subset of exportable objects (snapshots and AVI Movies) to a USB device
- MR/CT roadmap is a Medical Device as defined in Regulation (EU) 2017/745 (EU-MDR)

Details

Intuitive, fully controlled from tableside: The bidirectional link between the X-ray system and the MR/CT Roadmap allows the user to select the stand position for the procedure in two ways. 3D Automatic Position Control allows the gantry to automatically move to the best interventional projection as shown on the MR/CT Roadmap monitor. 3D Follow C-arc allows the MR/CT Roadmap to remain in sync with the 2D projection, automatically adjusting viewpoint as the gantry is repositioned. - Easy 2 step registration of the MR/ CT volumes; - Landmarking to adjust the intensity of the anatomical reference surrounding the vessels and tissue; - 2D and 3D blending to fade in/out the 2D or 3D view; - WW/WL settings to control the contrast/brightness; - Store and review runs for reporting and archive purposes; - Store snapshots and movies.

MR/CT Roadmap data can be exported to: Any optional DICOM compatible device(e.g. PACS/Printer), supported are DICOM XA, DICOM SC, DICOM CT and DICOM 3D

Includes

Accurate 3D guidance for complex interventions: Patients undergoing complex vascular interventions often receive high-resolution CT or MR scans in the diagnostic phase. To manage patients exposure to additional X-ray dose and contrast medium during the intervention, MR-CT Roadmap tool allows re-use of the vessel tree image from previously acquired MR or CT angiography scans for endovascular navigation. MR/CT Roadmap extends the capabilities of the integrated 3D product by providing a sustainable 3D roadmap based on previous acquired CT or MR scans to support interventional procedures.
Image Acquisition: A previously acquired CT or MR scan can be imported into the system and matched with a low dose 3D-RA or XperCT scan. The MR/CT Roadmap is activated with one touch of a button at tableside on the touch screen module. The "live" 2D fluoroscopy image is overlaid with the MR/CT

volume presented in 2D or 3D and is automatically displayed on the roadmap monitor in both the examination & control room.

1.32 **IW Hardware** 1
Article No. NCVD178

Key Benefits

- Powerful computing hardware to run advanced 3D imaging and 3D fusion software applications in parallel with 2D live imaging
- Real time data link to support fast reconstruction times

Details

The Interventional Workspot hardware (IW) is used to run the Azurion interventional tools and provide multimodality viewing in the exam and control room. Its DICOM interface does not only allow to process proprietary Azurion images but also enables the vendor-agnostic import and visualization of imaging data from MR and CT systems. The images can be imported and viewed in the control room as well as the exam room. To support fast results, the IW features a real-time data link to ensure fast data communication between the IW hardware and the Azurion IGT system.

Includes

The Interventional Workspot is delivered with a computer workstation, an integrated CD-ROM/DVD writer, a 24” LCD display, a mouse and a keyboard.

Additional Information

Interventional Workspot is a Medical Device as defined in Regulation (EU) 2017/745 (EU-MDR)

1.33 **Cabinet Rear Cover** 4
Article No. 459801079651

Cabinet Rear Cover

1.34 **Patient table adaptation plate** 1
Article No. 989600213943

Introduction

The patient table adaptation plate is designed to simplify the installation process of the Azurion patient table. As the adaptation plate can be installed on top of the room floor, it is not necessary to carry out extensive floor construction works, which is usually required in case the floorplate is embedded into the floor.

Details

This option increases the minimum table height, specified in the default configuration, by 3cm (1.2 inch).

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Includes

The patient table adaptation plate is backwards compatible. This means that a new Philips Azurion patient table can be mounted on top of an existing floorplate of predecessor tables, which were used in the previous Philips Allura platform (AD5 patient table).

Line	Description	Qty
2	**INTRASIGHT** **Article No. 797403** INTRASIGHT	
2.1	**IntraSight 5** **Article No. NNAW510** **IntraSight 5** IntraSight 5 is a scalable, applications-based platform designed to meet the evolving needs of your lab. This platform provides best-in-class physiology and imaging tools.In addition to providing these leading technologies, the IntraSight platform also optimizes lab performance with efficient data management and user controls, remote service diagnostics, and advanced cybersecurity protection while minimizing the learning curve with a modern, intuitive interface that is fast to learn & easy to use. IntraSight interventional applications platform.Includes IntraSight CPU, CPU Base, Operator's Manual, Power Transformer, Cable Pre-Install Kit, Power Supply, Connection Box, Mouse, Keyboard, 19"Monitor Kit, DICOM Network Connection. Imaging (IVUS) License.Includes IntraSight IVUS Software package: Digital (requires PIM hardware, included), Rotational (requires SpinVision/PIMr, hardware optional), and ChromaFlo IVUS. Digital PIM. Includes PIM, Cabling and PIM holder. Physiology (iFR/FFR) License (requires FM-PIM hardware, included).Includes IntraSight Physiology Software Package: iFR Hyperemia Free Lesion Assessment Modality, FFR Modality, iFR Option Manual FFR 2.5. M-PIM. Cabling, FM-PIM holder, and FM-PIM to Verrata Wire Adapter. Touch Screen Module (TSM).Table side touch screen controller and articulating bedrail mount.	1

Line	Description	Qty
3	**CV Third Party Products** **Article No. 100133** **Details** Configured offering	
3.1	**Lower Body Protection** **Article No. 989801220388** **Details** "UT70-10WS Lower body protection, width 1410 mm incl. wide extension	1

Lower body protection of the model series UT70 with a modular design to provide a maximized protective zone for the physician and staff."

(Opt) **Philips Laser System** 1
Article No. 989930009701

Philips Laser System
The Philips Laser System has a broad range of clinical applications including peripheral atherectomy, coronary atherectomy and lead extraction, allowing the physician to treat a variety of disease states. Using low temperature pulsed bursts of 308 nm UV light, physicians can modify a wide range of lesion morphologies safely and effectively. Features such as 30 seconds start-up time, guided workflow touch screen and 360-degree maneuverability simplifies set up.
Initial placement of a laser system includes:Philips Laser System,operator’s manual, power cord, keys (2), footswitch, reference catheter, danger signs (2), safety glasses (10).

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4. Local Sales Terms and Conditions

Line	Product Code	Contract Name	Contract No.	Billing Plan
1	722224 Azurion 7 M20	ST LUKES HEALTH SYSTEM MST0028400	MST0028400	10/70/20
2	797403 INTRASIGHT	ST LUKES HEALTH SYSTEM MST0028400	MST0028400	10/70/20
3	100133 CV Third Party Products	ST LUKES HEALTH SYSTEM MST0028400	MST0028400	0/80/20

Payment Terms US: Net 30 Days

INCO Terms: Carriage and Insurance Paid To Destination

This is a cash price quote, which includes ACH, check, and wire transfer. Any other form of payment will result in different price, which may be higher.

Billing Terms: Are as displayed under the Billing Plan table above. For each item, X/Y/Z milestones are defined as follows (unless an Agreement specifying alternative payment terms has been negotiated between the parties):

X is the percentage invoiced upon signed acceptance of quotation or upon receipt of Customer Purchase Order
Y is the percentage invoiced upon delivery of major components to Customer designated location or Philips warehouse.
Z is the percentage invoiced upon completion of installation or product available for first patient use, whichever occurs first.

If DEMO Equipment is included in this quotation it is sold under the Contact No. Contract Name/Contract Number ("Contract") of the products/solution included in this quotation.

All amounts in this quote are in USD

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5. Signature Page

Invoice to:
St Lukes Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111-3241

Ship to:
St Lukes Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111-3241

	Total Price
Total Net Price	$ 1,643,635.40

Acceptance by Parties

Each Quotation solution is issued pursuant to and will reference a specific Contract Name/Contract Number (“Contract”) representing an agreement containing discounts, fees and any specific terms and conditions which will apply to that single quoted solution. Any PO for the items herein will be accepted subject to the terms of that Contract. If no Contract is shown, Philips Terms and Conditions of Sale including applicable product warranty or Philips Terms of Service (“Philips Terms”) located in the Philips Standard Terms and Conditions of the quotation shall solely apply to the quoted solution.

Each equipment system and/or service listed on purchase order/orders represents a separate and distinct financial transaction. We understand and agree that each transaction is to be individually billed and paid. This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips North America LLC ("Philips") and is intended for use only by the customer whose name appears on this quotation. Except as otherwise required by state or federal law after strict compliance with any applicable notification and procedural requirements therein, it may not be disclosed to third parties without the prior written consent of Philips.

This quotation provides contract agreement discounts and does not reflect rebates that may be earned by Customer, under separate written rebate agreements, from cumulative volume purchases beyond the individual quantity being ordered under this quote. Customer is reminded that rebates constitute discounts under government laws which are reportable by Customers.

The price above does not include sales tax.

Please fill in the below if applicable:

1. Tax Status: Taxable _____ Tax Exempt _____
   If Exempt, please indicate the Exemption Certification Number: _____, and attach a copy of the certificate.
2. Requested equipment delivery date _____
3. If you do not issue formal purchase orders indicate by initialing here: _____
4. For Recurring Maintenance Service & Support Agreements with New Equipment Purchases: Our facility does issue formal purchase orders; however, due to our business/system limitation, we cannot issue a formal purchase order for the service agreement until 90 days prior to standard warranty expiration. Our facility agrees to submit the service agreement purchase order at such time. Initialed: _____

CUSTOMER SIGNATURE
by its authorized representative

Signature: _____
Print Name: _____
Title: _____
_____
_____
Date: _____

PHILIPS SIGNATURE
by its authorized representative

Signature: _____
Print Name: _____
Title: _____
_____
_____
Date: _____

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6. Philips Standard Terms and Conditions

GENERAL TERMS AND CONDITIONS OF SALE AND SOFTWARE LICENSE ("Conditions of Sale") Rev 23

1. Initial Provisions.

1.1 The Products (equipment, service, and software) offered on the quotation by the Philips legal entity identified thereon are subject to these Conditions of Sale.

1.2 The purchase prices set out on the quotation excludes all taxes. All taxes on the Products will be borne by the Customer unless Customer provides a tax exemption certification reasonably in advance of the date the Order is invoiced, otherwise, Philips will invoice Customer for those taxes and Customer shall pay those taxes in accordance with the terms of the invoice.

2. Quotation, Order and Payment.

2.1 Any quotation on the Products will be open for acceptance within the period indicated therein and may be amended or revoked by Philips prior to Customer's acceptance. Any purchase orders shall be subject to Philips' confirmation. Any terms and conditions set forth on the Customer's purchase order or otherwise issued by the Customer shall not apply to the Products.

2.2 The prices and payment terms are set out on the quotation. Orders are subject to Philips' ongoing credit review and approval.

2.3 Interest will apply to any late payments. Customer shall pay interest on any overdue amount not actively disputed paid at the annual rate of twelve percent (12%) which may be billed monthly. If the Customer fails to pay any amounts due or breaches these Conditions of Sale, Philips will be entitled to suspend the performance of its obligations and deduct the unpaid amount from any amounts otherwise owed to Customer by Philips, in addition to any other rights or remedies available to Philips. Philips shall be entitled to recover all costs and expenses, including reasonable attorneys' fees related to the enforcement of its rights or remedies.

2.4 Customer has no right to cancel an order, unless such cancellation right is granted to Customer by mandatory law.

2.4.1 If the Customer cancels the order prior to the order being sent to the factor for manufacturing, then the Customer shall pay the costs incurred by Philips up to the date of cancellation or 15% of the net selling price of the product(s), whichever is less.

2.4.2 If the Customer cancels the order after the order is sent to the factory for manufacturing, then Customer shall pay the full net selling price of the product(s) ordered.

2.4.3 If Customer has not taken delivery date for each product contained in Philips quotation and Customer's purchase order, or in-lieu of purchase order, within 30 months from Philips' receipt of Customer's purchase order, or in-lieu purchase order, then the product shall be deemed cancelled and Customer shall be subject to the cancellation fee in section 2.4.1.

2.5 Philips may make partial or early shipments and Customer will pay each invoice based on the date of invoice for each product in accordance with the payment terms set forth in the quotation

2.6 Payments may be made by check, ACH or wire. Philips does not accept transaction fees for any electronic fund transfers or any other payment method; Philips imposes a surcharge on credit cards which is no greater than our cost of acceptance. All check payments over $50,000 USD must be paid via eCheck or via Philips prepaid FedEx account with tracking to secure against fraud and misappropriation.

3. Philips Security Interest until Full Payment

3.1 Philips is entitled to retain a security interest in the Philips products, until Philips receives full payment.

4. Technical Changes

4.1 Philips shall be entitled to make changes to the design or specifications of the Products at any time, provided such change does not adversely affect the performance of the Products.

5. Lease and Trade In

5.1 If the Customer desires to convert the purchase of any Products to a lease the Customer shall within ninety (90) prior to the delivery of the Products provide all relevant rental documents for review and approval by Philips. The Customer is responsible for converting the transaction to a lease and is required to secure the leasing company's approval of all these Conditions of Sale. No product will be delivered to the Customer until Philips has received copies of the fully executed lease documents and has approved the same. For any lease, if the lease does not fund then: (i) Customer guarantees the payment of all monies due or that may become due under these Conditions of Sale; (ii) Philips may convert the lease back to a purchase and invoice Customer accordingly; and (iii) Customer will pay all such invoiced amounts per the invoice terms. In the event that there are multiple Products on one quote, the Product with the longest period for converting the transaction to a lease shall prevail.

5.2 Philips may provide a rental agreement at its discretion.

5.3 In the event Customer will be trading-in equipment ("Trade-In"), the Customer will provide the following:

5.3.1 Customer undertakes to possess good and marketable title to the Trade-In as of the date of the quotation and when Philips takes possession of the Trade-in from Customer's site. In the event Customer is in breach of this undertaking, Customer shall not be entitled to keep a trade-in credit for such Trade-In and shall promptly refund Philips such credited amounts upon receipt of an invoice from Philips.

5.3.2 The trade-in value set forth on the Philips quotation is conditioned upon Customer providing Trade-In no later than the date Philips makes the new Product listed on such quotation available for first patient use. Customer shall bear the costs of any reduction in trade-in value arising due to a delay by the Customer causing the trade-in not to occur by the expected date and promptly pay the revised invoice.

5.3.3 In the event Philips receives a Trade-In having a different configuration (including software version) or model number than the Trade-In described on the Philips quotation, Philips reserves the right to adjust the trade-in value and revise the invoice accordingly and Customer shall pay such revised invoice promptly upon receipt.

5.3.4 Customer undertakes to (i) clean and sanitize all components that may be infected and all biological fluids from the Trade-In; (ii) drain any applicable chiller lines and cap any associated plumbing and (iii) delete all personal data in the Trade-In. Customer agrees to reimburse Philips against any out-of-pocket costs incurred by Philips arising from Customer's breach of its obligations herein.

6. Shipment and Delivery Date.

6.1 Philips shall deliver the Products in accordance with the Incoterms set forth on the quotation. If Philips and the Customer agree to any other terms of delivery, additional costs shall be for the account of the Customer. Title (subject to Section 3 entitled Philips Security Interest) to any product (excluding software), and risk of loss shall pass to the Customer upon delivery to the shipping carrier. However, Philips shall pay the cost of freight and risk insurance (during transport to destination). Customer shall obtain and pay for insurance covering such risks at destination.

6.2 Philips will make reasonable efforts to meet delivery dates quoted or acknowledged. Failure to deliver by the specified date will not be a sufficient cause for cancellation nor will Philips be liable for any penalty, loss, or expense due to delay in delivery. If the Customer causes the delay, any reasonable expenses incurred by Philips will be paid for by Customer, including all storage fees, transportation expenses, and related costs. Customer shall pay the 80% installment payment upon delivery to Customer site or Philips warehouse. For the purposes of clarification, "Delay" in this section shall mean a date later than the Customer agreed delivery date identified via confirmation of the delivery date with Customer prior releasing the Product for production.

7. Installation.

7.1 If Philips has undertaken installation of the Products, the Customer shall be responsible for the following at its sole expense and risk:

7.1.1 The provision of adequate and lockable storage for the Products on or near the installation site. Additionally, Customers shall consider the manufacturing labeling requirements for environmental and storge conditions. The Customer will repair or replace any lost or damaged item during the storage period.

7.1.2 Philips or its affiliate's representative shall have access to the installation site without obstacle or hindrance in due time to start the installation work at the scheduled date.

7.1.3 The timely execution and completion of the preparatory works in accordance with Philips' installation requirements. The Customer shall ensure the prepared site shall comply with all safety, electrical and building codes related to the Products and installation thereof.

7.1.4 The proper removal and disposal of any hazardous material at the installation site prior to installation by Philips.

7.1.5 The timely provision of all visa, entry, exit, residency or any other permits and licenses necessary for Philips' or Philips' representatives' personnel and for the import and export of tools, equipment, Products and materials necessary for the installation works and subsequent testing.

7.1.6 The assistance to Philips or Philips' representative for moving the Products from the entrance of the Customer's premises to the installation site. The Customer shall be responsible, at its expense for rigging, the removal of partitions or other obstacles, and restoration work.

7.2 If Products are connected to a computer network, the Customer shall be responsible for network security, including but not limited to, using secure administrative passwords, installing the latest valid security updates of operating software and web browsers, running a Customer firewall as well as maintaining up-to-date drivers, and updated anti-virus and anti-spyware software. Unauthorized Updates, as defined in the Product Schedules, may adversely affect the functionality and performance of the licensed Software.

7.3 If any of the above conditions are not complied with, Philips or Philips' representative may interrupt the installation and subsequent testing for reasons not attributable to Philips and the parties shall extend the period for completing the installation. Any additional costs shall be for the Customer's account and Philips shall have no liability for any damage resulting from or in connection with the delayed installation.

7.4 Philips shall have no liability for the fitness or adequacy of the premises or the utilities available at the premises for installation or storage of the Products.

8. Product Damages and Returns.

8.1 The following shall apply solely to medical consumables:
The Customer shall notify Philips in writing substantiating its complaints within ten (10) days from its receipt of the Products. If Philips accepts the claim as valid, Philips shall issue a return authorization notice and the Customer shall return the Products. Each returned Product shall be packed in its original packaging.

9. Product Warranty.

9.1 In the absence of any specific Product warranty attached to the quotation, the following warranty provisions will apply to the Product.

9.2 Hardware Products. Philips warrants to Customer that the Product shall materially comply with its product specification on the quotation and the user documentation accompanying the shipment of such Product for a period of one year from the date of acceptance or first clinical use, whichever occurs first, but under any circumstances, no more than fifteen (15) months from the date of shipment, provided the Product has been subject to proper use and maintenance. Any disposable Product intended for single use supplied by Philips to the Customer will be of good quality until the expiration date applicable to such Product.

9.3 Stand-alone Licensed Software Products. Philips warrants that the Stand-alone Licensed Software shall substantially conform to the technical specification for a period of ninety (90) days from the date Philips makes such Stand-alone Licensed Software available to the Customer. "Stand-alone Licensed Software" means Licensed Software sold without a contemporaneous purchase of a server for the Licensed Software.

9.4 Service. Philips warrants that all services will be carried out with reasonable care and skill. Philips' sole liability and Customer's sole remedy for breach of this warranty shall be, at its option, to give credit for or re-perform the services in question. This warranty shall only extend for a period of ninety (90) days after the completion of the services.

9.5 Customer shall only be entitled to make a Product warranty claim if Philips receives written notice of the defect during the warranty period within ten (10) days from the Customer discovering the defect and, if required, the Product or the defective parts shall be returned to an address stated by Philips. Such defective parts shall be the property of Philips after their replacement.

9.6 Philips' warranty obligations and Customer's sole remedy for the Product shall be limited, at Philips' option, to the repair or replacement of the Product or any part thereof, in which case the spare parts shall be new or equivalent to new in performance, or to the refund of a pro rata portion of the purchase price paid by the Customer solely after a reasonable cure period is given to Philips.

9.7 Philips' warranty obligations shall not apply to any defects resulting from:

9.7.1 improper or unsuitable maintenance, configuration or calibration by the Customer or its agents.

9.7.2 use, operation, modification, or maintenance of the Product not in accordance with the Product specification and the applicable written instructions of Philips or performed prior to the completion of Philips' validation process.

9.7.3 abuse, negligence, accident, damages (including damage in transit) caused by the Customer.

9.7.4 improper site preparation, including corrosion to Product caused by Customer.

9.7.5 any damage to the Product or any medical data or other data stored, caused by an external source (including viruses or similar software interference) resulting from the connection of the Product to a Customer network, Customer equipment devices, a third party product or use of removable devices.

9.8 Philips is not responsible for the warranty for the third-party product provided by Philips to the Customer and Customer shall make any warranty claims directly with such vendors. However, if Philips, under its license agreement or purchase agreement with such third party, has right to warranties and service solutions, Philips shall make reasonable efforts to extend to the Customer the third-party warranty and service solutions for such Products.

9.9 During the term of the warranty and any customer service arrangement the Customer shall provide Philips with a dedicated high-speed broadband internet connection suitable to establish a remote connection to the Products in order for Philips to provide remote servicing of the Products by:

9.9.1 supporting the installation of a Philips approved router (or a Customer provided router acceptable for Philips) for connection to the Products and Customer network (which router remains Philips property if provided by Philips and is only provided during the warranty term.

9.9.2 maintaining a secure location for hardware to connect the Products to the Philips Remote Service Data Center (PRSDC).

9.9.3 providing and maintaining a free IP address within the subnetwork to be used to connect the Products to the Customer's network.

9.9.4 maintaining the established connection throughout the applicable period.

9.9.5 facilitating the reconnection to Philips in case any temporary disconnection occurs.

9.9.6 If Customer fails to provide the described in this section and the Product is not connected to the PRSDC (including any temporary disconnection), Customer accepts any relative impact on Products availability, additional cost, and speed of resolution.

9.9.7 THE WARRANTIES SET FORTH IN THESE TERMS AND CONDITIONS OF SALE AND QUOTATION ARE THE SOLE WARRANTIES MADE BY PHILIPS IN CONNECTION WITH THE PRODUCT, ARE EXPRESS AND IN LIEU OF ANY OTHER WARRANTIES, WHETHER WRITTEN, ORAL, STATUTORY, EXPRESS, OR IMPLIED, INCLUDING ANY WARRANTY OF NON-INFRINGEMENT, QUIET ENJOYMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. PHILIPS EXPRESSLY DISCLAIMS THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. MOREOVER, PHILIPS DOES NOT WARRANT ANY PRODUCT USING THE CLOUD TO BE UNINTERRUPTED OR ERROR FREE.

10. <u>Limitation of Liability.</u>

10.1 THE TOTAL LIABILITY OF PHILIPS ARISING UNDER OR IN CONNECTION WITH THE PRODUCT FOR ANY BREACH OF CONTRACTUAL OBLIGATIONS, WARRANTY, NEGLIGENCE, UNLAWFUL ACT OR OTHERWISE IN CONNECTION WITH THE PRODUCT IS LIMITED TO THE ACTUAL PURCHASE PRICE RECEIVED FOR THE PRODUCT THAT GAVE RISE TO THE CLAIM.

10.2 PHILIPS SHALL NOT BE LIABLE FOR ANY INDIRECT, PUNITIVE, INCIDENTAL, EXEMPLARY, SPECIAL OR CONSEQUENTIAL DAMAGES AND/OR FOR ANY DAMAGES INCLUDING LOSS OF DATA, PROFITS, REVENUE, BUSINESS INTERRUPTION OR USE IN CONNECTION WITH OR ARISING OUT OF THESE CONDITIONS OF SALE, REGARDLESS OF WHETHER THEY ARE FORESEEABLE OR NOT AND WHETHER THE CLAIM IS MADE IN TORT (INCLUDING NEGLIGENCE), BREACH OF CONTRACT, INDEMNITY, AT LAW OR IN EQUITY. NEITHER PHILIPS NOR PHILIPS' SUPPLIERS SHALL BE LIABLE FOR ANY LOSS OR INABILITY TO USE MEDICAL OR OTHER DATA STORED ON OR BY THE PRODUCT.

10.3 THE EXCLUSION OF LIABILITY IN THESE CONDITIONS OF SALE SHALL ONLY APPLY TO THE EXTENT ALLOWED UNDER THE APPLICABLE LAW.

10.4 FOR US CUSTOMERS, THE FOLLOWING ARE NOT SUBJECT TO THE LIMITATIONS OF LIABILITY UNDER SECTION 10.1:

10.4.1 THIRD PARTY CLAIMS FOR DIRECT DAMAGES FOR BODILY INJURY OR DEATH TO THE EXTENT CAUSED BY PHILIPS' NEGLIGENCE OR PROVEN PRODUCT DEFECT.

10.4.2 CLAIMS OF TANGIBLE PROPERTY DAMAGE REPRESENTING THE ACTUAL COST TO REPAIR OR REPLACE PHYSICAL PROPERTY TO THE EXTENT CAUSED BY PHILIPS NEGLIGENCE OR PROVEN PRODUCT DEFECT.

10.4.3 OUT OF POCKET COSTS INCURRED BY CUSTOMER TO PROVIDE PATIENT NOTIFICATIONS, REQUIRED BY LAW, TO THE EXTENT SUCH NOTICES ARE CAUSED BY PHILIPS UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION.

10.4.4 FINES/PENALTIES LEVIED AGAINST CUSTOMER BY GOVERNMENT AGENCIES CITING PHILIPS' UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION AS THE BASIS OF THE FINE/PENALTY. ANY SUCH FINES OR PENALTIES SHALL CONSTITUTE DIRECT DAMAGES.

11. Infringement of Intellectual Property Rights to the Products.

11.1 Philips will, at its option and expense, defend or settle any suit or proceeding brought against Customer based on any third-party claim that any Product or use thereof for its intended purpose constitutes an infringement of any intellectual property rights in the country where the Product is delivered by Philips.

11.2 Customer will promptly give Philips written notice of such claim and the authority, information and assistance needed to defend such claim. Philips shall have the full and exclusive authority to defend and settle such claim. Customer shall not make any admission which might be prejudicial to Philips and shall not enter a settlement without Philips' prior written consent.

11.3 If the Product is held to constitute infringement of any intellectual property right and its use by Customer is enjoined, Philips will, at its option and expense, either: (i) procure for Customer the right to continue using the Product; (ii) replace it with an equivalent non-infringing Product; (iii) modify the Product so it becomes non-infringing; or (iv) refund to the Customer a pro rata portion of the Products' purchase price upon the return of the original Products.

11.4 Philips will have no duty or obligation under this clause 11 if the infringement is caused by a Product being:

11.4.1 supplied in accordance with Customer's design, specifications or instructions and compliance therewith has caused Philips to deviate from its normal course of performance.

11.4.2 modified by Customer or its contractors after delivery.

11.4.3 not updated by Customer in accordance with instructions provided by Philips (e.g. software updates),

11.4.4 combined by Customer or its contractors with devices, software, methods, systems, or processes not furnished hereunder and the third-party claim is based on such modification or combination.

The above states Philips' sole liability and Customer's exclusive remedy in respect of third party intellectual property claims.

12. Use and exclusivity of Product documents.

12.1 All documents and manuals, including technical information related to the Product and its maintenance, as delivered by Philips is the proprietary information of Philips, covered by Philips' copyright, and remains the property of Philips, as such, it shall not be copied, reproduced, transmitted, or disclosed to or used by third parties without the prior written consent of Philips.

13. Export Control and Product Resale.

13.1 Customer agrees to comply with relevant export control and sanction laws and regulations, including the UN, EU or US ("Export Laws"), to ensure that the Products are not (i) exported or re-exported directly or indirectly in violation of Export Laws; or (ii) used for any purposes prohibited by the Export Laws, including military end-use, human rights abuses, nuclear, chemical or biological weapons proliferation.

13.2 Customer represents that (i) Customer is not located in a country that is subject to a UN, US or EU embargo and trade restriction; and (ii) Customer is not listed on any UN, EU, US export and sanctions list of prohibited or restricted parties.

13.3 Philips may suspend its obligation to fulfil any order or subsequent service if the delivery is restricted under Export Laws or an export/import license is not granted by relevant authorities.

14. License Software Terms.

14.1 Subject to any usage limitations set forth on the quotation, Philips grants to Customer a non-exclusive, non-transferable license, without the right to grant sub-licenses, to incorporate and use the Licensed Software (as specified on the quotation, whether embedded or stand-alone) in Licensed Products and the permitted use (as referenced in the quotation) in accordance with these Conditions of Sale.

14.2 The Licensed Software is licensed and not sold. All intellectual property rights in the Licensed Software shall remain with Philips.

14.3 Customer may make one copy of the Licensed Software in machine-readable form solely for backup purposes. Philips reserves the right to charge for backup copies created by Philips. Customer may not reproduce, sell, assign, transfer or sublicense the Licensed Software. Customer shall preserve the confidential nature of the Licensed Software and shall not disclose or transfer any portion of the Licensed Software to any third party.

14.4 Customer shall maintain Philips' copyright notice or other proprietary legends on any copies of the Licensed Software. Customer shall not (and shall not allow any third party to) decompile, disassemble, or reverse engineer the Licensed Software.

14.5 The Licensed Software may only be used in relation to Licensed Products or systems certified by Philips. If Customer modifies the Licensed Software in any manner, all warranties associated with the Licensed Software and the Products shall become null and void. Customer installation of Philips' issued patches or updates shall not be deemed to be a modification.

14.6 Philips and its affiliates shall be free to use any feedback or suggestions for modification or enhancement of the Licensed Software provided by Customer for the purpose of modifying or enhancing the Licensed Software, as well as for licensing such enhancements to third parties.

14.7 With respect to any third-party licensed software, the Customer agrees to comply with the terms applicable to such licensed software. Customer shall indemnify Philips for any damage arising from its failure to comply with such terms. If the third-party licensor terminates the third party license, Philips shall be entitled to terminate the third party license with the Customer and make reasonable effort to procure a solution.

15. Confidentiality.

15.1 If any of the parties have access to confidential information of the other party, it shall keep this information confidential. Such information shall only be used if and to the extent that it is necessary to carry out the concerned transactions. This obligation does not extend to public domain information and/or information that is disclosed by operation of law or court order.

16. Compliance with Laws and Privacy.

16.1 Each party shall comply with all laws, rules, and regulations applicable to the party in connection with the performance of its obligations in connection with the transactions contemplated by the quotation, including, but not limited to, those relating to employment practices federal and state anti-discrimination laws (including Title VII of the Civil Rights Act of 1964 as amended, the Rehabilitation Act of 1973 as amended and the Veterans Readjustment ACT of 1972 as amended), E-Verify, FDA, Medicare fraud and abuse, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Health care providers are reminded that if the purchase includes a discount or loan, they must fully and accurately report such discount or loan on cost reports or other applicable claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, as required by federal law (see 42 CFR 1001.952[h]).

16.2 Processing of personal data: In relation to the provision of services, Philips may process information, in any form, that can relate to identified or identifiable individuals, which may qualify as personal data. Philips and/or its affiliates will: a) process any protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) on behalf and by instruction of the Customer, the terms, rights and responsibilities of the Parties for such processing of PHI are set forth in a Business Associate Agreement between the parties; b) process information such as log files or device parameters (which may contain personal data), to provide the services and to enable its compliance with and performance of its task as manufacturer of (medical) devices under the applicable regulations and standards (including but not limited to the performance of vigilance, post market surveillance and clinical evaluation related activities).

16.3 Customer agrees that Philips and/or its affiliates may use any data, other than personal data, generated by a Product and/or otherwise provided by Customer to Philips for Philips' own legitimate business purposes including, but not limited to, data analytics activities to determine trends of usage and advise on the use of products and services, for research, product and service development and improvement (including the development of new offerings), substantiation of marketing claims and for benchmarking purposes.

17. Force Majeure.

17.1 Each party shall not be liable in respect of the non-performance of any of its obligations to the extent such performance is prevented by any circumstances beyond its reasonable control, including, but not limited to, acts of God, war, civil war, insurrection, fire, flood, labor disputes, epidemics, pandemic, cyber-attack, act of terrorism, governmental regulations and/or similar acts, embargoes, export control sanctions or restrictions, Philips' unavailability regarding any required permits, licenses and/or authorizations, default of force majeure suppliers or subcontractors.

17.2 If force majeure prevents Philips from fulfilling any of its from the Customer or otherwise performing any obligation arising out of the sale, Philips shall not be liable to the Customer for any compensation, reimbursement or damages.

18. Miscellaneous.

18.1 Any newly manufactured Product provided in select remanufactured parts equivalent to new in terms of performance.

18.2 If the Customer becomes insolvent, unable to pay its debts as they become due, files for bankruptcy or is subject to it, has appointed a recipient, is subject to a late fee on payments (temporary or permanent), or has its assets assigned or frozen, Philips may cancel any unfulfilled obligations or suspend its performance; provided that, however, Customer's financial obligations to Philips shall remain in full force and effect.

18.3 If any provision of these Conditions of Sale is found to be unlawful, unenforceable, or invalid, in whole or in part, the validity and enforceability of the remaining provisions shall remain in full force and effect. In lieu of any provision deemed to be unlawful, unenforceable, or invalid, in whole or in part, a provision reflecting the original intent of these Conditions of Sale, to the extent permitted by the applicable law, shall be deemed to be a substitute for that provision.

18.4 Notices or other communications shall be given in writing and shall be deemed effective if they are delivered in person or if they are sent by courier or mail to the relevant party.

18.5 The failure by the Customer or Philips at any time to require compliance with any obligation shall not affect the right to require its enforcement at any time thereafter.

18.6 Philips may assign or novate its rights and obligations in whole or in part, to any of its affiliates or may assign any of its accounts receivable to any party without Customer's consent. Customer agrees to execute any documents that may be necessary to complete Philips' assignment or novation. The Customer shall not, without the prior written consent of Philips, transfer or assign any of its rights or obligations

18.7 The Customer's obligations do not depend on any other obligations it may have under any other agreement or arrangement with Philips. The Customer shall not exercise any offset right in the quotation or sale in relation to any other agreement or arrangement with Philips.

18.8 These Conditions of Sale shall be governed by the laws of the country or state wherein the Philips legal entity identified in the quotation is situated, and the parties submit to the exclusive jurisdiction of the courts of that country or state, provided that Philips will be entitled to start legal proceedings against the

Customer in any other court of competent jurisdiction. The United Nations Convention on Contracts for the International Sale of Goods and the Uniform Computer Information Transactions Act (UCITA), in any form, is expressly excluded.

18.9 Customer will report immediately to Philips any event of which Customer becomes aware that suggests that any Products provided by Philips, for any reason:

18.9.1 may have caused or contributed to a death or serious injury, or

18.9.2 have malfunctioned where such malfunctions would likely cause or contribute to a death or serious injury if the malfunction were to occur again. Additionally, Customer will also report to Philips complaints it receives from its personnel and patients or any other person regarding the identity, quality, performance, reliability, safety, effectiveness, labels, or instructions for use of the Products provided by Philips. Philips shall be solely responsible for submitting any filings or reports to any governmental authorities with respect to the Products provided by Philips hereunder, unless otherwise required by law.

18.10 To the extent applicable to your country or state, Philips and Customer shall comply with the Omnibus Reconciliation Act of 1980 (P.L. 96-499) and it's implementing regulations (42 CFR, Part 420). Philips agrees that until the expiration of four (4) years after furnishing Products pursuant to these Conditions of Sale, Philips shall make available, upon written request of the Secretary of the Department of Health and Human Services, or upon request of the Comptroller General, or any of their duly authorized representatives, these Conditions of Sale and the books, documents and records of Philips that are necessary to verify the nature and extent of the costs charged to Customer hereunder. Philips further agrees that if Philips carries out any of the duties of these Conditions of Sale through a subcontract with a value or cost of ten-thousand U.S. dollars ($10,000.00) or more over a twelve (12) month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such Products pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary, or upon request to the Comptroller General, or any of their duly authorized representatives the subcontract, and books and documents and records of such organization that are necessary to verify the nature and extent of such costs. This paragraph relating to the retention and production of documents is included because of possible application of Section 1861(v) (1) (1) of the Social Security Act (42 U.S.C. 1395x (v) (1) (I) (1989)), as amended from time to time to these Conditions of Sale. If Section 1861(v) (1) (1) should be found to be inapplicable, then this paragraph shall be deemed inoperative and without force and effect.

18.11 As of the date of the sale of this Product, Philips represents and warrants that Philips, its employees and subcontractors, are not debarred, excluded, suspended or otherwise ineligible to participate in a federal or state health care program or have they been convicted of any health care related crime for Products provided under these Conditions of Sale (an "Excluded Provider"). Philips shall promptly notify Customer if it becomes aware that Philips or any of its employees or subcontractors providing Products hereunder have become an Excluded Provider under a federal or state healthcare program, whereupon Customer shall provide Philips with a reasonable opportunity to discuss and attempt to resolve in good faith with Customer any Customer related concerns in relation thereto, and/or will give Philips a reasonable opportunity to dispute its, or its employee's or subcontractor's, designation as an Excluded Provider. In the event that the parties are unable to resolve any such Customer concerns of the applicable party's designation as an Excluded Provider, then Customer may terminate this order by express written notice for Products not yet shipped or rendered prior to a date of exclusion.

18.12 To the extent applicable to your country or state, it is Customer's responsibility to notify Philips if any portion of the order is funded under the American Reinvestment and Recovery Act (ARRA). To ensure compliance with the ARRA provision, Customer shall include a clause stating that the order is funded under ARRA on its purchase order or other document issued by Customer.

18.13 To the extent applicable, Customer acknowledges it shall comply with all applicable Medicaid or state cost reporting requirements, including discounts afforded to Customer under these Conditions of Sale, for Products purchased hereunder.

18.14 Entire Agreement. These Terms and Conditions of Sale, the terms and conditions set forth in the quotation and the applicable Philips' product-specific warranty constitute the entire understanding and agreement between the parties with respect to the transactions contemplated by the quotation and supersede any previous understandings or agreements between the parties, whether written or oral, regarding the transactions contemplated by the quotation. The pricing in the quotation is based upon the terms and conditions in the quotation. No additional terms, conditions, consents, waivers, alterations, or modifications shall be binding unless in writing and signed by the parties. Customer's additional or different terms and conditions, whether stated in a purchase order or other document issued by Customer, are specifically rejected and shall not apply to the transactions contemplated by the quotation.

19. <u>Product specific terms.</u>

Product specific schedules are incorporated herein as they apply to the Products listed in the quotation and their additional terms shall apply solely to the Products specified therein. If any terms set forth in the product specific schedules conflict with terms expressly set forth in these Conditions of Sale, the terms set forth in the Product specific schedules shall govern in such instance.

PHILIPS

Schedule 1
Imaging Systems Portfolio (IS) Rev 23

Product Category	Products
Image Guided Therapy (IGT)	Interventional X-Ray (iXR)
	Mobile C-Arms (Surg)
	Philips Image Guided Therapy Corporation (IGTD)fka Volcano (Capital only)
Imaging Clinical Applications (ICAP)	IntelliSpace Portal (ISP)
Diagnostic Imaging	Digital X-Ray (DXR)
	Computed Tomography (CT)
	Magnetic Resonance (MR)
	OEM Imaging Components (Coils)
	Positron Emission Tomography (PET/CT)
	Advanced Molecular Imaging (SPECT & SPECT/CT)
	Radiation Oncology (PROS)

1. Payment Terms.

Unless otherwise specified in the quotation, Philips will invoice Customer and Customer will pay such invoi based on the date of the invoice for each of the products and integration services as follows:

1.1 For Imaging Systems Portfolio:

1.1.1 0% of the purchase price shall be due with Customer's submission of its purchas rder.

1.1.2 80% of the purchase price shall be due on delivery of the major component the Product to Custom signated location or Philips warehouse. Product installation will not begin until Customer has paid th rtion of the urchase price.

Subject to Section 6.2 of the Conditions of Sale, 20% of the purchase price shall be due thirty (30) days from the invoice date based on Product(s) availability for first patient use. Available for first patient use means the product has bee talled and substantially meets Philips' systems verification functionality set forth in the installation manual.

2. For IGT Fixed Systems.

2.1 Project management support to enable delivery and installation is provi l at no ad l cost. Consulting and other turnkey room preparation services are not included.

2.2 Delivery and Installation are included in the purchase of the system.

3. Additional Customer Installation Obligations for Magnetic esonance MR).

3.1 Customer shall provide any and all site preparation and ll be i nce wit all radio frequency (RF) or magnetic shielding and acoustical suppression and building codes relevant to the Product and its instali d use.

3.2 If applicable, Customer's contractor or Cus chitect is uired to provide detailed information on theproposed Helium Exhaust Pipe for their MRI system prior to installation to ensure s y specific s are be met.

Required Details include:

3.2.1 Architectural drawing or sket ith complete di nsions including lengths, bending radii, bending angles, and pipe diameters for entire Helium Exhaust Pipe run from RF enclos to discharge l ation.

3.2.2 Completed Helium Exhaust Pipe Verifi on Ch klist (Provided by Local Philips Project Manager)

3.2.3 Picture showing the area where the Heliu xhaust Pipe will discharge.

3.3 If applicable, Magnets will not be released for delivery unless and until Helium Exhaust Pipe details are provided for verification and have been confirmed to meet all life safety specifications.

3.4 Costs of equipment preservation, to ensure a high-quality system, will be passed to the Customer if the installation site is not ready due to delays not caused by Philips. Additionally, climate control costs during and after equipment installation are also the responsibility of the Customer. Preservation of equipment is required to prevent exposing equipment to the negative effects of a non-climate-controlled construction environment, where there is dust or high humidity. Climate control could include costs associated with ensuring a climate- controlled environment. Activities and expenses required for preservation may include time, materials, and transportation to package and seal, and transport the equipment to a controlled environment to prevent dustfrom entering the equipment. For MR, as may be applicable, this includes the consumption of Helium for life support.

4 Further use of System Data.

4.1 Mandatory Data. Customer acknowledges and agrees that by executing this Agreement and using the Licensed Software, it has agreed that product inventory and crash signature data generated by the LicensedSoftware shall be delivered into the custody of Philips, or of systems maintained on Philips' behalf, without notice to Customer. Such data is referred to herein as "Mandatory Data" and such data is described in the Licensed Software's documentation

for each Licensed Software release; the data comprising Mandatory Data is subject to change with each release of upgrades, updates, patches and modifications to the Licensed Software.

4.2 Customer agrees that any Mandatory Data will be the property of Philips. Part of the Mandatory Data might constitute (non-sensitive) Personal Data, which is anonymized data or aggregate log files, device parameters and other signals collected from the equipment used by Customer and associated with Customer. Customeragrees that Philips may use and disclose Mandatory Data for Philips' own business purposes (including, butnot limited to, for data analytics activities to determine trends of usage of Philips' or its affiliates' devices andservices, to facilitate and advise on continued and sustained use of Philips' or its affiliates' products and services, for product and service development and improvement (including the development of new offerings), substantiation of marketing claims and for benchmarking purposes). In connection with any disclosure of Mandatory Data, Philips will not associate such data with the Personal Data of Customer's patients, consumers, or employees.

PHILIPS

7. Warranty

INTERVENTIONAL X-RAY (iXR) SYSTEMS
PRODUCT WARRANTY

This product warranty document is an addition to the terms and conditions set forth in the quotation to which this warranty document is attached. Unless specifically listed below, this warranty does not apply to replacement parts. The terms and conditions of the quotation are incorporated into this warranty document. The capitalized terms herein have the same meaning as set forth in the quotation.

1. Twelve (12) Month System Warranty.

1.1 Philips Healthcare, a division of Philips North America LLC (Philips) warrants to Customer that the Philips' Interventional X-Ray Systems (System) will perform in substantial compliance with its performance specifications, in the documentation accompanying the System, for a period of twelve (12) months after completion of installation and availability for first patient use.

1.2 Any glassware or flat detectors provided with the System is subject to special warranty terms set forth below.

2. Planned Maintenance.

2.1 During the warranty period, Philips' personnel will schedule planned maintenance visits, in advance, at a mutually agreeable time on weekdays, between 8:00am and 5:00pm local time, excluding Philips' observed holidays.

3. System Options, Upgrades or Accessories.

3.1 Any Philips' authorized upgrades, options or accessories for the System which are delivered and/or installed on the System during the original term of the System warranty shall be subject to the same warranty terms contained in the first paragraph of this warranty, except that such warranty shall expire:

3.1.1 upon termination of the initial twelve (12) month warranty period for the System on which the upgrade, option or accessory is installed; or

3.1.2 after ninety (90) days for parts only from the date of installation.

4. MRC X-Ray Tubes.

4.1 Philips warrants to Customer, for the warranty periods further specified in this section, that the Philips' X-Ray Tubes (tube) will be substantially free from defects in material and manufacturing workmanship, which impair performance under normal use as specified in Philips' System descriptions and specifications.

4.2 The warranty period for MRC Tubes provided with Customer's purchase of a new or refurbished X-Ray System shall be the shorter of thirty-six (36) months after installation or thirty-eight (38) months after date of shipment from Philips.

4.3 The warranty period for purchases of replacement tubes shall be the shorter of twelve (12) months after installation or fourteen (14) months after date of shipment from Philips.

5. MRC Tube Warranty Exclusions.

5.1 The above warranty shall not apply to X-Ray Tubes outside the United States and Canada.

5.2 Philips' obligations under the System warranty do not apply to: System defects resulting from: improper or inadequate maintenance or calibration by Customer or its agents; Customer or third party supplied software, interfaces, or supplies; use or operation of the System other than in accordance with Philips' applicable System specifications and written instructions; improper site preparation; abuse, negligence, accident, loss or damage in transit; improper site preparation; unauthorized maintenance or modifications to the System; or, to viruses or similar software interference resulting from the connection of the System to a network.

6. MRC Tube Warranty Remedies.

6.1 If a tube is found to fail during the warranty period and if, in the best judgment of Philips, the failure is not due to neglect, accident, improper installation, use contrary to instructions, or the exclusions stated above, Philips' tube warranty liability hereunder is limited to, at Philips' option, the repair or replacement of the tube.

6.2 Any replacement tube would have a warranty period equal to the balance of the warranty period left on the tube replaced.

7. Dynamic Flat Detectors.

7.1 Philips warrants the Dynamic Flat Detectors (detector) provided with the System, if any, will be free from defects in material and manufacturing workmanship for twelve (12) months.

7.2 Claims must be made within twelve (12) months after installation or fifteen (15) months after date of shipment from Philips, whichever occurs first.

7.3 If a detector fails to meet this warranty, as Customer's sole and exclusive remedy, upon return of the detector, Philips will provide Customer a replacement detector at no additional charge.

8. System Software and Software Updates.

8.1 The software provided with the System will be the latest version of the standard software available for that System as of the ninetieth (90th) day prior to the date the System is delivered to Customer.

8.2 Updates to standard software for the System that do not require additional hardware or equipment modifications will be performed as a part of normal warranty service during the term of the warranty.

8.3 All software is and shall remain the sole property of Philips or its software suppliers.

8.4 Use of the software is subject to the terms of a separate software license agreement.

8.5 No license or other right is granted to Customer or to any other party to use the software except as set forth in the license agreements.

8.6 Any Philips maintenance or service software and documentation provided with the System and/or located at Customer's premises is intended solely to assist Philips and its authorized agents to install and to test the System, to assist Philips and its authorized agents to maintain and to service the System under a separate support agreement with Customer, or to permit Customer to maintain and service the System.

8.7 Customer agrees to restrict the access to such software and documentation to Philips employees, those of its authorized agents and its authorized employees of Customer only.

9. Warranty Limitations.

9.1 Philips' sole obligations and Customer's exclusive remedy under any product warranty are limited, at Philips' option, to the repair or the replacement of the product or a portion thereof within thirty (30) days after receipt of written notice of such material breach from Customer (Product Warranty Cure Period) or, upon expiration of the Product Warranty Cure Period, to a refund of a portion of the purchase price paid by the Customer, upon Customer's request.

9.2 Any refund will be paid, to the Customer when the product is returned to Philips.

9.3 Warranty service outside of normal working hours (i.e. 8:00am - 5:00pm in the time zone where the Customer is located, Monday through Friday, excluding Philips' observed holidays), will be subject to payment by Customer at Philips' standard service

9.4 This warranty is subject to the following conditions: the product:

9.4.1 is to be installed by authorized Philips' representatives (or is to be installed in accordance with a Philips' installation instructions by personnel trained by Philips);

9.4.2 is to be operated exclusively by duly qualified personnel in a safe and reasonable manner in accordance with Philips' written instructions and for the purpose for which the products were intended; and,

9.4.3 is to be maintained and in strict compliance with all recommended and scheduled maintenance instructions provided with the product and Customer is to notify Philips immediately if the product at any time fails to meet its printed performance specifications.

9.5 Philips' obligations under any product warranty do not apply to any product defect resulting from improper or inadequate maintenance or calibration by the Customer or its agents; Customer or third party supplied interfaces, supplies, or software including without limitation loading of operating system patches to the Licensed Software and/or upgrades to anti-virus software running in connection with the Licensed Software without prior approval by Philips; use or operation of the product other than in accordance with Philips' applicable product specifications and written instructions; abuse, negligence, accident, loss, or damage in transit; improper site preparation; unauthorized maintenance or modifications to the product; or viruses or similar software interference resulting from connection of the product to a network.

9.6 Philips does not provide a warranty for any third-party products provided by Philips under the quotation; however, Philips shall use reasonable efforts to extend to Customer the third-party warranty for the product.

9.7 The obligations of Philips described herein are Philips' only obligations and Customer's sole and exclusive remedy for a breach of a product warranty.

9.8 THE WARRANTIES SET FORTH HEREIN WITH RESPECT TO A PRODUCT (INCLUDING THE SOFTWARE PROVIDED WITH THE PRODUCT), ARE THE ONLY WARRANTIES MADE BY PHILIPS IN CONNECTION WITH THE PRODUCT; THE SOFTWARE, AND THE TRANSACTIONS CONTEMPLATED BY THE QUOTATION, AND ARE EXPRESSLY IN LIEU OF ANY OTHER WARRANTIES, WHETHER WRITTEN, ORAL, STATUTORY, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF NON-INFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

9.9 Philips may use refurbished parts in the manufacture of the products, which are subject to the same quality control procedures and warranties as for new products.

10. Philips' Remote Services Network (RSN).

10.1 Customer will:

10.1.1 provide Philips with a secure location at Customer's premises to store one Philips' Remote Services Network router and provide full and free access to this router, (or a Customer-owned router acceptable to Philips) for connection to the equipment and to Customer's network; or

10.1.2 provide Philips with outbound internet access over SSL; at all times during the warranty period provide full and free access to the equipment and the Customer network for Philips' use in remote servicing of the product, remote assistance to personnel that operate the products, updating the products software, transmitting automated status notifications from the product and regular uploading of products data files (such as but not limited to error logs and utilization data for improvement of Philips' products and services and aggregation into services).

10.2 Customer's failure to provide such access will constitute Customer's waiver of the scheduled planned maintenance service and will void support or warranty coverage of product malfunctions until such time as planned maintenance service is completed or RSN access is provided.

10.3 Customer agrees to pay Philips at the prevailing demand service rates for all time spent by Philips' service personnel waiting or access to the products.

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11. Transfer of System.

11.1 In the event Customer transfers or relocates the System, all obligations under this warranty will terminate unless Customer receives the prior written consent of Philips for the transfer or relocation.

11.2 Upon any transfer or relocation, the System must be inspected and certified by Philips as being free from all defects in material, software and workmanship and as being in compliance with all technical and performance specifications.

11.3 Customer will compensate Philips for these services at the prevailing service rates in effect as of the date the inspection is performed.

11.4 Any System which is transported intact to pre-approved locations and is maintained as originally installed in mobile configurations will remain covered by this warranty.

12. Limitation of Liability.

12.1 THE TOTAL LIABILITY OF PHILIPS ARISING UNDER OR IN CONNECTION WITH THE PRODUCT FOR ANY BREACH OF CONTRACTUAL OBLIGATIONS, WARRANTY, NEGLIGENCE, UNLAWFUL ACT OR OTHERWISE IN CONNECTION WITH THE PRODUCT IS LIMITED TO THE ACTUAL PURCHASE PRICE RECEIVED FOR THE PRODUCT THAT GAVE RISE TO THE CLAIM.

12.2 PHILIPS SHALL NOT BE LIABLE FOR ANY INDIRECT, PUNITIVE, INCIDENTAL, EXEMPLARY, SPECIAL OR CONSEQUENTIAL DAMAGES AND/OR FOR ANY DAMAGES INCLUDING, LOSS OF DATA, PROFITS, REVENUE, BUSINESS INTERRUPTION OR USE IN CONNECTION WITH OR ARISING OUT OF THESE CONDITIONS OF SALE, REGARDLESS OF WHETHER THEY ARE FORESEEABLE OR NOT AND WHETHER THE CLAIM IS MADE IN TORT (INCLUDING NEGLIGENCE), BREACH OF CONTRACT, INDEMNITY, AT LAW OR IN EQUITY. NEITHER PHILIPS NOR PHILIPS' SUPPLIERS SHALL BE LIABLE FOR ANY LOSS OR INABILITY TO USE MEDICAL OR OTHER DATA STORED ON OR BY THE PRODUCT.

12.3 THE EXCLUSION OF LIABILITY IN THESE CONDITIONS OF SALE SHALL ONLY APPLY TO THE EXTENT ALLOWED UNDER THE APPLICABLE LAW.

12.4 FOR US CUSTOMERS, THE FOLLOWING ARE NOT SUBJECT TO THE LIMITATIONS OF LIABILITY UNDER SECTION 12.1:

12.4.1 THIRD PARTY CLAIMS FOR DIRECT DAMAGES FOR BODILY INJURY OR DEATH TO THE EXTENT CAUSED BY PHILIPS' NEGLIGENCE OR PROVEN PRODUCT DEFECT.

12.4.2 CLAIMS OF TANGIBLE PROPERTY DAMAGE REPRESENTING THE ACTUAL COST TO REPAIR OR REPLACE PHYSICAL PROPERTY TO THE EXTENT CAUSED BY PHILIPS NEGLIGENCE OR PROVEN PRODUCT DEFECT.

12.4.3 OUT OF POCKET COSTS INCURRED BY CUSTOMER TO PROVIDE PATIENT NOTIFICATIONS, REQUIRED BY LAW, TO THE EXTENT SUCH NOTICES ARE CAUSED BY PHILIPS UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION.

12.4.4 FINES/PENALTIES LEVIED AGAINST CUSTOMER BY GOVERNMENT AGENCIES CITING PHILIPS' UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION AS THE BASIS OF THE FINE/PENALTY, ANY SUCH FINES OR PENALTIES SHALL CONSTITUTE DIRECT DAMAGES.

13. Force Majeure.

13.1 Philips and Customer shall each be excused from performing its obligations (except for payment obligations) arising from any delay or default caused by events beyond its reasonable control including, but not limited to, acts of God, health pandemic, acts of any civil, military, or government authority, fire, floods, war, embargoes, labor disputes, acts of sabotage, riots, accidents, delays of carriers, voluntary or mandatory compliance with any government act, regulation or mandatory direction, or request. For clarity, customer requests shall not be considered 'government' requests under this section.

Philips' system specifications are subject to change without notice.

MRXR Product Warranty Rev 23

Proposal

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April 29, 2024

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Submitted To: ST LUKES HOSP OF KANSAS CITY

SLX Surgical Light

The Stryker Surgical Light combines innovative features, inspired by the best technology, to provide superior light quality for your surgical team. And with so many options to customize, configure, and control your light, you can now enhance the OR experience like never before.

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
FD 2004	LIGHT / LEAD SHIELD	1	$44,245.00	$44,245.00	COMM_Group_Vizient_Inc_CE7202_Communications	$25,662.10	$25,662.10

Mounting Details
Multiple Suspension Mounting: TC Only

Controls
Wall Control: Wall mounted (recessed)
Cardanic Control: No
Control Unit Type: Touch
Light Handle Type: Sterile Control+ (Devon slip on)

Power Supply
SK Box: Wall Mounted (Recessed)

Configuration Details
Arm 1: Lighthead
Arm Length: 1100
Cardanic Style: NFC
Camera Prep: Yes

Arm 2: Third Party Object
Arm Length: 1000

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
CY 7000600	PREPARATION FOR COMMUNICATION INTERFACE, E-SERIES, F-GENERATION	1	$5,322.89	$5,322.89	COMM_Group_Vizient_Inc_CE7202_Communications	$3,087.28	$3,087.28
P36000	STRYKECAM FOR F-GEN	1	$31,608.13	$31,608.13	COMM_Group_Vizient_Inc_CE7202_Communications	$18,332.72	$18,332.72
P43779	BUNDLE, STRYKECAM READY	1	$6,671.88	$6,671.88	COMM_Group_Vizient_Inc_CE7202_Communications	$3,869.69	$3,869.69
CY 9600105	PREPARATION CAMERA STRYKECAM HD	1	$2,509.40	$2,509.40	COMM_Group_Vizient_Inc_CE7202_Communications	$1,455.45	$1,455.45
CY 1008104	MULTI COLOR TOUCH WALL CONTROL DISPLAY FOR SINGLE, DUAL OR TRIPLE F-GENERATION LIGHT CONFIGURATION	1	$5,588.97	$5,588.97	COMM_Group_Vizient_Inc_CE7202_Communications	$3,241.60	$3,241.60
CY 3000500	LEAD SHIELD	1	$19,182.25	$19,182.25		$11,125.70	$11,125.70
CY 9000122	STERILE CONTROL PREP	1	$1,331.66	$1,331.66		$772.36	$772.36

CY 9000123	STERILE CONTROL+ LIGHT HANDLE	1	$3,712.78	$3,712.78		$2,153.41	$2,153.41

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
FD 2004	LIGHT / LEAD SHIELD	1	$44,245.00	$44,245.00	COMM_Group_Vizient_Inc_CE7202_Communications	$25,662.10	$25,662.10

Mounting Details
Multiple Suspension Mounting: TC Only

Controls
Cardanic Control: No
Control Unit Type: Touch
Light Handle Type: Sterile Control+ (Devon slip on)

Power Supply
SK Box: Wall Mounted (Recessed)

Configuration Details
Arm 1: Lighthead
Arm Length: 1100
Cardanic Style: NFC
Camera Prep: No

Arm 2: Third Party Object
Arm Length: 1000

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
CY 3000500	LEAD SHIELD	1	$19,182.25	$19,182.25		$11,125.70	$11,125.70
CY 9000122	STERILE CONTROL PREP	1	$1,331.66	$1,331.66		$772.36	$772.36
CY 9000123	STERILE CONTROL+ LIGHT HANDLE	1	$3,712.78	$3,712.78		$2,153.41	$2,153.41

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
FS 1000	LIGHT	1	$39,200.42	$39,200.42	COMM_Group_Vizient_Inc_CE7202_Communications	$22,736.24	$22,736.24

Mounting Details
Multiple Suspension Mounting: TC Only

Controls
Cardanic Control: No
Control Unit Type: Touch
Light Handle Type: Sterile Control+ (Devon slip on)

Power Supply
SK Box: Wall Mounted (Recessed)

Configuration Details
Arm 1: Lighthead
Arm Length: 1500
Cardanic Style: NFC
Camera Prep: No

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
CY 2000300	ENDOLITE CENTRAL MOUNTED AT CEILING SUSPENSION FOR E-SERIES, F-GENERATION	1	$1,381.33	$1,381.33	COMM_Group_Vizient_Inc_CE7202_Communications	$801.17	$801.17
CY 9000122	STERILE CONTROL PREP	1	$1,331.66	$1,331.66		$772.36	$772.36
CY 9000123	STERILE CONTROL+ LIGHT HANDLE	1	$3,712.78	$3,712.78		$2,153.41	$2,153.41

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
FS 1203	SFP1	1	$25,974.93	$25,974.93	COMM_Group_Vizient_Inc_CE7202_Communications	$15,065.46	$15,065.46

Mounting Details
Multiple Suspension Mounting: TC Only

Controls
Cardanic Control: Yes
Control Unit Type: Keypad
Light Handle Type: Devon slip on

Power Supply

Configuration Details
Arm 1: Monitor bracket
Arm Length: 1000

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE

CY 9000103	UDM INTERSTITIAL AND SUSPENSION CABLES	1	$7,020.73	$7,020.73		$4,072.02	$4,072.02
CY 9000150	LIGHT OR FLAT PANEL HANDLE	1	$891.86	$891.86		$517.28	$517.28

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
FS 1000	LIGHT1	1	$39,200.42	$39,200.42	COMM_Group_Vizient_Inc_CE7202_Communications	$22,736.24	$22,736.24

Mounting Details
Multiple Suspension Mounting: TC Only

Controls
Cardanic Control: No
Control Unit Type: Touch
Light Handle Type: Sterile Control+ (Devon slip on)

Power Supply
SK Box: Wall Mounted (Recessed)

Configuration Details
Arm 1: Lighthead
Arm Length: 1600
Cardanic Style: NFC
Camera Prep: No

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
CY 2000300	ENDOLITE CENTRAL MOUNTED AT CEILING SUSPENSION FOR E-SERIES, F-GENERATION	1	$1,381.33	$1,381.33	COMM_Group_Vizient_Inc_CE7202_Communications	$801.17	$801.17
CY 9000122	STERILE CONTROL PREP	1	$1,331.66	$1,331.66		$772.36	$772.36
CY 9000123	STERILE CONTROL+ LIGHT HANDLE	1	$3,712.78	$3,712.78		$2,153.41	$2,153.41

S-Series Standard Equipment Management System

Introducing a new standard in equipment management. With a completely redesigned user interface and a compact, fully customizable system, it has never been easier to manage your services and maneuver your equipment.

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
SPS-2-LSM3	S-SERIES, STANDARD POWERED, 2 ROW, LSM3	1	$85,349.67	$85,349.67	COMM_Group_Vizient_Inc_CE7202_Communications	$50,643.89	$50,643.89

Mounting Details
Mounting Plate: Single Common Plate
Multiple Suspension Mounting: TC Only
Ceiling Cover: Standalone
Brake System: Electric
Spreader Tube: 138.5mm

MFR Configuration
Front MFR Length: 531mm
Rear MFR Length: 406mm
MFR Controls: Rear Only

Shelves
Shelves: 0
LSM3 Monitor Bracket: 1 X 1

High Voltage Services
20A/125V-5-20R Duplex: 1
20A/125V Duplex (4 Outlets): 2

Low Voltage Services
Blank Plate: 6
3rd Party Data Plate 1G Plate: 3
Distribution Bd Plate: 1
COR IP 4-in-1 Plate: 1

Additional Cables

Gas Services
Gas Manufacturer: Beacon Medaes
Gas Fitting Type: Puritan Bennet

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
SPS-2-LSM3	S-SERIES, STANDARD POWERED, 2 ROW, LSM3	1	$83,082.43	$83,082.43	COMM_Group_Vizient_Inc_CE7202_Communications	$49,328.89	$49,328.89

Mounting Details
Mounting Plate: Single Common Plate
Multiple Suspension Mounting: TC Only

Shelves
Shelves: 0
LSM3 Monitor Bracket: 1 X 1

High Voltage Services
20A/125V-5-20R Duplex: 1
20A/125V Duplex (4 Outlets): 2

Additional Cables

Gas Services
Gas Manufacturer: Beacon Medaes
Gas Fitting Type: Puritan Bennet

Ceiling Cover: Standalone
Brake System: Electric
Spreader Tube: 138.5mm

MFR Configuration
Front MFR Length: 531mm
Rear MFR Length: 406mm
MFR Controls: Rear Only

Low Voltage Services
Blank Plate: 6
3rd Party Data Plate 1G Plate: 3
Distribution Bd Plate: 1
COR IP 4-in-1 Plate: 1

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
SFS-3-C	S-SERIES, STANDARD FIXED, 3 ROW, 2 ARM,	1	$67,100.29	$67,100.29	COMM_Group_Vizient_Inc_CE7202_Communications	$42,704.78	$42,704.78

Mounting Details
Mounting Plate: Single Common Plate
Multiple Suspension Mounting: TC Only
Ceiling Cover: Standalone
Brake System: Electric
Spreader Tube: 138.5mm

MFR Configuration
Front MFR Length: 1000mm
Rear MFR Length: 676mm
MFR Controls: Rear Only

Shelves
Shelves: 4
Shelf Rail Type: Fairfield
Shelf 1: 515mm
Shelf 2: 515mm w/Controls
Shelf 3: 515mm
Shelf 4: 515mm

High Voltage Services
20A/125V Duplex (8 Outlets): 2

Low Voltage Services
COR IP MNA Plate: 1
Blank Plate: 2
3rd Party Data Plate 1G Plate: 1
Distribution Bd Plate: 1
COR IP SDI Plate: 1
COR IP 4-in-1 Plate: 1
COR IP Universal Plate: 1

Additional Cables

Gas Services
Gas Manufacturer: Beacon Medaes
Gas Fitting Type: Puritan Bennet
C02 Gas: 1
N2 Gas: 1
Vac Gas: 4

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
P36143	ASM, SHELF MOUNT HDW	4	$785.44	$3,141.76	COMM_Group_Vizient_Inc_CE7202_Communications	$455.56	$1,822.24
P40083	ASM, HANDLE AND SHELF WITH FAIRFIELD R	1	$2,853.63	$2,853.63	COMM_Group_Vizient_Inc_CE7202_Communications	$1,655.11	$1,655.11
P40237	ASM, SHELF WITH FAIRFIELD RAILS, 515,	3	$2,853.63	$8,560.89	COMM_Group_Vizient_Inc_CE7202_Communications	$1,655.11	$4,965.33

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
SPS-2-C	S-SERIES, STANDARD POWERED, 2 ROW, 2 A	1	$50,976.02	$50,976.02	COMM_Group_Vizient_Inc_CE7202_Communications	$30,707.18	$30,707.18

Mounting Details
Mounting Plate: Single Common Plate
Multiple Suspension Mounting: TC Only
Ceiling Cover: Standalone
Brake System: Electric
Spreader Tube: 138.5mm

MFR Configuration
Front MFR Length: 406mm
Rear MFR Length: 406mm
MFR Controls: Rear Only

Shelves
Shelves: 0

High Voltage Services
20A/125V-5-20R Duplex: 1
20A/125V Duplex (4 Outlets): 2

Low Voltage Services
Blank Plate: 1
3rd Party Data Plate 1G Plate: 1
Distribution Bd Plate: 1
COR IP 4-in-1 Plate: 1

Additional Cables

Gas Services
Gas Manufacturer: Beacon Medaes
Gas Fitting Type: Puritan Bennet
Air Gas: 1
Vac Gas: 2
N20 Gas: 1
O2 Gas: 2
WAGD Gas: 1

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
SPS-2-C	S-SERIES, STANDARD POWERED, 2 ROW, 2 A	1	$46,826.78	$46,826.78	COMM_Group_Vizient_Inc_CE7202_Communications	$28,300.62	$28,300.62

Mounting Details
Mounting Plate: Single Common Plate
Multiple Suspension Mounting: TC Only
Ceiling Cover: Standalone
Brake System: Electric
Spreader Tube: 138.5mm

Shelves
Shelves: 0

High Voltage Services
20A/125V-5-20R Duplex: 1
20A/125V Duplex (4 Outlets): 2

Low Voltage Services
Blank Plate: 1
3rd Party Data Plate 1G Plate: 1

Additional Cables

Gas Services
Gas Manufacturer: Beacon Medaes
Gas Fitting Type: Puritan Bennet
Air Gas: 1
Vac Gas: 2
N20 Gas: 1
O2 Gas: 2

MFR Configuration
Front MFR Length: 406mm
Rear MFR Length: 406mm
MFR Controls: Rear Only

Distribution Bd Plate: 1
COR IP 4-in-1 Plate: 1

WAGD Gas: 1

Connected OR IP Integration System

The Connected OR IP Integration System is a modular, scalable and upgradeable operating room video routing platform. The 4K capable system provides intuitive control and routing of audio, video and data sources from a centrally located touch panel. Designed for the operating room, COR IP features customizable room presets, integrated surgical checklists, real-time messaging and centralized OR equipment controls. The system also seamlessly interfaces with additional Stryker platforms to improve clinical efficiency with optional EMR integration, two-way audio/video conferencing, remote in-room viewing, and server-based media asset management solutions.

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
1678100004	CONNECTED OR IP BASE PKG 004	1	$79,299.07	$79,299.07		$61,853.27	$61,853.27

Inputs

Sources
Stryker 4K Endo Cam: 1
Stryker HD ILC: 1
PC HD HDMI/DVI: 6

Boom Plates
HD-SDI Boom Plate: 1
4-in-1 Boom Plate: 5
Universal Plates: 1

Wall Plates

Outputs

Suspension Display
Stryker 4K Displays: 1
Competitor 4K Displays: 1

Wall Display
Stryker 4K Displays: 3
Competitor HD Displays: 6

Rack
Install Type: OR Adjacent
Stryker Provided UPS: Yes
Stryker 24U Rack: Yes
Switch: Dedicated
Universal Cables: 1

Options
Additional Packages:
Secondary Touch Panel
PIP/PBP/QUAD
Keyboard_Mouse
Mobile Phone Connection
Audio Package:
Premium - Ceiling Mounted
Stryker 55in 4k Display: 3
Encoders

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
P39859	COMP, BARCO 21.5IN TP AND POWER SUPPLY	2	$3,923.77	$7,847.54		$3,060.54	$6,121.08
P45613	CONNECTED OR IP USB 3.1 EXTENSION PKG	1	$4,827.45	$4,827.45		$3,765.41	$3,765.41
P45670	CONNECTED OR IP STRYKER 4K DISPLAY FAIL-SAFE KIT	1	$2,271.01	$2,271.01		$1,771.39	$1,771.39
P39292	CABLE, DUPLEX-LC-M TO DUPLEX-LC-M, OM3, 2.0M	7	$37.56	$262.92		$29.30	$205.10
P45671	CONNECTED OR IP 4 CEILING SPEAKER PKG	1	$2,909.52	$2,909.52		$2,269.43	$2,269.43
P39323	COMP, SELF-AMPLIFIED, IN-CEILING SPEAKERS	2	$2,088.92	$4,177.84		$1,629.36	$3,258.72
P43761	COMPONENT, BARCO MNA 240 1U SHELF	1	$353.55	$353.55		$275.77	$275.77
P45644	CONNECTED OR IP MOBILE PHONE CONNECTIVITY PKG	1	$343.28	$343.28		$267.76	$267.76
P47593	CABLE, NORTH AMERICA, MEDICAL GRADE, IEC 60320 C13 TO NEMA 5-15, 120 VAC, 10 A, 3FT	7	$69.91	$489.37	COMM_Group_Vizient_Inc_CE7202_Communications	$54.53	$381.71
P45633	CONNECTED OR IP KVM DVI OR HD HDMI SOURCE INSTALL KIT	6	$2,861.02	$17,166.12		$2,231.60	$13,389.60
P45641	CONNECTED OR IP 4K WALL DISPLAY INSTALL KIT	3	$3,708.77	$11,126.31		$2,892.84	$8,678.52
P45952	DISPLAY, 55" 4K	3	$9,006.25	$27,018.75		$7,024.87	$21,074.61
0100224158	MOUNT PLATE PLASMA/LCD	4	$740.52	$2,962.08	COMM_Group_Vizient_Inc_CE7202_Communications	$577.61	$2,310.44
P39275	CABLE, UNIVERSAL, PLUG-TO-PLUG, 33FT	1	$3,468.95	$3,468.95		$2,705.78	$2,705.78
P44942	CABLE, CAMERA CONTROL, 1M	1	$97.47	$97.47		$76.03	$76.03
P49734	CONNECTED OR IP MNA POWER SUPPLY KIT	3	$325.19	$975.57		$253.65	$760.95
P49719	CONNECTED OR IP DOUBLE HD VIDEO-PLATE INSTALL KIT	3	$7,360.18	$22,080.54		$5,740.94	$17,222.82
P49711	CONNECTED OR IP SECONDARY TOUCH PANEL INSTALL KIT	1	$3,104.43	$3,104.43		$2,421.46	$2,421.46
P49713	CONNECTED OR IP VIDEO COMPOSITOR PKG	1	$4,141.86	$4,141.86		$3,230.65	$3,230.65
P49724	CONNECTED OR IP KEYBOARD AND MOUSE KIT	1	$608.31	$608.31		$474.48	$474.48

P49725	CONNECTED OR IP TOUCH PANEL INSTALL KIT	1	$3,795.76	$3,795.76		$2,960.69	$2,960.69
P45616	CONNECTED OR IP PDU 120V KIT	1	$230.28	$230.28		$179.62	$179.62
P46210	CABLE MNA POWER SUPPLY ADAPTER 18 AWG 1FT	1	$118.21	$118.21		$92.20	$92.20
P38925	CABLE DC-PDU-MNA 18 AWG 2FT	1	$104.00	$104.00		$81.12	$81.12
P43705	CABLE DC-PDU TO MOLEX MLX-F 12 AWG 75FT	1	$355.10	$355.10		$276.98	$276.98
P49689	CONNECTED OR IP STRYKER 4K ENDOCAM INSTALL KIT	1	$4,207.45	$4,207.45		$3,281.81	$3,281.81
P49712	CONNECTED OR IP DVI OR HD HDMI IN-LIGHT CAMERA INSTALL KIT	1	$3,074.09	$3,074.09		$2,397.79	$2,397.79
P49705	CONNECTED OR IP HD DECODER INSTALL KIT	6	$2,802.94	$16,817.64		$2,186.29	$13,117.74
P49707	CONNECTED OR IP 4K HDMI DISPLAY INSTALL KIT	1	$3,432.68	$3,432.68		$2,677.49	$2,677.49
P47817	CONNECTED OR IP 4K HDMI SINGLE DISPLAY KIT	1	$3,313.55	$3,313.55		$2,584.57	$2,584.57
P47814	CONNECTED OR IP SINGLE DISPLAY DC POWER KIT	1	$3,423.27	$3,423.27		$2,670.15	$2,670.15
P49722	CONNECTED OR IP DECODER DC POWER KIT	1	$107.59	$107.59		$83.92	$83.92
P47812	CONNECTED OR IP SINGLE DISPLAY CABLE KIT	1	$2,071.38	$2,071.38		$1,615.68	$1,615.68
500020417	JUNCTION BOX 10X8X4	1	$200.76	$200.76	COMM_Group_Vizient_Inc_CE7202_Communications	$116.44	$116.44

Stryker Endoscopy

As a technology leader in minimally invasive surgery, Stryker offers comprehensive solutions to meet the changing needs of the high-tech operating room. We combine voice activation, advanced imaging, and high-definition video technology with a data management system to offer a surgical environment designed to improve patient outcomes. The combination of Stryker's market leading products and first class service has set a new standard in minimally invasive surgery.

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
1788610122	PKG, 1788 4K CAMERA HEAD WITH INTEGRATED COUPLER	4	$49,865.25	$199,461.00		$27,311.00	$109,244.00
1788010000	PKG, 1788 CAMERA CONTROL UNIT (CCU)	1	$43,326.70	$43,326.70		$23,730.00	$23,730.00
0240200304	CONNECTED OR HUB BASE WITH DEVICE CONTROL AND SDP1	1	$71,578.16	$71,578.16		$33,455.46	$33,455.46
P54382	2.5 KG BALLAST ASSEMBLY	2	$457.32	$914.64		$202.32	$404.64
0620050001	PNEUMOCLEAR CO2 CONDITIONING INSUFFLATOR KIT (BOTT	1	$35,738.73	$35,738.73		$16,699.47	$16,699.47
0220240300	PKG, L12 LED LIGHT SOURCE WITH AIM	1	$38,437.47	$38,437.47		$21,052.00	$21,052.00
0240031311	32" 4K OLED SURGICAL DISPLAY WITH OLED DISPLAY COV	2	$28,239.60	$56,479.20		$15,176.27	$30,352.54

Hospital Status

Designed to improve hospital workflow and provide visibility into any area of the hospital by streaming live video feeds to your desktop or tablet. Hospital Status allows you to easily group and manage all your video feeds in one place.

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
1678055001	CONNECTED OR APPLICATION CENTER	1	$0.00	$0.00		$0.00	$0.00

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
1678055003	CONNECTED OR HOSPITAL STATUS	1	$0.00	$0.00		$0.00	$0.00
P55548	CAMERA NETWORK	1	$4,106.94	$4,106.94		$3,203.41	$3,203.41
8888882022	HOSPITAL STATUS MAINTENANCE AND SUPPORT 1-15 CAMERAS	1	$12,491.33	$12,491.33		$12,491.33	$12,491.33

8888889016	HOSPITAL STATUS 1-15 CAMERAS	1	$29,769.04	$29,769.04		$23,219.85	$23,219.85
P48510	AXIS CAMERA RECESSED MOUNT	1	$393.86	$393.86		$307.21	$307.21

stryker

iSuite Installation

PART #	DESCRIPTION	QTY	LIST PRICE	EXT LIST PRICE	PRICE LIST	DISC. PRICE	EXT DISC. PRICE
8888881251	INSTALLATION CONNECTED OR IP	1	$12,559.73	$12,559.73		$9,796.59	$9,796.59
RS 0006139	TELETOM INSTALLATION, TC	1	$4,978.06	$4,978.06	COMM_Group_ Vizient_Sector Pricing_Communications	$2,887.27	$2,887.27
RS 0006008	CHROMOPHARE INSTALLATION	1	$3,767.74	$3,767.74		$2,185.29	$2,185.29
RS 0006139	TELETOM INSTALLATION, TC	1	$4,978.06	$4,978.06	COMM_Group_ Vizient_Sector Pricing_Communications	$2,887.27	$2,887.27
RS 0006008	CHROMOPHARE INSTALLATION	1	$3,767.74	$3,767.74		$2,185.29	$2,185.29
RS 0006139	TELETOM INSTALLATION, TC	1	$4,978.06	$4,978.06	COMM_Group_ Vizient_Sector Pricing_Communications	$2,887.27	$2,887.27
RS 0006008	CHROMOPHARE INSTALLATION	1	$3,767.74	$3,767.74		$2,185.29	$2,185.29
RS 0006139	TELETOM INSTALLATION, TC	1	$4,978.06	$4,978.06	COMM_Group_ Vizient_Sector Pricing_Communications	$2,887.27	$2,887.27
RS 0006008	CHROMOPHARE INSTALLATION	1	$3,767.74	$3,767.74		$2,185.29	$2,185.29
RS 0006139	TELETOM INSTALLATION, TC	1	$4,978.06	$4,978.06	COMM_Group_ Vizient_Sector Pricing_Communications	$2,887.27	$2,887.27
RS 0006008	CHROMOPHARE INSTALLATION	1	$3,767.74	$3,767.74		$2,185.29	$2,185.29
8888889024	INSTALLATION -- NETWORK CAMERA	1	$126.13	$126.13		$98.38	$98.38
8888889025	INSTALLATION -- HOSPITAL STATUS	1	$1,942.53	$1,942.53		$1,515.17	$1,515.17
8888889026	INSTALLATION -- APPLICATION CENTER	1	$6,672.70	$6,672.70		$5,204.71	$5,204.71
8888888401	INSTALLATION-IMPLEMENTATION STAGING CHARGE	2	$2,791.97	$5,583.94		$2,791.97	$5,583.94
8888888900	ICTS ENGINEERING SERVICES	1	$41,719.79	$41,719.79		$24,197.48	$24,197.48
	PRE-INSTALL HARDWARE		$17,054.15	$17,054.15		$9,891.35	$9,891.35

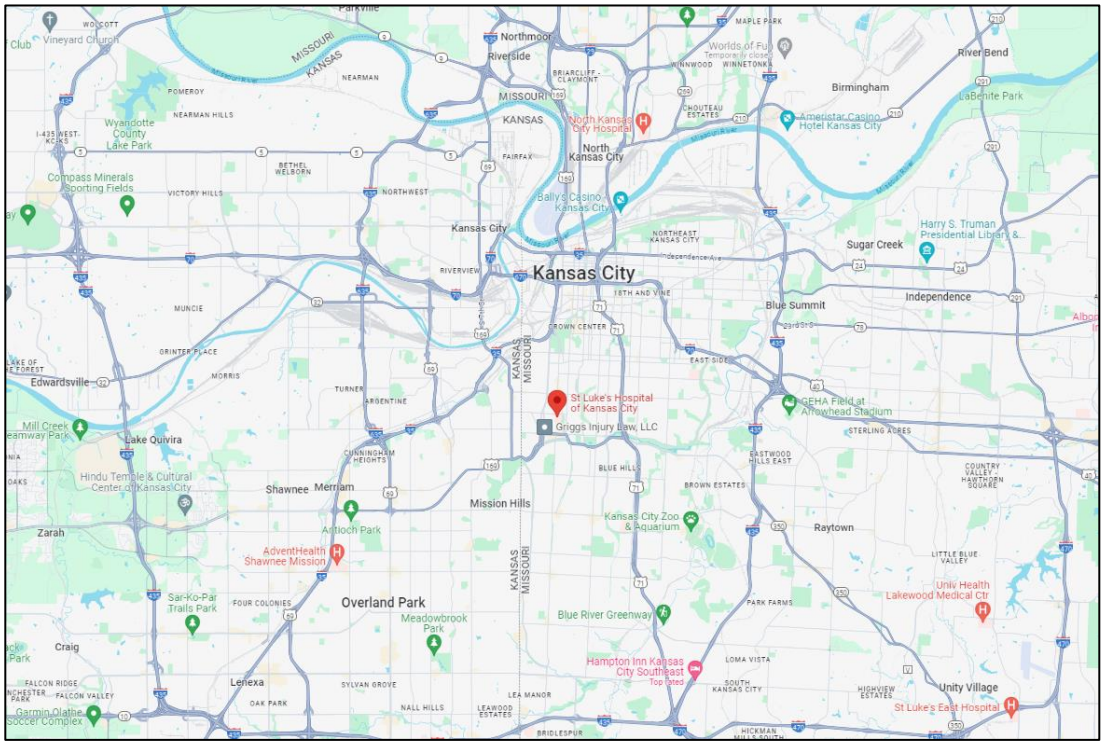
Total	
Total List Price:	$1,520,544.76
Total Discount Amount:	($638,701.00)
Discounted Total:	$881,843.76

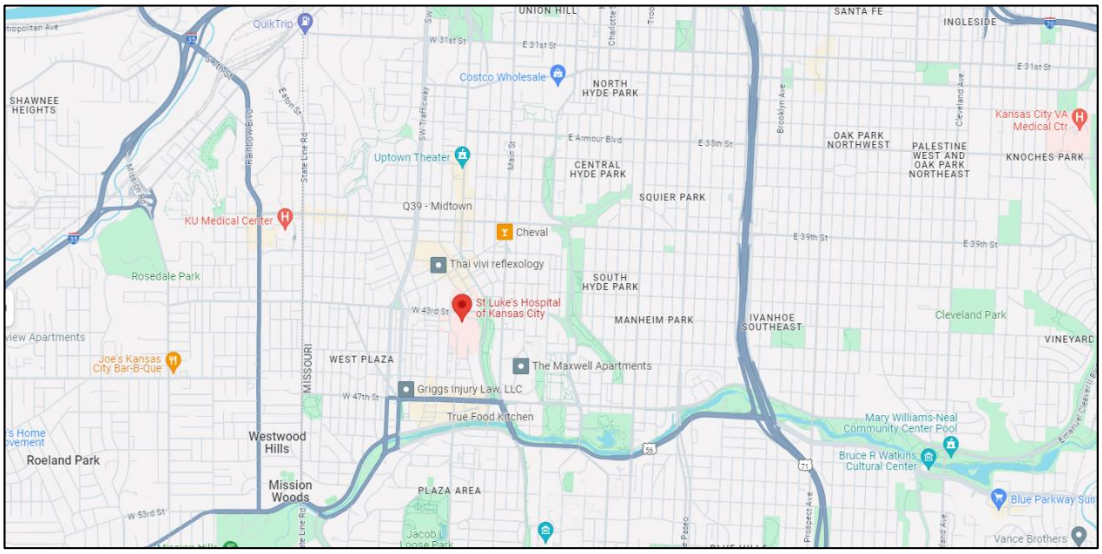
**OR Renovation Services Isolation Plate to be installed by Philips personnel.

This quote proposal is in accordance with Vizient Contracts CE7202 (Booms, Lights) and/or CE7213 (OR Tables). Referencing the GPO contract number on your Purchase Order is required for contracted Terms and Conditions to apply.

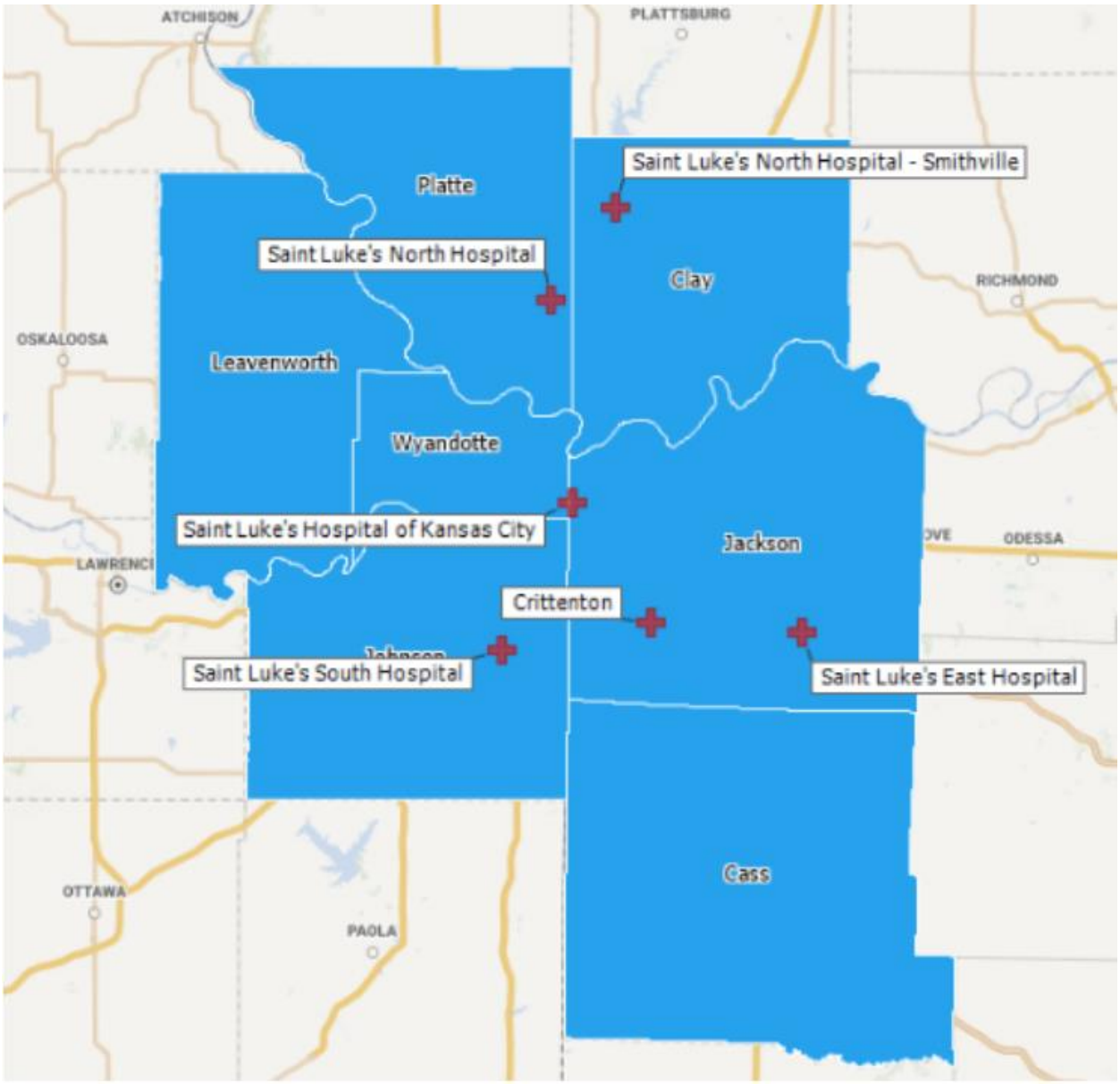
Exact Location of Project

4401 Wornall Rd.
Kansas City, MO 64111





Primary Service Area



Saint Luke's

Saint Luke's Hospital Community Health Needs Assessment

2023

◆ Saint Luke's Hospital of Kansas City

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Saint Luke's Hospital of Kansas City (SLH) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Saint Luke's Hospital of Kansas City is one of the largest faith-based acute care hospitals in the region – offering many specialized programs and services. The hospital's network of more than 600 physicians represents more than 60 medical specialties. SLH is a primary teaching hospital for the University of Missouri – Kansas City School of Medicine. Additional information about Saint Luke's Hospital of Kansas City is available at: Saint Luke's Hospital of Kansas City.

SLH also includes Crittenton Children's Center. For more than 100 years, Crittenton has cared for the emotional and mental health of Kansas City's children and their families. The hospital's multidisciplinary treatment teams use evidence-based therapies to help children learn to regulate their emotions, build communication skills, and develop lifelong strategies for resilience and strength. Additional information about Crittenton is available at: Saint Luke's Hospital Crittenton Children's Center.

SLH is part of Saint Luke's Health System, which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System includes 14 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information is available at: About Saint Luke's.

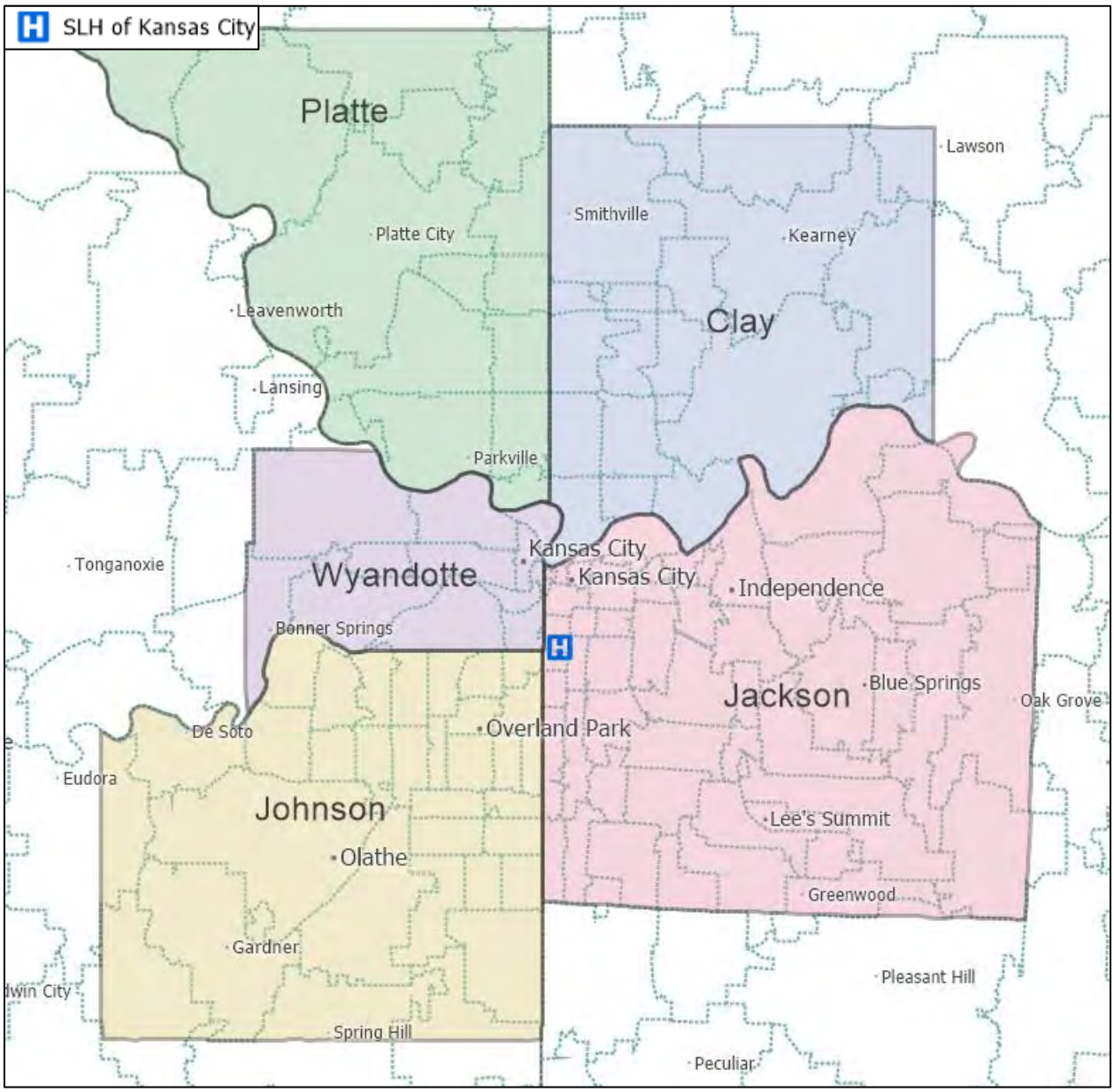
This CHNA was conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment was also conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, SLH's community is defined as a five-county area that includes Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas. In the calendar year 2022, the five counties accounted for approximately 75 percent of the hospital's inpatient volumes and 90 percent of emergency department visits.

The total population of the community in 2020 was 1,849,588.

The following map portrays the community served by SLH and the location of its main campus.



Source: Caliper Maptitude, 2022.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing health equity has potential to improve community health. Within this context, significant health needs in the community served by Saint Luke's Hospital of Kansas City are:

- Access to Care;
- Behavioral Health;
- Needs of Older Adults; and
- Social Drivers of Health.

Significant Community Health Needs: Discussion

Access to Care

Access to healthcare services is critical for achieving optimal health. Accessing healthcare services is challenging for some members of the community assessed by SLH, especially those with no (or inadequate) health insurance coverage, low-income persons, and members of racial and ethnic minority populations.

Secondary data and community input indicate that more healthcare providers are needed in the community.

- The supply of primary care physicians (measured on a per-capita basis) in Jackson, Clay, and Wyandotte counties has been comparatively low.
- The supply of mental health professionals has been below national averages in all five counties.
- The supply of dentists has been below the national average in Clay, Platte, and Wyandotte.

The federal government has designated the following areas as Health Professional Shortage Areas (HPSAs):

- Wyandotte County for low-income residents seeking access to primary and dental care services.
- Jackson County for low-income residents seeking access to mental health care professionals.
- Central and north Kansas City, Grandview, and Independence for low-income residents seeking primary care services.

When providing input for this CHNA, community partners cited the shortage of healthcare providers, including mental health providers, primary care providers, specialists, and dentists, as problematic. They stated that residents without insurance and those covered by Medicaid are especially challenged to find providers. Other barriers to accessing health services were described, including cost of care (including co-payments), transportation, health literacy, and long wait times for appointments. However, some suggested that focusing on meeting basic

needs such as securing affordable housing, childcare, and healthy food may be a more immediate priority than access to care for the most vulnerable members of the community.

Community members indicated that some residents have challenges with navigating the health care system, particularly those with low educational achievement and undocumented residents.

A lack of diversity in medical providers and healthcare staff was identified as an access barrier for some community members. Some experience difficulties when trying to find a provider with whom they feel comfortable.

Healthcare workforce shortages were identified by community input participants as problematic. All types of healthcare positions have been affected. Staffing shortages contribute to challenges with providing quality care in a timely manner.

Several of the Community Health Assessments and Community Health Improvement Plans recently prepared by local health departments identified improving access to affordable care, including primary care, dental care, and mental health care as a priority. According to these reports, access has been particularly challenging for residents who are uninsured, have low-income, and members of racial and ethnic minorities.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion. Kansas is one of the eleven states that have chosen not to expand Medicaid. An estimated 150,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Maternal and child health measures indicate access to care issues. The percentage of women accessing care during the first trimester of pregnancy has been below Missouri averages in Jackson County for all races and ethnicities. Care in the first trimester was significantly lower for Black women in Clay, Platte, and Jackson counties compared to all Missouri residents. In Jackson County, the percent of live births with low birthweight has been above Missouri and U.S. averages.

Behavioral Health

Jackson, Clay, Platte, and Wyandotte counties ranked in the bottom half of peer counties for the prevalence of mentally unhealthy days.

Poor mental health status, including depression, anxiety, and social isolation, was identified by many community members who provided input into this CHNA as a significant concern. Interviewees cited an undersupply of mental health providers and facilities, for both inpatient and outpatient services. Supply of mental health providers was reported as being especially low for children, adolescents, teenagers, and older adults. Jackson, Clay, Platte, and Wyandotte counties ranked in the bottom half compared to peer counties for the ratio of population to mental health

providers. Community members needing behavioral health services have experienced very long wait times for appointments.

Community members stated that stress, a lack of social connectedness, and trauma are issues. Stigma remains a barrier to people accessing behavioral healthcare, particularly within rural areas and in minority communities. Community members also expressed concerns about the impact of the COVID-19 pandemic on the prevalence of mental health and substance abuse problems.

High suicide rates were seen as significant public health concerns by community members. In all five counties, suicide rates have been above state and national averages for males, females, and all races and ethnicities.

Community members also identified violent crime as a major concern that contributes to mortality, morbidity, and behavioral health problems. In Kansas City (MO) and Independence (MO), violent crime, murder, rape, and assault have been more than 50 percent above U.S. averages.

Recent Community Health Assessments prepared by Kansas City-area local health departments identified the need to improve mental health (and reduce suicide rates) as priorities. The Northland Health Alliance Community Health Assessment identified mental and behavioral health as one of two top priorities.

Community members providing input into this CHNA cited substance use, including alcohol consumption, as a significant factor that affects public health. Secondary data substantiate these concerns. Drug poisoning mortality has increased significantly in recent years. Binge plus heavy drinking has been above U.S. averages (in all community counties except Wyandotte). Driving deaths with alcohol involvement have been above U.S. averages in Jackson, Clay, and Platte counties.

Needs of Older Adults

The population of adults 65 years of age and older is projected to grow 40.8 percent between 2020 and 2030 (approximately 113,000 persons). This compares to 10.1 percent growth in the five-county population. This development will likely contribute to growing demand for health services, as older individuals typically need and use more services than younger people.

Community members identified the needs of a growing older adult population as a significant community health issue. Specific concerns include:

- Greater risks of chronic and severe illness,
- The need for resources to support aging in place, and
- Needs associated with memory loss, falls, and worsening mental health status due to isolation and financial stress.

Healthcare professionals and leaders stated that meeting the increased needs and demands of older adults is likely to exacerbate problems with workforce shortages.

County Health Rankings data indicate that rates of preventable hospitalizations for Medicare beneficiaries have been above the U.S. average in Jackson, Platte, and Wyandotte counties. Wyandotte County ranked in the bottom half of Kansas counties for mammography screening for Medicare enrollees. Assuring that older adults have access to prevention services is an identified community health need.

Social Drivers of Health

Social drivers of health, also called social determinants of health, (SDOH), are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1] Social drivers of health play an important role in health equity.

Interviewees and community meeting participants identified SDOH, including poverty, food insecurity, safe and affordable housing, crime, access to transportation, education, and health literacy as significant concerns in the community assessed by SLH.

Community input participants noted that people living in low-income households were generally less healthy than those living in more prosperous areas.

Significant variation in poverty rates exists across the SLH community, ranging from 5.1 percent in Johnson County (KS) to 17.7 percent in Jackson (MO). Wyandotte, Clay, and Platte counties were 13.4 percent, 8.2 percent, and 6.0 percent respectively. In Jackson and Wyandotte counties, the percentages of children living in poverty compared unfavorably to state and national averages.

While poverty rates in Johnson, Clay, and Platte counties were comparatively low, community input participants indicated that "pockets of need" and income disparities are present in these counties. They stated that the needs of these low-income communities often are minimized or overlooked.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents.

Many low-income census tracts are present. They have been most prevalent in western parts of Jackson County, eastern and central Wyandotte County, southwestern Clay County, and in Olathe in Johnson County.

Community input participants stated that safe and affordable housing is a key concern and one that affects residents' overall health and wellbeing. They indicated that finding affordable housing is especially difficult in some areas, such as Johnson County, due to large gaps in income throughout the county and high housing costs. Jackson and Wyandotte counties have a

[1] https://health.gov/healthypeople/priority-areas/social-determinants-health

higher percentage of households rent burdened (paying more than 30 percent of income for rent) than community and state averages.

The Area Deprivation Index has ranked neighborhoods in the Kansas City area, Independence, western Jackson County, eastern Wyandotte County, Platte City, and Olathe as having high levels of socioeconomic disadvantage.

Access to affordable and reliable transportation was discussed at length by many community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City, such as the Northland.

The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, Lee's Summit, Excelsior Springs, Olathe, and the Platte City area.

Food deserts and food swamps[2] were present in each of the counties and have been particularly prevalent in western Jackson County and eastern Wyandotte County. Community input participants noted that access to affordable, healthy food is an issue for many residents. Transportation challenges, cost, and availability were all indicated as barriers.

Education, linguistic isolation, and health literacy were identified as factors affecting community health by community input participants. Wyandotte County had over 18 percent of adult population without a high school diploma in 2017-2021, a rate more than 50 percent above the U.S. average and more than double the Kansas average. Wyandotte County also had a significant proportion of residents who are linguistically isolated, defined as speaking English "less than well."

Issues relating to social determinants of health, including education, housing, transportation, crime, and economic opportunity, were identified as priority issues in the Kansas City Community Health Improvement Plan (CHIP, 2017-2022), Eastern Jackson County CHIP (2020), and the Northland Health Alliance Community Health Assessment (2021). The Kansas City Health Department Community Health Assessment noted racial and ethnic disparities in education, economic outcomes, and housing. The CHNA conducted in 2021 by the Northland Health Alliance cited education, income, and health disparities as concerns for members of racial and ethnic minority populations.

[2] Food swamps have been described as areas with a high-density of establishments selling high-calorie fast food and junk food, relative to healthier food options. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/.

DATA AND ANALYSIS

Community Definition

The community that was assessed by Saint Luke's Hospital of Kansas City (SLH) was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2022.

SLH's community was defined as a five-county area that includes Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas. This community accounted for 75.1 percent of the hospital's 2022 inpatient volumes and 89.6 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLH Discharges and Emergency Room Visits, 2022

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Jackson (MO)	10,470	49.3%	20,557	74.4%
Johnson (KS)	2,338	11.0%	1,432	5.2%
Clay (MO)	1,575	7.4%	1,132	4.1%
Platte (MO)	815	3.8%	399	1.4%
Wyandotte (KS)	762	3.6%	1,234	4.5%
Community	**15,960**	**75.1%**	**24,754**	**89.6%**
Hospital Total	**21,239**	**100.0%**	**27,631**	**100.0%**

Source: Analysis of Saint Luke's Utilization Data, 2022.

The total population of the five-county community in 2020 was approximately 1,849,000 persons (**Exhibit 2**).

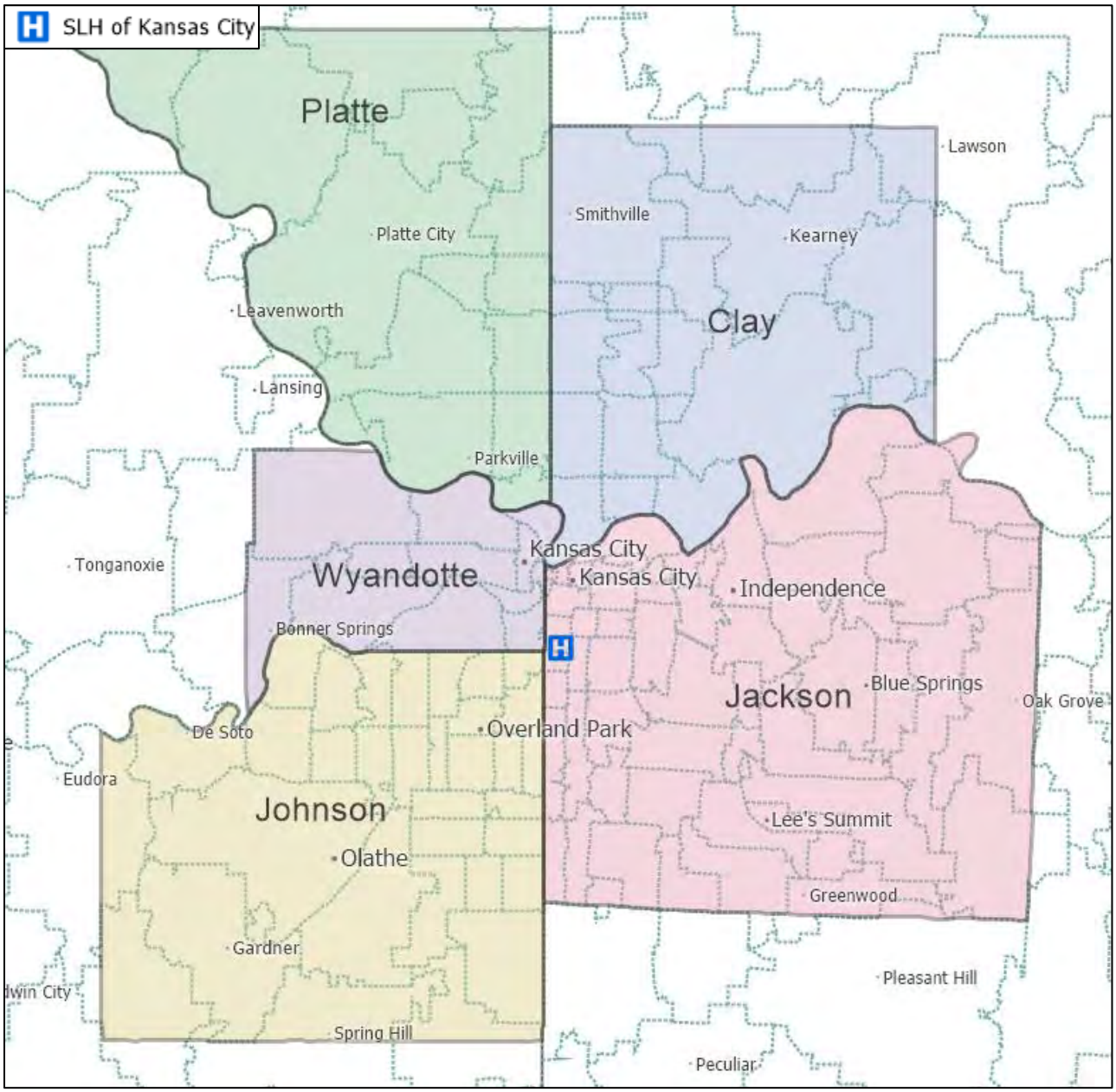
Exhibit 2: Community Population by County, 2020

County	Total Population 2020	Percent of Total Population 2020
Jackson (MO)	689,226	37.3%
Johnson (KS)	628,444	34.0%
Clay (MO)	261,469	14.1%
Platte (MO)	102,810	5.6%
Wyandotte (KS)	167,639	9.1%
Community	**1,849,588**	**100.0%**

Source: Missouri Office of Admin, Budget, and Planning and the Kansas Center for Economic Development and Business Research, 2023.

The hospital is located in Kansas City, Missouri (Jackson County ZIP Code 64111). **Exhibit 3** portrays the community and ZIP Code boundaries within the counties.

Exhibit 3: Saint Luke's Hospital of Kansas City Community



Source: Caliper Maptitude, 2022.

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow by 10.1 percent or 187,300 residents, from 2020 to 2030. The population 65 years of age and older is anticipated to grow much more rapidly, by 40.8 percent or 113,207 persons, during the same time. This development will likely contribute to greater demand for health services, as older individuals typically need and use more services than younger people.

The community has substantial variation in demographic characteristics, including age, race/ethnicity, and income levels, across the five counties.

In 2021, over one-third of the population in 19 community ZIP Codes identified as Black. Three of these ZIP Codes are in Wyandotte County and 16 are in Jackson County. In two of the Jackson County ZIP Codes, over 75 percent of the population identified as Black. These ZIP Codes were associated with comparatively high poverty rates and poor health status. The percentage of the population Black was under five percent in 43 percent of community ZIP Codes. Most of these ZIP Codes were in Johnson County.

Eastern Wyandotte County and the Kansas City (MO) area have the highest proportion identified as Hispanic (or Latino).

Socioeconomic Indicators

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.[3]

Significant variation in poverty rates exists across the SLH community. Poverty rates in Jackson and Wyandotte counties were well above that of Kansas, Missouri, and United States averages. Johnson, Clay, and Platte counties' poverty rates were comparatively low. Poverty rates in most areas were lower in 2017-2021 compared to 2014-2018.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents in each of the five counties, as well as Kansas, Missouri, and the United States. Across the five counties and in 2017-2021, 6.5 percent of White residents, 21.5 percent of Black residents, 11.4 percent of Asian residents, and 15.9 percent of Hispanic (or Latino) residents lived in poverty.

[3] https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

Low-income census tracts are concentrated in western parts of Jackson County, eastern and central Wyandotte County, Excelsior Springs, southwest Clay County, and in Olathe and Lenexa in Johnson County.

Significant disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Residents who identify as LGBT individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identify as straight/heterosexual.

Between 2017 and 2019, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell. Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. In 2021-2022, unemployment rates declined and fell below pre-pandemic levels in both the Kansas City Metropolitan Area and in the United States. The rate in the Kansas City Metropolitan Area was lower in 2022 (2.5 percent) than in 2017 (3.8 percent) and was below the U.S. average.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion. In 2023, Kansas is one of the eleven remaining states that have chosen not to expand Medicaid. An estimated one-hundred and fifty thousand (150,000) uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Proportionately more households have medical debt in collections in Jackson, Clay, and Wyandotte counties than in the nation. In the SLH community (and in Kansas and Missouri), medical debt has been much more prevalent in communities of color.

Crime rates in Kansas City, Missouri and Independence have been well above national averages. Jackson County had the highest rates of violent crime, murder, robbery, aggravated assault, property crime, burglary, larceny-theft, and motor vehicle theft, as compared to the other counties assessed.

The percentage of households designated as rent burdened in Jackson and Wyandotte counties has been above state and national averages. ZIP Codes in Independence, Kansas City, central Wyandotte County, southern Johnson County, and northern Clay and Platte counties have had the highest percentage of households designated as rent burdened.

The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. The highest ADI measures are in Kansas City, Independence, western Jackson County, eastern Wyandotte County, Platte City, and Olathe. Clay, Platte, and Johnson counties had the lowest ADI scores.

The Centers for Disease Control and Prevention's *Social Vulnerability Index (SVI)* is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic

Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. The SVI is available for every U.S. census tract. Census tracts with the highest socioeconomic vulnerability were concentrated in eastern Wyandotte County, western Jackson County, Excelsior Springs, Olathe, and western Johnson County.

Other Local Health Status and Access Indicators

In the 2023 *County Health Rankings*, four of the five counties assessed by SLH ranked in the bottom half or bottom quartile for excessive drinking and alcohol-impaired driving deaths. Wyandotte County ranked in the bottom quartile of Kansas counties for composite measures of health outcomes, health factors, length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment. Wyandotte County also ranked at the bottom of Kansas' 105 counties for poor physical health days, adult obesity, unemployment, and air pollution (particulate matter). The county ranked 104/105 for adults reporting poor or fair health, rates of adult smoking, and severe housing problems. The county ranked 103/105 for poor mental health days and physical inactivity.

Community Health Status Indicators (CHSI) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. In CHSI, Jackson County compared unfavorably to peer counties for twenty-seven of the thirty-three benchmark indicators, Johnson County compared unfavorably for four of the benchmark indicators, Clay County compared unfavorably for thirteen of the benchmark indicators, Platte County compared unfavorably for nine of the benchmark indicators, and Wyandotte County compared unfavorably for twenty-three of the benchmark indicators. At least four of the five counties ranked in the bottom half of peer counties for the following indicators:

- Mentally unhealthy days;
- Excessive drinking;
- Chlamydia rate;
- Population without health insurance;
- Mental health providers rate; and
- The percentage who drive alone to work.

Other secondary data were assessed, including data sets from the Kansas Department of Health and Environment, Missouri Department of Health and Senior Services, the Centers for Disease Control, the Health Resources and Services Administration, and the United States Department of Agriculture.

Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLH community. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as an average value for Kansas or Missouri, for peer counties, or for the United States. For example, 18.8 percent of Wyandotte County's adults do not have a high school diploma; the average for the United States is 11.1

percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Community	40.8%	10.1%	Community, All Ages	9
Life expectancy, Black, 2018-2020	Jackson County	71.8	78.5	United States, All Races	10
	Wyandotte County	71.3	78.5	United States, All Races	10
Adults without a H.S. diploma, 2017-2021	Wyandotte County	18.8%	11.1%	United States	16
Residents linguistically isolated, 2017-2021	Wyandotte County	13.5%	8.2%	United States	16
Poverty rate, 2017-2021	Jackson County	13.4%	12.6%	United States	17
	Wyandotte County	17.7%	12.6%	United States	17
Poverty rate, Black, 2017-2021	Jackson County	23.0%	8.6%	Jackson County, White	18
	Clay County	19.0%	6.5%	Clay County, White	18
	Wyandotte County	25.6%	13.0%	Wyandotte County, White	18
Poverty rate, Hispanic (or Latino), 2017-2021	Jackson County	19.0%	8.6%	Jackson County, White	18
Child poverty rate, 2017-2021	Jackson County	19.4%	17.0%	United States	19
Child poverty rate, 2017-2021	Wyandotte County	26.2%	17.0%	United States	19
LGBT population food insecure, 2019	Kansas	33%	12%	Straight/heterosexual Kansas	21
LGBT population income <$24K, 2019	Kansas	30%	18%	Straight/heterosexual Kansas	21
Percent uninsured, 2017-2021	Jackson County	11.6%	8.8%	United States	23
	Wyandotte County	17.3%	8.8%	United States	23
Medical debt in collections (People of Color), 2022	Jackson County	28.9%	12.6%	United States, All Races	24
	Wyandotte County	29.0%	12.6%	United States, All Races	24
Violent crime rate per 100,000 population, 2019-2021	Kansas City (MO)	1,477	379	United States	25
Years of potential life lost	Jackson County	9,377	7,300	United States	34
	Wyandotte County	10,612	7,300	United States	34
Percent adults reporting fair or poor health	Wyandotte County	19.7%	12.0%	United States	34
Percent adults obese (BMI >= 30)	Wyandotte County	46.0%	32.0%	United States	34

Source: Verité Analysis, 2023.

Exhibit 4: Significant Indicators *(continued)*

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
Chlamydia rate per 100,000 population	Jackson County	893	481	United States	34
	Wyandotte County	852	481	United States	34
Teen birth rate per 1,000 female population, ages 15-19	Jackson County	28.9	19.0	United States	34
	Wyandotte County	44.4	19.0	United States	34
Ratio of population to dentists	Wyandotte County	2,493:1	1,380:1	United States	34
Ratio of population to mental health providers	Clay County	672:1	340:1	United States	34
	Platte County	749:1	340:1	United States	34
	Wyandotte County	559:1	340:1	United States	34
Driving deaths with alcohol involvement	Jackson County	35.9%	26.8%	Peer Counties	35
	Clay County	36.9%	28.3%	Peer Counties	35
	Platte County	33.3%	28.3%	Peer Counties	35
Mortality rate, kidney disease, per 100,000 population, 2011-2020	Wyandotte County	24.1	16.0	Kansas	37
Assault (homicide), 2011-2020	Jackson County	19.9	9.6	Missouri	37
	Wyandotte County	20.3	5.0	Kansas	37
Drug poisoning mortality, percent change 2017-2020, per 100,000 population	Johnson County	46.1%	28.2%	United States	39
	Clay County	57.1%	28.2%	United States	39
	Wyandotte County	123.7%	28.2%	United States	39
Suicide rate per 100,000 population, Male, 2016-2020	Jackson County	32.7	22.2	United States	42
	Clay County	31.7	22.2	United States	42
Suicide rate per 100,000 population, Non-Hispanic White, 2016-2020	Jackson County	24.3	17.4	United States	43
	Wyandotte County	22.9	17.4	United States	43
Percent of mothers who smoked during pregnancy, White, 2021	Jackson County	11.8%	9.7%	All residents Jackson County	45
Asthma ER Visits (per 1,000 under 18), Black, 2021	Platte County	13.4	4.6	All residents Platte County	46
	Clay County	18.5	6.2	All residents Clay County	46
	Jackson County	32.2	14.7	All residents Jackson County	46
Infant mortality rate, per 1,000 live births, Black, 2021	Jackson County	9.9	6.3	All residents Jackson County	46
	Johnson County	10.3	3.9	All residents Johnson County	46
	Clay County	10.2	5.3	All residents Clay County	46
	Platte County	11.8	5.8	All residents Platte County	46
	Wyandotte County	11.4	5.8	All residents Wyandotte County	46

Source: Verité Analysis, 2023.

When community health data are arrayed by race and ethnicity, significant differences are observed for:

- Life expectancy,
- Poverty,

- Medical debt,
- Infant mortality,
- Low birthweight births,
- Percent of women beginning prenatal care in the first trimester,
- Mothers smoking during pregnancy,
- Emergency room visits due to asthma (for children under 18),
- Suicide rates,
- Mortality rates due to chronic conditions, and
- Health risk behaviors, healthcare access, and preventive measures.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[4] These conditions, also referred to as Prevention Quality Indicators (PQIs), include: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicated that Jackson and Wyandotte County residents were discharged more frequently for ACSCs than residents of other counties.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include people with lower income without supermarkets or large grocery stores nearby. Food deserts were concentrated in western Jackson County, central and eastern Wyandotte County, Olathe, and southern Clay County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." MUA/Ps were concentrated in the Kansas City area and eastern Wyandotte County.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The entire low-income population of Jackson County has been designated as a mental health HPSA. The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs. Dental health HPSAs were designated for Central Kansas City, North Kansas City, and all Wyandotte County.

[4]Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Findings of Other Assessments

Local health departments recently conducted Community Health Assessments and developed Community Health Improvement Plans (CHIPs). This CHNA has integrated the findings of that work.

Issues frequently identified as *significant* in these other assessments are as follows:

- Access to care;
- Alcohol and substance (drug) abuse – including abuse of opioids;
- Chronic disease prevalence and prevention;
- Educational achievement and opportunity;
- Health disparities;
- Infant mortality, maternal and child health;
- Mental health and access to mental health services;
- Obesity, physical inactivity, and nutrition;
- Poverty and problems with social drivers of health, particularly in certain neighborhoods and areas;
- Safe and affordable housing; and
- Violent crime and violence prevention.

The 2022-2027 Kansas City Community Health Improvement Plan, published and maintained by the Kansas City Missouri Health Department, highlights an 18.2-year difference in life expectancy between the highest life expectancy ZIP Code and the lowest life expectancy ZIP Code in Kansas City, Missouri (KCMO). In KCMO, ZIP Codes with lower life expectancy, had higher percentages of population from minority racial and ethnic groups.

Primary Data Summary

Primary data were gathered through interviews and community meetings. Four in-person community meetings were conducted with attendees representing the five counties and KCMO. Four online meetings were facilitated with Saint Luke's hospital staff members. Key community partner and public health informant interviews were conducted in-person and via online video conference.

See Appendix C for information regarding those who participated in the community input process.

Key Community Partner Interviews

Fifteen (15) interviews were conducted with twenty-two (22) community partner participants to gain insight into perceptions about community health issues in the SLH community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Interview participants most frequently identified the following issues as current ***significant health concerns*** in the community:

- **Mental Health.** Mental health was identified as a primary health concern in the community. Mental health was described as presenting as anxiety, depression, and severe and persistent mental illness. Rising rates of suicide were noted as particularly concerning. Factors identified include the following:
    - Undersupply of inpatient and outpatient mental health providers and facilities, resulting in typical wait times of three to six months for mental health services;
    - The undersupply of providers is especially problematic for children, adolescents, and older adults;
    - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences (ACEs);
    - Lasting social and economic impacts of the COVID-19 pandemic;
    - Stigma over mental health challenges;
    - Misperception that more resourced communities are "protected" from suicide and drug overdose, while these health challenges are impacting all communities in the Kansas City area; and
    - Finding effective mental health treatment can be challenging, especially for complex and chronic conditions.

- **Substance Use, Opioid Addiction, and Fentanyl Overdoses.** Most interview participants described substance misuse as a significant health issue in the community. Participants identified alcohol misuse, driving under the influence, opioid addiction, and fentanyl use as particularly problematic. Factors identified include the following:

    - First-time drug user overdoses and deaths are an emerging concern in the community, particularly among youth, because a high percentage of street drugs are laced with fentanyl;
    - Teenagers and young adults have easy access to drug exchanges through digital means and social media;
    - Social isolation and lack of addiction-focused mental health services contribute to substance misuse; and
    - Poor mental health and increased substance use are inextricably connected.

- **Basic Needs Instability (Social Drivers of Health).** Transportation availability, stable jobs that provide a livable wage, and housing access were the most identified community health concerns. Inability to find affordable childcare was another barrier to health mentioned during interviews. Rural areas and portions of Jackson County were described as more disadvantaged.

  Interviewees stated that the influences of health and basic needs instability have many impacts on health and wellbeing. Factors identified include the following:

    - Access to healthcare is impeded because of lack of reliable, affordable transportation –and public transportation, particularly to more rural areas, is almost nonexistent in the Kansas City area;
    - Vulnerable residents must choose to use limited resources for either basic needs or health care services;
    - Numerous barriers impede access to primary care, preventive care, mental health care, and other services;
    - Affordable housing is difficult to secure in each of the community's five counties: and
    - Food insecurity adds additional complexity for individuals to follow nutritional guidelines for healthy weight.

- **Heart Disease, Diabetes, and Obesity.** Interviewees indicated that hypertension, heart disease, diabetes, and obesity are significant health concerns. Some individuals with chronic conditions may require support to navigate the healthcare system to access needed care. Factors identified include the following:

    - Poor access to healthy foods due to cost or availability contributes to chronic conditions;
    - Physical inactivity may be influenced by perceptions of lack of safe exercise areas in communities;
    - Lifestyle choices contribute to outcomes; and

  - Severity of chronic conditions can be a separate barrier to accessing health care services.

- **Maternal Health Outcomes.** Many community partners cited worse maternal and infant health outcomes, for racial and ethnic minorities. Some participants indicated that access to care may be impeded by insufficient representation among maternal health services, as well as lack of cultural competency in treating different communities. Factors identified include the following:

  - Unmet maternal mental health needs, both peri- and post-partum; and
  - Continuum of care is needed for women experiencing complications due to pregnancy.

- **COVID-19.** Community input participants indicated the need for support for individuals and systems for the ongoing impacts of COVID-19.

During community engagement activities, participants identified various populations of concern for health status or access to care issues. These populations of concern include the ones below.

- **Aging Population and Older Adults.** Nearly all community partners mentioned older adults as groups of concern, as well as the increase in the number of older adults. Factors identified include the following:

  - Affordable and accessible services are insufficient for older adults in the Kansas City region;
  - Community members, notably older adults, continue to experience isolation that increased during the COVID-19 pandemic;
  - Older adults are especially prone to transportation challenges and the community has a lack of public transportation; and
  - Dementia prevalence in the community is increasing yet limited available resources are available to provide to support these individuals.

- **Disparities for minority populations, refugees, and immigrant residents.** Interviewees indicated that racial/ethnic minority residents disproportionately experience poor health outcomes. Non-native English speakers were identified as a population of concern when navigating the health system. Factors identified include the following:

  - Comparatively high rates of infant mortality and low rates of prenatal care for Black mothers was described as a significant health disparity;
  - Diabetes, obesity, and hypertension disproportionately affect Black residents; and
  - Factors that contribute to racial/ethnic disparities are numerous and include structural/institutional policies, lack of resident trust and resulting lack of engagement, socioeconomic factors, and lack representation among healthcare providers.

- **Youth mental health, substance use, and suicide.** Interviewees stated that younger people are experiencing rising mental health challenges. They cited a growing

prevalence of youth suicide and substance use in all regions. Factors identified include the following:

  - Drug overdoses are more prevalent among first-time and non-chronic substance users,
  - Outpatient mental health providers serving adolescents and teenagers are insufficient to meet the need, and
  - Inpatient substance-use treatment centers for youth in the region are few in the community, and none are present in Johnson County.

- **Rural residents.** Community partners noted that rural residents have reduced access to transportation, nutritious foods, and reliable internet access, as compared to residents of more urban areas. These restrictions make it challenging for rural residents to attend both in-person or virtual healthcare consultations. Interviewees indicated that there is no public transportation in the rural areas of Kansas City and residents of the northern areas of Clay and Platte counties are particularly isolated from healthcare services.

- **Young, low-income families and single parents.** Young families were identified as having greater challenges in receiving preventive and specialty healthcare services. Among young families, interview participants focused on low-income and single-parent households. Factors identified include the following:

  - Affordable childcare contributes to healthcare issues as parents often have no safe options for their children during provider appointments;
  - Time constraints are experienced by parents working multiple jobs and exacerbated by limited financial resources;
  - Health care related costs are particularly problematic for uninsured or under-insured families, due to cost sharing requirements and the costs of basic needs, such as food and housing; and
  - Urgent issues may take priority over scheduled appointments – and wait times associated with appointment availability contribute to the challenges.

- **Adults with disabilities or chronic conditions.** Adults experiencing long-term, chronic, and often disabling diseases may be less able to self-advocate for their healthcare needs. Factors identified include the following:

  - Coordination of care between different providers can be insufficient or non-existent; and
  - Knowledge gaps among both patients and providers may contribute to uncertainty about what specialty care is needed to treat or manage complex chronic conditions.

Community partners were additionally asked to describe ***barriers*** that community residents experience in accessing healthcare. The following barriers were identified:

- **Inadequate workforce supply.** Nearly all interview participants cited an undersupply of workforce available, as compared to the demand for healthcare services. Factors identified include the following:

    - Long wait times for appointments are impacting the health of residents –three month waits for primary care appointments are not atypical and waits for specialty care can be longer;
    - Mental health professionals are needed across the entire Kansas City region –and wait times for mental healthcare appointments can exceed six months; and
    - Reasons for the undersupply of workforce members include burnout among existing healthcare providers and recruiting challenges due to a low supply of affordable housing.

- **Access to transportation.** Access to transportation, particularly for low-income and aging residents, is a significant barrier to optimal health in the community. While downtown Kansas City and the urban core were described as having options, public transportation elsewhere does not align with residents' needs. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. Geographically, transportation is particularly problematic for residents of rural and suburban areas.

- **Digital divide and knowledge of available resources.** Several interview participants stated that information about healthy living is lacking for many community residents. Factors identified include the following:

    - More health education resources are needed to improve community health –and the currently available resources often do not reach populations in need;
    - Additional community health workers, community resource navigators, and other information sources are needed for the community to achieve better health;
    - Community outreach efforts that "go into the community" are needed to reach underserved people in the community;
    - Many residents are unaware of available resources in the community and also are unaware of where to seek guidance when they are in need;
    - Health care services are not "patient-centered" but are largely driven by provider availability, rather than the patient's need, which contributes to overutilization of emergency rooms.

- **Uninsurance and underinsurance.** Many participants discussed how low-income and uninsured residents have difficulty accessing primary care, specialty care, and mental health care. Participants indicated that Medicaid has not been expanded in Kansas and expansion for low-income in Missouri is delayed. Further, wait-times for appointments for individuals with Medicaid are often long.

- **Crime and safety concerns.** Many participants cited neighborhood violence and safety as concerns that impact residents' physical activity. Factors identified include the following:

    - Gun violence in neighborhoods impacting children's ability to play outside and use green spaces for exercise; and
    - Rising homicide rates increase residents' barriers to engaging in activity.

Community and Internal Hospital Meetings

Community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health participants in each of the five surrounding counties[5], and four meetings were comprised of staff from Saint Luke's Health System facilities.[6]

Seventy-two (72) community partners and public health informants participated in the four community meetings. These individuals represented organizations, including local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

The following community meetings were facilitated representing the following geographies:

- Tuesday, April 18, 2023 – Jackson County, MO;
- Tuesday, April 18, 2023 – Johnson County, KS and Wyandotte County, KS;
- Thursday, April 20, 2023 – Clay County, MO, and Platte County, MO; and
- Friday, April 21, 2023 – Kansas City Metropolitan Area.

One-hundred-five (105) Saint Luke's Health System staff members participated in the internal meetings. Individuals represented administration, nursing, case management, social services, emergency departments, and other departments. These meetings were held with hospital staff as follows:

- Thursday, April 27, 2023 – Saint Luke's South Hospital;
- Thursday, May 4. 2023 – Saint Luke's North Hospital;
- Monday, May 8, 2023 – Saint Luke's Hospital of Kansas City; and
- Thursday, May 11, 2023 – Saint Luke's East Hospital.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of community input. Secondary data were presented, along with a summary of unfavorable community health indicators and strengths and resources available in the community.

[5] These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.
[6] These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.

Meeting participants were asked to discuss the top three most significant needs in the community, in small groups for the community meetings and as a single group for staff meetings. Participants were asked to consider scope, disparities and inequities, severity, urgency, and feasibility of possible interventions for each identified need. Participants were also asked to discuss the community members most impacted, barriers to achieving good health, geographic locations most impacted, why the issues and needs exist, and the strengths/resources available in the community. As a final question, meeting participants were asked to identify changes that could be made to improve community health.

From these discussions, the following community input was obtained regarding significant needs, community members most impacted, barriers to good health, geographic locations most impacted, reasons that issues and needs persist, and strengths and resources available to address the needs.

Significant needs in Jackson County identified by participants are as follows:

- Mental health, especially among veterans and residents experiencing homelessness; however, mental health is seen as a widespread concern affecting the entire community;
- Social drivers of health, including transportation, housing, and food security;
- Access to affordable health care services, including trust with providers and generational patterns of health care utilization;
- Substance use disorder and binge drinking, which impacts diverse populations across the community;
- Maternal and infant health; and
- Preventive care and healthy behaviors.

The community members and populations with the greatest unmet needs were identified as inner-city residents, minority communities (especially women), low-income residents of all ages, and Black and Hispanic residents. Participants noted that geographic areas with unmet health care needs include the I-49 corridor, areas in Lee's Summit, Independence, the area around Mason Elementary School, and near the airport. Disparities are also particularly evident for minority populations, veterans, homeless individuals, and undocumented residents. Participants indicated that financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation.

Participants noted that a lack of primary care providers and issues with access to primary care is a barrier for many community members to getting care when it is needed. These issues lead to community members delaying care and using emergency care as an alternative.

Participants indicated that siloed systems play a role in why these issues and concerns persist. It was noted that there is a lack of intervention, programming, funding, and staff to address the concerns. Some participants express that fear of repercussion and judgment prevent community members from seeking healthcare and/or help with social issues. Poverty and lack of resources is noted as a key reason that many are unable to achieve wellbeing.

Top strengths and resources in the community were identified as high community involvement with many organizations to be part of. There are good medical providers; although, not enough supply to meet demand. Participants expressed that Jackson County has a healthy living environment, with abundant opportunities and good access to outdoor activities. Jackson County is noted to have a strong school system that is well resourced.

Significant needs in Johnson County identified by participants are as follows:

- Mental health, especially among middle-aged men, youth, seniors, and individuals with substance use disorder;
- Suicide, especially among youth and seniors;
- Social drivers of health, including transportation, housing, issues related to Medicaid expansion, and lack of opportunities for social interaction;
- Access to health care services, including specialty care. Particular concern was expressed for undocumented residents seeking care.
- Healthcare workforce shortages, contributing to access issues, quality, and timeliness of care;
- Substance use disorder, notably alcohol; and
- Maternal and infant health, including lack of prenatal care and evidenced by infant mortality, especially among Black residents.

The community members and populations with the greatest unmet needs were identified as Black residents, minority populations, seniors, refugees, immigrants, infants and new mothers, and youth/young adults. Participants noted that geographic areas with unmet health care needs include Olathe, DeSoto, and the I-35 corridor.

Participants indicated that poverty is the key driver of disparities among community members. Poverty may be more widespread in the community than is perceived when using the Federal Poverty Line (FPL) as a benchmark and assessing poverty at two times that FPL may provide a better benchmark.

Participants also indicated that historical racism contributes to disparities in health outcomes. Correlations between racism, poverty, insurance status, and lack of English fluency highlight barriers to services for some community members.

Financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants also indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation. Silos within the health system contribute to navigation difficulty. A lack of diversity in medical providers and healthcare staff was expressed as a barrier for some residents seeking care. This lack of diversity may make it difficult for some patients to find a provider with whom they feel comfortable.

Participants noted that lack of collaboration between community organizations, including different health systems, perpetuates poor outcomes among vulnerable populations. As individual interventions were thought to dilute overall effectiveness of efforts across the area, a unified approach to a single issue might yield significant improvement in outcomes.

Top strengths and resources available to address the needs were identified as Johnson County Parks and Recreation, libraries, and school systems. Participants noted that overall, Johnson County is highly financially resourced. The Johnson County Health Department is also noted to be collaborative within the community.

Significant needs in Wyandotte County identified by participants are as follows:

- Social drivers of health, including housing, violence, healthy food access, and poverty;
- Mental health;
- Substance use disorder;
- Access to health care services, including specialty care, especially among low-income community members, refugees, and undocumented residents; and
- Structural issues, including lack of investment within the community.

The community members and populations with the greatest unmet needs were identified as Black residents, minority populations, seniors, refugees, immigrants, infants and new mothers, and youth/young adults. Participants noted that geographic areas with unmet health care needs include the northeast Kansas City area, most of Wyandotte County; however, especially ZIP Codes 66101 to 66105.

Participants indicated that structural issues contribute to negative health outcomes among residents. Structural issues include a historical lack of investment within the community compared to other areas in the region, evidenced by lack of adequate housing and other infrastructure gaps. Participants also noted that a lack of diversity among health care providers impedes outcomes.

Insufficient investment in health care resources in the community was identified as one specific infrastructure gap and it was noted that other areas in the region have overinvestment in health care resources. Access to these health care services is hindered by insufficient transportation, lack of awareness of service availability, and language barriers. Compounding access issues is referrals are made to community-based organizations which may have unsustainable operations due to lack of financial support.

Participants highlight the strengths and resources of Wyandotte County to be a strong sense of community, diversity, collaboration, and a Community Health Improvement Plan (CHIP) with many partners and ongoing anti-racism work.

Significant needs for both Clay and Platte counties identified by participants are as follows:

- Mental health, especially anxiety, depression, and lack of connection, and lack of mental health providers;
- Substance use disorder, including alcohol;
- Social drivers of health, including housing, transportation, food security, low incomes, and racial/ethnic disparities; and
- Chronic disease management, including diabetes and heart disease.

The community members and populations with the greatest unmet needs were identified as Black residents, older adults, marginalized groups, people living in unsafe neighborhoods, and refugees. Participants noted that the geographic areas with the most unmet need include Excelsior Springs, northern Kansas City, rural areas of Clay and Platte counties, and ZIP Codes 64116, 64117, 64118, and 64119.

Participants indicated that issues related to mental health, behavioral health and substance use disorders are intertwined for many residents of the community. These issues are especially noted among youth, older adults, and uninsured/underinsured individuals. Rapid expansion in the number of providers is needed to meet the demand for mental health services.

For some members of the community, negative health outcomes are experienced due to social drivers of health. Low income, housing insecurity, transportation challenges, and food insecurity compound to make health care and other services difficult to access. Navigation assistance is needed to ease access constraints, through such interventions as increasing marketing of available services, expanding community engagement activities, and developing peer education programs. Participants recommended including transportation assistance into budgets for initiatives and exploration of options to reduce cost sharing requirements for residents with financial constraints.

Participants express that social determinant issues persist because of low wages relative to high costs of living, insufficient education, and lack of access to resources. It is also noted that many of these issues were exacerbated by the COVID-19 pandemic.

Participants indicated that community assets included libraries, programs for seniors, and programs for uninsured/underinsured residents. These assets could be strengthened through increased collaboration among community organizations, as well as working to increase residents involved in community engagement activities.

Top strengths and resources in the community are listed as the Mid-Continent Public Libraries, Clay and Platte senior funds, health departments, community-based organizations, a strong sense of community partnership and collaboration, and IRIS, a newly formed transportation service.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources in the Saint Luke's Hospital of Kansas City community that are available to address health needs.

Exhibit 5 identifies general acute care hospitals in the community. More information can be found about locations and services via the website address listed for each. **Exhibit 6** identifies other types of hospitals in the community.

Hospitals

Exhibit 5: General Acute Care Hospitals Located in Community, 2023

Hospital Name	Website Address
Jackson (MO)	
Centerpoint Medical Center	https://hcamidwest.com/locations/centerpoint-medical-center/
Children's Mercy Hospital	https://www.childrensmercy.org/
Lee's Summit Medical Center	https://hcamidwest.com/locations/lees-summit-medical-center/
Research Medical Center	https://hcamidwest.com/locations/research-medical-center/
Saint Luke's East Hospital	https://www.saintlukeskc.org/locations/saint-lukes-east-hospital
Saint Luke's Hospital of Kansas City	https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city
St. Joseph Medical Center	https://stjosephkc.com/
St. Mary's Medical Center	https://stmaryskc.com/
University Health Lakewood Medical Center	https://www.universityhealthkc.org/
University Health Truman Medical Center	https://www.universityhealthkc.org/
Johnson (KS)	
Olathe Health	www.olathehealth.org
AdventHealth South Overland Park	www.adventhealth.com/hospital/adventhealth-south-overland-park
Children's Mercy Hospital Kansas	www.childrensmercy.org
Menorah Medical Center	https://hcamidwest.com/locations/menorah-medical-center
Overland Park Regional Medical Center	www.oprmc.com
Saint Luke's South Hospital	www.saintlukeskc.org/locations/saint-lukes-south-hospital
AdventHealth Shawnee Mission	www.adventhealth.com/hospital/adventhealth-shawnee-mission
Clay (MO)	
Excelsior Springs Hospital	https://www.eshospital.org/
Liberty Hospital	https://www.libertyhospital.org/
North Kansas City Hospital	https://www.nkch.org/
Saint Luke's North Hospital - Smithville	https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-smithville
Platte (MO)	
Saint Luke's North Hospital – Barry Road	https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-barry-road
Wyandotte (KS)	
Providence Medical Center	www.providencekc.com
The University of Kansas Health System	www.kansashealthsystem.com

Source: Kansas Hospital Association, 2023; Missouri Department of Health and Senior Services, 2023.

Exhibit 6: Other Hospital Types Located in Community by Type, 2023

Hospital Name	Hospital Type
Jackson (MO)	
Center for Behavioral Medicine	Psychiatric
Crittenton Children's Center	Psychiatric
Research Psychiatric Center	Psychiatric
Johnson (KS)	
AdventHealth	Long-Term Care
Anew Health	Psychiatric
Apple Orchard Hospice of Kansas	Hospice/Long-Term Care
Bariatric Center of Kansas City	Specialty
Children's Mercy Hospital	Specialty
Johnson County Rehabilitation Hospital	Specialty
Kansas City Orthopaedic Institute	Specialty
KPC Promise Hospital	Long-Term Care/Nursing Facility
Meadowbrook Rehabilitation Hospital	Specialty/Long-Term Care
Menorah Medical Center	Long-Term Care
Mid America Rehabilitation Center	Specialty
Minimally Invasive Surgery Hospital	Long-Term Care
Monarch Hospice and Palliative Care	Hospice/Long-Term Care
Olathe Medical Center	Long-Term Care
Overland Park Regional Medical Center	Long-Term Care
Rehabilitation Hospital of Overland Park	Specialty
Saint Luke's South Hospital	Long-Term Care
Clay (MO)	
Kindred Hospital Northland	Long-term Acute Care
Signature Psychiatric Hospital	Psychiatric
Wyandotte (KS)	
Providence Medical Center	Long-Term Care
Providence Place	Nursing Facility
Select Specialty Hospital	Specialty
University of Kansas Hospital	Long-Term Care
University of Kansas Hospital Transplant Center	Long-Term Care

Source: Kansas Department of Health and Environment, 2023; Missouri Department of Health and Senior Services, 2023.
No other hospital types are listed for Platte County.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

Exhibit 7 provides a list of FQHCs in the community. The majority of these operate multiple clinics throughout the community. More information can be found about locations and services via the web address listed for each.

Exhibit 7: Federally Qualified Health Centers Located in Community, 2023

FQHC Name	Website Address
Jackson (MO)	
Hope Family Care Center	https://hfcckc.org/
Live Well Community Health Center	https://hccnetwork.org/
Compass Health, Inc.	https://compasshealthnetwork.org/
Samuel U. Rodgers Health Center	https://samrodgers.org/
Swope Health Services	https://swopehealth.org/
Kansas City CARE Clinic	https://kccare.org/
Johnson (KS)	
Mercy and Truth Medical Missions (MTMM)	http://www.mercyandtruth.com/
Health Partnership Clinic, Inc.	https://hpcks.org/
Clay (MO)	
Samuel U. Rodgers Health Center	https://samrodgers.org/
Swope Health Services	https://swopehealth.org/
Platte (MO)	
Swope Health Services	https://swopehealth.org/
Wyandotte (KS)	
Sharon Lee Family Health Care	https://swbfhc.org/
Mercy and Truth Medical Missions (MTMM)	http://www.mercyandtruth.com/
Vibrant Health	https://vibranthealthkc.org/
Swope Health Services	https://swopehealth.org/

Source: Health Resources and Services Administration, 2023.

Other Community Resources

Social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City (UWGKC) 2-1-1 maintains a comprehensive database of thousands of local and national community resources. This database contains organizations from seven counties in Kansas, all of Missouri, and eleven counties in Illinois. The UWGKC 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and Utilities
- Health and Dental Care
- Employment and Public Assistance
- Food, Clothing, and Household Items
- Pregnancy, Parenting, and Family Health
- Consumer, Legal, and Safety
- Transportation
- Mental Health and Addiction
- Education
- Military and Veterans
- Disability Support

Additional information about these resources and participating providers can be found at: United Way GKC.

In addition to UWGKC 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: Saint Luke's Resources.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[7] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The focus on ***who*** is most vulnerable and ***where*** they live is important to identifying groups experiencing health inequities and disparities. Understanding ***why*** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

[7] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[8] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[9] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs were identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by state and local health departments, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in SLH's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Saint Luke's Hospital of Kansas City collaborated with the following Saint Luke's hospitals: Saint Luke's South Hospital, Saint Luke's East Hospital, and Saint Luke's North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke's Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well. Input from people representing the broad interests of the community was considered through key informant interviews (22 participants) and community meetings (72 participants).

[8] 501(r) Final Rule, 2014.
[9] "Secondary data" refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

Demographics and Life Expectancy

Exhibit 8: Change in Community Population by County, 2020 to 2030

County	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Jackson (MO)	689,226	714,467	3.7%
Johnson (KS)	628,444	733,910	16.8%
Clay (MO)	261,469	300,021	14.7%
Platte (MO)	102,810	114,904	11.8%
Wyandotte (KS)	167,639	173,563	3.5%
Community	**1,849,588**	**2,036,865**	**10.1%**

Source: Missouri Office of Admin, Budget, and Planning; Kansas Center for Economic Development and Business Research, 2023.

Description: Exhibit 8 portrays the estimated population by county in 2020 and projected to 2030.

Observations

- Between 2020 and 2030, the community's population is expected to grow by approximately 187,300 people, or 10.1 percent.
- The population in Johnson County is expected to grow the fastest (16.8 percent).

Exhibit 9: Change in Community Population by Age/Sex Cohort, 2020 to 2030

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	498,981	516,484	3.5%
Female 20 - 44	308,508	334,123	8.3%
Male 20 - 44	316,163	347,058	9.8%
45 - 64	448,784	448,839	0.0%
65+	277,153	390,360	40.8%
Community	**1,849,588**	**2,036,865**	**10.1%**

Source: Missouri Office of Admin, Budget, and Planning; Kansas Center for Economic Development and Business Research, 2023.

Description: Exhibit 9 shows the population for certain age and sex cohorts in 2020, with projections to 2030.

Observations

- The population 65 years and older is projected to grow much more rapidly (40.8 percent) than the total population (10.1 percent).
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger people.
- The second highest growth rate is projected for the male population aged 20-44 (9.8 percent).

Exhibit 10: Life Expectancy in Years by Race and Ethnicity, 2018-2020

Race/Ethnicity	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	United States
American Indian & Alaska Native	82.7	73.0	N/A	N/A	N/A	75.5
Asian	84.5	86.8	91.9	84.7	77.2	87.0
Black	71.8	76.4	76.0	81.2	71.3	74.3
Hispanic	82.2	82.6	85.2	84.4	82.0	82.0
White	78.0	81.4	79.2	80.1	74.7	78.5
Community (All Races/Ethnicities)	76.6	81.4	79.1	80.2	74.7	**78.5**

Source: County Health Rankings, 2023.

Description: Exhibit 10 presents estimated life expectancy by race and ethnicity for the five counties with the United States referenced as a benchmark. Light grey shading indicates life expectancy below the U.S. average for all races/ethnicities (78.5 years).

Observations

- In 2018-2020, life expectancy for Black residents was significantly lower in all counties except Platte.
- Wyandotte County had a lower life expectancy for all races and ethnicities except Hispanic residents.

Exhibit 11: Population by Race, 2020

Race	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri	United States
White	60.8%	77.6%	78.4%	78.3%	43.6%	75.6%	77.0%	61.6%
Black or African American	22.1%	4.7%	7.2%	7.8%	20.4%	5.7%	11.4%	12.4%
American Indian and Alaska Native	0.6%	0.4%	0.6%	0.5%	1.1%	1.1%	0.5%	1.1%
Asian	2.1%	5.4%	2.4%	2.6%	4.6%	2.9%	2.2%	6.0%
Native Hawaiian and Other Pacific Islander	0.3%	0.1%	0.4%	0.7%	0.2%	0.1%	0.2%	0.2%
Some Other Race	5.0%	3.1%	2.3%	2.0%	15.2%	4.9%	2.1%	8.4%
Two or more races	9.1%	8.7%	8.6%	8.2%	14.9%	9.5%	6.7%	10.2%

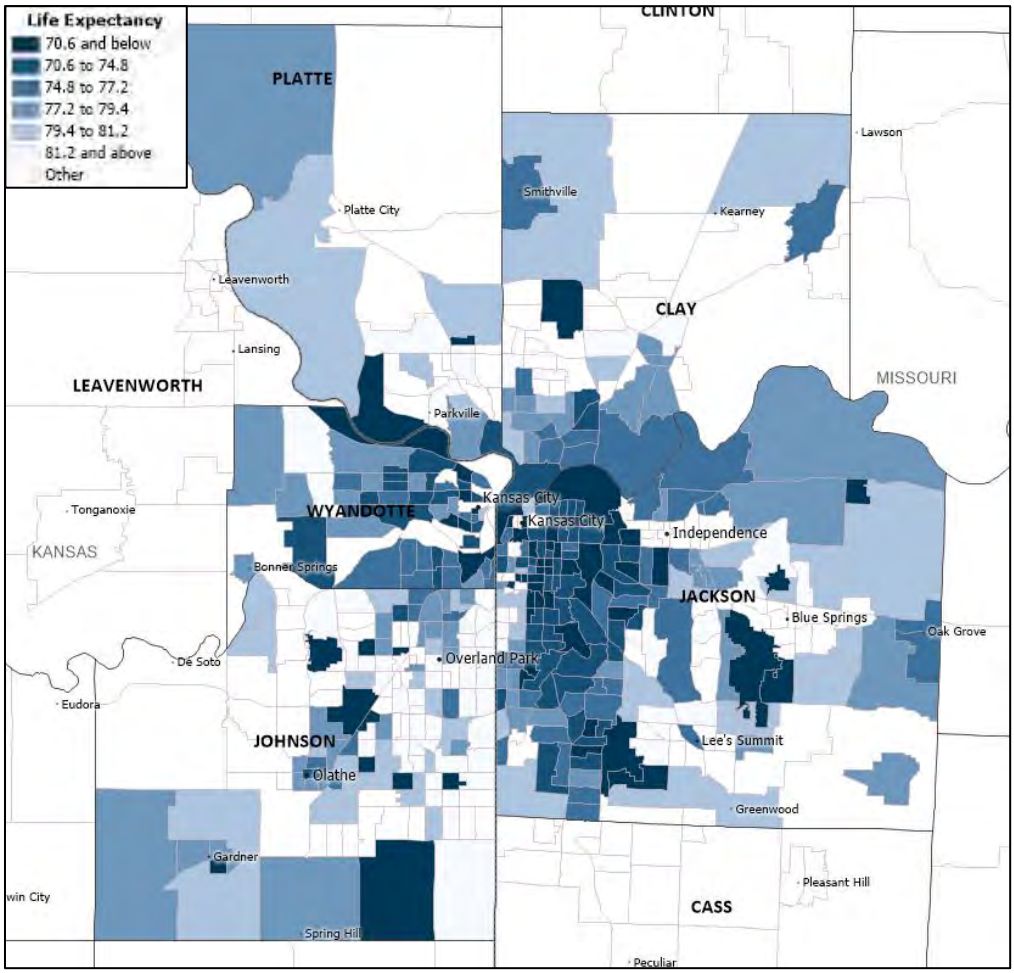
Source: U.S. Census Bureau, Decennial Census, 2020.

Description: Exhibit 11 presents the percentage distribution of the population by race for the five counties, Kansas, Missouri, and the U.S.

Observations

- In 2020, Johnson, Clay, and Platte counties, about 80 percent of the population identified as White.
- Jackson and Wyandotte counties had the highest percentages of the population identified as Black (both approximately 20 percent).
- Wyandotte had the highest percent of population non-White.

Exhibit 12: Life Expectancy by Census Tract for Kansas City Metro Area, 2020.



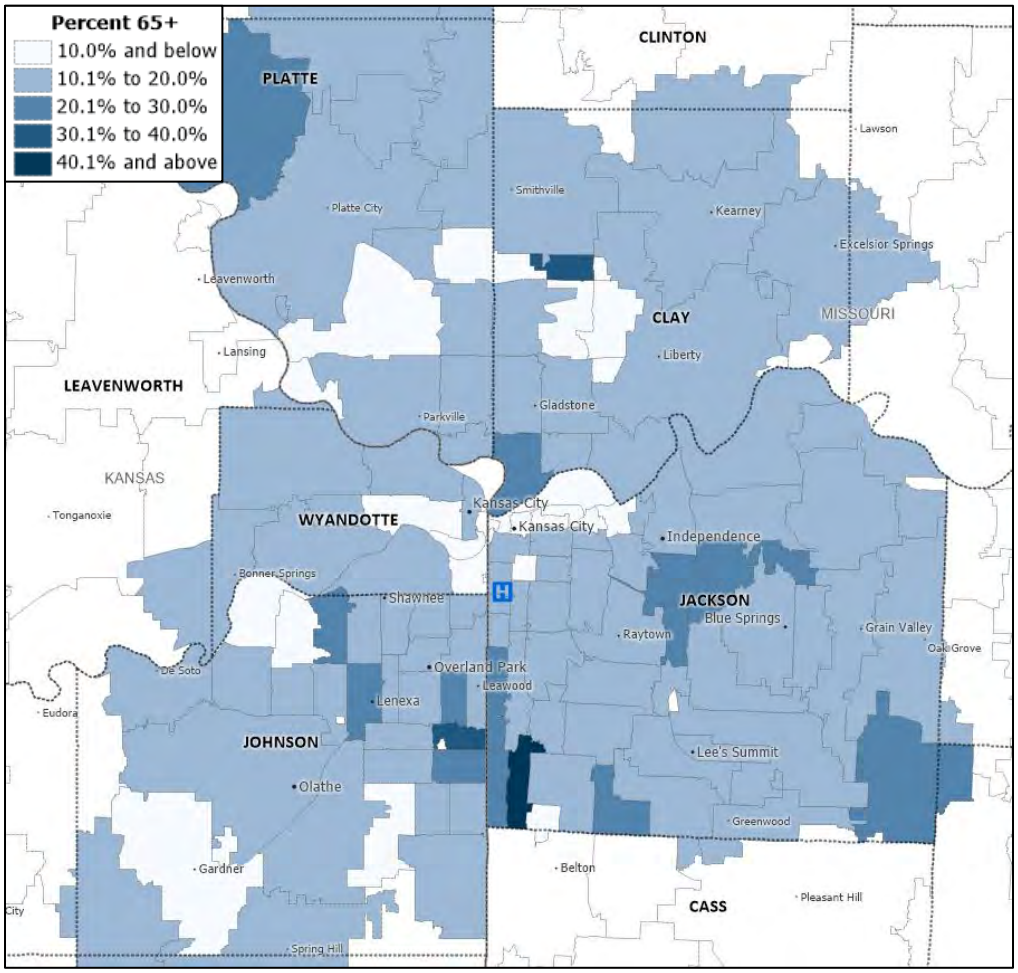
Source: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics, 2020, and Caliper Maptitude, 2022.
Note: Data not available for small census tracts or those with high standard errors.

Description: Exhibit 12 presents estimated life expectancy by census tract for the Kansas City Metro area.

Observations

- In 2020, there was significant variation in life expectancy across census tracts in Kansas City, MO.
- Census tracts in northern and eastern Wyandotte County and western Jackson County had comparatively low life expectancy comparatively.

Exhibit 13: Percent of Population – Aged 65+ by ZIP Code, 2021



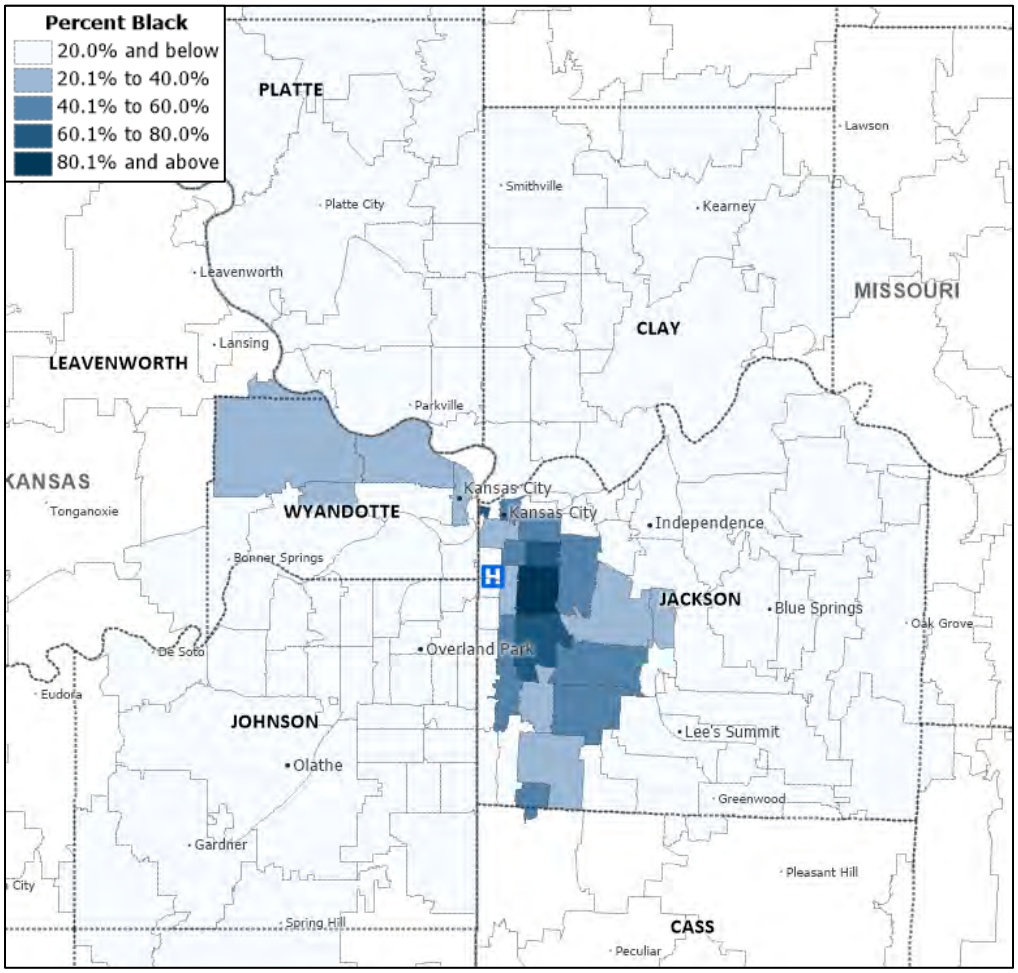
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 13 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- In 2021, the highest percentages of population 65 years of age and older were in the northeast parts of Johnson County, Independence, and southwest corner of Jackson County, and in northern Platte County.
- Jackson County ZIP Code 64146 had the highest proportion (41.0 percent) and Clay County ZIP Code 64166 had the second highest proportion (35.2 percent) of residents 65 years and older.

Exhibit 14: Percent of Population – Black by ZIP Code, 2021



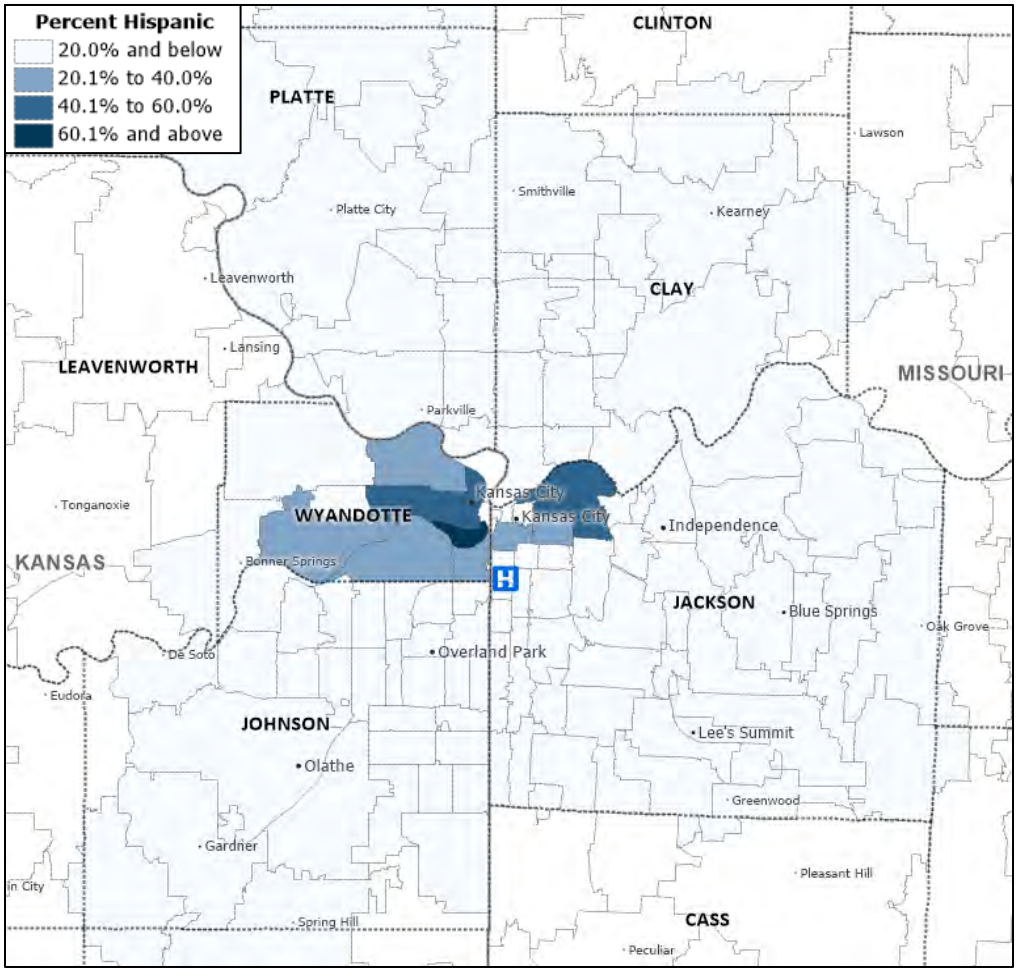
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 14 portrays the percentage of the population Black by ZIP Code.

Observations

- In 2021, areas in western Jackson County and northern Wyandotte County had the highest proportions of population identified as Black.
- Jackson County ZIP Codes 64130 and 64128 had over 75 percent of the population identified as Black (85.8 percent and 76.3 percent, respectively).
- Wyandotte County ZIP Code 66104 had approximately 40 percent of the population identified as Black.

Exhibit 15: Percent of Population – Hispanic (or Latino) by ZIP Code, 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 15 portrays the percent of the population Hispanic (or Latino) by ZIP Code.

Observations

- In 2021, Wyandotte County and the Kansas City (MO) area had the highest proportions of population identified as Hispanic (or Latino).
- At 69.6 percent, Wyandotte County ZIP Code 66105 had the highest percentage of population identified as Hispanic (or Latino).
- Two ZIP Codes in Jackson County (64126 and 64125) had more than 50 percent of the population identified as Hispanic (or Latino).

Exhibit 16: Selected Socioeconomic Indicators, 2017-2021

Area	Without H.S. Diploma	With a Disability	Linguistically Isolated
Jackson County (MO)	8.6%	12.8%	3.8%
Johnson County (KS)	3.7%	8.5%	4.1%
Clay County (MO)	6.4%	11.7%	2.5%
Platte County (MO)	3.3%	12.3%	2.3%
Wyandotte County (KS)	**18.8%**	13.8%	**13.5%**
Kansas	8.4%	13.2%	4.5%
Missouri	9.1%	14.4%	2.1%
United States	**11.1%**	**12.6%**	**8.2%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description. Exhibit 16 portrays the percent of the population: without a high school diploma[10], living with a disability, and linguistically isolated in the counties that comprise the SLH community, Kansas, Missouri, and the United States.

Linguistic isolation is defined as residents who speak a language other than English and who speak English less than "very well." Dark grey shading indicates rates 50 percent or more above the U.S-wide average. Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, Wyandotte County compared unfavorably for the three socioeconomic indicators. The percent of persons without a high school diploma and linguistically isolated were more than 50 percent above the U.S. average.
- Jackson and Wyandotte counties had above average rates of persons living with a disability.

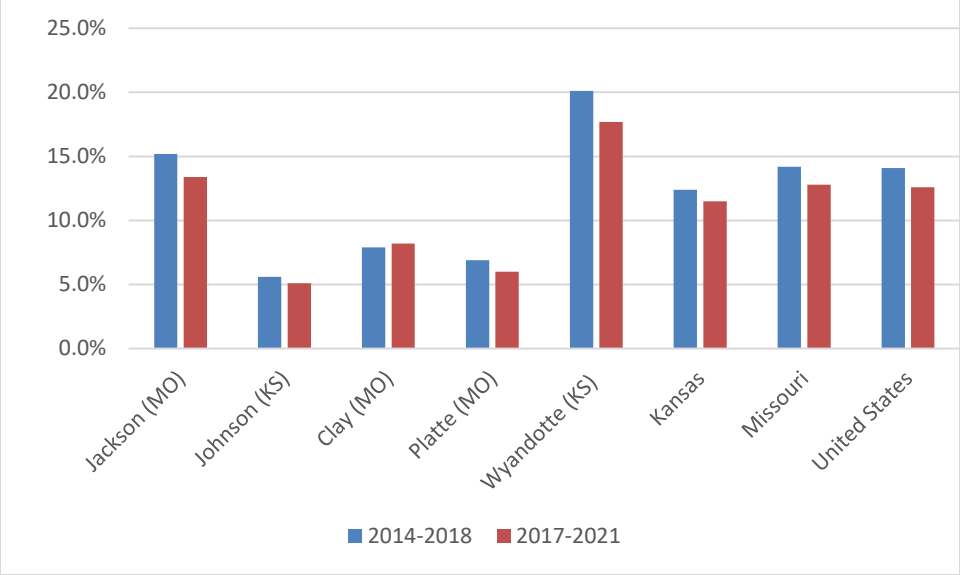
[10] This is based on the people 25 years of age and older.

Socioeconomic Indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 17: Percent of People in Poverty, 2014-2018 and 2017-2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 17 portrays poverty rates by county, in Kansas, Missouri, and in the United States for 2014-2018 and 2017-2021.

Observations

- Poverty rates in Jackson and Wyandotte counties have been above Kansas, Missouri, and United States averages.
- Johnson, Clay, and Platte counties have had comparatively lower rates.
- Poverty rates in most areas presented were lower in 2017-2021 compared to 2014-2018.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2017-2021

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Jackson (MO)	8.6%	**23.0%**	18.2%	**19.0%**	13.4%
Johnson (KS)	3.8%	13.0%	6.4%	12.0%	5.1%
Clay (MO)	6.5%	**19.0%**	9.5%	14.0%	8.2%
Platte (MO)	5.7%	7.7%	2.3%	6.8%	6.0%
Wyandotte (KS)	13.0%	**25.6%**	**24.7%**	17.7%	17.7%
Community	**6.5%**	**21.5%**	**11.4%**	**15.9%**	**9.9%**
Kansas	9.1%	**23.8%**	13.6%	18.4%	11.5%
Missouri	10.7%	**23.5%**	12.3%	18.3%	12.8%
United States	**9.2%**	**21.7%**	**10.3%**	**17.7%**	**12.6%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 18 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, poverty rates for Black populations in Wyandotte, Jackson, and Clay counties were more than 50 percent above the U.S. average for all persons.
- The poverty rate for Hispanic (or Latino) populations was also comparatively high in these three counties.

Exhibit 19: Child Poverty Rates, 2017-2021

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Jackson (MO)	165,519	23.6%	19.4%
Johnson (KS)	145,014	24.2%	5.7%
Clay (MO)	59,456	24.0%	11.4%
Platte (MO)	24,456	23.5%	7.9%
Wyandotte (KS)	45,990	27.6%	**26.2%**
Community	**440,435**	**24.2%**	**13.9%**
Kansas	701,202	24.6%	14.1%
Missouri	1,360,693	22.8%	16.9%
United States	**72,996,065**	**22.7%**	**17.0%**

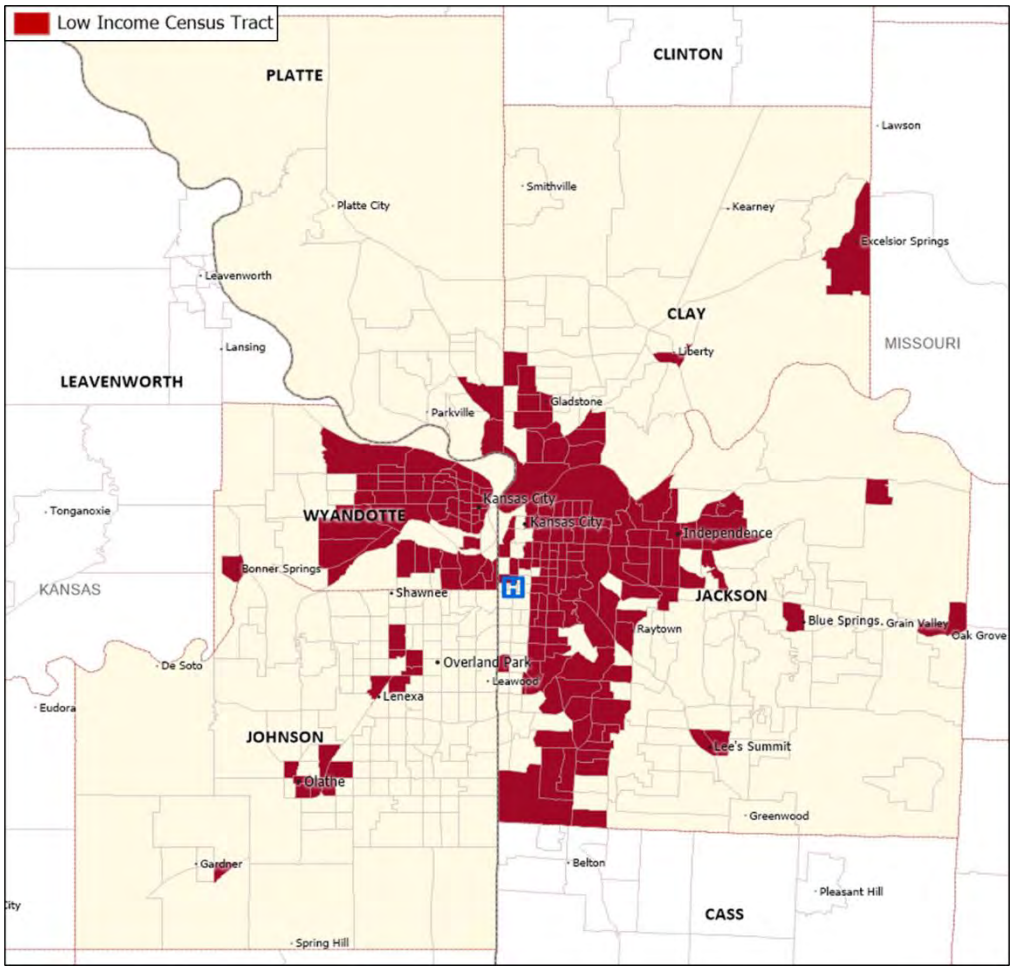
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 19 portrays poverty rates for children (aged 0-17). Dark grey shading indicates rates 50 percent or more above the U.S-wide average (17.0 percent for all children). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, the percentage of children in poverty in Wyandotte County was nearly twice the community-wide average and more than 50 percent above the U.S. average.
- The percentage of children in poverty in Jackson County was also above state and national averages.

Exhibit 20: Low Income Census Tracts, 2019



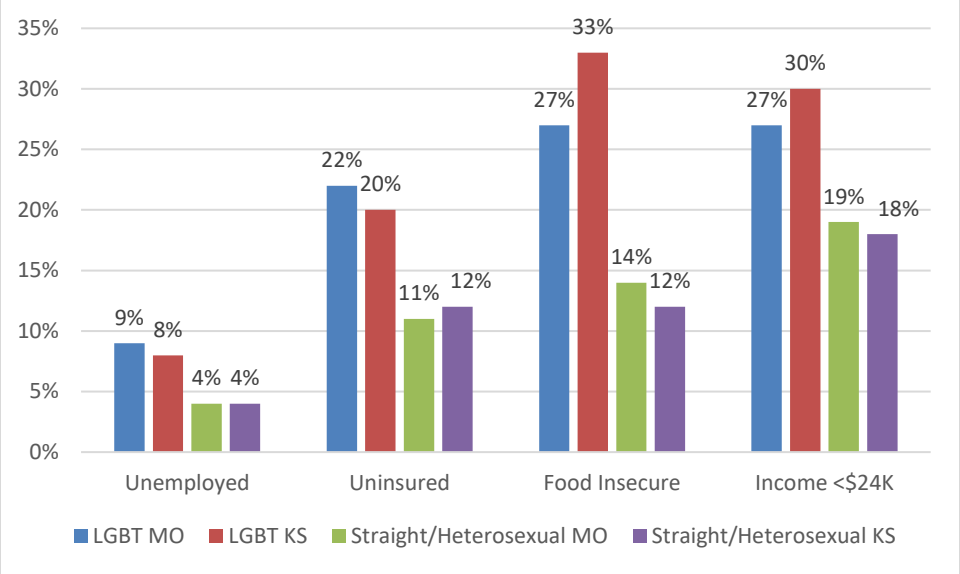
Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2022.

Description: Exhibit 20 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were concentrated in western parts of Jackson County, eastern and central Wyandotte County, Excelsior Springs, southwestern Clay County, and in Olathe in Johnson County.

Exhibit 21: Select Socioeconomic Characteristics, Kansas, and Missouri, Lesbian, Gay, Bisexual, or Transgender, 2019



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

Description

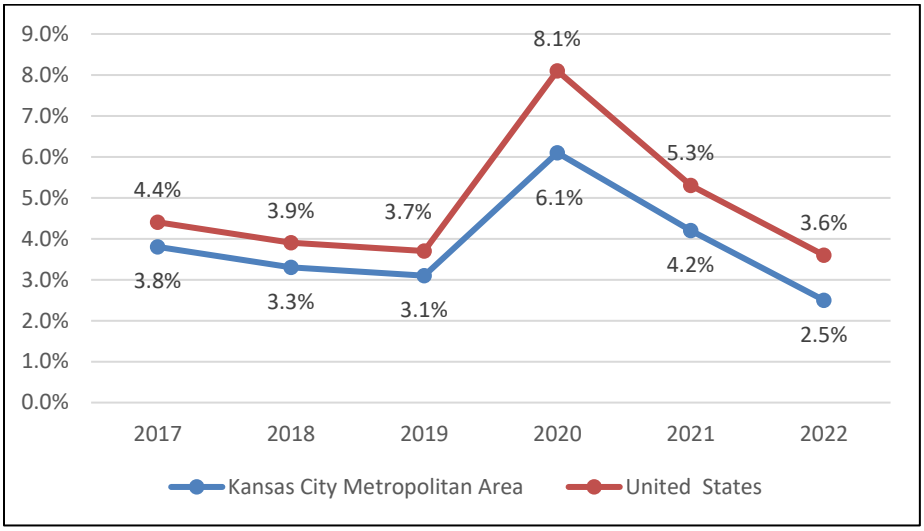
Exhibit 21 portrays socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Missouri and Kansas.

Observations

- In 2019 in Kansas and Missouri, individuals who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than those who identify as straight/heterosexual.

Unemployment

Exhibit 22: Annual Unemployment Rates, Kansas City Metropolitan Area, 2017 to 2022



Source: Bureau of Labor Statistics, 2022.

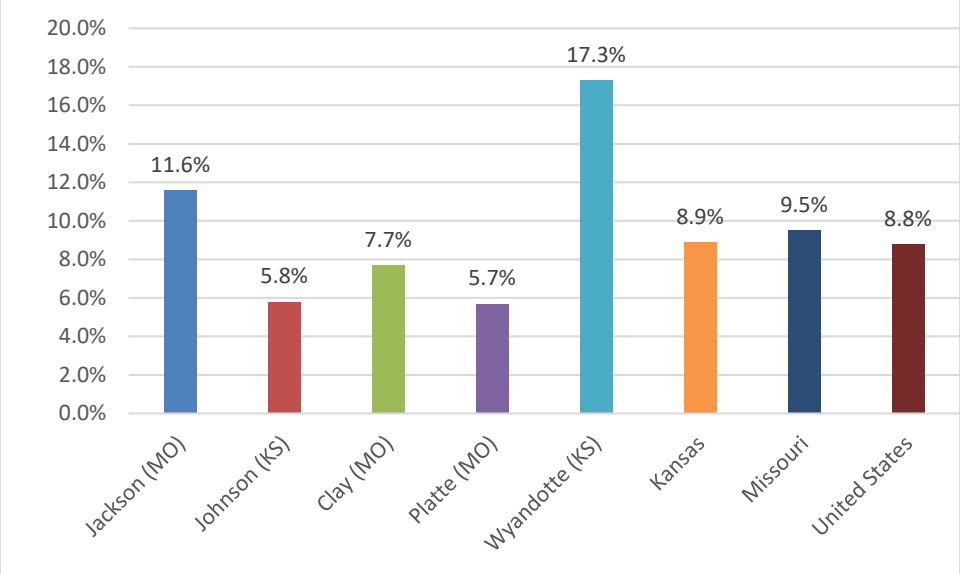
Description: Exhibit 22 shows annual unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for 2017 to 2022.

Observations

- Unemployment rates declined from 2017 through 2019 in the Kansas City Metropolitan Area.
- Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. The rate more than doubled between 2019 and 2020 but was below the U.S. average.
- In 2021-2022, unemployment rates declined and fell below pre-pandemic levels both in Kansas City and in the United States.

Health Insurance Status

Exhibit 23: Percent of Population without Health Insurance, 2017 to 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 23 presents the estimated percentage of the population without health insurance.

Observations

- In 2017-2021, Jackson and Wyandotte counties had a higher percentage of the population without health insurance than Kansas, Missouri, and national averages. Rates in Johnson, Clay, and Platte counties were comparatively low.

Medical Debt

Exhibit 24: Share of People with a Credit Bureau Record with Medical Debt in Collections, 2022

Area	Medical Debt in Collections	Medical Debt in Collections (People of Color)	Medical Debt in Collections (Majority White)
Jackson (MO)	**19.3%**	**28.9%**	15.1%
Johnson (KS)	10.7%	N/A	10.7%
Clay (MO)	13.1%	N/A	13.1%
Platte (MO)	11.0%	N/A	11.0%
Wyandotte (KS)	**24.4%**	**29.0%**	**18.9%**
Kansas	16.8%	**29.0%**	14.9%
Missouri	16.4%	**31.0%**	14.6%
United States	**12.6%**	**14.7%**	**11.5%**

Source: Alexander Carther, Kassandra Martinchek, Breno Braga, Signe-Mary McKernan, and Caleb Quakenbush. 2021. Debt in America 2022. Accessible from https://datacatalog.urban.org/dataset/debt-america-2022.

Description: Exhibit 24 portrays the estimated share of the people with a credit bureau records who have medical debt in collections in the five counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2022 and in Jackson and Wyandotte counties, the share of the population with credit bureau records and with medical debt in collections was more than 50 percent above the U.S. average. Medical debt was comparatively less prevalent in Johnson and Platte counties.
- Medical debt in collections was higher for communities of color than for majority-White communities.
- The prevalence of medical debt has been higher in Kansas and Missouri than in the nation as a whole.

Crime Rates

Exhibit 25: Crime Rates by Type and Jurisdiction, Per 100,000, 2019-2021

City	County (State)	Violent Crime	Murder	Rape	Robbery	Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Blue Springs	Jackson (MO)	198	4	37	14	144	2,184	184	1,703	297
Independence	Jackson (MO)	**577**	7	**110**	78	**383**	**3,751**	343	**2,556**	**853**
Kansas City	Jackson (MO)	**1,477**	**31**	**83**	**242**	**1,121**	**4,284**	**564**	**2,792**	**928**
Lee's Summit	Jackson (MO)	151	2	22	15	112	1,769	160	1,360	250
Lenexa	Johnson (KS)	193	0	21	18	154	1,612	154	1,217	240
Olathe	Johnson (KS)	246	1	40	12	192	1,269	102	996	171
Overland Park	Johnson (KS)	236	1	23	22	191	2,171	183	1,709	279
Shawnee	Johnson (KS)	282	0	19	33	229	1,763	339	1,154	270
Gladstone	Clay (MO)	315	0	25	25	265	1,985	229	1,394	**362**
Platte City	Platte (MO)	340	0	**120**	100	120	1,220	160	900	160
Bonner Springs	Wyandotte (KS)	223	0	25	25	173	2,478	198	1,895	**384**
Kansas		411	4	49	44	314	2,315	343	1,722	250
Missouri		495	**9**	48	81	357	2,639	430	1,865	**343**
United States		**379**	**5**	**43**	**82**	**250**	**2,110**	**341**	**1,550**	**220**

Source: Federal Bureau of Investigation, 2019-2021.
Note: Data presented for selected cities, as available.

Description: Exhibit 25 provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above United States averages; dark grey shading indicates rates more than 50 percent above the national average.

Observations

- In 2019-2021, crime rates in Kansas City were more than 50 percent above national averages for all crime types.
- Crime rates in Independence also were higher than national averages for all crime types except robbery.

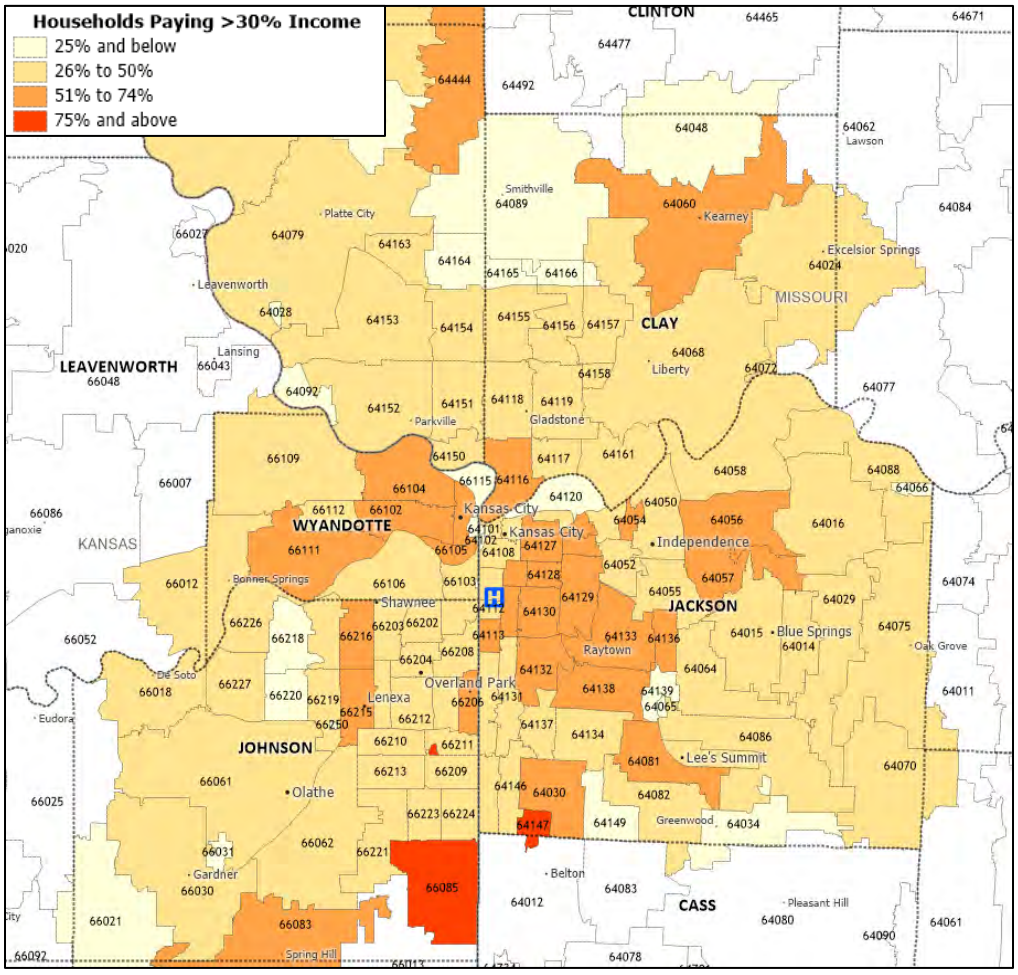
Housing Affordability

Exhibit 26: Percent of Rented Households Rent Burdened, 2017-2021

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Jackson (MO)	114,784	54,786	47.7%
Johnson (KS)	70,400	28,022	39.8%
Clay (MO)	30,663	13,671	44.6%
Platte (MO)	13,660	4,751	34.8%
Wyandotte (KS)	22,641	10,973	48.5%
Community	**252,148**	**112,203**	**44.5%**
Kansas	354,494	152,282	43.0%
Missouri	726,672	325,273	44.8%
United States	**40,811,805**	**20,169,402**	**49.4%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Exhibit 27: Map of Percent of Rented Households Rent Burdened, 2017-2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: The U.S. Department of Housing and Urban Development (HUD) has defined "rent burdened" households as those spending more than 30 percent of income on housing.[11] **Exhibits 26 and 27** portray the percent of rented households that meet this definition. ZIP Codes highlighted in red are where over 75 percent of households have been rent burdened.

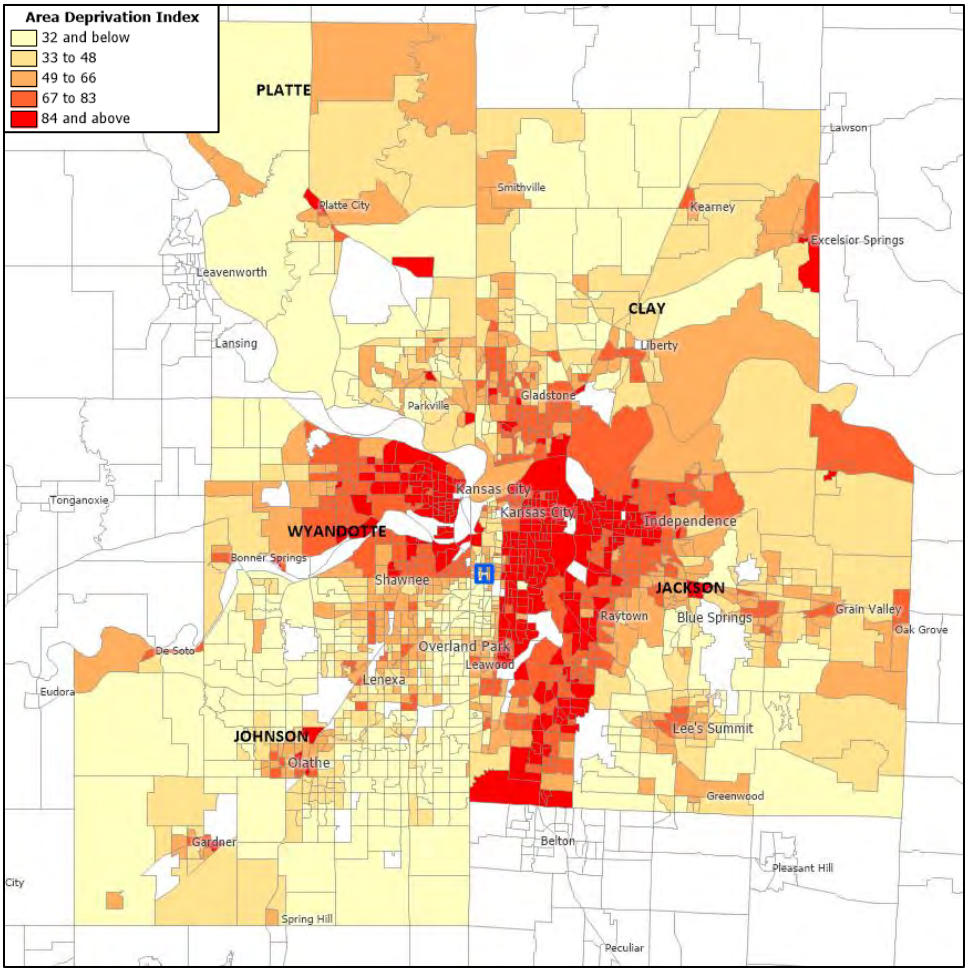
Observations

- In 2027-2021, ZIP Codes in southern Johnson County, Independence, Kansas City, central Wyandotte County, and northern Clay and Platte counties had the highest percentage of households designated as rent burdened.
- ZIP Codes 66085 (Johnson County) and 64147 (Jackson County) had the highest percentage of population rent burdened.

[11] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm

Area Deprivation Index

Exhibit 28: Area Deprivation Index by Census Block Group, 2020



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2020. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, March 28, 2023, and Caliper Maptitude, 2022.

Description: Exhibit 28 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI) for the SLH community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

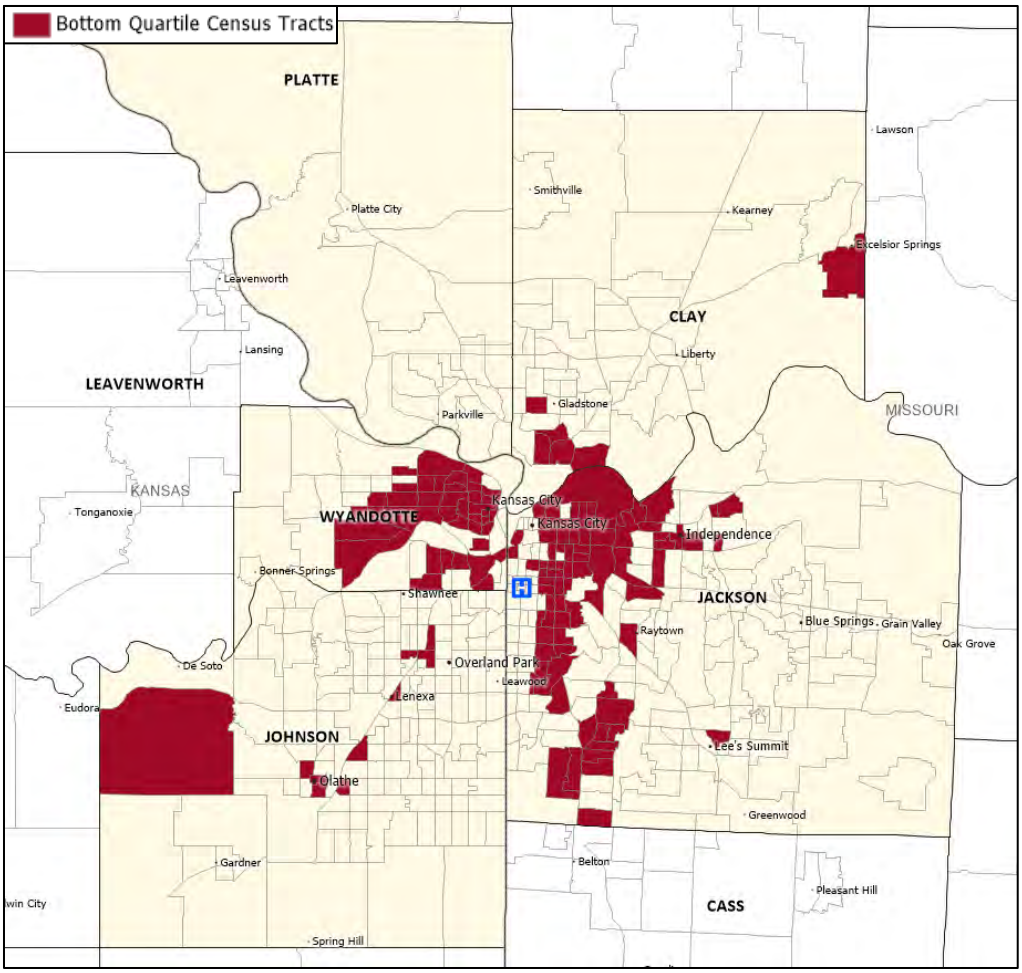
Observations

- In 2020, the highest ADIs were present in the Kansas City area, Independence, western Jackson County, eastern Wyandotte County, Platte City, and Olathe.

- Within the SLH community, Clay, Platte, and Johnson counties, had the lowest levels of disadvantage.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 29: Socioeconomic Status - Bottom Quartile Census Tracts, 2020



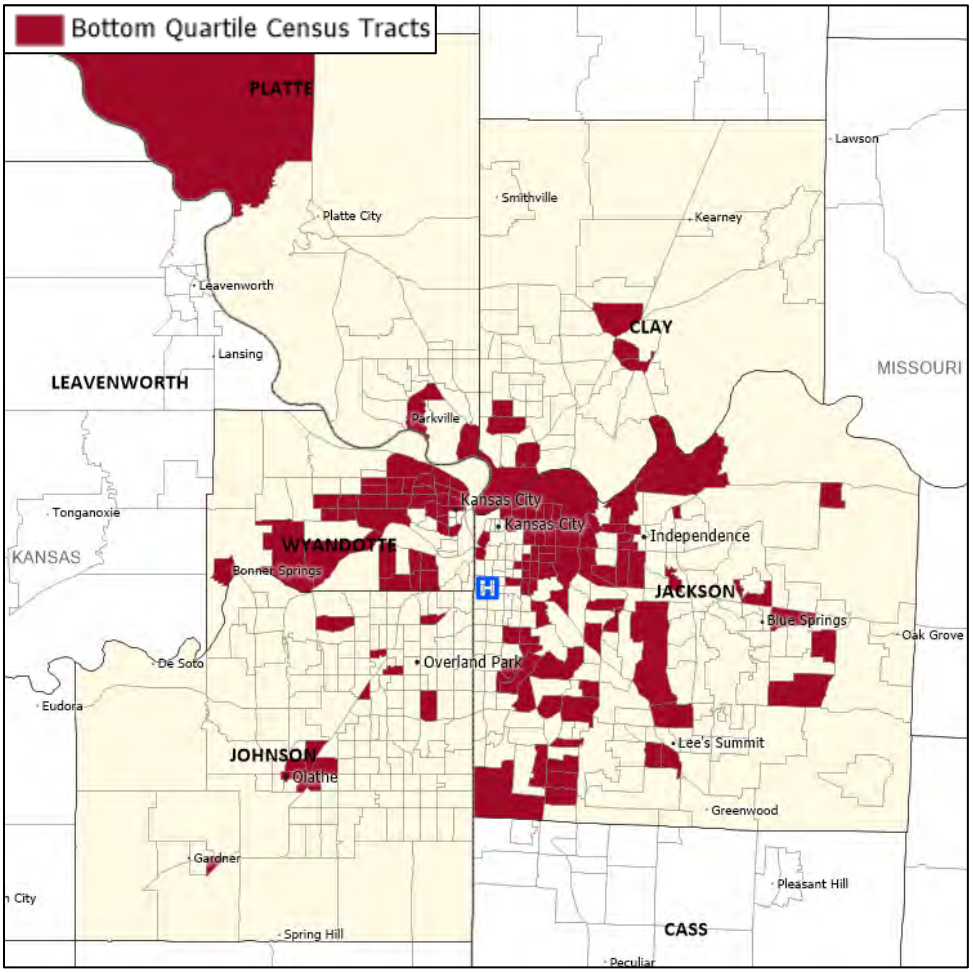
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 29 through 32 are maps that show Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) scores by census tract. Highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. **Exhibit 29** identifies census tracts in the bottom quartile for "socioeconomic characteristics" (below 150% poverty, unemployed, housing cost burden, no high school diploma, no health insurance),

Observations

- Census tracts with the highest socioeconomic vulnerability were concentrated in eastern Wyandotte County, western Jackson County, Excelsior Springs, Olathe, and western Johnson County.

Exhibit 30: Household Characteristics – Bottom Quartile Census Tracts, 2020



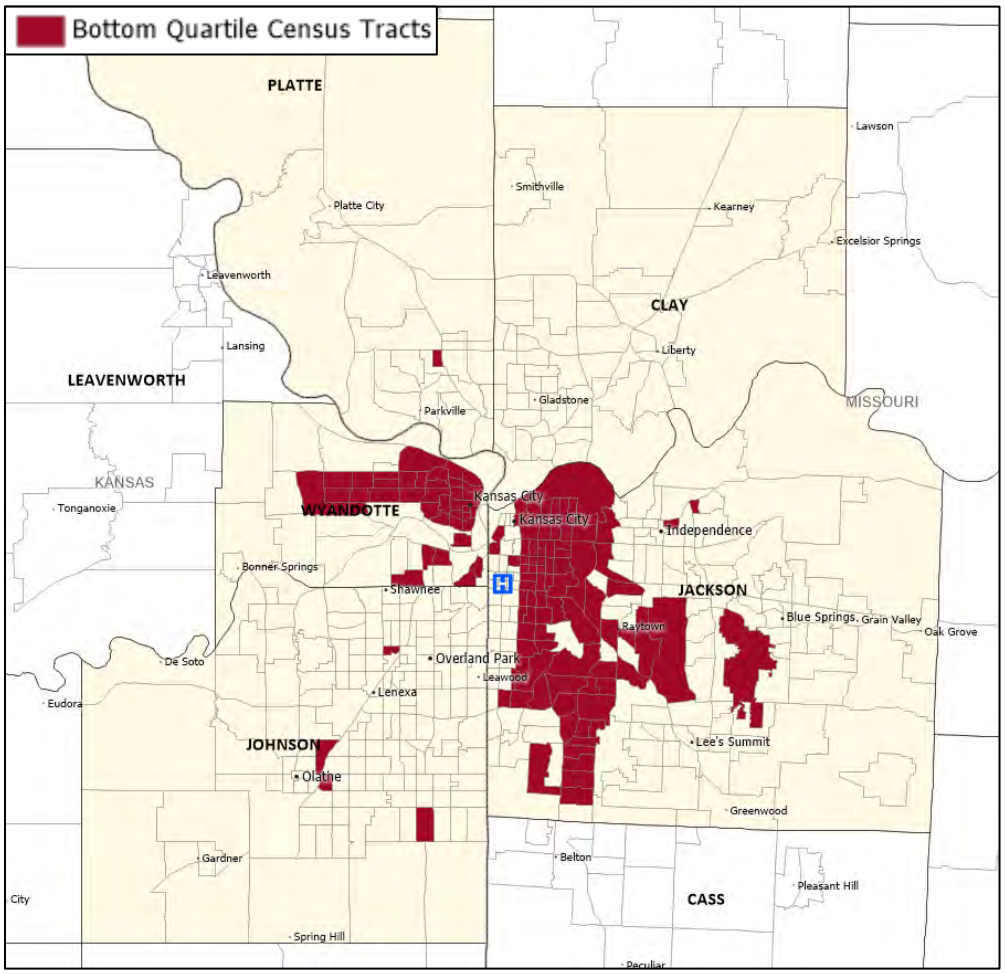
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 30 identifies census tracts in the bottom quartile nationally for "household characteristics" (percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency).

Observations

- In 2020, census tracts with the highest household characteristics vulnerability were concentrated in central and western Jackson County, central and eastern Wyandotte County, and northwestern Platte County.

Exhibit 31: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020



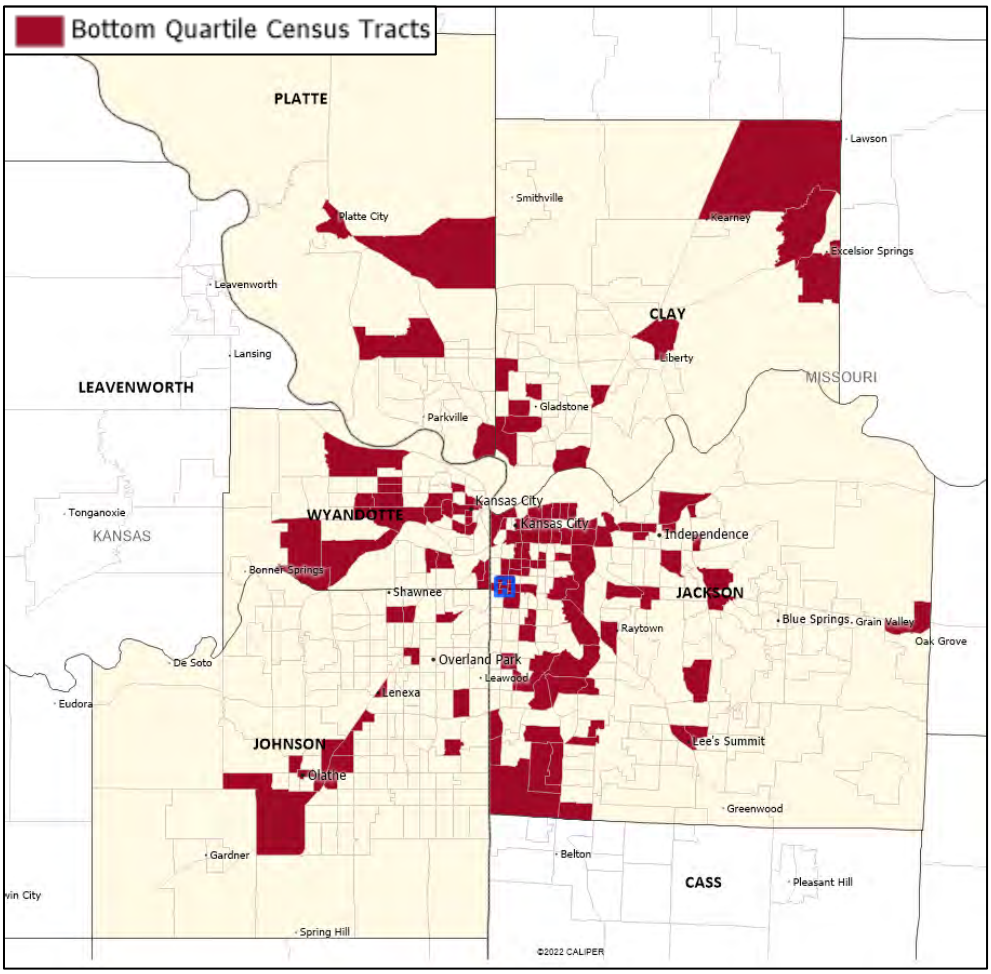
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 31 identifies census tracts in the bottom quartile for "racial and ethnic minority status" (percent of people non-White).

Observations

- In 2020, racial and ethnic minorities were concentrated in the Kansas City area, central Wyandotte County, Independence, and Blue Springs.

Exhibit 32: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 32 identifies census tracts in the bottom quartile nationally for "housing type and transportation vulnerability" (people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle).

Observations

- In 2020, census tracts designated as vulnerable for housing type and transportation were located in all five counties. Many were concentrated in Kansas City, Independence, Lee's Summit, Excelsior Springs, Olathe, and Platte City.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 33: County Health Rankings, 2023

Measure	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)
Health Outcomes	79	1	5	1	**103**
Health Factors	54	1	8	2	**104**
Length of Life	66	1	5	1	**98**
Quality of Life	85	1	7	1	**104**
Poor or fair health	40	1	4	2	**104**
Poor physical health days	29	1	9	2	**105**
Poor mental health days	**101**	2	39	4	**103**
Low birthweight	**99**	41	23	21	**95**
Health Behaviors	30	1	8	2	**104**
Adult smoking	9	1	7	2	**104**
Adult obesity	18	1	8	4	**105**
Food environment index	39	1	10	3	**91**
Physical inactivity	42	1	5	1	**103**
Access to exercise opportunities	3	1	11	8	3
Excessive drinking	**106**	77	**104**	**92**	4
Alcohol-impaired driving deaths	**97**	47	**100**	**88**	54
Sexually transmitted infections	**113**	55	**95**	**90**	**88**
Teen births	62	2	14	6	**84**
Clinical Care	11	1	7	4	**88**
Uninsured	26	1	4	2	**90**
Primary care physicians	10	7	26	14	56
Dentists	2	6	15	21	51
Mental health providers	13	12	35	39	24
Preventable hospital stays	**93**	38	42	58	**94**
Mammography screening	16	14	16	3	55
Flu vaccinations	14	1	N/A	4	21

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Exhibit 33: County Health Rankings, 2023 *(continued)*

Measure	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)
Social & Economic Factors	77	1	17	3	**104**
High school graduation	23	2	9	1	**97**
Some college	13	1	6	1	**93**
Unemployment	**105**	63	**95**	59	**105**
Children in poverty	34	1	6	2	**98**
Income inequality	85	46	14	19	**87**
Children in single-parent households	**109**	30	65	53	**102**
Social associations	64	**99**	**91**	**86**	**94**
Injury deaths	83	3	18	14	47
Physical Environment	**109**	26	25	56	**92**
Air pollution - particulate matter	**113**	31	1	**99**	**105**
Severe housing problems	**97**	59	32	35	**104**
Driving alone to work	42	33	53	47	40
Long commute - driving alone	57	60	51	60	63

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Description: Exhibit 33 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[12] social and economic factors, and physical environment.[13] *County Health Rankings* is updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021. Most data are from 2017 to 2021.

The exhibit presents 2023 rankings for each available indicator category. Rankings indicate how Jackson, Clay, and Platte counties ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis), and how Johnson and Wyandotte counties ranked in relation to 105 counties in Kansas. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of the state's counties and cities; dark grey shading indicates rankings in bottom quartile.

[12] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[13] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Observations

- All five counties ranked in the bottom half for the following indicators:
    - Sexually transmitted infections
    - Unemployment
    - Social associations
- Four of the five counties ranked in the bottom half for the following indicators:
    - Excessive drinking
    - Alcohol-impaired driving deaths
- Wyandotte County ranked in the bottom quartile of Kansas counties for all composite measures: health outcomes, health factors, length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment.
- Wyandotte County also ranked at the bottom of Kansas' 105 counties for several health issues including certain social drivers of health:
    - 105/105: Poor physical health days, adult obesity, unemployment, and air pollution (particulate matter)
    - 104/105: Poor or fair health, adult smoking, and severe housing problems
    - 103/105: Poor mental health days and physical inactivity

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023

Category	Indicator	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Health Outcomes									
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,377.1	4,540.6	6,374.5	5,653.8	10,611.8	7,458.0	8,859.6	**7,300**
Quality of Life	% adults reporting fair or poor health	16.3%	8.0%	13.0%	11.3%	**19.7%**	12.8%	15.2%	**12.0%**
	Avg. number of physically unhealthy days past 30 days	3.6	2.0	3.3	2.9	3.9	2.8	3.4	**3.0**
	Avg. number of mentally unhealthy days past 30 days	5.3	4.0	5.0	4.5	4.8	4.4	4.9	**4.4**
	% live births with low birthweight (<2500 grams)	9.3%	6.5%	6.9%	6.9%	9.1%	7.2%	8.6%	**8.0%**
Health Factors									
Health Behaviors									
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	19.0%	11.2%	18.6%	15.0%	23.2%	17.2%	18.6%	**16.0%**
Adult Obesity	% adults that report a BMI >= 30	36.2%	28.6%	34.2%	31.8%	46.0%	35.8%	34.2%	**32.0%**
Food Environment	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	9.1	8.2	8.4	6.8	7.0	6.8	**7.0**
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	26.5%	14.7%	21.9%	20.1%	32.2%	21.4%	24.9%	**22.0%**
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	91.1%	96.7%	80.7%	85.5%	92.7%	79.7%	75.8%	**84.0%**
Excess Drinking	% adults reporting binge plus heavy drinking	20.1%	19.8%	20.1%	19.5%	17.0%	19.7%	20.0%	**19.0%**
Driving Alcohol	% driving deaths with alcohol involvement	35.9%	16.9%	36.9%	33.3%	19.4%	19.4%	27.6%	**27.0%**
STDs	Chlamydia rate per 100,000 population	**892.6**	351.3	473.7	413.7	**852.3**	501.8	518.4	**481.3**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	**28.9**	8.5	16.4	10.8	**44.4**	21.9	22.7	**19.0**

Source: County Health Rankings, 2023.

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 *(continued)*

Category	Indicator	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Clinical Care									
Uninsured	% population under age 65 without health insurance	13.0%	6.0%	10.0%	8.4%	**15.7%**	10.3%	12.2%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	1,175:1	809:1	1,584:1	1,284:1	1,944:1	1,260:1	1,409:1	**1,310:1**
Dentists	Ratio of population to dentists	1,088:1	1,133:1	1,558:1	1,723:1	**2,493:1**	1,605:1	1,617:1	**1,380:1**
Mental Health Providers	Ratio of population to mental health providers	361:1	368:1	**672:1**	**749:1**	**559:1**	446:1	433:1	**340:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,677	2,496	2,751	3,015	**4,478**	2,708	3,052	**2,809**
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	43.0%	49.0%	43.0%	49.0%	38.0%	42.0%	40.0%	**37.0%**
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	53.0%	65.0%	57.0%	59.0%	50.0%	51.0%	49.0%	**51.0%**
Social and Economic Factors									
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent.	91.4%	96.3%	93.6%	96.6%	81.2%	91.6%	91.0%	**89.0%**
Some College	% adults aged 25-44 years with some post-secondary education	68.0%	85.5%	71.8%	80.4%	52.9%	70.7%	67.2%	**67.0%**
Unemployment	% population age 16+ unemployed but seeking work	5.5%	2.7%	4.9%	4.0%	4.7%	3.2%	4.4%	**5.4%**
Children in Poverty	% children under age 18 in poverty	17.3%	5.3%	10.2%	8.1%	22.3%	13.5%	16.5%	**17.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	3.8	3.7	3.8	4.4	4.4	4.5	**4.9**
Children in Single-Parent Households	% children that live in a household headed by single parent	32.2%	15.2%	21.0%	19.7%	32.3%	21.0%	24.3%	**25.0%**

Source: County Health Rankings, 2023.

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 *(continued)*

Category	Indicator	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Social Associations	Number of associations per 10,000 population	11.0	8.3	8.5	8.8	9.9	13.2	11.4	**9.1**
Injury Deaths	Injury mortality per 100,000	102.0	51.9	70.8	68.0	91.9	78.4	95.8	**76.0**
Physical Environment									
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.6	6.2	6.2	8.4	9.4	6.7	7.6	**7.4**
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14.3%	10.3%	10.0%	10.2%	18.0%	12.5%	12.9%	**17.0%**
Driving Alone to Work	% workforce that drives alone to work	79.3%	77.3%	80.0%	79.6%	78.0%	79.3%	79.4%	**73.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	33.2%	23.5%	31.5%	33.8%	24.3%	21.7%	32.0%	**37.0%**

Source: County Health Rankings, 2023.

Description

Exhibit 34 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[14] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors for a given county are unfavorable when compared to averages for the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- The following indicators compared particularly unfavorably for three or more counties:
    - Years of potential life lost before age 75 per 100,000 population
    - Average number of mentally unhealthy days
    - Adult smoking
    - Adult obesity
    - Excessive drinking
    - Percent driving deaths with alcohol involvement
    - Percent population under age 65 without health insurance
    - Ratio of population to dentists
    - Ratio of population to mental health providers
    - Average daily particulate matter (PM2.5)
    - Percent of workforce that drives alone to work
- Several indicators are especially problematic in Jackson and Wyandotte counties, including:
    - Percent of adults reporting fair or poor health
    - Chlamydia rate per 100,000
    - Teen birth rate per 1,000 female population, ages 15-19
    - Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

[14] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 35: Community Health Status Indicators, 2023

Category	Indicator	Jackson (MO)	Peer Counties	Johnson (KS)	Peer Counties	Clay (MO)	Peer Counties	Platte (MO)	Peer Counties	Wyandotte (KS)	Peer Counties
Length of Life	Years of potential life lost rate	**9,377.1**	6,342.1	4,540.6	5,145.4	6,374.5	6,905.8	5,653.8	6,905.8	**10,611.8**	8,366.1
Quality of Life	% Fair/Poor health	**16.3%**	12.6%	8.0%	10.8%	13.0%	12.9%	11.3%	12.9%	**19.7%**	15.7%
	Physically unhealthy days	**3.6**	2.9	2.0	2.6	**3.3**	3.1	2.9	3.1	**3.9**	3.3
	Mentally unhealthy days	**5.3**	4.6	4.0	4.3	**5.0**	4.7	4.5	4.7	4.8	4.7
	% Births – low birth weight	**9.3**	8.0	6.5	7.2	6.9	7.9	6.9	7.9	9.1	9.1
Health Behaviors	% Smokers	**19.0%**	13.9%	11.2%	13.2%	**18.6%**	16.5%	15.0%	16.5%	**23.2%**	17.0%
	% Obese	**36.2%**	29.7%	28.6%	31.5%	34.2%	33.1%	31.8%	33.1%	**46.0%**	36.1%
	Food environment index	**7.5**	8.2	9.1	8.8	8.2	8.2	8.4	8.2	**6.8**	7.6
	% Physically inactive	**26.5%**	20.5%	14.7%	19.1%	21.9%	21.9%	20.1%	21.9%	**32.2%**	25.5%
	% Population with access to exercise opportunity	**91.1%**	95.6%	96.7%	87.8%	80.7%	80.0%	85.5%	80.0%	92.7%	85.7%
	% Excessive drinking	20.1%	19.4%	19.8%	18.8%	20.1%	19.3%	19.5%	19.3%	17.0%	17.7%
	% Driving deaths with alcohol	**35.9%**	26.8%	16.9%	28.1%	**36.9%**	28.3%	**33.3%**	28.3%	19.4%	27.7%
	Chlamydia rate per 100,000	**892.6**	542.6	**351.3**	276.0	473.7	405.0	413.7	405.0	**852.3**	631.4
	Teen birth rate per 1,000, ages 15-19	**28.9**	16.8	8.5	9.9	16.4	15.1	10.8	15.1	**44.4**	20.8
Clinical Care	% Uninsured	**13.0%**	9.3%	6.0%	8.4%	10.0%	9.3%	8.4%	9.3%	**15.7%**	10.4%
	Ratio of population to primary care physicians	1,175:1	1,042:1	809:1	1,249:1	1,584:1	1,632:1	1,284:1	1,632:1	1,944:1	1,611:1
	Ratio of population to dentists	1,088:1	1,102:1	1,133:1	1,698:1	1,558:1	1,700:1	1,723:1	1,700:1	**2,493:1**	1,352:1
	Ratio of population to mental health providers	361:1	235:1	368:1	603:1	672:1	490:1	749:1	490:1	559:1	368:1
	Preventable hospitalization rate per 100,000 Medicare enrollees	**3,677.0**	2,558.8	2,496.0	2,529.5	2,751.0	2,875.9	3,015.0	2,875.9	**4,478.0**	3,432.3
	% Mammography screening	43.0%	36.6%	49.0%	39.7%	43.0%	39.6%	49.0%	39.6%	38.0%	36.0%
	% Flu vaccination	53.0%	52.9%	65.0%	56.6%	57.0%	53.2%	59.0%	53.2%	50.0%	48.9%

Source: County Health Rankings, and Verité Analysis, 2023.

Exhibit 35: Community Health Status Indicators, 2023 *(continued)*

Category	Indicator	Jackson (MO)	Peer Counties	Johnson (KS)	Peer Counties	Clay (MO)	Peer Counties	Platte (MO)	Peer Counties	Wyandotte (KS)	Peer Counties
Social and Economic Factors	High School graduation rate	91.4%	90.8%	96.3%	93.9%	93.6%	92.3%	96.6%	92.3%	**81.2%**	88.4%
	% Some college	**68.0%**	75.0%	85.5%	77.6%	71.8%	70.5%	80.4%	70.5%	**52.9%**	63.7%
	% Unemployed	5.5%	5.0%	2.7%	3.7%	**4.9%**	4.2%	4.0%	4.2%	4.7%	5.7%
	% Children in poverty	17.3%	14.5%	5.3%	7.0%	10.2%	12.1%	8.1%	12.1%	**22.3%**	19.0%
	Income ratio	4.6	4.5	3.8	3.7	3.7	4.2	3.8	4.2	4.4	4.5
	% Children in single-parent households	**32.2%**	24.7%	15.2%	15.6%	21.0%	23.3%	19.7%	23.3%	32.3%	30.6%
	Social associations per 10,000	11.0	9.1	8.3	7.3	8.5	8.0	8.8	8.0	9.9	7.9
	Injury mortality per 100,000	**102.0**	69.9	51.9	54.5	70.8	76.2	68.0	76.2	**91.9**	78.9
Physical Environment	Average daily PM2.5	**9.6**	9.0	6.2	8.8	6.2	8.1	8.4	8.1	9.4	8.7
	% Severe housing problems	14.3%	17.3%	10.3%	11.1%	10.0%	13.6%	10.2%	13.6%	18.0%	18.0%
	% Drive alone to work	**79.3%**	68.3%	**77.3%**	75.1%	**80.0%**	77.0%	79.6%	77.0%	78.0%	77.1%
	% Long commute, drives alone	33.2%	35.4%	23.5%	46.5%	31.5%	39.4%	33.8%	39.4%	24.3%	42.8%

Source: County Health Rankings, and Verité Analysis, 2023.

Description: County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 35 compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics are also provided.

See Appendix D for lists of peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Jackson and Wyandotte counties compared unfavorably to peer counties for most of the indicators presented (27/33 and 23/33 respectively).
- At least four of the five counties ranked in the bottom half of peer counties for the following indicators:
    - Mentally unhealthy days
    - Excessive drinking
    - Chlamydia rate
    - Percent uninsured
    - Ratio of population to mental health providers
    - Percent who drive alone to work

COVID-19 Cases and Deaths

Exhibit 36: COVID-19 Incidence and Mortality (As of February 14, 2023)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Jackson (MO)	119,925	1,374	17,124.6	196.2
Johnson (KS)	176,817	1,362	29,590.1	227.9
Clay (MO)	33,321	408	13,525.1	165.6
Platte (MO)	12,734	107	12,364.9	103.9
Wyandotte (KS)	54,331	526	32,863.4	318.2
Community Total	**397,128**	**3,777**	**21,910.1**	**208.4**
Kansas	930,498	9,995	31,959.4	227.9
Missouri	6,126,452	21,334	26,493.2	348.2
United States	**100,577,839**	**1,092,380**	**30,827.3**	**334.8**

Source: Johns Hopkins University, Accessed via ESRI, Additional data analysis by CARES. 2022.

Description: Exhibit 36 presents data regarding COVID-19 incidence and mortality. Light grey shading indicates rates above the United States averages.

Observations

- In Wyandotte County, COVID-19 incidence rates were above the United States average.
- In all other counties, COVID-19 incidence and mortality rates were lower than national averages.

Mortality Rates

Exhibit 37: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2020

Condition	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri
Major cardiovascular diseases	230.5	191.8	196.2	182.4	253.8	219.2	248.1
Malignant neoplasms	171.5	133.4	161.3	141.5	195.6	160.8	170.6
Diseases of heart	176.2	117.4	146.4	135.8	173.9	159.9	193.2
All other diseases	110.9	88.5	94.8	89.5	102.3	101.9	90.1
Ischemic heart diseases	82.0	62.4	71.1	67.2	92.6	91.6	111.4
Other forms of chronic ischemic heart disease	57.4	47.6	50.2	47.2	68.3	64.7	60.6
Other heart diseases	74.9	49.1	62.9	58.0	71.2	59.0	69.1
All other forms of chronic ischemic heart disease	39.3	42.1	39.1	35.3	63.8	54.6	52.5
Chronic lower respiratory diseases	49.1	30.8	49.4	44.9	53.7	49.4	50.5
Accidents (unintentional injuries)	49.9	28.9	42.1	42.0	43.5	46.6	55.2
Other chronic lower respiratory diseases	46.0	28.3	47.1	42.7	48.9	45.9	46.5
Malignant neoplasms of trachea, bronchus, lung	46.4	32.0	45.6	35.7	55.4	41.8	49.1
Cerebrovascular diseases	40.1	31.9	35.4	32.1	44.5	37.8	40.6
All other forms of heart disease	42.2	27.7	38.3	33.1	39.0	34.6	40.6
Nontransport accidents	36.3	22.6	31.3	33.0	26.6	31.8	39.7
Acute myocardial infarction	23.8	14.6	20.1	19.6	24.1	25.9	49.7
Heart failure	32.1	21.0	23.9	24.6	31.3	23.8	27.8
Alzheimer disease	23.5	19.3	25.5	30.1	22.0	22.9	30.2
Diabetes mellitus	20.3	11.1	15.6	14.5	30.2	22.4	20.6
All other and unspecified malignant neoplasms	20.1	15.8	18.7	17.7	22.3	18.5	20.2
Intentional self-harm (suicide)	18.5	14.7	18.3	15.5	16.5	17.1	17.2
Malignant neoplasms - lymphoid, hematopoietic, related issue	16.2	14.1	17.4	15.6	17.2	16.8	16.0
Influenza and pneumonia	14.0	11.0	14.6	9.4	12.3	16.8	16.6
Kidney Disease (nephritis, nephrotic syndrome, and nephrosis)	22.4	12.9	16.3	14.1	**24.1**	16.0	19.1
Renal failure	22.2	12.7	16.2	14.0	**24.0**	15.8	18.9
Assault (homicide)	**19.9**	2.3	4.1	3.7	**20.3**	5.0	9.6

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 37 provides age-adjusted mortality rates for selected causes of death. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2011-2020 and in Wyandotte County, rates for 20 of the 26 selected causes of mortality were above the Kansas average. Kidney disease and renal failure were more than 50 percent above the state average.
- Jackson County had 10 of the 26 selected causes of death with rates above the Missouri average.
- Rates of assault (homicide) were more than 50 percent above state averages in Jackson and Wyandotte counties.

Exhibit 38: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2015-2019

Type of Cancer	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri
All Cancer Sites Combined	163.9	129.2	159.0	138.6	182.8	158.4	166.3
Lung and Bronchus	42.7	30.3	41.5	35.5	52.3	39.9	46.4
Female Breast	20.1	18.7	20.4	19.2	20.8	20.2	20.3
Prostate	18.5	17.7	14.4	11.7	24.8	18.4	17.8
Colon and Rectum	14.0	10.2	12.5	10.1	13.4	14.1	14.2
Pancreas	12.4	9.4	12.1	10.6	12.5	11.2	11.4
Leukemias	6.3	6.5	8.1	6.6	8.0	6.9	6.5
Ovary	5.5	5.8	6.7	N/A	5.2	6.7	6.1
Liver and Intrahepatic Bile Duct	7.6	4.6	6.2	4.0	8.8	5.9	6.5
Non-Hodgkin Lymphoma	4.7	4.2	6.3	4.6	5.7	5.7	5.3
Brain and Other Nervous System	4.3	4.7	5.5	4.6	4.0	4.9	4.4
Corpus and Uterus, NOS	5.2	3.5	4.7	N/A	4.9	4.4	4.9
Esophagus	4.1	3.1	3.0	4.1	4.2	4.3	4.5
Kidney and Renal Pelvis	4.1	3.2	4.1	4.3	4.1	4.2	4.2
Urinary Bladder	4.9	3.5	3.3	3.5	4.5	4.1	4.4
Myeloma	3.3	3.2	3.4	N/A	3.0	3.4	3.3
Cervix	2.9	1.3	N/A	N/A	5.1	2.5	2.4
Melanomas of the Skin	2.1	2.0	2.9	N/A	N/A	2.5	2.5
Oral Cavity and Pharynx	3.4	1.7	2.9	N/A	3.1	2.5	2.9
Stomach	2.6	2.0	2.6	3.1	3.9	2.4	2.4
Larynx	1.7	N/A	N/A	N/A	N/A	0.8	1.1
Mesothelioma	0.6	N/A	N/A	N/A	N/A	0.6	0.6
Thyroid	0.7	N/A	N/A	N/A	N/A	0.6	0.5
Hodgkin Lymphoma	N/A	N/A	N/A	N/A	N/A	0.3	0.3
Testis	N/A	N/A	N/A	N/A	N/A	0.2	0.3

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 38 provides age-adjusted mortality rates for selected forms of cancer in 2015-2019. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2015-2019, Wyandotte County compared unfavorably to the Kansas average for cancer mortality (all sites combined).
- In Wyandotte County, mortality rates for stomach cancer and cancer of the cervix were more than 50 percent above the state average.

Exhibit 39: Drug Poisoning Mortality per 100,000 Population, 2017-2020

Area	2017	2020	Percent Change 2017-2020
Jackson (MO)	18.0	25.2	40.0%
Johnson (KS)	8.9	13.0	**46.1%**
Clay (MO)	12.6	19.8	**57.1%**
Platte (MO)	13.2	17.5	32.6%
Wyandotte (KS)	11.8	26.4	**123.7%**
Kansas	11.4	16.8	**47.4%**
Missouri	22.4	30.5	36.2%
United States	**21.6**	**27.7**	**28.2%**

Source: Centers for Disease Control and Prevention, 2019-2023, and Verité Analysis, 2023.

Description: Exhibit 39 provides mortality rates for drug poisoning for 2017 and 2020. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- Between 2017 and 2020, drug poisoning mortality rates increased at a significantly higher rate than the national average.
- The drug poisoning mortality rate in Wyandotte County more than doubled (from 11.8 to 26.4 deaths per 100,000).

Exhibit 40: Missouri Chronic Condition Mortality Rates, by Race and Ethnicity, per 100,000, 2019

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All chronic conditions	518.6	620.7	247.4	**526.2**
Heart disease	183.1	220.3	74.6	**186.2**
Cancer	157.9	180.9	72.1	**159.3**
Chronic Obstructive Pulmonary Disease	47.8	28.1	10.2	**45.6**
Stroke (cerebrovascular diseases)	35.5	**58.6**	25.7	**37.6**
Alzheimer's disease	34.6	31.2	16.4	**34.1**
Diabetes	19.5	**35.5**	16.9	**20.9**
Kidney disease (nephritis, nephrotic	16.9	**33.4**	12.8	**18.4**
Chronic liver disease & cirrhosis	10.2	8.3	13.7	**10.0**
Other cardiovascular/circulatory	6.7	**10.7**	0.7	**7.1**
Essential hypertension	5.4	**11.0**	4.3	**5.8**
Asthma	0.7	**2.6**	N/A	**0.9**

Source: Missouri Department of Health and Senior Services, 2020.

Description: Exhibit 40 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions. Light grey shading indicates rates above the state averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2019 and in Missouri, chronic condition mortality rates for Black residents were higher than for White and Hispanic (or Latino) residents for most causes of death.
- Mortality rates for Black residents for stroke, diabetes, kidney disease, cardiovascular/circulatory conditions, and asthma were particularly high in comparison to other race/ethnicity groups.

Exhibit 41: Kansas Mortality Rates, by Race and Ethnicity, per 100,000 Population, 2020

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All causes	832.6	1,154.1	771.3	**871.0**
Heart disease	158.7	233.7	104.1	**165.4**
Cancer	145.9	166.8	112.4	**149.6**
Other causes	130.7	163.8	93.4	**134.4**
COVID-19	81.9	131.0	**168.9**	**88.5**
Chronic lower respiratory diseases	42.8	43.7	15.6	**43.6**
All other accidents and adverse effects	36.2	46.9	32.7	**38.8**
Cerebrovascular disease (Stroke)	34.2	51.0	36.8	**36.1**
Diabetes	25.5	**61.3**	**44.2**	**28.2**
Alzheimer's disease	24.8	29.1	18.8	**25.0**
Other digestive diseases	19.0	21.4	19.6	**19.1**
Suicide	18.1	10.7	13.1	**18.3**
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	12.8	**29.6**	16.1	**14.2**
Motor vehicle accidents	13.1	15.5	18.0	**13.8**
Chronic liver disease and cirrhosis	13.7	N/A	11.2	**13.7**
Pneumonia and influenza	13.2	19.9	12.4	**13.6**
Other respiratory diseases	11.3	N/A	N/A	**11.4**
Essential hypertension	8.5	**18.8**	N/A	**9.1**
Septicemia	8.3	**13.3**	N/A	**8.6**
Other circulatory diseases/disorders	6.8	N/A	N/A	**7.2**
Homicide	3.9	**38.3**	9.4	**7.1**
Pneumonitis due to solids and liquids	5.8	N/A	N/A	**5.9**
Other infections and parasites	3.9	N/A	N/A	**4.2**
Birth defects	3.6	N/A	N/A	**3.8**
Conditions of perinatal period (early infancy)	2.6	**7.3**	N/A	**3.6**
Other external causes	3.1	N/A	N/A	**3.3**
Atherosclerosis	2.0	N/A	N/A	**2.0**
Peptic ulcer	0.9	N/A	N/A	**1.1**
Clostridium difficile	0.9	N/A	N/A	**0.8**

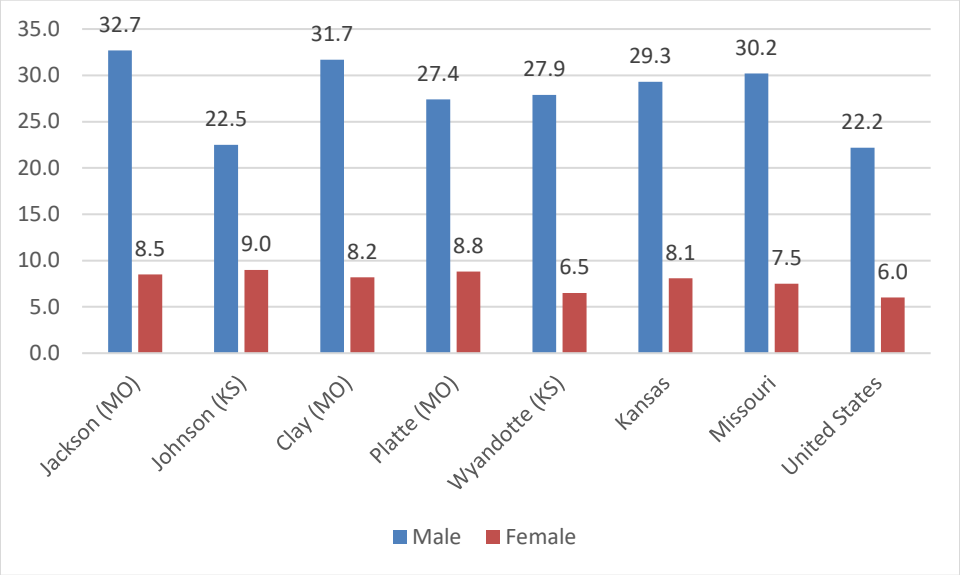
Source: Kansas Department of Health and Environment: Kansas Information for Communities, 2021.

Description: Exhibit 41 presents Kansas-wide mortality rates by race and ethnicity for a variety of conditions. Light grey shading indicates rates above the Kansas averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above the averages.

Observations

- In 2020, chronic condition mortality rates in Kansas were significantly higher for Black residents overall and for most causes, including heart disease, cancer, and COVID-19.
- Hispanic (or Latino) residents also experienced a higher mortality rate for many causes of death.
- For Black residents, diabetes, kidney disease, hypertension, septicemia, homicide, and conditions of perinatal period (early infancy) mortality rates were more than 50 percent higher than rates for all races/ethnicities combined.
- Mortality rates for Hispanic (or Latino) residents, for COVID-19 and diabetes, also were particularly high.

Exhibit 42: Age-adjusted Suicide Rate by Gender, per 100,000, 2016-2020



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Description: Exhibit 42 presents suicide rates by gender for the five counties, Kansas, Missouri, and the United States.

Observations

- In 2016-2020, the suicide rate for males was more than triple the rate for females in all geographies presented.
- Suicide rates for males and females in all five counties, Kansas, and Missouri were higher than U.S. averages.

Exhibit 43: Suicide by Race and Ethnicity, Age-adjusted Rate, per 100,000, 2016-2020

County	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino	All Residents
Jackson (MO)	**24.3**	12.3	10.8	20.1
Johnson (KS)	16.6	12.6	N/A	15.5
Clay (MO)	20.4	N/A	N/A	19.6
Platte (MO)	19.7	N/A	N/A	17.8
Wyandotte (KS)	**22.9**	14.1	9.7	17.2
Kansas	20.0	13.1	11.0	18.6
Missouri	20.5	9.6	10.0	18.6
United States	**17.4**	**7.1**	**7.2**	**13.8**

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.
Note: No data available for Non-Hispanic Black for Clay and Platte counties or Hispanic and Latino for Johnson, Clay, and Platte counties.

Description: Exhibit 43 presents suicide rates by race and ethnicity for the five counties, Kansas, Missouri, and the United States.

Observations

- In 2016-2020, suicide rates for White residents were higher than all other races and ethnicities in all geographies presented.
- Suicide rates for all races and ethnicities in all counties, Kansas, and Missouri also were above U.S. averages.

Communicable Diseases

Exhibit 44: Communicable Disease Incidence Rates per 100,000 Population, 2020

Indicator	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Kansas	Missouri	United States
HIV diagnoses	15.1	7.7	6.2	N/A	12.1	5.7	6.9	**10.9**
HIV prevalence	499.9	148.3	201.8	152.1	346.7	138.8	248.7	**379.7**
Tuberculosis	1.3	1.3	2.0	N/A	**4.1**	1.3	1.3	**2.2**
Chlamydia	**892.6**	351.3	473.7	413.7	**852.3**	501.8	518.4	**481.3**
Early Non-Primary, Non-Secondary Syphilis	19.6	11.5	6.8	6.7	**29.0**	8.0	9.1	**13.1**
Gonorrhea	**527.6**	92.1	185.2	139.8	**409.2**	193.1	274.6	**206.5**
Primary and Secondary Syphilis	**30.9**	5.6	15.2	9.6	8.5	5.1	13.5	**12.7**

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 44 presents incidence rates for certain communicable diseases. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2020, communicable disease incidence rates in Jackson and Wyandotte counties generally were above U.S. averages.
- In Jackson County, chlamydia, gonorrhea, and primary and secondary syphilis rates were more than 50 percent above national averages.
- In Wyandotte County, tuberculosis, chlamydia, early syphilis (non-primary, non-secondary), and gonorrhea rates were more than 50 percent above national averages.

Maternal and Child Health

Exhibit 45: Maternal and Child Health Indicators, 2016-2021

Measure	Jackson (MO)	Johnson (KS)	Clay (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Births to Single Mothers	49.0%	19.5%	32.2%	57.1%	35.9%	39.9%	**40.1%**
Mothers - Tobacco During Pregnancy	**7.2%**	1.3%	6.3%	5.1%	**6.9%**	**9.9%**	**4.6%**
Low Birthweight Births (<2,500 grams)	10.5%	6.7%	7.1%	8.6%	7.4%	8.9%	**8.5%**
Very Low Birthweight (<1,500 grams)	1.6%	1.1%	0.3%	0.9%	1.2%	1.4%	**1.4%**
Teen Birth Rate (Age 15-19, per 1,000)	4.9%	1.6%	2.9%	**7.3%**	4.7%	4.8%	**4.0%**
Teen Birth Rate (Age 15-17, per 1,000)	1.2%	0.4%	0.4%	**1.7%**	1.0%	1.1%	**1.0%**
Preterm Births < 32 weeks gestation	2.1%	1.4%	1.6%	2.3%	1.5%	1.8%	**1.6%**
Preterm Births 32-33 weeks gestation	**2.1%**	1.2%	1.6%	1.6%	1.2%	1.5%	**1.2%**
Preterm Births 34-36 weeks gestation	9.8%	7.6%	8.9%	10.6%	8.7%	9.2%	**7.7%**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics, 2021.
Note: CDC data not available for Platte County.

Description: Exhibit 45 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2016-2021, Jackson and Wyandotte counties compared unfavorably to national averages for most indicators, including the percent of births to single mothers, the percent of mothers using tobacco during pregnancy, low birthweight births, teen birth rates, and preterm births (32 weeks through 36 weeks of gestation).
- In Wyandotte County, the teen birth rate was more than 50 percent above the U.S. average.
- In Jackson County, the percentage of mothers using tobacco during pregnancy and the percent of births preterm (32-33 weeks gestation) were more than 50 percent above national averages.

Exhibit 46: Maternal and Child Health Indicators by Race, 2021

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Platte County, MO	4.6	2.7	13.4
Clay County, MO	6.2	3.4	**18.5**
Jackson County, MO	**14.7**	3.7	**32.2**
Missouri	9.2	4.1	**31.6**
Healthy Live Births (Percent)			
Platte County, MO	90.3%	91.2%	83.3%
Clay County, MO	92.1%	92.8%	88.2%
Jackson County, MO	89.1%	92.1%	83.7%
Missouri	89.6%	91.0%	83.2%
Care Began First Trimester (Percent)			
Platte County, MO	74.2%	79.1%	56.6%
Clay County, MO	75.9%	79.9%	59.0%
Jackson County, MO	66.5%	74.7%	55.6%
Missouri	71.2%	75.4%	55.7%
Mother Smoked During Pregnancy (Percent)			
Platte County, MO	5.8%	6.4%	2.9%
Clay County, MO	8.1%	9.0%	4.6%
Jackson County, MO	9.7%	11.8%	8.2%
Missouri	12.8%	14.2%	9.7%
Low Birth Weight (per 1,000 Live Births)			
Platte County, MO	6.9	6.4	10.7
Clay County, MO	6.8	6.4	9.8
Jackson County, MO	9.3	6.9	**14.6**
Missouri	8.7	7.4	**15.1**
Infant Deaths (per 1,000)			
Johnson County, KS	3.9	3.3	**10.3**
Platte County, MO	5.8	5.1	**11.8**
Clay County, MO	5.3	4.6	**10.2**
Jackson County, MO	6.3	4.6	**9.9**
Wyandotte County, KS	5.8	3.7	**11.4**
Kansas	5.3	4.5	**13.6**
Missouri	6.4	5.3	**12.0**

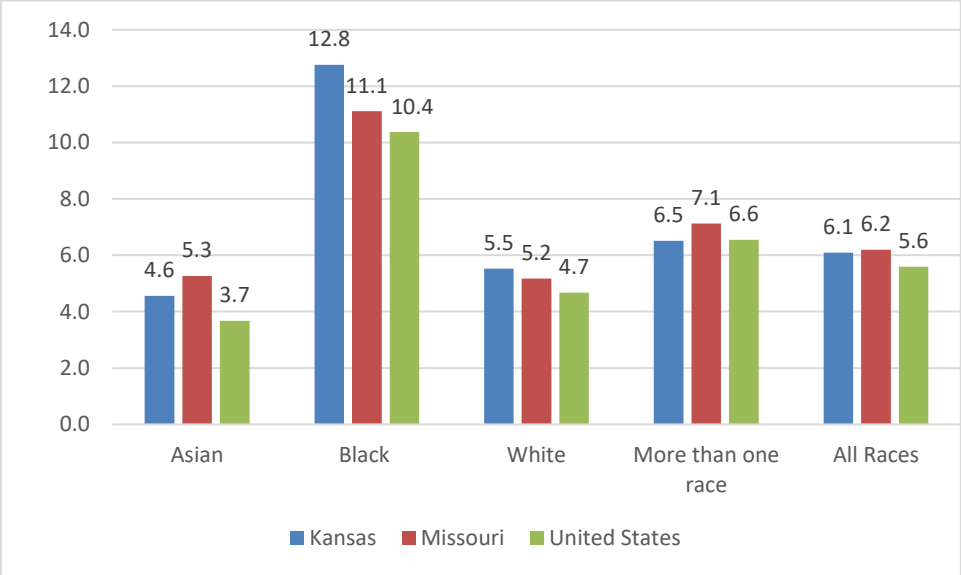
Source: Missouri Department of Health and Senior Services, 2022; Kansas Health Matters, 2022.

Description: Exhibit 46 provides various available maternal and child health indicators by race. Light grey shading indicates rates above the state average for all residents; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2021, significant disparities were observed for maternal and child health indicators for Black and White residents.
- Asthma ER visits, low birthweight births, care during the first trimester, and infant deaths were unfavorable for Black residents compared to rates for White and all residents.

Exhibit 47: Infant Mortality Rates, by Race, per 1,000 Live Births, 2017-2020



Source: Centers for Disease Control and Prevention, 2020.

Description: Exhibit 47 provides infant mortality data available from the Centers for Disease Control and Prevention by race for Kansas, Missouri, and the United States.

Observations

- In 2017-2020, mortality rates for Black infants in Kansas, Missouri, and the United States were significantly above rates for other cohorts.

Behavioral Risk Factor Surveillance System

Exhibit 48: Kansas Selected BRFSS Indicators by Race and Ethnicity, 2021

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Kansas Overall
Alcohol Consumption	At least one drink of alcohol within the past 30 days	55.4%	52.1%	53.4%	**54.6%**
	Binge drinking	17.1%	19.5%	22.8%	**17.7%**
	Heavy drinkers	6.4%	N/A	5.2%	**6.1%**
Cholesterol	Never had cholesterol checked	11.1%	15.2%	15.6%	**12.3%**
Health Outcomes	Limited in any way in any of your usual activities because of arthritis	11.1%	12.8%	6.4%	**10.6%**
	Ever reported coronary heart disease or myocardial infarction	6.9%	6.3%	5.9%	**6.8%**
	Ever told had a heart attack (myocardial infarction)	4.4%	4.7%	4.3%	**4.4%**
	Ever told have pre-diabetes or borderline diabetes	1.4%	1.7%	1.7%	**1.5%**
	Ever told have diabetes	11.2%	12.3%	10.7%	**11.1%**
	Ever told have pregnancy-related diabetes	0.8%	N/A	**2.3%**	**1.0%**
	Ever told have kidney disease	2.7%	3.4%	2.7%	**2.7%**
	Ever told had any other types of cancer	8.1%	3.6%	4.1%	**7.2%**
	Aged 50-75 have never received recommended CRC tests	21.0%	22.8%	30.6%	**21.7%**
E-Cigarette Use	Current E-cigarette user	6.6%	4.4%	7.6%	**6.6%**
Nutrition	Consumed vegetables less than one time per day	18.4%	**29.7%**	25.1%	**19.7%**
Health Care Access	Have no health care coverage	6.5%	**13.8%**	**22.3%**	**8.8%**
	Needed to see a doctor in past 12 months but could not because of cost	8.3%	**15.4%**	**17.1%**	**10.0%**
	Do not have personal doctor or health care provider	11.9%	18.3%	**26.1%**	**14.1%**
Health Status	Fair or Poor Health	14.0%	**23.3%**	14.1%	**14.7%**
	Fair Health	10.5%	**18.8%**	11.5%	**11.3%**
Hypertension	Told they have high blood pressure	35.5%	39.9%	26.9%	**34.3%**
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	35.6%	38.6%	41.0%	**36.0%**
	Overweight (BMI 25.0-29.9)	34.4%	30.2%	38.3%	**34.4%**
Physical Activity	Did not participate in any physical activities in past month	23.0%	32.2%	24.8%	**23.6%**
Prostate Cancer*	Men aged 40+ who did not have a PSA test within the past two years	65.0%	73.1%	88.2%	**67.5%**
Tobacco Use	Current smokers	14.5%	**23.6%**	16.6%	**15.6%**

Source: Behavioral Risk Factor Surveillance System, 2021. *2020 BRFSS Data.

Description: Exhibit 48 presents Kansas-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Kansas average (all races and ethnicities); dark grey shading indicates rates more than 50 percent above the Kansas averages.

Observations

- In 2021 and for White Kansas residents, the following BRFSS indicators were comparatively worse:
    - Heavy drinking
    - Arthritis
    - Coronary heart disease or myocardial infarction
    - Diabetes
    - Cancer
    - High blood pressure
- For Black residents, the following BRFSS indicators were comparatively worse:
    - Binge drinking
    - Never had cholesterol screening
    - Arthritis
    - Heart attack
    - Pre-diabetes and diabetes
    - Kidney disease
    - Never had colorectal cancer screening
    - Low vegetable consumption
    - No health care coverage
    - No personal doctor
    - Needed to see a doctor in the past 12 months but could not because of cost
    - Fair or poor health
    - High blood pressure
    - Obesity
    - Inadequate physical activity
    - Men aged 40 plus without a PSA test
    - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
    - Binge drinking
    - Never had cholesterol screening
    - Pre-diabetes or diabetes
    - Pregnancy related diabetes
    - Never had colorectal cancer screening
    - E-cigarette use
    - Low vegetable consumption
    - No health care coverage
    - Needed to see a doctor in the past 12 months but could not because of cost
    - No personal doctor or health care provider
    - Fair health
    - Obesity and overweight
    - Inadequate physical activity
    - Men aged 40 plus without a PSA test
    - Tobacco use

Exhibit 49: Kansas Selected BRFSS Indicators by Annual Income, 2021

Category	Indicator	Less than $15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$99,999	$100,000-$199,999	Kansas Overall
Health Outcomes	Told they have arthritis	38.3%	36.2%	30.0%	27.2%	26.0%	21.2%	**26.7%**
	Told currently have asthma	**16.5%**	14.8%	13.0%	10.6%	8.9%	8.4%	**10.6%**
	Told they have high blood pressure	43.3%	43.1%	36.4%	36.9%	33.6%	28.8%	**34.3%**
	Ever told have any type of cancer, except skin	9.9%	8.6%	7.8%	7.7%	6.7%	5.8%	**7.2%**
	Had cholesterol checked and told it was high	41.7%	46.4%	39.8%	39.0%	38.2%	37.3%	**38.8%**
	Ever told have kidney disease	**8.5%**	**5.4%**	3.0%	2.6%	2.2%	1.8%	**2.7%**
	Ever told have COPD	**16.7%**	**14.9%**	9.0%	6.6%	4.5%	2.0%	**6.4%**
	Ever told have coronary heart disease	**9.4%**	**7.4%**	4.9%	5.1%	3.3%	3.2%	**4.2%**
	Ever told have a form of depression	**40.7%**	**36.2%**	25.0%	20.5%	17.8%	13.8%	**20.6%**
	Ever told have diabetes	**21.1%**	**17.2%**	13.9%	11.8%	9.5%	8.0%	**11.1%**
	Obesity	41.2%	37.5%	40.3%	36.1%	38.6%	34.7%	**36.0%**
	Aged 65+ who have had all natural teeth extracted	**23.5%**	**22.4%**	13.9%	11.2%	N/A	N/A	**12.4%**
	Ever told had a stroke	**8.6%**	**6.7%**	4.2%	2.7%	2.0%	1.2%	**3.1%**
Prevention	Aged 18-64 with no health care coverage	**27.5%**	**25.9%**	**24.7%**	14.2%	5.1%	1.6%	**11.3%**
	Last had a routine doctor visit 5+ years ago	7.7%	6.3%	7.3%	7.1%	5.2%	3.8%	**5.7%**
	No dental visit in the past year	**58.8%**	**52.6%**	42.6%	36.8%	N/A	N/A	**32.7%**
	Never had cholesterol checked	16.4%	17.3%	16.0%	15.5%	10.8%	5.5%	**12.3%**
	Women aged 50-74 without mammogram (2 yrs)	**45.9%**	38.5%	32.3%	25.4%	N/A	N/A	**26.6%**
	Women aged 21-65 with no Pap test in past 3 years	32.2%	**38.7%**	29.0%	19.8%	N/A	N/A	**22.5%**
	Adults aged 50-75 with no colorectal cancer tests in recommended time interval	8.5%	11.4%	6.2%	11.7%	N/A	N/A	**8.6%**
Health Risk Behaviors	Binge drinking	14.0%	15.9%	17.2%	17.7%	18.9%	23.2%	**17.7%**
	Current smoking	**34.0%**	**28.7%**	22.2%	18.4%	12.8%	8.4%	**15.6%**
	No leisure-time physical activity	**42.3%**	**35.9%**	31.2%	25.6%	20.0%	11.5%	**23.6%**
Health Status	Fair or Poor Health	**41.5%**	**30.0%**	21.8%	16.2%	9.8%	5.2%	**14.7%**
	Poor Health	**14.9%**	**9.9%**	5.0%	2.7%	1.6%	0.7%	**3.4%**
	Fair Health	**26.6%**	**20.1%**	16.8%	13.5%	8.2%	4.4%	**11.3%**

Source: Behavioral Risk Factor Surveillance System, 2021.

Description: Exhibit 49 presents Kansas-wide selected BRFSS data by income level. Light grey shading indicates rates above the Kansas average (all incomes); dark grey shading indicates rates more than 50 percent above the Kansas average.

Observations

- In 2021, residents with annual incomes below $35,000 compared unfavorably for nearly all indicators compared to those who earned $50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under $15,000 and $15,000 to $24,000).
- Residents with annual income $50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Kansas overall averages.

Exhibit 50: Missouri Selected BRFSS Indicators by Race and Ethnicity, 2021

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Missouri Overall
Alcohol Consumption	At least one drink of alcohol within the past 30 days	51.7%	51.0%	58.0%	**51.8%**
	Binge drinking	17.1%	13.6%	19.3%	**16.6%**
	Heavy drinkers	7.1%	4.7%	N/A	**6.6%**
Cholesterol	Never had cholesterol checked	10.2%	11.1%	**16.1%**	**10.6%**
Health Outcomes	Limited in any way in any of your usual activities because of arthritis	13.4%	11.1%	9.0%	**12.8%**
	Ever reported coronary heart disease or myocardial infarction	7.4%	7.4%	5.4%	**7.3%**
	Ever told had a heart attack (myocardial infarction)	5.0%	5.3%	N/A	**5.0%**
	Ever told have pre-diabetes or borderline diabetes	2.4%	2.6%	N/A	**2.4%**
	Ever told have diabetes	11.0%	15.3%	8.0%	**11.3%**
	Ever told have pregnancy-related diabetes	0.9%	N/A	N/A	**1.0%**
	Ever told have kidney disease	2.9%	3.3%	N/A	**2.9%**
	Ever told had any other types of cancer	8.4%	6.4%	N/A	**7.9%**
	Aged 50-75 have never received recommended colorectal screening tests	21.2%	16.6%	N/A	**20.9%**
E-Cigarette Use	Current E-cigarette user	7.3%	5.7%	**13.7%**	**7.4%**
Nutrition	Consumed vegetables less than one time per day	18.6%	27.1%	23.2%	**19.5%**
Health Care Access	Have no health care coverage	8.3%	13.7%	**19.4%**	**9.5%**
	Needed to see a doctor in past 12 months but could not because of cost	9.6%	16.4%	**20.1%**	**11.0%**
	Do not have personal doctor or health care provider	14.9%	17.6%	**29.9%**	**15.9%**
Health Status	Fair or Poor Health	16.6%	21.4%	24.2%	**17.4%**
	Fair Health	12.2%	15.9%	18.4%	**12.9%**
Hypertension	Told they have high blood pressure	34.9%	41.7%	30.9%	**35.1%**
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	36.6%	43.9%	43.2%	**37.2%**
	Overweight (BMI 25.0-29.9)	32.3%	32.6%	26.5%	**32.0%**
Physical Activity	Did not participate in any physical activities in past month	24.9%	30.3%	26.6%	**25.3%**
Prostate Cancer*	Men aged 40+ who did not have a PSA test within the past two years	65.4%	71.0%	N/A	**67.1%**
Tobacco Use	Current smokers	16.8%	19.2%	22.7%	**17.3%**

Source: Behavioral Risk Factor Surveillance System, 2021. *2020 BRFSS Data.

Description: Exhibit 50 presents Missouri-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Missouri average; dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021 and for White residents, the following BRFSS indicators were comparatively worse:
  - Binge and heavy drinking
  - Limited in usual activities because of arthritis
  - Coronary heart disease or myocardial infarction
  - Cancer
  - Never colorectal cancer screening
  - Overweight
- For Black residents, the following BRFSS indicators were comparatively worse:
  - Never had cholesterol screening
  - Heart attack or myocardial infarction
  - Prediabetes and diabetes
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair and poor health
  - High blood pressure
  - Obesity and overweight
  - Inadequate physical inactivity
  - Men aged 40 plus without a PSA test
  - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
  - At least one drink of alcohol in the past 30 days
  - Binge drinking
  - Never had cholesterol screening
  - Current E-cigarette user
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair or poor health
  - Obesity
  - Inadequate physical activity
  - Tobacco use

Exhibit 51: Missouri Selected BRFSS Indicators by Annual Income, 2021

Category	Indicator	Less than $15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$99,999	$100,000-$199,999	Missouri Overall
Health Outcomes	Told they have arthritis	37.1%	38.0%	34.4%	33.4%	29.0%	20.6%	**29.1%**
	Told currently have asthma	**19.9%**	12.9%	10.4%	9.9%	8.2%	5.9%	**9.4%**
	Told they have high blood pressure	44.0%	42.3%	38.8%	40.0%	32.8%	29.6%	**35.1%**
	Ever told have any type of cancer, except skin	10.5%	9.1%	7.9%	9.8%	8.7%	4.8%	**7.9%**
	Had cholesterol checked and told it was high	44.1%	37.1%	36.8%	40.3%	35.6%	34.0%	**36.2%**
	Ever told have kidney disease	**6.2%**	**5.2%**	4.1%	2.9%	2.1%	N/A	**2.9%**
	Ever told have COPD	**20.9%**	**17.0%**	10.2%	10.1%	6.0%	3.2%	**8.5%**
	Ever told have coronary heart disease	**7.0%**	5.2%	4.7%	6.0%	3.8%	2.2%	**4.2%**
	Ever told have a form of depression	**39.2%**	31.3%	31.0%	24.0%	19.0%	16.8%	**22.8%**
	Ever told have diabetes	**18.4%**	15.9%	16.8%	15.1%	9.6%	6.3%	**11.3%**
	Obesity	43.1%	39.1%	40.4%	34.5%	N/A	N/A	**34.0%**
	Aged 65+ who have had all natural teeth extracted	**35.7%**	**29.0%**	19.2%	12.7%	N/A	N/A	**17.7%**
	Ever told had a stroke	**8.0%**	**6.2%**	3.6%	3.4%	2.6%	1.0%	**3.5%**
Prevention	Aged 18-64 with no health care coverage	**26.6%**	**24.9%**	**20.2%**	16.5%	8.2%	2.1%	**12.3%**
	Last had a routine doctor visit 5+ years ago	6.2%	8.6%	8.4%	7.0%	6.8%	4.6%	**6.5%**
	No dental visit in the past year	**56.4%**	**56.2%**	47.0%	41.3%	N/A	N/A	**37.0%**
	Never had cholesterol checked	12.8%	12.3%	12.6%	8.8%	9.8%	6.4%	**10.6%**
	Women aged 50-74 with no mammogram in past	30.5%	30.3%	**35.3%**	30.3%	N/A	N/A	**23.3%**
	Women aged 21-65 with no Pap test in past 3 years	26.8%	29.3%	**34.8%**	22.9%	N/A	N/A	**21.8%**
	Adults aged 50-75 with no colorectal cancer tests in recommended time interval	10.2%	6.1%	**12.7%**	6.6%	N/A	N/A	**6.9%**
Health Risk Behaviors	Binge drinking	11.7%	11.1%	15.8%	14.9%	21.1%	22.9%	**16.6%**
	Current smoking	**34.9%**	**28.9%**	**26.5%**	21.0%	12.9%	10.1%	**17.3%**
	No leisure-time physical activity	**38.4%**	**43.4%**	33.1%	25.4%	21.3%	14.1%	**25.3%**
Health Status	Fair or Poor Health	**35.7%**	**32.6%**	23.7%	19.7%	12.4%	6.1%	**17.4%**
	Poor Health	**12.3%**	**10.0%**	6.2%	3.4%	2.1%	N/A	**4.5%**
	Fair Health	**23.4%**	**22.6%**	17.6%	16.3%	10.3%	5.2%	**12.9%**

Source: Behavioral Risk Factor Surveillance System, 2021.

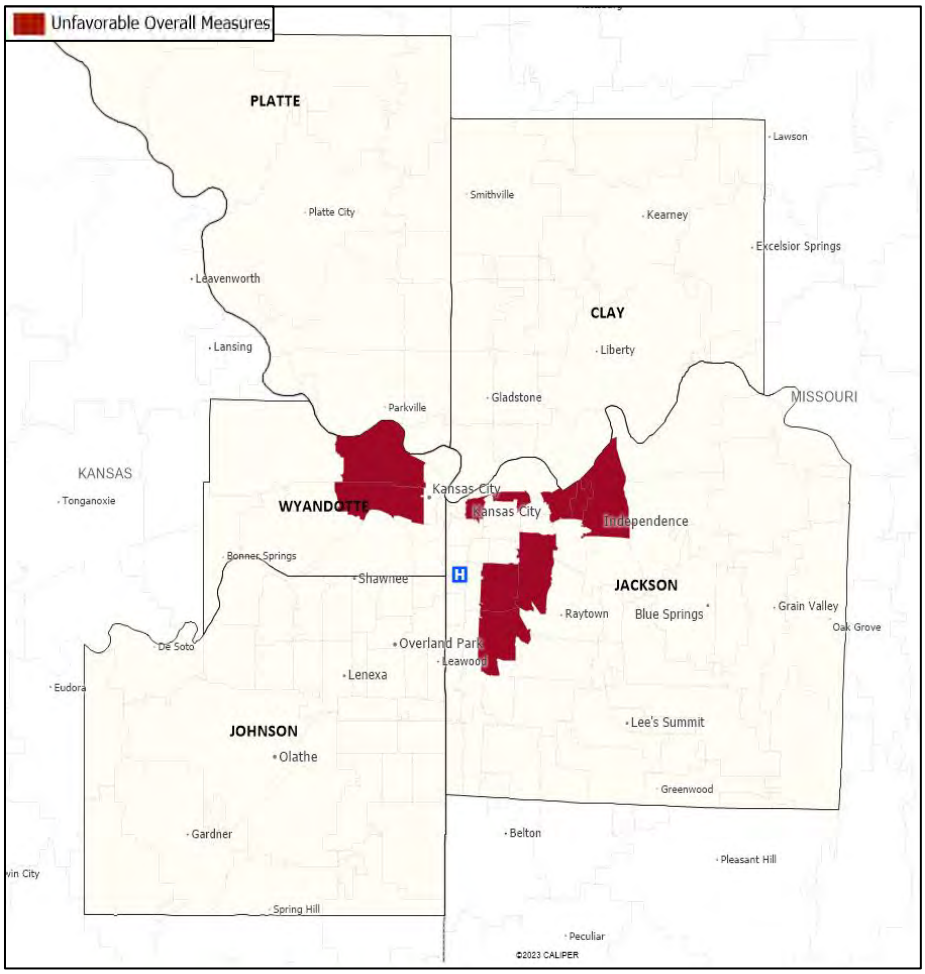
Description: Exhibit 51 presents Missouri-wide selected BRFSS data by income level. Light grey shading indicates rates above the Missouri average (all incomes); dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021, residents with annual incomes below $35,000 compared unfavorably for nearly all indicators compared to those who earned $50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under $15,000 and $15,000 to $24,000).
- Residents with annual income $50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Missouri overall averages.

CDC PLACES

Exhibit 52: Locations of Unfavorable Overall Measures, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 52 through 56 present Centers for Disease Control and Prevention PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into four categories: Health Outcomes (13 measures), Prevention (10 measures); Health Risk Behaviors (4 measures); and Health Status (3 measures).

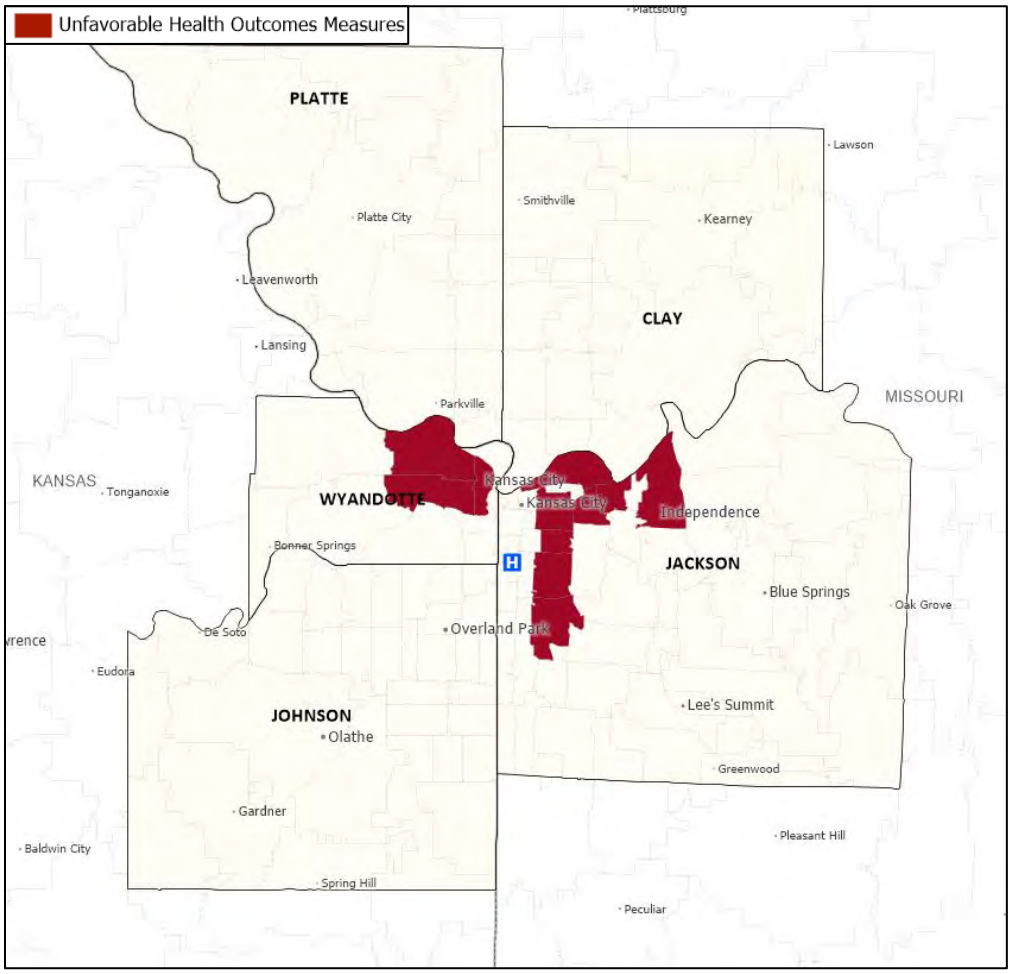
Exhibit 52 identifies ZIP Codes where more than half of the 30 measures were in the bottom quartile nationally.[15]

Observations

- In 2020, more than 50 percent of the 30 PLACES indicators were in the bottom quartile in certain Kansas City, Independence, and eastern Wyandotte County ZIP Codes.

[15] https://www.cdc.gov/places/methodology/index.html

Exhibit 53: Locations of Unfavorable Health Outcomes Measures, 2020



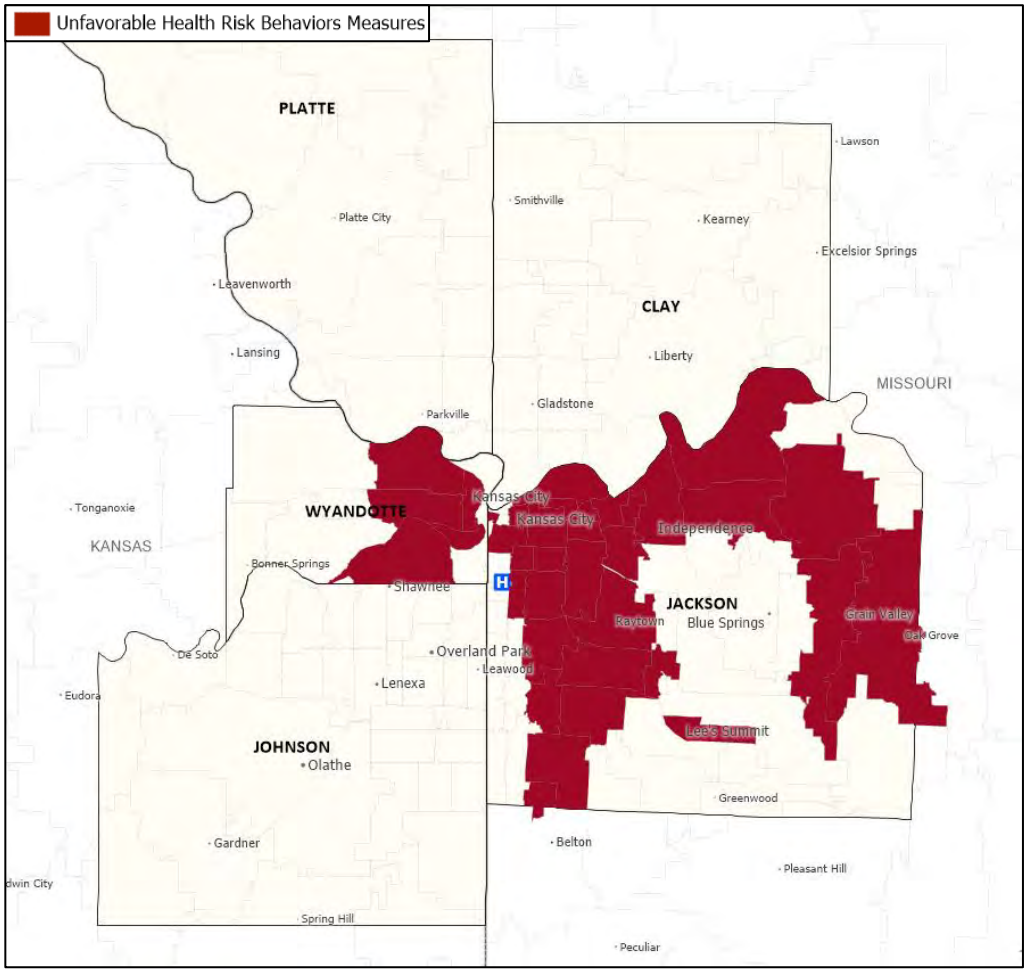
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 53 identifies ZIP Codes where more than half of the 13 Health Outcomes measures in PLACES were in the bottom quartile nationally. This category includes indicators regarding the prevalence of certain chronic diseases, depression, obesity, and adult asthma.

Observations

- In 2020, unfavorable Health Outcomes measures were concentrated in certain Kansas City, Independence, and eastern Wyandotte County ZIP Codes.

Exhibit 54: Locations of Unfavorable Health Risk Behaviors Measures, 2020



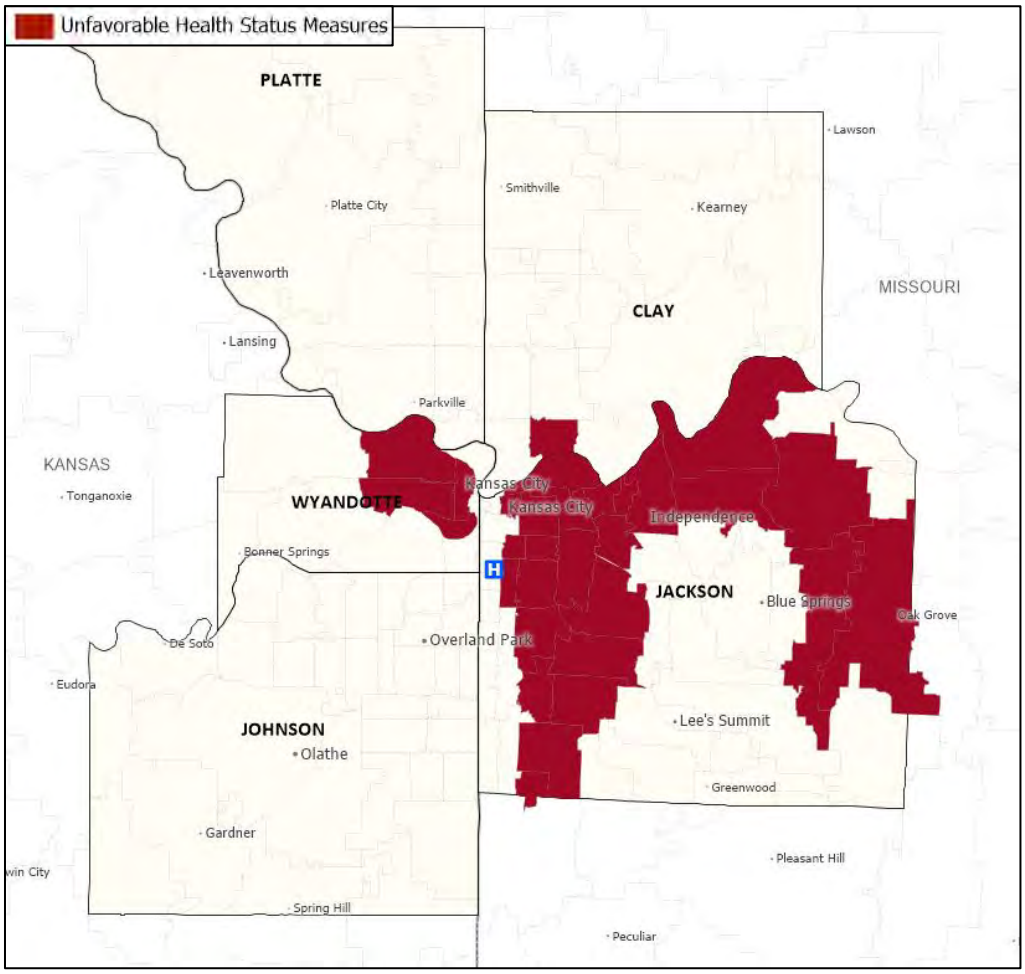
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 54 identifies ZIP Codes where more than half of the four Health Risk Behaviors measures were in the bottom quartile nationally. This category includes indicators for binge drinking, smoking, sleep behaviors, and physical inactivity in the adult population.

Observations

- In 2020, unfavorable Health Risk Behaviors measures were concentrated in Kansas City, Independence, Blue Springs, Lee's Summit, and eastern Wyandotte County.

Exhibit 55: Locations of Unfavorable Health Status Measures, 2020



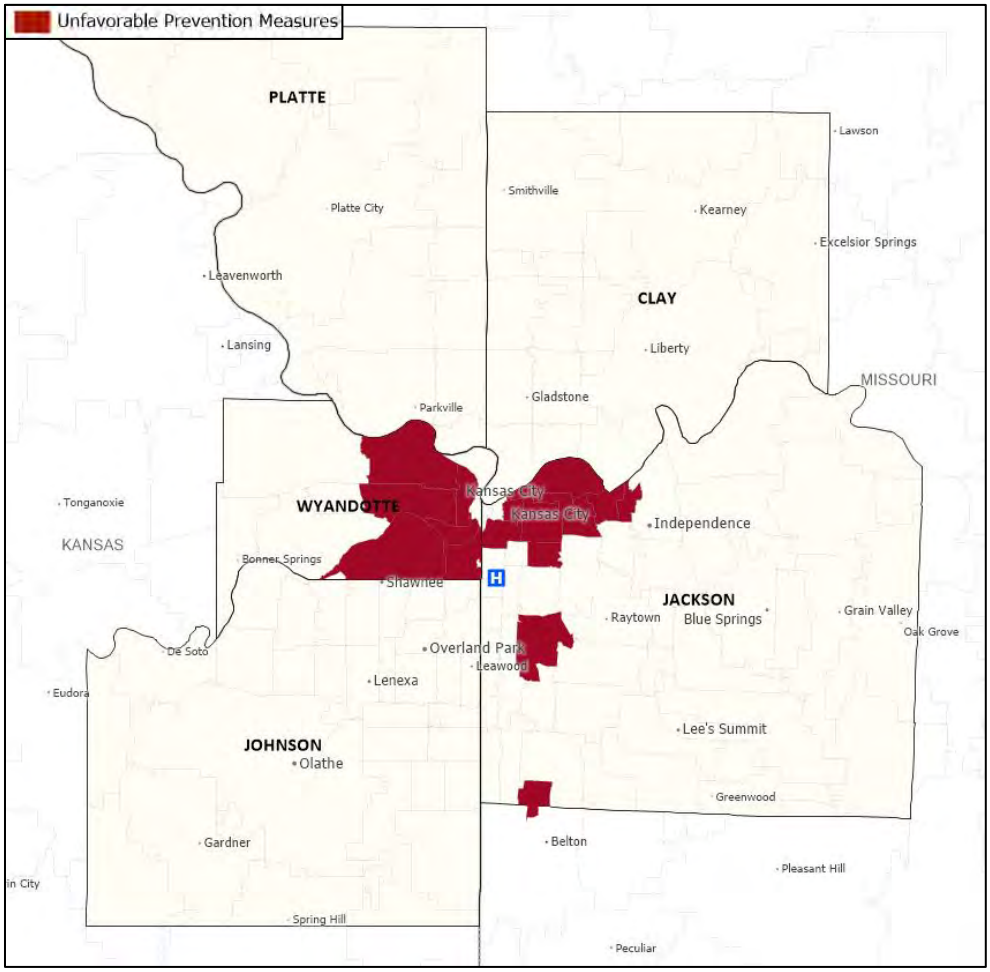
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 55 identifies ZIP Codes where unfavorable Health Status indicators are present. This category includes indicators for self-reported poor mental and physical health.

Observations

- In 2020, unfavorable Health Status measures were concentrated in Kansas City, Independence, Blue Springs, and northeastern Wyandotte County.

Exhibit 56: Locations of Unfavorable Prevention Measures, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 56 identifies ZIP Codes where more than half of the Prevention measures were in the bottom quartile nationally. This category includes indicators regarding lack of health insurance, lack of routine healthcare access, lack of health screenings and dental visits, and not being up to date on core clinical preventive services among adults.

Observations

- In 2020, unfavorable Prevention measures were concentrated in Kansas City, and central and eastern Wyandotte County.

Exhibit 57: PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020

BRFSS Measure	Number of ZIP Codes in Bottom Quartile					
	Jackson (MO)	Johnson (KS)	Clay (MO)	Platte (MO)	Wyandotte (KS)	Total
	N=53	N=32	N=10	N=12	N=10	N=117
Binge Drinking	31	11	9	4	3	58
Annual Checkup	25	7	4	1	8	45
Cholesterol Screening	25	3	5	2	7	42
Taking BP Medication	8	20	5	3	5	41
Sleep <7 hours	34	-	-	-	6	40
Health Insurance	23	-	1	1	8	33
Mental Health	28	-	1	-	3	32
Cervical Cancer Screening	18	-	4	-	4	26
Obesity	16	-	-	-	10	26
All Teeth Lost	19	-	2	-	5	26
Physical Inactivity	20	-	-	-	5	25
Current Smoking	17	-	2	-	6	25
General Health	18	-	-	-	4	22
Depression	16	-	5	-	-	21
Dental Visit	14	-	1	-	5	20
Physical Health	15	-	-	-	4	19
Colorectal Cancer Screening	11	1	-	-	6	18
Diabetes	12	-	-	-	5	17
Stroke	13	-	-	-	3	16
Current Asthma	12	-	-	-	4	16
Core preventive services for older women	11	-	-	-	4	15
Arthritis	12	-	-	-	-	12
Chronic Kidney Disease	8	-	-	-	4	12
COPD	11	-	-	-	1	12
Core preventive services for older men	7	-	-	-	4	11
Cancer (except skin)	5	4	-	-	-	9
High Cholesterol	4	4	-	-	-	8
High Blood Pressure	5	-	-	-	2	7
Coronary Heart Disease	6	-	-	-	-	6
Mammography	1	-	-	-	3	4

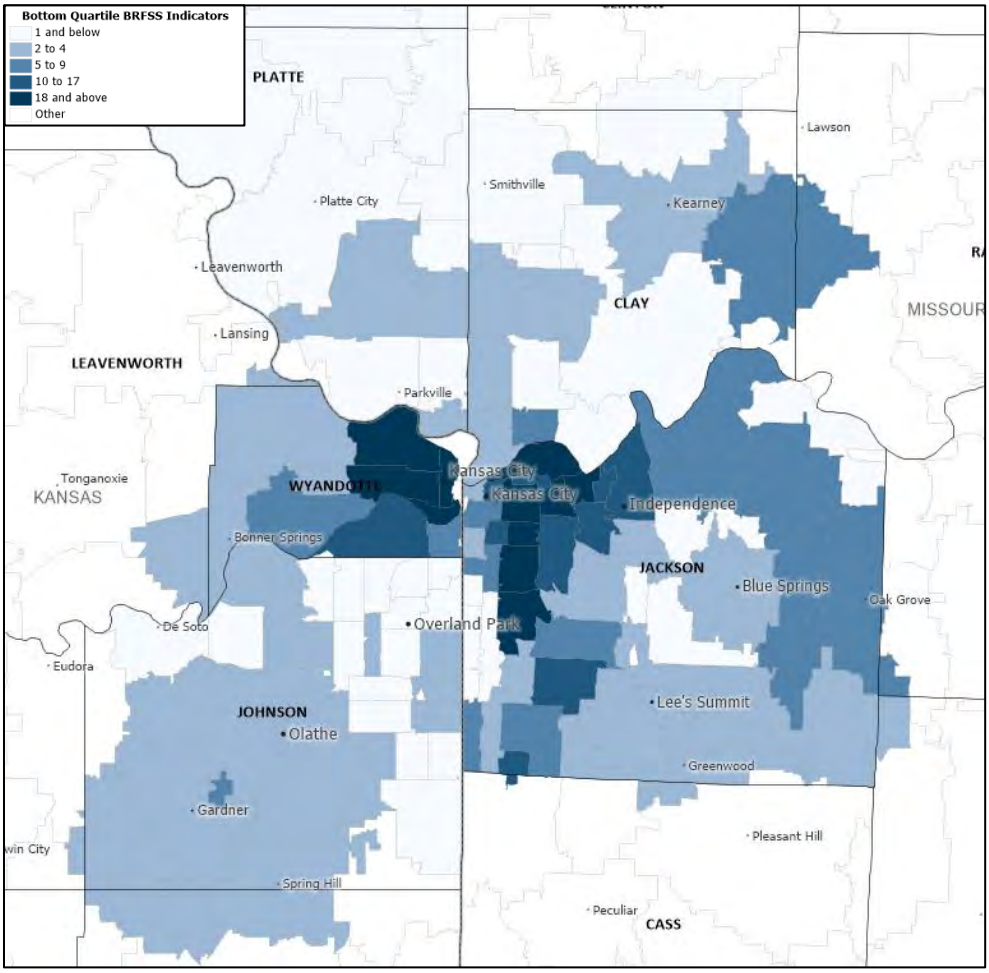
Source: Centers for Disease Control and Prevention, 2020.

Description: Exhibits 57 presents the number of ZIP Codes in the bottom quartile nationally for each PLACES measure and for each county. Jackson County, for example, has 53 ZIP Codes. The rate of binge drinking is in the bottom quartile nationally in 31 of those 53 ZIP Codes. Similarly, in 20 out of 32 Johnson County ZIP Codes, comparatively few residents are taking blood pressure (BP) medications as prescribed.

Observations

- In 2020, binge drinking rates were problematic in 58 out of the 117 ZIP Codes located in the five-county area assessed by SLH.
- The top seven community health problems based solely on PLACES data are: binge drinking, people not receiving an annual checkup, cholesterol screening rates, blood pressure medication compliance, lack of sleep, and comparatively low rates of health insurance coverage.
- All ten Wyandotte County ZIP Codes ranked in the bottom quartile nationally for adult obesity rates.

Exhibit 58: Map of PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 58 shows the number of PLACES indicators in each ZIP Code in the bottom quartile nationally.

Observations

- In 2020, ZIP Codes in eastern Wyandotte County and western Jackson County were where 18 or more of the 30 PLACES indicators ranked in the bottom quartile nationally.

Ambulatory Care Sensitive Conditions

Exhibit 59: Saint Luke's Health System ACSC (PQI) Discharges by County, 2022

Condition	Jackson (MO)	Clay (MO)	Platte (MO)	Johnson (KS)	Wyandotte (KS)	Five County Region
Diabetes Short-Term Complications	144	20	51	27	10	252
Diabetes Long-Term Complications	215	31	56	40	22	364
Chronic Obstructive Pulmonary Disease (COPD)	282	20	68	60	12	442
Hypertension	169	14	29	31	10	253
Lower-Extremity Amputation among Patients with Diabetes	36	2	16	7	11	72
Heart Failure	1,199	79	191	299	64	1,832
Bacterial Pneumonia	252	26	74	99	14	465
Urinary Tract Infection	292	15	53	108	15	483
Uncontrolled Diabetes	87	5	11	14	3	120
Asthma in Younger Adults	21	-	3	2	3	29
Total ACSC Discharges	**2,697**	**212**	**552**	**687**	**164**	4,312
Total Adult Discharges	19,109	2,128	4,412	5,650	1,052	32,351
Percent	**14.1%**	**10.0%**	**12.5%**	**12.2%**	**15.6%**	**13.3%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Exhibit 60: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2022

Condition	SLH	SLE	SLN	SLS	Total
Heart Failure	888	855	321	365	2,429
Urinary Tract Infection	118	234	82	162	596
Bacterial Pneumonia	130	200	101	153	584
Chronic Obstructive Pulmonary Disease (COPD)	142	232	87	88	549
Diabetes Long-Term Complications	187	145	117	55	504
Diabetes Short-Term Complications	96	94	86	53	329
Hypertension	120	107	50	29	306
Uncontrolled Diabetes	47	57	22	21	147
Lower-Extremity Amputation with Diabetes	37	24	28	12	101
Asthma in Younger Adults	16	8	2	6	32
Total ACSC Discharges	**1,781**	**1,956**	**896**	**944**	**5,577**
Total Adult Discharges	17,891	12,382	6,789	6,337	43,399
Percent	**10.0%**	**15.8%**	**13.2%**	**14.9%**	**12.9%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Discussion: Exhibits 59 and 60 provide information based on an analysis of discharges from Saint Luke's Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[16] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

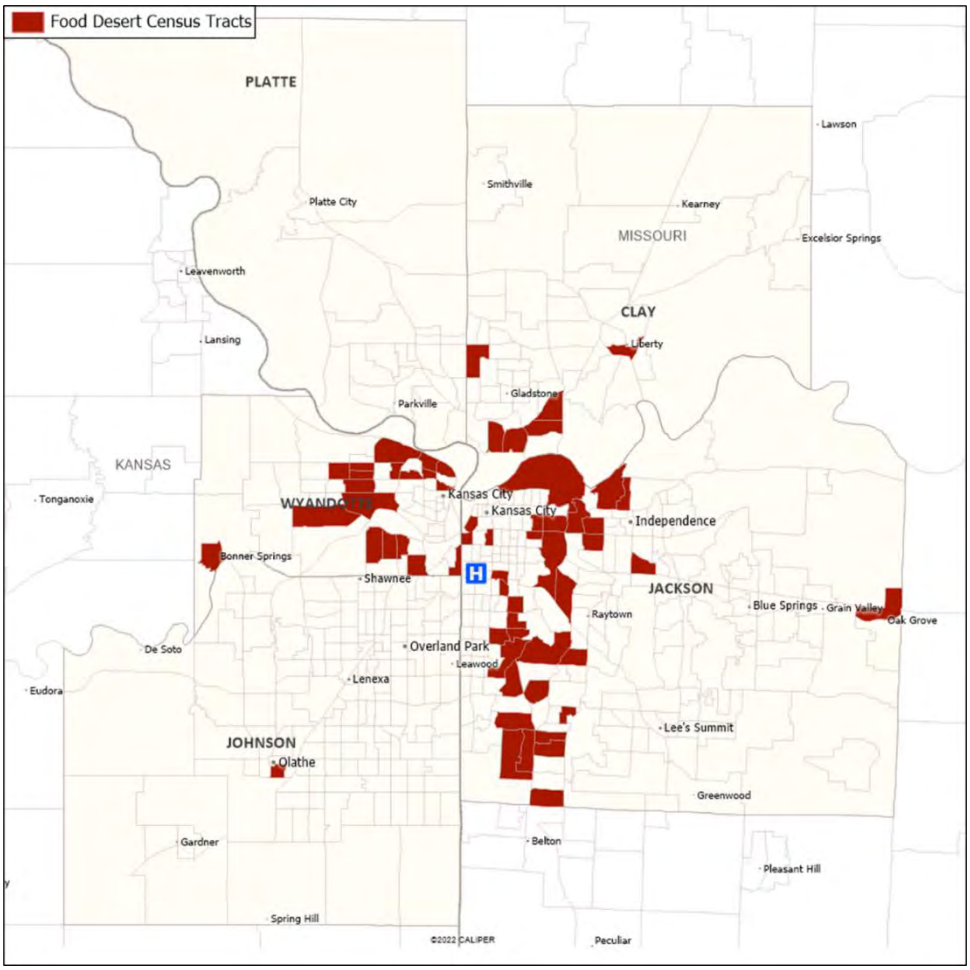
Observations

- Jackson and Wyandotte County residents were discharged more frequently for Ambulatory Care Sensitive Conditions than residents of the other counties.
- Saint Luke's East and Saint Luke's South hospitals had the highest rates of ASCS discharges.

[16]Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

Food Deserts

Exhibit 61: Locations of Food Deserts, 2019



Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2022.

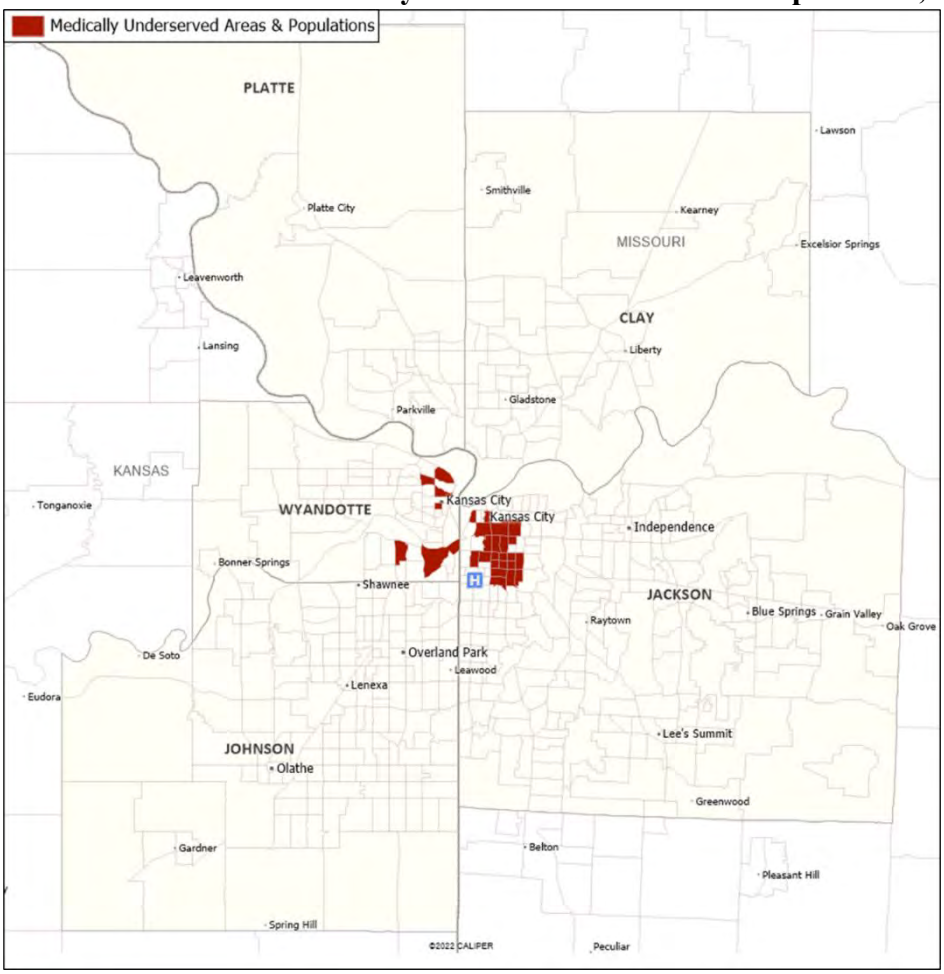
Description: Exhibit 61 identifies where food deserts are present in the community. The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In 2019, census tracts designated as food deserts were concentrated in western Jackson County, central and eastern Wyandotte County, Olathe, and southern Clay County.

Medically Underserved Areas and Populations

Exhibit 62: Locations of Medically Underserved Areas and Populations, 2023



Source: Health Resources and Services Administration, 2023, and Caliper Maptitude, 2022.

Description: Exhibit 62 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), based on HRSA's "Index of Medical Underservice"[17]. MUP designation includes groups with economic, cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state."[18]

Observations

- Medically Underserved Areas and Populations are concentrated in Kansas City and eastern Wyandotte County.

[17] Heath Resources and Services Administration. The index is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. See http://www.hrsa.gov/shortage/mua/index.html.
[18] *Ibid.*

Health Professional Shortage Areas

Exhibit 63: Population and Facility HPSA Designations, 2023

HPSA Name	County (State)	HPSA Type Description	Primary Care	Mental Health	Dental Health
Hope Family Care Center	Jackson (MO)	Federally Qualified Health Center Look-a-Like	●	●	●
Kansas City Care Clinic	Jackson (MO)	Federally Qualified Health Center	●	●	●
Low Income Central Kansas City	Jackson (MO)	HPSA Population	●		●
Low Income Grandview	Jackson (MO)	HPSA Population	●		
Low Income Independence	Jackson (MO)	HPSA Population	●		
Low Income Jackson County	Jackson (MO)	HPSA Population		●	
Low Income North Kansas City	Jackson (MO)	HPSA Population	●		●
Samuel U. Rodgers Health Center, Inc.	Jackson (MO)	Federally Qualified Health Center	●	●	●
Swope Health Services	Jackson (MO)	Federally Qualified Health Center	●	●	●
Health Partnership Clinic, Inc.	Johnson (KS)	Federally Qualified Health Center	●	●	●
Low Income Mental Health Care Act (MHCA) 6	Clay (MO)	HPSA Population		●	
Low Income Mental Health Care Act (MHCA) 6	Platte (MO)	HPSA Population		●	
Low Income Wyandotte County	Wyandotte (KS)	HPSA Population	●		●
Sharon Lee Family Health Care, Inc.	Wyandotte (KS)	Federally Qualified Health Center Look-a-Like	●	●	●
Turner House Clinic, Inc.	Wyandotte (KS)	Federally Qualified Health Center	●	●	●

Source: Health Resources and Services Administration, 2023.

Description: Exhibit 63 provides a list of federally designated population and facility Health Professional Shortage Areas (HPSAs) in the community.

Observations

- The low-income population of Jackson County has been designated as a mental health HPSA, as have the low-income Mental Health Care Act (MHCA) 6 populations of Clay and Platte counties.
- The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs.
- The low-income populations of Central Kansas City, North Kansas City, and all Wyandotte County have been designated as dental health HPSAs.

Findings of Other Assessments

Jackson County Opioid-Related Deaths

The Jackson County Health Department released data on opioid use in Jackson County, MO. Significant findings from the report are as follows:

1. In Missouri, the number of non-heroin opioid deaths almost tripled between 2016 and 2021.
2. In Jackson County, one-in-five drug overdose-related deaths were from children under the age of 15.
3. Drug overdose is the leading cause of death among young adults in Missouri. Approximately 70 percent of those deaths involved opioids. Opioid use is of significant concern for young adults and children under the age of 18.
4. In Eastern Jackson County, there were 2,245 total ER visits from 2013-2020 for opioid misuse. Emergency room visits due to opioid use include visits reported for any opioid-related diagnosis code, not only overdoses.

Suburban Poverty in Eastern Jackson County (EJC) – Jackson County Health Department

In December 2020, the Jackson County Health Department Division of Health Promotion provided a report outlining shifts in economic poverty in suburban divisions of Kansas City, MO. The report outlines initial economic effects of the Covid-19 pandemic, in addition to an already changing suburban economic landscape. The report highlighted the following findings.

1. **The poverty rate for the Kansas City portion of Jackson County is almost double that of Eastern Jackson County.** The poverty rate in the Kansas City portion of Jackson County is 22 percent, while the overall percentage of residents in Eastern Jackson County living in poverty in 2017 was 10.9 percent.[3]
2. **Trends indicate that poverty is growing in the suburbs.** Suburban neighborhoods, particularly those near the region which borders Kansas City, appear to have higher poverty rates.
3. **Poverty is increasing in Eastern Jackson County across racial and ethnic groups, including Black, Hispanic, and non-white populations.** There is a significantly higher proportion of racial and ethnic minority groups living in poverty in census tracks with greater than 20 percent poverty.
4. **The number of high poverty census tracks in Eastern Jackson County has increased since 2010.** In 2020, Eastern Jackson County has eight high poverty census tracks as compared to thirteen in 2017. The report states that one reason for this shift could be changing economic conditions in Kansas City, such as a decline in the number of high-paying manufacturing jobs.

Kansas City Health Improvement Plan (2022-2027)

In 2021, a collaboration of the Kansas City Health Commission, Kansas City Health Department, and community partners established the Kansas City Community Health Improvement Plan (CHIP) for 2022 through 2027. The CHIP used a lens of health being an overall state of wellbeing influenced by many societal factors, not just the absence of disease. The CHIP states: "While CHIPs have traditionally focused on downstream, siloed issues, like chronic disease, this CHIP seeks to advance health by identifying and addressing root causes of poor health, with a focus on racism." Using this lens, the following priority areas and goals were developed:

- **Priority Area 1: Robust Public Health and Prevention Infrastructure**
  - Goal 1: Increase public health capacity of residents of KCMO.
  - Goal 2: Increase local funding for public health with a priority focus on BIPOC communities.
  - Goal 3: Increase federal funding for public health in KCMO.

- **Priority Area 2: Safe and Affordable Housing**
  - Goal 4: Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework.
  - Goal 5: Invest in truly safe, affordable rental housing in low life expectancy zip codes.
  - Goal 6: Increase investment in zoning policies to create more diverse, mixed-income communities in high priority zip codes.
  - Goal 7: Monitor, in real-time, affordable housing stock.

- **Priority Area 3: Trauma-Informed and Funded Education**
  - Goal 8: Prioritize funding for schools in disinvested areas with lower property values.
  - Goal 9: Increase trauma-informed and anti-racist education and practices in the Kansas City education systems.
  - Goal 10: Improve Kansas City, MO student graduation rates for BIPOC students.

- **Priority Area 4: Implementation of Medicaid Expansion**
  - Goal 11: Remove barriers to equitable enrollment for newly expanded Medicaid population.
  - Goal 12: Support expanded capacity for service providers to provide equitable access to care for expanded Medicaid population.

- **Priority Area 5: Violence Prevention**
  - Goal 13: Ensure that experiences between citizens and police are just and rehabilitative, residents and their families must be able to trust that their humanity is fully recognized, and that the justice system will work equitably for all residents.
  - Goal 14: Expand community-based restorative and transformative justice programs within education, community, and law enforcement.

  - Goal 15: Change the way overall self-directed, interpersonal, and collective violence data are collected to overturn inequities.
  - Goal 16: Decrease community violence through application of Crime Prevention throughout Environmental Design (CPTED) strategies.

- **Priority Area VI: COVID-19**
  - Goal 17: Ensure equity in testing, vaccine distribution, and resources.
  - Goal 18: Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID.

Northland Health Alliance Community Health Assessment

Established in 2014, the Northland Health Alliance (NHA) is a collaboration of eleven organizations designed to improve the health status of Clay County and Platte County residents through empowering the public health system. The most recent community health assessment (CHA) was conducted by the Northland Health Alliance in 2021. The NHA hosts an online dashboard consisting of health information collected from community surveys, focus groups, and community census data.

- The 2021 CHA found two main priority areas of focus:
  - Mental and Behavioral Health
  - Health Equity – including transportation and access to healthy food.
- The CHNA highlighted pockets of need throughout Clay and Platte counties, and raised questions about income, education, and health disparities being experienced by members of racial and ethnic minorities.
- The NHA developed a community insight survey that was distributed to members of the community. The following needs were identified as most important by respondents:
  - Chronic Disease
  - Obesity
  - Mental/Emotional Problems
  - Drug Abuse
  - Impact of Covid
- The survey asked community members about health behaviors with the greatest impacts on overall community health. One-third of residents identified access to housing as a top barrier to health.
- Residents are impacted by unhealthy behaviors and habits. About one-third (27.7 percent) of adults report no leisure-time physical activity. A similar percentage (31.7 percent) of adults get less than seven hours of sleep per night.
- Obesity is reported among 33.3 percent of adults, with 27.2 percent of adult residents having high blood pressure.
- Mental health is a top challenge, according to the Northland Health Alliance. Poor mental health was reported among 14.3 percent of residents, and 22.2 percent of adults are diagnosed with depression.

- There are 19.6 age-adjusted suicides per 100,000 people. For Clay and Platte Counties, higher suicide rates were reported among people aged 45-64 when compared to the state of Missouri.
- The number of deaths caused by opioid overdoses increased by 96 percent between 2019 and 2020.
- Residents report that the Covid-19 pandemic significantly impacted access to healthcare, economic stability, and food security.
    - Almost 50 percent of residents report delaying seeking healthcare due to the pandemic.
    - About one-third of residents (34.1 percent) reported needing care but did not access the care needed. The economic impact of Covid-19 was significant – 44.2 percent of residents report having some difficulty paying expenses.
    - Survey respondents report that 11.1 percent of children were not eating enough.

Johnson County Community Health Assessment Dashboard

The Johnson County Department of Health and Environment (JCDHE) maintains a Community Health Assessment (CHA) dashboard. JCDHE, partners and community volunteers also surveyed over 180 households in 30 neighborhoods throughout Johnson County about issues that affect health. An additional 600 residents completed an online survey to report community concerns. The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

- Community members of Johnson County outlined community health concerns of high importance and low satisfaction, listed below:
    - Health insurance is available to all;
    - Mental health illnesses are treated in our community;
    - Affordable housing is available;
    - People are free from addiction to prescription and/or street drugs;
    - Resources are available to help residents during times of need;
    - Dental care is available to all; and
    - Transportation is available to people of all ages and abilities.
- Two neighborhoods, both in Johnson County and only five miles apart, have a twelve-year difference in life expectancy. Nearly one-in-seven residents in Johnson County is living in poverty.
- Rising housing prices are a significant financial burden to residents of Johnson County. 38 percent of renters in Johnson County are considered a cost-burdened rental or spend more than 30 percent of their income on housing costs.
- Financial stress plays a major role in physical and emotional symptoms. Of those surveyed, 33 percent of residents report experiencing emotional symptoms and 18 percent report experiencing physical symptoms due to financial stress.
- Infant mortality differs significantly between racial and ethnic groups. Morbidity rates for Hispanic babies are approximately double the rate of White babies. In Johnson County,

89.6 percent of women identifying as White received prenatal care in the first trimester, as compared to 74.7 percent of Black women and 76.4 percent Hispanic women.

- In Johnson County, 7.2 percent of the county population experiences food insecurity. 35.6 percent of adults do not eat vegetables at least one time per day.
- About one-third of residents, or 32.9 percent, meet the weekly physical activity recommendations.
- In the CHA survey conducted in 2018, 25 percent of adults in Johnson County reported being stressed or worried about paying medical bills. According to data collected in 2017, 16.9 percent of non-white adults could not afford to see a doctor in the past year.
- When rates of hospital admissions are compared between racial and ethnic groups, approximately double the percentage of Black/African Americans are admitted for having a stroke (21.6 percent) as compared to White residents (10.8 percent). More than double the percentage of Black/African Americans (59.1 percent) are admitted for congestive heart failure when compared to White residents (22.6 percent).
- Nearly one-fourth, or 23 percent of adults in Johnson County, report being always or usually stressed about finances in the past year. One-third of adults (33 percent) experienced emotional symptoms due to finances, while 18 percent of adults experienced physical symptoms.
- Johnson County has a lower drug overdose rate than other parts of Kansas or the United States.

Wyandotte County Community Health Improvement Plan (2018 – 2023)

The Wyandotte Community Health Improvement Plan (CHIP) is a long-term effort to address public health concerns based on Community Health Assessment results. Local stakeholders and four lead agencies partnered with the Unified Government Health Department to implement action plans based on priority health needs. The lenses through which priorities from the CHIP are considered and implemented are poverty, racism, and Adverse Childhood Experiences (ACEs). The following goals and strategies are outlined in the CHIP:

- **Jobs and Education - Reduce Barriers to entering the workforce and increase access to living wage jobs and educational opportunities.**
    - Childcare – Increase access to quality and affordable childcare.
    - Language – Increase proficiency in English tailored to industry-specific communications.
    - Criminal History - Increase the hiring of justice-involved individuals.
    - Post-Secondary - Increase attainment of postsecondary education and training
    - Workforce Transportation - Improve access to public and alternative transportation options for Wyandotte County workforce.

- **Health Care Access – Improve capacity of the healthcare system and assure access to healthcare for all.**
    - Education to employment pipeline - Create a multicultural and multilingual education-to-employment pipeline for Wyandotte County students in the healthcare professions, connected to Wyandotte County employers.

  - Healthcare capacity - Increase care coordination between primary, behavioral health, and other providers in Wyandotte County; Improve knowledge and availability of non-emergency medical transportation to health care providers in the community.
  - Healthcare funding - Coordinate and improve efforts to increase community member enrollment in Medicaid & Marketplace health insurance plans; Expand KanCare (Medicaid).
  - Health literacy - Improve local health literacy through the development and implementation of media campaigns on the availability of health services and other local health access issues.
  - School Health – Increase available health services for youth, specifically in school settings.

- **Safe and Affordable Housing – Increase the quantity of affordable housing for low- and moderate-income people.**
  - Unhoused Populations - Engage community partners and other metro agencies in the development of a Wyandotte County Homelessness Response Plan to support a coordinated community response to homelessness and housing for at-risk populations.
  - Community Land Trusts - Support the development of shared equity housing models, specifically cooperative housing, and community land trusts (CLT), including continued community education and outreach to support CLT development.

- **Violence Prevention – Foster safer neighborhoods, free from violence; Promote community connectedness, residents support and address cultural norms that tolerate violence.**
  - Crime Prevention Through Environmental Design (CPTED) - Coordinate efforts among residents, community organizations, and Unified Government (UG) agencies to implement Crime Prevention Through Environmental Design (CPTED) strategies, through trauma-informed and equity-based approaches; Implement environmental-based violence prevention strategies in neighborhoods through existing community programs.
  - Individual Level - In collaboration with the UG Public Health Department, institute a Youth Fatality Review Board as a community violence prevention strategy; Implement individual-level response and interventions for survivors of interpersonal violence and those at risk of perpetration of violence through REVIVE, a hospital-based violence intervention program.
  - Youth Engagement - Support youth-led community advisory boards to engage youth in community development and prevention strategies.
  - Community & Justice System Relations - Evaluate and improve communication and relations between community and the justice system.
  - Norms Change - Collaborate with Unified Government (UG) and other workplaces to develop and implement workplace programs, policies, and practices to prevent violence for employees and residents both at work and in

their communities; Develop positive norms change campaign designed to reduce community violence.

Missouri Maternal Child Health Strategic Map

The State of Missouri receives funding from the MCH Bureau of the U.S. Health Resources and Services Administration for improving the health of women, mothers, and children. This funding is known as the Title V Maternal and Child Health (MCH) Block Grant. The Missouri Department of Health and Senior Services, Division of Community and Public Health, is responsible for administering the MCH Block Grant.

Through this process, the department also conducts statewide needs assessment to identify state maternal and child health priority needs and direct Title V resources to meet these needs through state and local partnerships and collaboration. The strategic map from 2020 to 2023 identified the following as priority areas, priority needs, and objectives.

- **Women/ Maternal Health**
  - Priority Need: Improve preconception, prenatal and postpartum health care services for women of childbearing age.
    - Develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9 percent (BRFSS 2018) by 2025.
    - Promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018) by 2025.
- **Perinatal/Infant Health**
  - Priority Need: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
    - Increase the percentage of infants placed to sleep on their backs from 84.0 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep on a separate approved sleep surface from 39.9 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep without soft objects or loose bedding from 48.7 percent (2018 PRAMS) by 2025.
- **Child Health**
  - Priority Need: Reduce obesity among children and adolescents.
    - Increase the percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day in the past week from 37.4 percent (NSCH 2017-2018) by 2025.
  - Priority Need: Enhance access to oral health care services for children.
    - Increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 70.9 percent (NSCH 2017-2018) by 2025.
- **Adolescent Health**
  - Priority Need: Reduce intentional and unintentional injuries among children and adolescents.

        - Decrease the rate of hospital admissions for non-fatal injury among adolescents, ages 10 through 19 from 250.2 per 100,000 (PAS 2018) by 2025.
    - Priority Need: Promote Protective Factors for Youth and Families
        - Reduce the suicide death rate among youth 10-19 years from 7.8 percent per 100,000 (CY 2019 Vital Statistics) by 2025.
- **Children with Special Health Care Needs**
    - Priority Need: Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
        - Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 50.0 percent (NSCH 2017-2018) by 2025.
- **Cross-Cutting/ Systems Building**
    - Priority Need: Address social determinants of health inequities.
        - Increase the number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice training.

MCH (2025): Kansas Maternal and Child Health Needs Assessment, Priorities, and Action Plan – 2021 - 2025

The 2021-2025 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course.

The state priorities are as follows:

- **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.**
    - Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5 percent by 2025.
    - Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5 percent annually through 2025.
    - Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10 percent annually by 2025.
    - Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10 percent by 2025.

- **Priority 2: All infants and families have support from strong community systems to optimize infant health and wellbeing.**
    - Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5 percent annually through 2025.

  - Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10 percent by 2025.
  - Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.
  - Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15 percent by 2025.

- **Priority 3: Children and families have access to and utilize developmentally appropriate services and support through collaborative and integrated communities.**
  - Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening by 5 percent annually through 2025.
  - Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10 percent by 2025.
  - Increase the proportion MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10 percent annually through 2025.

- **Priority 4: Adolescents and young adults have access to and utilize integrated, holistic, patient centered care to support physical, social, and emotional health.**
  - Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5 percent annually through 2025.
  - Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and support from peers and caring adults by 10 percent by 2025.
  - Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5 percent by 2025.

- **Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.**
  - Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5 percent by 2025.
  - Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5 percent by 2025.
  - Increase the proportion of families who receive care coordination support through cross-system collaboration by 25 percent by 2025.

- **Priority 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.**

  - Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5 percent by 2025.
  - Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5 percent annually through 2025.
  - Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15 percent annually through 2025.

- **Priority 7: Strengths-based supports and services are available to promote healthy families and relationships.**
  - Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75 percent by 2025.
  - Increase the number of individuals receiving peer support through Title V-sponsored programs by 5 percent annually through 2025.
  - Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5 percent annually through 2025.
  - Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 64: Interviewee Organizational Affiliations

Organization
Boys & Girls Club of Greater Kansas City
Community Assistance Council
Community Services League
Crittenton Children's Center
Health Forward Foundation
Jackson County Health Department
Johnson County Department of Health and Environment
KC CARE Health Center
Platte County Health Department
Saint Luke's East Hospital
Saint Luke's Hospital of Kansas City
Saint Luke's North Hospital
Saint Luke's Physician Group
Saint Luke's South Hospital
Samuel U. Rodgers Health Center
Tri-County Mental Health Services
United Community Services of Johnson County

Exhibit 65: Community Meeting Participants

Organization	Organization
Artists Helping the Homeless	Kansas City YMCA
Boys & Girls Clubs of Greater Kansas City	Kansas Legislature
City of Lee's Summit	Lakeview Village
Clay County Public Health Center	Lee's Summit R7 School District
Clay County Senior Services	Northland Center for Advanced Professional Studies (CAPS)
Clements Chiropractic	Northland Health Care Access
Community Assistance Council	Park Hill School District
Community Services League	Platte County Health Department
Crittenton Children's Center	REACH Healthcare Foundation
Diocese of West Missouri, The Episcopal Church	Saint Luke’s North Hospital
El Centro, Inc.	Saint Luke's East Hospital
Harvesters-Community Food Network	Saint Luke's Hospital of Kansas City
Hawthorn Bank	Saint Luke's South Hospital
Health Partnership Clinic	Samuel U. Rodgers Health Center
Hillcrest Platte County	Unified Government of Wyandotte County and Kansas City Kansas
Hope House	United Community Services of Johnson County
Jackson County Missouri	University of Missouri Extension
Johnson County Department of Health & Environment	Vibrant Health
Johnson County Housing Services	Wyandotte County Health Department
Kansas City Health Department	YMCA Head Start

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 66** lists peer counties for Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS. Clay and Platte counties share the same peer county group.

Exhibit 66: CHSI Peer Counties

Jackson (MO)	Johnson (KS)	Clay (MO) and Platte (MO)	Wyandotte (KS)
Maricopa County, Arizona	Broomfield County, Colorado	Pinal County, Arizona	San Benito County, California
Alameda County, California	Douglas County, Colorado	Arapahoe County, Colorado	San Bernardino County, California
Orange County, California	Cherokee County, Georgia	Gilpin County, Colorado	Yolo County, California
San Diego County, California	Forsyth County, Georgia	New Castle County, Delaware	Adams County, Colorado
San Francisco County, California	Kendall County, Illinois	Clay County, Florida	Osceola County, Florida
Santa Clara County, California	Boone County, Indiana	St. Johns County, Florida	Clayton County, Georgia
Denver County, Colorado	Hamilton County, Indiana	Seminole County, Florida	DeKalb County, Georgia
Hartford County, Connecticut	Johnson County, Kansas	Floyd County, Indiana	Douglas County, Georgia
Pinellas County, Florida	Boone County, Kentucky	Leavenworth County, Kansas	Gwinnett County, Georgia
Jefferson County, Kentucky	Oldham County, Kentucky	Campbell County, Kentucky	Henry County, Georgia
Kent County, Michigan	Charles County, Maryland	Kenton County, Kentucky	Newton County, Georgia
Hennepin County, Minnesota	Frederick County, Maryland	St. Tammany Parish, Louisiana	Rockdale County, Georgia
Ramsey County, Minnesota	Howard County, Maryland	DeSoto County, Mississippi	DeKalb County, Illinois
Jackson County, Missouri	Carver County, Minnesota	Clay County, Missouri	St. Clair County, Illinois
Clark County, Nevada	Scott County, Minnesota	Platte County, Missouri	Lake County, Indiana
Erie County, New York	Washington County, Minnesota	Strafford County, New Hampshire	Wyandotte County, Kansas
Monroe County, New York	Union County, North Carolina	Iredell County, North Carolina	Jefferson Parish, Louisiana
Richmond County, New York	Delaware County, Ohio	Butler County, Ohio	St. Bernard Parish, Louisiana
Mecklenburg County, North Carolina	Warren County, Ohio	Cleveland County, Oklahoma	Bristol County, Massachusetts
Wake County, North Carolina	Canadian County, Oklahoma	Washington County, Oregon	Macomb County, Michigan
Franklin County, Ohio	Williamson County, Tennessee	Newport County, Rhode Island	Camden County, New Jersey
Oklahoma County, Oklahoma	Comal County, Texas	York County, South Carolina	Passaic County, New Jersey
Multnomah County, Oregon	Denton County, Texas	Rutherford County, Tennessee	Orange County, New York
Allegheny County, Pennsylvania	Fort Bend County, Texas	Sumner County, Tennessee	Gaston County, North Carolina
Davidson County, Tennessee	Kendall County, Texas	Galveston County, Texas	Yamhill County, Oregon

Exhibit 66: CHSI Peer Counties *(continued)*

Jackson (MO)	Johnson (KS)	Clay (MO) and Platte (MO)	Wyandotte (KS)
Bexar County, Texas	Montgomery County, Texas	Hays County, Texas	Colonial Heights city, Virginia
Collin County, Texas	Rockwall County, Texas	Henrico County, Virginia	Fredericksburg city, Virginia
Tarrant County, Texas	Williamson County, Texas	Prince George County, Virginia	Hampton city, Virginia
Travis County, Texas	Tooele County, Utah	Chesapeake city, Virginia	Hopewell city, Virginia
Salt Lake County, Utah	Loudoun County, Virginia	Williamsburg city, Virginia	Newport News city, Virginia
Arlington County, Virginia	Prince William County, Virginia	Clark County, Washington	Portsmouth city, Virginia
Alexandria city, Virginia	Spotsylvania County, Virginia	Jefferson County, West Virginia	Suffolk city, Virginia
Virginia Beach city, Virginia	Stafford County, Virginia	Pierce County, Wisconsin	Pierce County, Washington
King County, Washington	York County, Virginia		Kenosha County, Wisconsin

APPENDIX E – IMPACT EVALUATION

This appendix highlights Saint Luke's Hospital of Kansas City initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA), published in 2020. This is not an inclusive list of all initiatives aligned with the 2020 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke's facility continues to evaluate the cumulative impact.

The 2020 Saint Luke's Hospital of Kansas City CHNA identified the following as significant needs and priority areas for the 2021-2023 Implementation Strategy:

1. Access to Care
2. COVID-19 Pandemic and Effects
3. Mental Health
4. Poverty and Social Determinants of Health

Saint Luke's Hospital of Kansas City
Priority 1: Access to Care
Goal: Increase the number of community members who receive comprehensive, high-quality health care services.

Initiative: With twelve locations across the KC region, Saint Luke's offers access to an advanced practice provider weekdays, evenings, and weekends. Patients do not have to already be affiliated with a Saint Luke's physician to be seen. To increase access to care, patients can be seen at one of the physical convenient care locations or virtually via the patient portal for those with internet access.
Highlighted Impact: Through Saint Luke's Convenient Care Clinics, access to medical care was expanded for 4,467 Medicaid recipients during 2021-2022.

Initiative: Support initiatives to provide access to the SLHS Financial Assistance Policy at Convenient Care Clinics.
Highlighted Impact: Since 2021, all Saint Luke's Health System Convenient Care Clinic Financial Assistance Policy align with the same policies and procedures as all Saint Luke's Physician Group (SLPG) clinics.

Initiative: Improve access to primary care physicians, specialists, and qualified mental health professionals via telehealth services.
Highlighted Support: Telehealth services, that originated at SLH, allowed 1,091 patients across the Kansas City region to expand its services through virtual visits, increasing access to care by mitigating common barriers to accessing health care identified in this report (i.e., transportation, time commitment).

Initiative: Improve health insurance coverage for populations with low-income by advocating for and supporting Medicaid expansion.

Highlighted Impact: Saint Luke's Health System assisted in the successful passage of Medicaid expansion in Missouri, along with the successful implementation as it received full funding in advance of July 1, 2021.

Initiative: Support Saint Luke's Health System advocacy efforts to expand Medicaid in Kansas.
Highlighted Impact: Saint Luke's Health System continued to advocate, working alongside allied organizations statewide for the purpose of generating support for expanding Medicaid in Kansas.

Initiative: Saint Luke's Hospital accepts KanCare, the Kansas Medicaid program, as well as Missouri Medicaid, for low-income patients to receive care. If a patient is not enrolled in Medicaid but is eligible, SLH staff will assist the patient in completing the Medicaid application.
Highlighted Impact: SLH continues to serve patients enrolled in both Missouri and Kansas Medicaid programs, allowing many residents to receive healthcare services that may otherwise prove inaccessible or unaffordable. In 2021, Saint Luke's Hospital staff enrolled a total of 5,012 individual patients. In 2022, the total number of patients was 2,686.

Initiative: Provide educational opportunities that proactively facilitate learning and discussion around mental health topics, including suicide prevention, as well as stroke/STEMI and diabetes prevention, within the community and virtually.
Highlighted Impact: SLH provided 12 diabetes education courses along with 12 behavioral health courses virtually to over 7,000 registrants. Diabetes basics, plant-based meal planning, and type 1 diabetes management were the topics of choice for the virtual diabetes education courses; while the behavioral health class topics ranged from anxiety to suicide prevention to coping with seasonal depression. In addition, throughout 2021-2022, approximately 2,200 residents throughout the SLH community participated in classes offered by SLH educators on topics such as Stop the Bleed, Matter of Balance, Keep Your Keys, and general education on stroke/STEMI education, trauma, and falls prevention.

Initiative: Saint Luke's Hospital continued the Medication Assistance Program, assisting all patients in securing medications needed at discharge. The Medication Assistance Program exists to assist patients who are uninsured or underinsured regarding their prescription plan.
Highlighted Impact: Through the SLH Medication Assistance Program, SLH can provide life-sustaining medication to patients who otherwise would not be able to afford the medications. This program assisted 716 patients with medications and connected them to follow-up medication services through the safety-net clinics and prescription assistance programs. (Q1 2021-Q1 2023).

Initiative: Decrease barriers to accessing health care services by providing transportation to patients in need.
Highlighted Impact: During 2021-2022, SLH provided 334 taxicab rides for low-income patients who needed transportation post-discharge. In addition, 637 Uber/Lyft rides were provided for patients in need.

Priority 2: COVID-19 Pandemic and Its Effects
Goal: Provide ongoing care and support for COVID-19 and the impacts in the community.

Initiative: Optimize collaboration and communication with community partners to ensure appropriate and correct information was shared among organizations and in the community related to the COVID-19 pandemic.
Highlighted Impact: Saint Luke's Hospital, along with other Saint Luke's Health System entities, designated staff members to participate in a wide variety of MARC Healthcare Coalition committees and workgroups related to COVID-19 response. The role of the workgroups and committees included healthcare and medical response coordination (operational coordination, information sharing, resource coordination) and continuity of healthcare service delivery. Most of the workgroups met monthly throughout 2021 and 2022.

Initiative: Continue developing and utilizing the "COVID-19 Care-Companion Platform."
Highlighted Impact: Forty-four (44) patients served in 2021.

Initiative: Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. Throughout Covid-19, Saint Luke's maintained a fly-out on the site with COVID-19 specific information so that users could quickly access information.
Highlighted Impact: In 2021, 9,413 people utilized the Saint Luke's Resource Hub where the fly-out was visible. Of those users, 5% clicked on the fly-out to access the resource information which includes a link directly to the SLHS webpage. Nearly 11,000 people utilized the Resource Hub for information in 2022. 5.6% clicked on the COVID-19 information fly-out to learn more, while 33.7% dismissed it. The COVID-19 fly-out was deactivated from the site in 2023.

Priority 3: Maternal and Child Health
Goal: Improve maternal and child health.

Initiative: SLH partnered with local universities to grow the healthcare workforce by offering a location for shadowing, internships, and clinical sites for residents, fellows, and students at University of Missouri-Kansas City Medical School. Continuing to operate the SLH OBGYN Clinic as a health professions training site enhances access to care for Medicaid, Medicare, and other patients.
Highlighted Impact: In 2021, the OBGYN Clinic hosted 34 residents, four fellows, and 27 students. Nine residents, three fellows, and 48 students worked at the OBGYN Clinic at Saint Luke's Hospital, in 2022, which increased access to care for patients and community members.

Initiative: Improve breastfeeding initiation and duration.
Highlighted Impact: Throughout this journey on maternal and child health focused practices, Saint Luke's has made partnerships in the community with organizations such as Uzazi Village and Nurture KC. With Uzazi Village, Saint Luke's Hospital hosted two interns in the first-ever Lactation Consultant program in 2022. The Nurture KC partnership continues to work towards a Safe Sleep initiative for the KC region. SLH also continues to strive for the Show-Me 5 certification (2023).

Initiative: Saint Luke's social workers, dedicated to the Women's & Children's area, support patients in the NICU, Labor & Delivery, Mom-Baby, Antepartum, and Labor & Delivery Triage. Coverage is provided by a dedicated social worker seven days a week in order to support maternal and child health patients who may be in need of additional services such as nutrition, transportation, or utility assistance,
Highlighted Impact: As of 2022, just over 100 referrals were made to wrap-around services for maternal and child health patients for wrap-around services, such as mental health, housing, or nutrition with support from a Saint Luke's social worker or community health worker.

Priority 4: Mental (and Behavioral) Health
Improve access to mental and behavioral health care and services.

Initiative: Saint Luke's Hospital's Crittenton Children's Center offers multiple onsite clinical programs assisting adolescents (all genders ages 12 to 18) who are going through a mental health crisis.
Highlighted Impact: Crittenton admitted 2,400 teens into its intensive inpatient program helping children experiencing an immediate mental health crisis in 2021-2022. Crittenton's inpatient 30-day readmission rate of 6% is three times lower than the national average.* During that same time, 60 teens were admitted to Crittenton's residential treatment program where children receive a personalized care plan to meet each patient's unique needs.
***Source:** Psychiatric Inpatient Hospitalization | Saint Luke's Health System (saintlukeskc.org), Centers for Medicare & Medicaid Services

Initiative: Crittenton Children's Center continued to support its nationally acclaimed model, Trauma Smart ®, in which communities of children (schools and early childhood education programs) and the adult caregivers that surround them, learn new strategies that improve their competence in the relationships essential for emotional and physical health and resilience to chronic adversity. This model has a specific parent-training portion that engages the family in a child's treatment and environment.
Highlighted Impact: Throughout the 2021-2022 and 2022-2023 school years, Trauma Smart was expanded to five schools in the Shawnee Mission School District (Johnson County KS), seventeen schools in the Raytown School District (Jackson County MO), Della Lamb Charter School, Center School District, and the Hickman School District (Jackson County MO).

Initiative: Adoption and foster care case managers from Crittenton Children's Center, along with family recruitment/support personnel, continued to work side-by-side with Missouri Children's Division, law enforcement, Jackson and Cass County courts, guardian ad litem, and other associated service providers, as needed, meeting the individual needs of each child in foster care. In addition, Crittenton staff worked with the Department of Social Services to ensure the licensure status of foster homes; and conducted training and home studies to ensure foster home readiness for each child or adolescent placement.
Highlighted Impact: From 2021-2022, Crittenton staff provided case management to 4,861 children and adolescents. In addition, Crittenton staff's efforts to move a child or adolescent

from a temporary foster care placement to a permanent home, or permanency planning, resulted in 170 reunifications with a parent, 108 adoptions, and 71 guardianships.

Initiative: The Saint Luke's Behavioral Access Center (BAC), which operates 24/7 for any patient experiencing a behavioral health crisis including patients who present in the Emergency Department, continued to provide ongoing collaboration regarding assessment and placement for both involuntary and voluntary psychiatric admissions to SLH patients.
Highlighted Impact: BAC continued to provide safety planning for 1,323 patients, assessed from 2021-2022, in the SLH emergency department, also providing information about outpatient community resources to address behavioral health concerns when discharged.

Initiative: Kansas City Assessment and Triage Center (KC-ATC) serves as an assessment and triage center for persons who are experiencing mental health or substance use issues that come in contact with the Kansas City Police Department (KCPD) or an approved Emergency Department.
Highlighted Impact: Saint Luke's Health System continued to support and collaborate with KC-ATC in order to provide mental health, drug, alcohol, and medical detox services in the community. KC-ATC provides 16 beds where patients may stay for up to 23 hours. SLH serves on the metro-wide mental health coalition.

Priority 5: Poverty and Social Determinants of Health
Goal: Improve residents' ability to earn steady incomes that allow them to meet their health needs.

Initiative: As an anchor institution in the Kansas City region, Saint Luke's Health System understands the value of expanding partnerships with community organizations and working together to promote programs around workforce development. SLHS is committed to expanding its hiring programs that build pipelines for people of color and local hiring and workforce development programs.
Highlighted Impact: In 2021, Saint Luke's Health System joined the Hispanic Chamber of Commerce of KC, became a member of the National Association of Asian American Professionals, and became partners with the Heartland Black Chamber and Mid-America Gay & Lesbian Chamber. In addition, SLHS serves on the Diversity & Inclusion Committee for the Kansas City Chamber, Leawood (KS) Chamber. SLHS expanded its work with the historically Black colleges and universities in the region – Lincoln University, Langston University, UAPD, and Harris-Stowe State University regarding healthcare careers. Throughout 2021 and 2022, SLHS partnered with many community organizations on valuable programs that promote employment, hiring, writing resumes, mock interviews, careers at all levels of health care, providing guest speakers on health care, and participating in job fairs throughout the region.

Initiative: Increase the hourly minimum wage for Saint Luke's Health System employees, to keep up with a competitive labor market, as well as to support its existing staff.
Highlighted Impact: In November 2021, Saint Luke's Health System established a new minimum base wage of $17.50 for all workers. This was the second hourly minimum wage increase in two years by the health system. The previous year, 2000, SLHS raised the hourly

minimum wage to $15.00. SLHS was the first area healthcare provider to raise its hourly minimum wage, with other hospital networks quickly following suit.
Initiative: Saint Luke's Health System physicians and staff visit K-12 schools in districts throughout the Kansas City region to discuss the wide array of careers and positions available throughout a medical facility or on the corporate or leadership side of health care.
Highlighted Impact: Since 2021, Saint Luke's physicians and staff have gone to speak to students about the range of careers available, as well as opportunities for shadowing, at school districts throughout the region including Kansas City Missouri Schools, Kansas City Kansas Schools, North Kansas City Schools, Parkhill School District, University Academy, Cristo Rey, and KC Prep. In addition, Big Brothers Big Sisters and the Boys and Girls Club of Greater Kansas City are also partners that have received programming from SLHS physicians and staff.

Goal: Connect patients and community members with appropriate resources.

Initiative: Utilize Saint Luke's Community Resource Hub to connect patients with appropriate resources through a closed-loop referral system.
Highlighted Impact: Saint Luke's North Hospital patients are screened for food insecurity, transportation, physical activity, housing, and social isolation upon admittance to the hospital and then connected to valuable community resources to address needs. Powered by *findhelp,* the Saint Luke's Community Resource Hub is an online platform listing reduced-cost and free resources in the community.

Initiative: Artist's Helping the Homeless, a nonprofit dedicated to providing meals and housing to the homeless, collaborated with SLH to secure post-discharge transportation and housing through the Bodhi Housing Program for patients over the age of 18 in need of a safe environment to continue healing after discharge.
Highlighted Impact: Throughout 2021 and 2022, in partnership with Artists Helping the Homeless, transportation was provided 301 times during respite days to connect patients with community resources. In addition, Bodhi House provided 97 houseless patients respite housing for a total of 1,274 nights.

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Saint Luke's
HOSPITAL OF KANSAS CITY

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2023-07-CMGV-4321

DIVIDER III: Application Summary

1. **For new units, address the minimum annual utilization standard for the proposed geographic service area.**
    a. N/A- not a "new unit"
2. **For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit. *MRF***
    a. N/A- not a "new unit"
3. **For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit**.

> (2) For additional units or services, provide the applicant's annual utilization for the most recent three (3) full years, if applicable. The applicant should achieve at least the following community need rates as follows, by the final year:
> (A) Magnetic resonance imaging procedures: 3,000
> (B) Positron emission tomography/computed tomography procedures: 1,000
> (C) Lithotripsy treatments: 1,000
> (D) Linear accelerator treatments: 6,000
> (E) Cardiac catheterization procedures: 750
> (F) Gamma knife treatments: 200
> (G) Computed tomography: 4,000
> (H) Robotic surgery system: 240

    a. This conversion does not fit within one of the existing categories listed above.
    b. Saint Luke's Hospital of Kansas City will adhere to a standard of 75% operating room utilization per internal benchmarking guidelines.
4. **For evolving technology address the following:**
    - Medical effects as described and documented in published scientific literature;
    - The degree to which the objectives of the technology have been met in practice;
    - Any side effects, contraindications or environmental exposures;
    - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies;
    - Food and Drug Administration approval;
    - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal
    - The degree of partnership, if any, with other institutions for joint use and financing

    a) N/A- not "evolving technology"

DIVIDER IV: Application Summary

1. **Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.**
    a. See Attachment #16
2. **Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL years beyond project completion.**
    a. See Attachments #17 and #18
3. **Document how patient charges are derived.**
    a. Patient charges are generally derived by accumulating all the cost of services, including staff and supplies utilized during the course of the visit. Charges for each procedure are derived from the current charge description master and are dependent on the types of procedures performed along with a number of other variables.
4. **Document responsiveness to the needs of the medically indigent *MRF***
    a. A copy of our existing policy for meeting the needs of the medically indigent is included in Attachment #19

DIVIDER IV ATTACHMENTS

Consolidated Financial Statements

Saint Luke's Health System, Inc.
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

Ernst & Young LLP

Saint Luke's Health System, Inc.

Consolidated Financial Statements

Years Ended December 31, 2023 and 2022

Contents

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Report of Independent Auditors

The Board of Directors
BJC Health System

Opinion

We have audited the consolidated financial statements of Saint Luke's Health System, Inc. and subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2023 and 2022, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Building a better working world

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal-control-related matters that we identified during the audit.

Ernst & Young LLP

April 29, 2024

Saint Luke's Health System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2023	**2022**
Assets		
Current assets:		
Cash and cash equivalents	**$ 354,133**	$ 381,212
Short-term investments *(Note 6)*	**215,013**	204,071
Accounts receivable, net	**322,540**	312,341
Other receivables	**63,690**	37,710
Inventories	**37,981**	36,494
Prepaid expenses	**29,637**	30,380
Total current assets	**1,022,994**	1,002,208
Property and equipment, net *(Note 6)*	**984,259**	978,118
Right-to-use assets	**136,516**	162,529
Investments *(Note 6)*	**804,607**	690,144
Assets limited as to use *(Note 6):*		
Board designated	**11,393**	12,366
Under self-insurance arrangements	**23,273**	20,982
Restricted by donor or grantor	**210,315**	191,175
Total assets limited as to use	**244,981**	224,523
Other assets:		
Investment in affiliates, net	**46,705**	39,267
Other	**108,007**	105,105
Total other assets	**154,712**	144,372
Total assets	**$ 3,348,069**	$ 3,201,894

	December 31	
	2023	**2022**
Liabilities and net assets		
Current liabilities:		
Current maturities of long-term debt *(Note 7)*	**$ 17,576**	$ 16,836
Accounts payable	**132,108**	124,250
Payroll-related liabilities	**122,746**	101,604
Estimated third-party payor settlements	**18,261**	12,151
Defined contribution plan obligations	**22,809**	20,703
Other	**99,615**	101,766
Total current liabilities	**413,115**	377,310
Reserve for self-insured risks *(Note 10)*	**50,935**	51,776
Long-term debt, less current maturities *(Note 7)*	**591,032**	603,141
Interest rate swap contracts *(Note 7)*	**8,276**	8,725
Lease liability	**149,868**	158,186
Other noncurrent liabilities	**93,586**	93,278
Total liabilities	**1,306,812**	1,292,416
Net assets:		
Saint Luke's Health System, Inc.	**1,786,599**	1,671,791
Noncontrolling interest	**11,845**	8,891
Total without donor restrictions	**1,798,444**	1,680,682
With donor restrictions *(Note 13)*	**242,813**	228,796
Total net assets	**2,041,257**	1,909,478
Total liabilities and net assets	**$ 3,348,069**	$ 3,201,894

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets
(In Thousands)

	Year Ended December 31	
	2023	**2022**
Revenues:		
Patient service revenue	**$ 2,320,573**	$ 2,159,100
Other revenue	**211,027**	194,875
Total revenues	**2,531,600**	2,353,975
Expenses:		
Salaries and wages	**1,129,245**	1,049,199
Employee benefits	**252,325**	230,640
Supplies and other	**977,111**	942,910
Depreciation and amortization	**101,869**	104,306
Interest	**22,624**	19,609
Total expenses	**2,483,174**	2,346,664
Operating income	**48,426**	7,311
Other income (loss):		
Investment return *(Note 6)*	**110,249**	(76,044)
Change in fair value of interest rate swaps	**449**	17,993
Pension settlement	**–**	(59,659)
Other, net	**(32,672)**	(3,178)
Total other income (loss), net	**78,026**	(120,888)
Consolidated excess (deficit) of revenues over expenses	**126,452**	(113,577)
Less revenues over expenses attributable to noncontrolling interest	**(16,434)**	(14,411)
Excess (deficit) of revenues over expenses attributable to Saint Luke's Health System, Inc.	**$ 110,018**	$ (127,988)

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Year Ended December 31, 2023			Year Ended December 31, 2022		
	Total	**Controlling**	**Noncontrolling**	**Total**	**Controlling**	**Noncontrolling**
Net assets without donor restrictions:						
Consolidated excess (deficit) of revenues over expenses	**$ 126,452**	**$ 110,018**	**$ 16,434**	$ (113,577)	$ (127,988)	$ 14,411
Contribution of property, equipment, and other	**3,291**	**3,291**	**–**	2,666	2,666	–
Pension-related changes other than net periodic pension costs	**1,116**	**1,116**	**–**	49,348	49,348	–
Other changes in net assets without donor restrictions	**(13,097)**	**383**	**(13,480)**	(15,133)	869	(16,002)
Increase (decrease) in net assets without donor restrictions	**117,762**	**114,808**	**2,954**	(76,696)	(75,105)	(1,591)
Net assets with donor restrictions:						
Contributions	**11,977**	**11,977**	**–**	15,160	15,160	–
Investment income, net	**2,995**	**2,995**	**–**	1,942	1,942	–
Change in unrealized gain (loss) on investments, net	**21,703**	**21,703**	**–**	(19,106)	(19,106)	–
Net assets released from restrictions	**(22,661)**	**(22,661)**	**–**	(24,808)	(24,808)	–
Change in interest in donor-restricted net assets of foundations	**3**	**3**	**–**	(45)	(45)	–
Increase (decrease) in net assets with donor restrictions	**14,017**	**14,017**	**–**	(26,857)	(26,857)	–
Increase (decrease) in net assets	**131,779**	**128,825**	**2,954**	(103,553)	(101,962)	(1,591)
Net assets at beginning of year	**1,909,478**	**1,900,587**	**8,891**	2,013,031	2,002,549	10,482
Net assets at end of year	**$ 2,041,257**	**$ 2,029,412**	**$ 11,845**	$ 1,909,478	$ 1,900,587	$ 8,891

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2023	**2022**
Operating activities		
Increase (decrease) in net assets	**$ 131,779**	$ (103,553)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	**101,869**	104,306
Loss on disposal of property and equipment	**1,664**	2,291
Impairment of right-to-use assets	**19,200**	–
Change in fair value of interest rate swaps	**(449)**	(17,993)
Pension-related changes other than net periodic pension costs	**–**	9,397
Distributions to noncontrolling interests	**13,480**	16,002
Restricted contributions	**(11,977)**	(15,160)
Changes in operating assets and liabilities:		
Accounts receivable, net	**(10,199)**	(2,667)
Other current assets	**(26,724)**	1,574
Other noncurrent assets	**3,911**	27,607
Accounts payable	**7,858**	(7,029)
Other current liabilities	**27,207**	(154,352)
Reserve for self-insured risks	**(841)**	(85)
Other noncurrent liabilities	**(8,010)**	(57,585)
Net cash provided by (used in) operating activities	**248,768**	(197,247)
Investing activities		
Purchase of property and equipment, net	**(109,674)**	(101,375)
(Increase) decrease in investment securities classified as trading	**(149,549)**	16,698
Increase in equity goodwill	**(811)**	(661)
Increase in investment in affiliates, net	**(6,627)**	(864)
Net cash used in investing activities	**(266,661)**	(86,202)
Financing activities		
Payments and refunding of long-term debt	**(17,369)**	(17,555)
Proceeds from issuance of long-term debt	**6,000**	–
Distributions to noncontrolling interests	**(13,480)**	(16,002)
Restricted contributions	**11,977**	15,160
Net cash used in financing activities	**(12,872)**	(18,397)
Net decrease in cash and cash equivalents and restricted cash	**(30,765)**	(301,846)
Cash and cash equivalents and restricted cash at beginning of year	**392,294**	694,140
Cash and cash equivalents and restricted cash at end of year	**$ 361,529**	$ 392,294
Reconciliation of cash and cash equivalents and restricted cash to the consolidated balance sheets		
Cash and cash equivalents	**$ 354,133**	$ 381,212
Restricted cash included in investments	**7,396**	11,082
	$ 361,529	$ 392,294
Supplemental disclosure of cash flow information		
Interest paid	**$ 25,941**	$ 23,071

See accompanying notes.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements

December 31, 2023

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies

Saint Luke's Health System, Inc., a Kansas not-for-profit corporation, operates an integrated health care delivery system (the System) serving the greater Kansas City metropolitan area and surrounding communities. The System is a faith-based, not-for-profit-aligned health system committed to excellence in providing health care and health-related services in a caring environment. The System is the sole corporate member of Saint Luke's Hospital of Kansas City (Saint Luke's), Saint Luke's North Hospital (North), Saint Luke's South Hospital (South), Saint Luke's East Hospital (East), and their consolidated and unconsolidated subsidiaries.

The System and its primary operating entities are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Certain supporting subsidiaries are subject to federal and state income taxes.

The accompanying consolidated financial statements include the following operating entities:

Saint Luke's Health System, Inc. (the Corporation)
Saint Luke's Hospital of Kansas City (Saint Luke's)
Saint Luke's North Hospital (North)
Saint Luke's South Hospital (South)
Saint Luke's East Hospital (East)
Saint Luke's Hospital of Chillicothe d/b/a Hedrick Medical Center (Hedrick)
Saint Luke's Hospital of Trenton d/b/a Wright Memorial Hospital (Wright Memorial)
Saint Luke's Hospital of Garnett d/b/a Anderson County Hospital (Anderson County)
Saint Luke's Hospital of Allen County d/b/a Allen County Regional Hospital (Allen County)
Saint Luke's Home Care and Hospice
Saint Luke's Health System Risk Retention Group (RRG)
Saint Luke's Health System Insurance, Ltd. (Captive)
Bishop Spencer Place, Inc.
Saint Luke's Physician Group, Inc.
Saint Luke's Foundation (Foundation)

All significant intercompany transactions and account balances have been eliminated in the consolidated financial statements.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Accounting Policies

The System's accounting policies conform to U.S. generally accepted accounting principles (U.S. GAAP) applicable to health care organizations.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents and Restricted Cash

Cash and cash equivalents generally include cash and highly liquid debt instruments, generally with a maturity of three months or less when purchased. Highly liquid debt instruments with original, short-term maturities of three months or less that are included as part of the investment portfolio are excluded from cash equivalents as they are commingled with longer-term investments. Amounts included in restricted cash include cash held within investments and may represent funds set aside within the investment portfolio based on management's policy or contractual arrangements.

Short-Term Investments

Short-term investments primarily consist of U.S. government obligations, corporate obligations, and fixed-income funds internally designated as current assets because such amounts are available to meet the System's cash requirements.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The System's patient accounts receivable are reported at the amount that reflects the consideration to which it expects to be entitled in exchange for providing patient care.

The revenues related to patient accounts receivable are reported at net realizable value based on certain assumptions. For third-party payors, including Medicare, Medicaid, and managed care, the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. For self-pay, the net realizable value is determined using estimates of historical collection experience, including an analysis by aging category. These estimates are adjusted for expected recoveries and any anticipated changes in trends, including significant changes in payor mix, changes in operations and economic conditions, or trends in federal and state governmental health care coverage.

Inventories

Inventories consist primarily of medical supplies and pharmaceuticals and are stated at the lower of actual cost, generally on the first-in, first-out basis, or market.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value at the date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, as follows:

Land improvement	8 to 20 years
Building and improvements	5 to 40 years
Equipment	3 to 15 years
Software	3 to 7 years

Leasehold improvements are amortized over the shorter of the useful life or corresponding lease. The amortization is included in depreciation expense.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Capitalized Interest

Interest cost incurred on tax-exempt borrowings designated for capital purposes, net of interest earned on such borrowed funds, is capitalized over the duration of the related capital projects. Imputed interest cost incurred on construction financed through internally generated funds or other borrowings is capitalized over the duration of the related capital projects when the project is material in cost and time.

Asset Impairment

The System considers whether indicators of impairment are present and performs the necessary test to determine whether the carrying value of an asset is appropriate. Impairment write-downs are recognized in operating income at the time the impairment is identified. During 2023, the System impaired a group of right-to-use assets by $19.2 million of which $6.3 million is recognized in supplies and other expenses and $12.9 million is included in other, net. There were no material impairments in the year ended December 31, 2022.

Investments and Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under self-insurance arrangements and indenture agreements and restricted donations. Investments in equity and debt securities are measured at fair value.

The System considers its investment securities as trading securities. Investment income (including realized and unrealized gains and losses on investments, interest, and dividends) from trading investments is recorded as investment return, which is included in excess (deficit) of revenues over expenses, unless the income or loss is restricted by donor or law or derived from assets held by trustee under self-insurance arrangements or under indenture agreements. Gains and losses with respect to disposition of marketable securities are based on the specific-identification method.

Investment income earned by assets held by trustee under self-insurance arrangements and under indenture agreements is reported as other revenue. Restricted investment income and net gains or losses on investments of donor-restricted funds are added to or deducted from the appropriate restricted net asset balance.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

The System also holds investment positions in other trusts, limited liability investment companies, and hedge funds of funds (collectively referred to as alternative investments), which are reported based on the net asset value of the investment. The calculated net asset values are provided by the respective organizations and based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Management has utilized the best available information for reported values, which in some instances are valuations as of an interim date not more than 90 days before year-end. Generally, the net asset value of the System's holdings reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. Returns from investments based on the net asset value, whether realized or unrealized, are included in investment return in excess (deficit) of revenues over expenses.

The System's assets limited as to use are exposed to various kinds and levels of risk. Fixed-income securities expose the System to interest rate risk, credit risk, and liquidity risk. As interest rates change, the current value of many fixed-income securities, particularly those with fixed interest rates, is affected. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is affected by the willingness of market participants to buy and sell given securities.

Equity securities expose the System to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity market, both international and domestic. Performance risk is the risk associated with a company's operating performance. Liquidity risk, as previously defined, tends to be higher for international equities and equities related to small capitalized companies, as well as certain alternative investments.

Investment in Affiliates

The System has entered into certain limited liability company agreements with third parties that provide health-care-related services. Where applicable, these arrangements are accounted for using the equity method of accounting. The System's largest equity interest venture is a 51% membership interest in Kansas City Orthopaedic Institute, L.L.C., which specializes in providing orthopaedic services on an inpatient and outpatient basis. Although the System owns a majority financial interest in this entity, it does not possess a controlling interest in the entity, and therefore does not consolidate the entity. The balance of the equity interest was $13.3 million and $10.8 million as of December 31, 2023 and 2022, respectively. This carrying value exceeds the System's underlying equity in the net assets of the affiliate by $11.4 million as of December 31, 2023 and 2022, which represents equity method goodwill. All other equity interest ventures are immaterial to the System.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Deferred Financing Costs

Deferred financing costs are amortized over the period the debt is outstanding using the bonds outstanding method.

Deferred Revenue From Advanced Fees and Obligation

Bishop Spencer Place, Inc., a continuing-care retirement community, offers two entry-fee options for independent-living units: (1) 50-month refundable and (2) lifetime 90% refundable. The deferred revenue from nonrefundable entry fees is amortized to revenue using the straight-line method over the estimated remaining life expectancy of the resident.

Refundable entry fees are not amortized to revenue. Instead, they are kept on the consolidated balance sheets at their full refund amount per the residency agreements. The balance of the refundable entry fees was $13.0 million and $14.8 million as of December 31, 2023 and 2022, respectively, and is recorded in other noncurrent liabilities. Based on the structure of the contracts, the System was not required to record an obligation to provide future services and use of facilities at December 31, 2023 or 2022.

Derivative Financial Instruments

Derivative financial instruments, specifically interest rate swaps, are recorded on the consolidated balance sheets at fair value. The change in the fair value of the derivative financial instruments is recorded in other income (loss), net. None of the interest rate swaps are designated as hedges.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Net Assets

Net assets without donor restrictions are those whose use by the System has not been limited by donors and are available for general operating use at the discretion of the Board of Directors (the Board). This category includes both net assets designated by the Board for a specific purpose and board-designated endowments. Board-designated endowments are net assets that are designated by the Board for a specific purpose and treated like an endowment (quasi-endowment).

Net assets with donor restrictions include those whose use by the System has been limited by donors for a specific purpose (primarily for patient care, health care education, or property) or time period. This category also includes net assets restricted by donors to be maintained by the System in perpetuity with the related investment income expendable to support the donor-designated purpose, which is primarily for patient care, health care education, or property.

Contributions, Bequests, and Pledges

Unrestricted contributions and bequests are reported in other nonoperating income (loss), net when earned. Restricted contributions and bequests are reported as additions to net assets with donor restrictions. Resources restricted by donors for facility replacement and expansion are added to net assets without donor restrictions to the extent placed into service. Resources restricted by donors and grantors for specific operating purposes are reported in other revenue to the extent used within the period.

Restricted pledges are recorded at fair value in the year notification is received as an addition to net assets with donor restrictions. Management believes these are Level 3 fair value measurements (as defined in Note 9) recorded on a nonrecurring basis. Pledges receivable totaling $4.9 million and $7.9 million as of December 31, 2023 and 2022, respectively, are included in other receivables and other noncurrent assets, and are all due in less than eight years. The pledges are recorded at their net present value based on the expected timing of pledge fulfillment using a credit-adjusted discount rate ranging from 0.36% to 3.99% in 2023 and 2022, which approximated fair value at the date of pledge.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Performance Indicator

The System's performance indicator is excess (deficit) of revenues over expenses, which includes all changes in net assets without donor restrictions other than the contribution of property, equipment, and other; pension-related changes other than net periodic pension costs; changes in net assets attributable to noncontrolling interest; and other.

Operating and Other Income (Loss)

The System's primary mission is to meet the health care needs in its service areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be other income (loss). Other income (loss) activities include investment return, excluding assets held by trustee under self-insurance arrangements and indenture agreements; change in fair value of interest rate swaps; and other, net. All unrestricted activities of the Foundation, including contribution and grant activity, are recorded in other, net.

New Accounting Standard Adopted

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU requires entities to report "expected" credit losses on financial instruments and other commitments to extend credit rather than the current "incurred loss" model. These expected credit losses for financial assets held at the reporting date are to be based on historical experience, current conditions, and reasonable and supportable forecasts. This ASU will also require enhanced disclosures relating to significant estimates and judgments used in estimating credit losses, as well as the credit quality. This ASU was effective for the System beginning January 1, 2023. The System has adopted this ASU with no material impact on its consolidated financial statements.

2. Charity Care

The System is dedicated to providing both services and leadership in caring for the needy and accepts all patients regardless of their ability to pay. The System provides such care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the System does not attempt to collect amounts initially determined to qualify as charity care, such charges are not included in patient service revenue. The cost incurred in providing these services of approximately $44.1 million and $32.1 million in 2023 and 2022, respectively, is included in the System's operating expenses and is estimated using the prior year overall Medicare cost-to-charge ratio. In addition, the System provides care for medically indigent patients covered under the Medicaid welfare program at rates substantially below standard charges.

3. Patient Service Revenue

The System provides health care services through inpatient, outpatient, and ambulatory care facilities that provide services in the greater Kansas City metropolitan area and surrounding communities, and grants credit to patients, substantially all of whom are local residents. The System generally does not require collateral or other security in extending credit to patients; however, the System routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under its health insurance programs, plans, and policies, including, but not limited to, Medicare, Medicaid, health maintenance organizations, and commercial insurance policies. Patient service revenue is reported at the amount that reflects the consideration to which the System expects to be paid for providing patient care. Patient service revenue is recognized as performance obligations are satisfied based on the nature of services provided.

Performance obligations are identified based on the nature of the services provided. Revenue associated with performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

3. Patient Service Revenue (continued)

As the System's performance obligations relate to contracts with a duration of less than one year, the System has applied the optional exemption provided in the guidance and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on the historical collection trends and other analyses, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The System determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with policy, and/or implicit price concessions based on the historical collection experience of patient accounts. The System determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, discount policies, and historical experience. For uninsured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges, reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on historical collection experience for applicable patient portfolios. Patients who meet the System's criteria for charity care are provided care without charge; such amounts are not reported as revenue. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

3. Patient Service Revenue (continued)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During the last few years, as a result of nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the Medicare and Medicaid programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System. Patient service revenue increased by $37.6 million and $19.7 million in 2023 and 2022, respectively, as a result of changes in estimates due to settlements of prior years' cost reports, Medicaid settlements, and the disposition of other payor audits and settlements.

In certain instances, the System does receive payment in advance of the services provided and would consider these amounts to represent contract liabilities. Contract liabilities at December 31, 2023, were not significant.

Management has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the payors and line of business that renders services to patients. The composition of patient service revenue and accounts receivable by payor for the years ended December 31 is as follows:

	Patient Service Revenue		**Patient Accounts Receivable**	
	Year Ended December 31		**December 31**	
	2023	**2022**	**2023**	**2022**
Medicare	**37%**	37%	**29%**	28%
Blue Cross/Blue Shield	**27**	28	**21**	26
Medicaid	**9**	7	**11**	10
Managed care	**23**	24	**28**	27
Other/patients	**4**	4	**11**	9
Total	**100%**	100%	**100%**	100%

3. Patient Service Revenue (continued)

The self-pay patient accounts receivable above includes amounts due from patients for coinsurance, deductibles, co-payments, installment payment plans, and amounts due from patients without insurance.

The composition of patient service revenue by service line is as follows:

	Year Ended December 31	
	2023	**2022**
Inpatient services	**40%**	41%
Outpatient services	**44**	43
Clinic and professional services	**16**	16
	100%	100%

Other operating revenue is recognized at an amount that reflects the consideration to which the System expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors, and others. Primary categories of other revenue include pharmacy revenue, grant revenue, cafeteria revenue, rent revenue, other miscellaneous revenue, and income (loss) on investment in affiliate.

4. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditures, such as operating expenses, scheduled principal payments on debt, and capital expenditures not financed with debt, were as follows:

	December 31	
	2023	**2022**
	(In Thousands)	
Financial assets:		
Cash and cash equivalents	**$ 354,133**	$ 381,212
Short-term investments	**215,013**	204,071
Accounts receivable, net	**322,540**	312,341
Other receivables	**63,690**	37,710
Long-term investments	**804,607**	690,144
Assets limited as to use	**244,981**	224,523
Total financial assets	**2,004,964**	1,850,001
Less:		
Board-designated investments	**(11,393)**	(12,366)
Under self-insurance arrangements	**(23,273)**	(20,982)
Restricted by donor or grantor	**(210,315)**	(191,175)
Pledges receivable with restrictions	**(4,236)**	(6,878)
Long-term investments	**(114,883)**	(93,587)
Financial assets not available to be used within one year	**(364,100)**	(324,988)
Financial assets available to meet general expenditures within one year	**$ 1,640,864**	$ 1,525,013

The System has assets limited as to use for donor-restricted purposes, debt service, and the self-insurance arrangements. Additionally, certain other board-designated assets are designated for general support of patient care and operations. These assets limited as to use, which are more fully described in Note 6, are not available for general expenditure within the next year. However, the board-designated amounts could be made available, if necessary.

Periodically, at the discretion of the System, cash in excess of daily requirements is invested in short-term investments and money market funds.

5. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2023	**2022**
	(In Thousands)	
Land and improvements	**$ 80,928**	$ 81,152
Buildings and improvements	**1,384,140**	1,350,600
Fixed equipment	**240,237**	232,443
Movable equipment	**619,201**	584,183
Software	**116,268**	117,403
	2,440,774	2,365,781
Less accumulated depreciation	**1,498,713**	1,414,540
	942,061	951,241
Construction-in-progress	**42,198**	26,877
Total property and equipment, net	**$ 984,259**	$ 978,118

The System's Board has approved certain construction, renovation, information systems, and other projects throughout the System. As of December 31, 2023, the System had outstanding construction and other commitments of $60.4 million related to these projects.

6. Investments and Assets Limited as to Use

The composition of investments and assets limited as to use is as follows:

	December 31	
	2023	**2022**
	(In Thousands)	
Cash and cash equivalents	**$ 7,393**	$ 11,082
Certificates of deposit	**5,409**	6,073
Fixed-income funds	**255,900**	230,187
Debt securities	**318**	308
Common trust fixed-income funds	**138,052**	132,278
Common trust equity fund	**270,761**	179,528
Domestic equity securities	**38,618**	30,393
International equity mutual funds	**38,252**	32,412
International equity funds	**225,279**	192,585
Diversified liquid real assets	**1,791**	67,561
Managed future fund	**45,150**	53,796
University of Missouri pooled account	**25,778**	24,134
Private equity	**114,883**	93,587
Hedge funds of funds	**71,533**	64,496
Hedge fund	**25,239**	–
Accrued interest receivable and other	**245**	318
Total	**$ 1,264,601**	$ 1,118,738
Presented as:		
Short-term investments	**$ 215,013**	$ 204,071
Investments	**804,607**	690,144
Assets limited as to use	**244,981**	224,523
Total	**$ 1,264,601**	$ 1,118,738

Common trust fixed-income funds and common trust equity funds generally are redeemable in less than five days. Private equity funds are generally not available to be redeemed except as distributed by the fund. As of December 31, 2023, the System had committed $124.8 million to additional investments in private equity funds. The majority of the hedge funds of funds and hedge funds held are redeemable on a quarterly basis with 60 days' notice.

6. Investments and Assets Limited as to Use (continued)

Because of the timing of the preparation and delivery of financial statements for limited partnership investments, the use of the most recently available financial statements provided by the general partners results in a month to quarter delay in the inclusion of the limited partnership results on the consolidated statements of operations and changes in net assets. Due to this delay, these consolidated financial statements do not yet reflect the market conditions experienced in the last one to three months of the fourth quarter of fiscal 2023 for the limited partnerships.

Investment return is summarized as follows:

	Year Ended December 31	
	2023	**2022**
	(In Thousands)	
Interest, dividends, and net realized gain, net	**$ 59,954**	$ 26,323
Change in unrealized gain (loss), net	**75,337**	(119,123)
Total investment return	**$ 135,291**	$ (92,800)
Included in other revenue	**$ 344**	$ 408
Included in investment return	**110,249**	(76,044)
Included in net assets restricted by donor	**24,698**	(17,164)
Total investment return	**$ 135,291**	$ (92,800)

7. Long-Term Debt

Long-term debt consists of the following obligations:

	December 31 2023	2022
	(In Thousands)	
Uninsured Health Facilities Revenue Bonds		
Series 2012C, variable-rate term bonds, privately placed, puttable starting in 2025 at which time bonds can be remarketed or redeemed, annual interest rate of 4.82% and 3.86% at December 31, 2023 and 2022, respectively, payable in installments through 2042	**$ 30,000**	$ 30,000
Series 2016A, fixed annual interest rate ranging from 3.00% to 5.00%, payable in installments through 2042 (including unamortized premiums of $16,145 and $19,174 at December 31, 2023 and 2022, respectively)	**243,245**	255,624
Series 2016B, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 4.68% and 3.71% at December 31, 2023 and 2022, respectively, payable in installments through 2040	**89,370**	89,730
Series 2016C, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 4.68% and 3.71% at December 31, 2023 and 2022, respectively, payable in installments through 2035	**17,245**	18,345
Series 2018A, fixed annual interest rate ranging from 4.00% to 5.00%, payable in installments through 2048 (including unamortized premiums of $1,502 and $1,563 at December 31, 2023 and 2022, respectively)	**99,662**	99,723

7. Long-Term Debt (continued)

	December 31	
	2023	**2022**
	(In Thousands)	
Uninsured Health Facilities Revenue Bonds (continued)		
Series 2020, fixed annual interest rate ranging from 3.00% to 5.00%, payable in installments through 2050 (including unamortized premiums of $12,527 and $12,994 at December 31, 2023 and 2022, respectively)	**$ 94,297**	$ 98,429
Series 2023, taxable draw down term loan, privately placed, annual interest rate of 6.20% at December 31, 2023, terminated and repaid on February 1, 2024	**6,000**	–
Other obligations	**32,153**	31,661
	611,972	623,512
Less:		
Current maturities	**17,576**	16,836
Debt issuance costs	**3,364**	3,535
Total long-term debt, net of current maturities and debt issuance costs	**$ 591,032**	$ 603,141

The Master Trust Indenture (the MTI) dated as of December 1, 1996, with subsequent amendments, sets forth the covenants relating to how, and provides the terms and conditions upon which, borrowings under the MTI may be issued and secured. The MTI provides that the borrowings under the MTI are the joint and several obligations of each of the members of the Obligated Group. Currently, the Corporation, Saint Luke's, North, South, and East are members of the Obligated Group and comply with covenants, undertakings, stipulations, and provisions contained in the MTI. The tax-exempt revenue bonds have been issued through the Health & Educational Facilities Authority of the State of Missouri and were used by the Corporation primarily to finance capital projects and to refinance existing indebtedness.

The obligation of the Corporation to make payments on the indebtedness under the MTI and any additional notes is a general obligation of the Obligated Group and any future members of the Obligated Group that is not secured by a pledge or mortgage of, or security interest in, any assets of the Obligated Group or any future members of the Obligated Group. Nonetheless, the MTI imposes certain restrictions on the actions of the members of the Obligated Group for the benefit

7. Long-Term Debt (continued)

of all holders of notes issued under the MTI. Such terms include, among others, restrictions on liens on the property of the members of the Obligated Group, restrictions on the incurrence of additional indebtedness, maintenance of certain debt coverage and liquidity ratios, and provisions governing the transfer of the property of the members of the Obligated Group. As of December 31, 2023, the System was in compliance with all financial covenants. On February 27, 2024, the System's MTI was discharged and master notes were replaced by the MTI and master notes of BJC HealthSystem.

At December 31, 2022, the System has a general operating line of credit of $75 million. This facility has a one-year term and was canceled in February 2024. The System has $0 outstanding under the line of credit at December 31, 2023 and 2022.

In February 2023, the System issued a $50 million taxable drawdown term loan with interest payable monthly. At December 31, 2023, $6.0 million was outstanding and then subsequently terminated and repaid on February 1, 2024.

In April 2021, Medical Plaza Partners, an affiliate of Saint Luke's, refinanced a loan of $30.0 million with a $30.5 million loan with Northwestern Mutual Life Insurance Company. The loan carries an annual interest rate of 3.71% with principal and interest payments payable monthly based on a 12-year amortization and a balloon payment, which is due in May 2033.

Scheduled annual principal payments on the System's long-term obligations, excluding the impact of unamortized bond premiums of $30.2 million and debt issuance cost of $3.4 million, are as follows:

Year Ending December 31	Long-Term Debt
	(In Thousands)
2024	$ 17,576
2025	18,696
2026	19,150
2027	19,511
2028	20,455
Thereafter	486,410
	$ 581,798

7. Long-Term Debt (continued)

Interest Rate Swap Agreements

The System is a party to multiple interest rate swap contracts that effectively convert various variable-rate demand bonds to fixed rates. Interest rate swap contracts between the System and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate and include counterparty credit risk, which is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics, which would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for the System's counterparty. The counterparty to the interest rate swap contracts is a financial institution that carries investment-grade credit ratings. The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk. There was no collateral posted at December 31, 2023 or 2022. The System does not anticipate nonperformance by its counterparty. On February 27, 2024, the System terminated the interest rate swap contracts with no material gain or loss.

The System's interest rate swap contracts and fair value of derivatives (not designated as hedging instruments) at December 31 on the consolidated balance sheets are as follows:

Expiration Date	Fixed Rate	The System Receives	Notional Amount		Fair Value	
			2023	2022	2023	2022
			(In Thousands)		*(In Thousands)*	
2032	5.500%	SOFR	**$ 51,758**	$ 54,572	**$ (5,060)**	$ (5,457)
2035	5.056	SOFR	**29,865**	30,820	**(3,216)**	(3,268)
					$ (8,276)	$ (8,725)

For the fair value leveling of these interest rate swaps, please refer to Note 8.

7. Long-Term Debt (continued)

The effects of derivative instruments included in other income (loss) on the consolidated statements of operations and changes in net assets for the years ended December 31 are as follows:

Location of Gain (Loss) on Derivatives Recognized in Excess (Deficit) of Revenues Over Expenses		Amount of Gain (Loss) on Derivatives Recognized in Excess (Deficit) of Revenues Over Expenses	
		2023	2022
		(In Thousands)	
Change in fair value of interest rate swaps	Unrealized gain (loss)	**$ 449**	$ 17,993
Other, net	Difference between cash paid and received	**(341)**	(3,201)

8. Fair Value Measurements

The System determines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The FASB's Accounting Standards Codification Topic 820, *Fair Value Measurement*, establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed-income, and equity instruments, and interest rate swap contracts. The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Level 1 primarily consists of financial instruments such as money market securities and listed equities.

8. Fair Value Measurements (continued)

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date. Instruments in this category include certain commercial paper, common trust fixed-income funds, common trust equity funds, and interest rate swap contracts depending on the significance of the credit value adjustment.

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of inputs, the System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

8. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2023:

		Fair Value Measurements Using		
	Total Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
Assets				
Investments:				
Cash and cash equivalents	**$ 7,373**	**$ 7,393**	**$ –**	**$ –**
Certificates of deposit	**5,409**	**5,409**	**–**	**–**
Fixed-income funds	**255,900**	**255,900**	**–**	**–**
Debt securities	**318**	**–**	**318**	**–**
Common trust fixed-income funds	**8,187**	**8,187**	**–**	**–**
Domestic equity securities	**38,618**	**38,618**	**–**	**–**
International equity mutual funds	**38,252**	**38,252**	**–**	**–**
Diversified liquid real assets	**1,791**	**1,791**	**–**	**–**
	355,868	**$ 355,550**	**$ 318**	**$ –**
Reconciling items				
Investments recorded at net asset value	**908,489**			
Accrued interest and other	**244**			
Investments per consolidated balance sheet	**$ 1,264,601**			
Liabilities				
Obligation under interest rate swap contracts	**$ (8,276)**	**$ –**	**$ (8,276)**	**$ –**

8. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2022:

		Fair Value Measurements Using		
	Total Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
Assets				
Investments:				
Cash and cash equivalents	$ 11,082	$ 11,082	$ –	$ –
Certificates of deposit	6,073	6,073	–	–
Fixed-income funds	230,187	230,187	–	–
Debt securities	308	–	308	–
Common trust fixed-income funds	7,773	7,773	–	–
Domestic equity securities	30,393	30,393	–	–
International equity mutual funds	32,412	32,412	–	–
Diversified liquid real assets	67,561	67,561	–	–
	385,789	$ 385,481	$ 308	$ –
Reconciling items				
Investments recorded at net asset value	732,631			
Accrued interest and other	318			
Investments per consolidated balance sheet	$ 1,118,738			
Liabilities				
Obligation under interest rate swap contracts	$ (8,725)	$ –	$ (8,725)	$ –

8. Fair Value Measurements (continued)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 securities were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads. Estimated prepayment rates, where applicable, are used for valuation purposes as provided by third-party pricing services where quoted market values are not available. The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved and are included in Level 2 or Level 3 depending on the significance of the credit value adjustment. Due to the volatility of the capital markets, there is a reasonable possibility of significant changes in fair value and additional gains or losses in the near term subsequent to December 31, 2023.

The carrying amounts reported on the consolidated balance sheets for cash and cash equivalents, accounts receivable, other current assets, and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments. The value of pledges receivable is estimated by management to approximate fair value at the date the pledge is received. Management believes these are Level 2 fair value measurements recorded on a nonrecurring basis.

9. Retirement Plans

The System had a hard-frozen defined benefit pension plan (the Plan). Effective December 31, 2021, the Plan was terminated, and all benefit obligations were settled by December 31, 2022. During 2022, the System recorded a settlement charge of $59.7 million and was recorded in other income (loss).

The following table sets forth the prior year activity of the Plan:

	December 31	
	2023	**2022**
	(In Thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ –**	$ 172,454
Interest cost	**–**	3,279
Actuarial gain	**–**	(14,315)
Benefits paid	**–**	(161,418)
Projected benefit obligation at end of year	**–**	–
Change in plan assets		
Fair value of plan assets at beginning of year	**413**	155,591
Actual investment return on plan assets	**–**	(19,827)
(Refund) contributions	**(413)**	26,067
Benefits paid	**–**	(161,418)
Fair value of plan assets at end of year	**–**	413
Pension obligation in noncurrent liabilities	**$ –**	$ –
Pension asset in short-term investments	**$ –**	$ 413

The System maintains a deferred 403(b) plan for employees' contributions. In addition, the System maintains a 401(a) defined contribution retirement plan that covers substantially all employees meeting the eligibility requirements set forth under this plan. The System contributes an amount based on a percentage for eligible employees who contribute to the tax-deferred 403(b). The System recorded expenses of $41.5 million and $38.7 million related to these plans during 2023 and 2022, respectively, which are included in employee benefits expense on the consolidated statements of operations and changes in net assets.

10. Insurance and Self-Insured Risks

The System provides for medical malpractice and general liability exposure through a combination of self-insurance and third-party insurance carriers.

Professional and general liability coverage for substantially all of the Missouri hospital facilities is provided through Saint Luke's Health System Insurance, Ltd. (the Captive), a Cayman domiciled wholly owned subsidiary of the System. General liability coverage for the Kansas hospital facilities is provided through the Captive. Effective April 1, 2023, self-insured retentions are $6.0 million per occurrence and $40.0 million in annual aggregate. Prior to April 1, 2023, the self-insured retentions were $6.0 million per occurrence and $38.5 million in aggregate. Contributions to the Captive are made based on funding levels recommended by an independent actuary.

For entities participating in the Captive, expense is based on paid claims and the actuary's estimate of the eventual cost of claim settlements, including estimates for claims that may have occurred during the periods but were not yet identified and reported, and the probable timing of the payment of these claims. Accrued malpractice losses were undiscounted at December 31, 2023 and 2022.

South established a trust (the SLS Trust) to self-insure professional liability risk beginning on January 1, 2005. The coverage provided by the SLS Trust is $500,000 per claim and $1.5 million in aggregate.

The Kansas Health Care Stabilization Fund provides coverage in the amount of $500,000 per claim and $1.5 million in the aggregate. Prior acts (or tail) coverage also is provided through each trust. The funding contributions to each trust were based on recommendations from an independent actuary.

Saint Luke's Health System RRG, which was established August 1, 2003, in South Carolina, provides coverage to employed physicians and related staff of the System. The RRG has the capacity to insure physicians who are not employed by the System. The RRG is wholly owned by the System and provides the first layer of coverage for employed physicians.

The RRG provides excess insurance coverage for general and professional liability for all the System's entities. This exposure is 100% reinsured by various third-party insurers.

10. Insurance and Self-Insured Risks (continued)

In the event the claims-made policies are not renewed or replaced with equivalent insurance coverage, claims based on occurrences during their term, but reported subsequently, will be uninsured. Management is currently not aware of any incidents that would result in losses that could have a material adverse impact on the accompanying consolidated financial statements.

The System similarly provides for health insurance and workers' compensation coverage through a combination of self-insurance and third-party insurers. Liabilities have been established for known claims and estimated claims that have been incurred but not reported, which amounted to the following:

	December 31	
	2023	**2022**
	(In Thousands)	
Professional and general liability	**$ 27,748**	$ 25,704
Health insurance and workers' compensation	**16,468**	14,780
Included in other current liabilities	**$ 44,216**	$ 40,484

	December 31	
	2023	**2022**
	(In Thousands)	
Professional and general liability	**$ 48,335**	$ 49,268
Workers' compensation	**2,600**	2,508
Included as reserve for self-insured risks	**$ 50,935**	$ 51,776

Workers' compensation exposure in the self-insured or high deductible layers for occurrences beginning July 1, 2015, is evaluated by the actuary and is funded and paid through the Captive.

11. Leases

The System leases certain health care equipment and real property under long-term leases as a normal part of its operation. The System determines whether an arrangement is a lease at the inception of a contract. The System elected a practical expedient to apply the new standard at the adoption date, and not recast the comparative periods presented. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single component. For leases that commenced before the effective date of ASU No. 2016-12, *Revenue from Contracts with Customers (Topic 606): Narrow-Scope Improvements and Practical Expedients*, the System elected the permitted practical expedients not to reassess the following: (i) whether any expired or existing contracts contain leases, (ii) the lease classification for any expired or existing leases, and (iii) initial direct costs for any existing leases.

As of December 31, 2023, the System had right-of-use assets of $136.5 million and lease liabilities for operating leases of $170.1 million. Current lease liabilities are recorded in other current liabilities. As of December 31, 2022, the System had right-of-use assets of $162.5 million and lease liabilities for operating leases of $178.2 million. Current lease liabilities are recorded in other current liabilities. Finance leases were not significant for the years ended December 31, 2023 or 2022. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheet.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date based on the net present value of fixed lease payments over the lease term. The System's lease term includes options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of the System's operating leases do not provide an implicit interest rate, the System uses a three-tier system, based on the remaining term of the lease, to determine the discount rate applied to each lease. The three tiers of remaining lease terms are 1 to 5 years, 6 to 10 years, and 11 years or more, and the rates used for each tier are determined by the System's incremental borrowing rate based on outstanding bond issuances. The System reviews its incremental borrowing rate quarterly and applies the updated rate(s) to any new leases entered into during the quarter.

11. Leases (continued)

The amounts relating to the System's lease expense are as follows:

	2023	2022
	(In Thousands)	
Lease expenses:		
Long-term lease expense	**$ 21,011**	$ 24,297
Short-term lease expense	**998**	812
Total lease expense	**$ 22,009**	$ 25,109

Other lease information:

	2023	2022
Operating cash flows for leases	**$ 23,022**	$ 26,231
Right-of-use assets obtained in exchange for new lease liabilities	**381**	2,089
Weighted average remaining lease term (in years)	**8.10**	8.77

The following table discloses the incremental borrowing rates in use for the three remaining lease term tiers in use in the year ended December 31, 2023:

Remaining lease term:	
1 to 5 years	6.4%
6 to 10 years	6.3
11 and more years	6.3

Future annual undiscounted cash flows for lease liabilities are as follows:

Year ending December 31:	
2024	$ 22,957
2025	24,814
2026	24,902
2027	23,845
2028	21,693
Thereafter	73,615
	$ 191,826

11. Leases (continued)

Allen County, Anderson County, Hedrick, and Wright Memorial facilities are leased from the local community or government, while the System provides for the operations of these facilities. The financial position and results of operations of these facilities are included in the consolidated financial statements, and include combined total net assets of $67.6 million and $78.2 million as of December 31, 2023 and 2022, respectively. These leases have a remaining noncancelable initial term of five to ten years. The leases are evergreen leases, which require a one- to two-year cancellation notice by either party. Currently, the System has no reason to believe that these arrangements will be terminated.

12. Functional Classification of Expenses

The System's primary business operation includes acute, non-acute, post-acute, and behavioral health-related services in both hospital and clinic settings. In addition, the System provides home care services and care to the terminally ill, and manages properties utilized primarily for physician offices and clinics. The corporate entity, the Corporation, performs centralized information systems, marketing, human resources (including compensation and benefits), legal, compliance, accounting, finance, and purchasing functions for the System. Expenses are allocated to health care services and administrative services based on the functional department for which they are incurred. Departmental expenses may include various allocations of costs based on direct assignment, expenses, or other methods.

Expenses by functional classification consist of the following:

	Health Care Services	Management and General	Total
Year ended December 31, 2023			
Salaries and wages	**$ 1,057,954**	**$ 71,291**	**$ 1,129,245**
Employee benefits	**233,399**	**18,926**	**252,325**
Supplies and other	**922,163**	**54,948**	**977,111**
Depreciation and amortization	**97,009**	**4,860**	**101,869**
Interest	**22,624**	**–**	**22,624**
	$ 2,333,149	**$ 150,025**	**$ 2,483,174**

12. Functional Classification of Expenses (continued)

	Health Care Services	Management and General	Total
Year ended December 31, 2022			
Salaries and wages	$ 986,328	$ 62,871	$ 1,049,199
Employee benefits	213,696	16,944	230,640
Supplies and other	888,963	53,947	942,910
Depreciation and amortization	98,431	5,875	104,306
Interest	19,609	–	19,609
	$ 2,207,027	$ 139,637	$ 2,346,664

13. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31 2023	2022
	(In Thousands)	
Subject to expenditure for specific purpose:		
Health care services	**$ 72,475**	$ 66,594
Health care education and research	**74,908**	69,239
Other programs	**6,057**	6,727
Purchase of equipment	**12,590**	13,053
Foundation net assets	**509**	506
	$ 166,539	$ 156,119

Proceeds from the following principal of these net assets with donor restrictions are restricted to the following:

	December 31 2023	2022
	(In Thousands)	
Subject to expenditure when a specific event occurs:		
Health care services	**$ 43,926**	$ 41,148
Health care education and research	**31,117**	30,298
Purchase of equipment	**1,231**	1,231
	$ 76,274	$ 72,677

14. Endowments

Endowments consist of funds established for a variety of purposes. The endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments. Net assets associated with endowment funds are classified and reported on the existence or absence of donor-imposed restrictions in accordance with U.S. GAAP.

The Foundation's governing body has interpreted the State of Missouri Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the governing body appropriates such amounts for expenditures. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The governing body of the Foundation has interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Foundation considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Foundation has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- Duration and preservation of the fund
- Purposes of the Foundation and the fund
- General economic conditions
- Possible effect of inflation and deflation
- Expected total return from investment income and appreciation or depreciation of investments
- Other resources of the Foundation
- Investment policies of the Foundation

14. Endowments (continued)

At December 31, 2023, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	**$ 6,796**	**$ –**	**$ 6,796**
Donor-restricted endowment funds	**–**	**150,147**	**150,147**
Total funds	**$ 6,796**	**$ 150,147**	**$ 156,943**

At December 31, 2022, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 5,781	$ –	$ 5,781
Donor-restricted endowment funds	–	131,823	131,823
Total funds	$ 5,781	$ 131,823	$ 137,604

14. Endowments (continued)

For the years ended December 31, 2023 and 2022, the changes in the endowment net assets were as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2022	$ 3,802	$ 146,766	$ 150,568
Investment return, net	(137)	(11,261)	(11,398)
Contributions	–	892	892
Appropriations of endowment assets for expenditure	(46)	(3,888)	(3,934)
Other changes	2,162	(686)	1,476
Endowment net assets, December 31, 2022	5,781	131,823	137,604
Investment return, net	**845**	**16,583**	**17,428**
Contributions	–	**2,173**	**2,173**
Appropriations of endowment assets for expenditure	**(100)**	**(4,826)**	**(4,926)**
Other changes	**270**	**4,394**	**4,664**
Endowment net assets, December 31, 2023	**$ 6,796**	**$ 150,147**	**$ 156,943**

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Foundation must hold in perpetuity or for donor-specified periods, as well as those of board-designated endowment funds. Under the Foundation's policies, endowment assets are invested in a manner that is intended to produce results that meet or exceed the price and yield results of various benchmarks, with a primary objective of maintaining purchasing power by achieving a return, net of fees, equal to or greater than 5%, plus inflation, over long periods of time. Actual returns in any given year may vary from this amount.

14. Endowments (continued)

To satisfy its long-term rate of return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Foundation has a policy (the spending policy) of appropriating for expenditure each year 5% of its endowment fund's rolling three-year average fair value as of the previous June 30 balance. If the endowment fund's value reflects less than 5% growth, distributions can be made with appropriate consideration and approval. In establishing this policy, the Foundation considered the long-term expected return on its endowments. This is consistent with the Foundation's objective to maintain the purchasing power of endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

15. Commitments and Contingencies

The health care industry is heavily regulated by both federal and state governments. These laws and regulations are wide ranging and impose very complex requirements that are often subject to shifting government interpretation and enforcement policies. These requirements affect nearly all aspects of health care operations, including billing and coding, accounting, cost allocation, tax exemption, physician contracting and employment, medical staff oversight, patient privacy, record-keeping, hospital operations, and licensure and accreditation, among other functions and transactions. Violations may be intentional or may occur because those responsible for the noncompliance are unaware that the law is violated by their actions. Management may not be aware of noncompliant conduct.

Enforcement activity in health care is a focus of both federal and state government. The government has several powerful enforcement tools to prosecute individual or industry-wide practices and may seek restitution, fines, and penalties for conduct that extends many years past. In addition, private parties have a compelling incentive to file so-called whistle-blower lawsuits alleging certain types of noncompliance. These lawsuits are costly to defend and pose the risk of such extreme penalties that health care providers are often forced to settle even where the merits are not clear to avoid this risk. Finally, in certain instances, health care providers are required to disclose certain noncompliance on a timely basis to avoid onerous penalties and government regulation, and guidance of the meaning of "timely" disclosure is still evolving.

15. Commitments and Contingencies (continued)

There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System.

16. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2023 through April 29, 2024, the date of issuance of the accompanying consolidated financial statements. During this period, there were no subsequent events that required recognition or disclosure in the consolidated financial statements, except as follows.

On January 1, 2024, the System finalized an agreement with BJC Health System, a Missouri not-for-profit corporation operating in Missouri and southern Illinois in which BJC Health System became the sole corporate member of the System.

The purpose of this transaction is to combine as an integrated, academic, and patient-centric Missouri-based health system. The combined system will be one of the largest employers in Missouri and is committed to providing high-quality, affordable patient care in Missouri, southern Illinois, eastern Kansas, and the greater Midwest Region and beyond.

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Luke's Hospital Hybrid OR Conv **Project #:** #6109 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	Year 2021	2022	2023
Amount of Utilization:*	682	769	853
Revenue:			
Average Charge**	$242,735	$322,325	$330,906
Gross Revenue	$165,545,270	$247,867,925	$282,262,818
Revenue Deductions	127,470,091	190,858,088	217,342,182
Operating Revenue	38,075,179	57,009,837	64,920,636
Other Revenue	0	0	0
TOTAL REVENUE	**$38,075,179**	**$57,009,837**	**$64,920,636**
Expenses:			
Direct Expenses			
Salaries	5,627,864	8,159,859	10,272,679
Fees	0	0	0
Supplies	17,599,804	40,773,803	47,970,820
Other	1,453,198	2,106,996	2,652,558
TOTAL DIRECT	$24,680,866	$51,040,658	$60,896,057
Indirect Expenses			
Depreciation	37,277	37,277	37,277
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	$37,277	$37,277	$37,277
TOTAL EXPENSES	**$24,718,143**	**$51,077,935**	**$60,933,334**
NET INCOME (LOSS):	**$13,357,036**	**$5,931,902**	**$3,987,302**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Luke's Hybrid OR Conversion **Project #:** #6109 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year 2025	2026	2027
Amount of Utilization:*	995	1,045	1,097
Revenue:			
Average Charge**	$340,821	$351,115	$361,513
Gross Revenue	$339,116,855	$366,914,914	$396,579,564
Revenue Deductions	261,119,975	282,524,488	305,366,261
Operating Revenue	77,996,880	84,390,426	91,213,303
Other Revenue	0	0	0
TOTAL REVENUE	**$77,996,880**	**$84,390,426**	**$91,213,303**
Expenses:			
Direct Expenses			
Salaries	12,591,270	13,586,367	14,655,272
Fees	0	0	0
Supplies	59,313,979	64,163,418	69,376,926
Other	3,251,253	3,508,201	3,784,208
TOTAL DIRECT	$75,156,502	$81,257,986	$87,816,406
Indirect Expenses			
Depreciation	548,484	548,484	548,484
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	$548,484	$548,484	$548,484
TOTAL EXPENSES	**$75,704,986**	**$81,806,470**	**$88,364,890**
NET INCOME (LOSS):	**$2,291,894**	**$2,583,956**	**$2,848,413**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

Status **Active** PolicyStat ID **12871924**

Origination	3/1/2002	Owner	Shelby Frigon: VP Revenue Cycle
Last Approved	2/15/2023	Area	Finance
Effective	1/1/2023	Applicability	Saint Luke's Health System – All Facilities & ACRH
Last Revised	2/15/2023		
Next Review	2/15/2024		

Financial Assistance for Medically Indigent Patients, FIN-010

PURPOSE

To assure that financial assistance options are available to all medically indigent patients and guarantors who are unable to pay for emergent and medically necessary services provided by Saint Luke's Health System ("Saint Luke's") while ensuring Saint Luke's compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

POLICY

Saint Luke's Health System provides financial assistance for medically indigent patients who meet eligibility criteria outlined in this Policy.

Situations where the provision of financial assistance will be considered include but are not limited to:

- Uninsured patients who do not have the ability to pay
- Insured patients who do not have the ability to pay for portions not covered by insurance including but not limited to coinsurance and deductibles
- Deceased patients with no estate, and no living trust
- Patients involved in catastrophic illness or injury

DEFINITION(S)

Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by Medicare fee for service and private health insurers for emergency and other medically necessary care. SLHS uses the look back method to determine AGB.

Catastrophic Medical Expense – A Catastrophic Medical Expense is defined as a patient's financial responsibility exceeding 20% of the annual income and financial resources available to the patient and/or guarantor.

Co Pay – Minimum amount due from patients who qualify for financial assistance. Co pay does not exceed AGB.

Federal Poverty Guidelines - Federal Poverty Guidelines (FPL) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized.

Financial Assistance Application- means the information and accompanying documentation that an individual submits to apply for financial assistance. This can include (a) completing a paper copy of the SLHS Financial Assistance Application and mailing or delivering to SLHS or (b) providing financial information in person during patient registration or over the phone by contacting a SLHS Centralized Business Office.

Look Back Method – Look Back Method is a prior twelve (12) month period used when calculating Amounts Generally Billed.

Medically Necessary Services - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regain functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services rendered; and service(s) is (are) furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or an excessive form of treatment.

Medically Indigent - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his or her medical expenses. The medically indigent patient may or may not have an income and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Limit as a guideline.

PROCEDURE

Applying for Financial Assistance

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts and after placement with an outside collection agency. Requests for financial assistance are accepted for up to 1 year from the first post-discharge billing statement date.

Patients apply for financial assistance by completing a Financial Assistance Application or may be screened for financial assistance by contacting a SLHS Centralized business office and providing financial documents as requested. Patients may obtain a Financial Assistance Application by requesting

in writing or by contacting a SLHS Centralized Business Office by phone or email. The Financial Assistance Application is also available on the Saint Luke's website www.saintlukeskc.org/financial-assistance#. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non-filing letter, recent bank statements, or recent paycheck stubs. Other documents that support the patient/household income, assets and financial position may be requested but not required. Supporting documentation requirements may be waived in some circumstances including but not limited to Medicaid eligible patients receiving non covered medically necessary or emergent services, patients that potentially qualify for financial assistance based on presumptive scoring, patients unable to provide documents and homeless patients.

Certain Critical Access Hospitals and associated clinics may be approved sites for the National Health Services Corps (NHSC). When this situation exists, those sites will follow the guidelines as established and approved by the NHSC. Patients at approved NHSC sites do not have to provide banking and asset information.

Assistance with the application process is provided by a SLHS Centralized Business Office staff or hospital admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the Request a Copy section.

Once a patient has completed a Financial Assistance Application and the patient is determined to be eligible for financial assistance, such determination is valid for subsequent eligible services twelve (12) months after the approval date without requiring updated income documentation. Patients should contact a SLHS Centralized Business Office to request financial assistance for subsequent eligible services. A SLHS Centralized Business Office will confirm the household size, income and assets have not changed since last approved. After twelve (12) months or if the patient's financial situation has changed, the patient must reapply for financial assistance eligibility. Financial assistance adjustments approved based on presumptive scoring are only valid for the date of service reviewed and are not valid for subsequent dates of service. Presumptive eligibility will be re-evaluated for each date of service.

Financial Assistance Determination

A patient's eligibility for financial assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, or any other possible appropriate source for payment are exhausted which could also include but not limited to Health Cost Sharing plans, auto insurance personal injury protection (PIP) or med pay, liability liens, or estate claims. Reversal of financial assistance adjustments must be made if subsequent third party payments are received. Financial assistance is to be considered the adjustment of last resort.

Uninsured patients may receive a patient discount. For hospital services, if the patient subsequently qualifies for financial assistance, the discount is reversed and the financial assistance adjustment is posted.

A patient's eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size. The Federal Poverty Guideline as used for the purposes of determining financial assistance is outlined later in this policy.

Household Income is defined as:
Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse/live in partner.
Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) or legal guardian in the home.

Other financial resources may be considered when determining a patient's ability to pay. Other financial resources could include checking accounts, savings accounts, IRA's, CD's retirement savings and investments. A patient's and responsible party's overall financial position will be considered when determining financial assistance.

Household size is defined as:
Adults: In calculating the Household Size, include the patient, the patient's spouse or live in partner, and any dependents (as defined by the Internal Revenue Code (IRC).
Minors: In calculating the Household Size, if the patient is a minor, include the patient, parent(s) or legal guardian(s) in the home, and dependents of the parent(s) or legal guardian(s) (as defined by IRC).

For unscheduled inpatient or outpatient admissions and scheduled hospital services approved for continuation of care, a co pay (minimum patient responsibility) per admission may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided for hospital services.

For emergency room visits that do not result in an admission, a co pay per emergency room visit may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided.

Scheduled inpatient and outpatient hospital services not approved through the continuation of care process are eligible for partial financial assistance for patients at or below 300% of the Federal Poverty Guideline. Amounts owed after financial assistance are not to exceed Amounts Generally Billed (AGB). Patients who are non U.S. residents are not eligible for financial assistance beyond the uninsured patient discount for scheduled services with the exception of OB Care.

Saint Luke's Health System may limit financial assistance to patients who decline insurance coverage including government assistance plans. In those situations, financial assistance may be limited to Amounts Generally Billed (AGB).

The FPL% guidelines are applied to applicable services as follows:

Saint Luke's Hospital of Kansas City, Saint Luke's North Hospital, Saint Luke's South Hospital, Saint Luke's East Hospital, Saint Luke's Radiation Therapy Liberty, and Saint Luke's Home Care and Hospice

Income % of FPL	Charity	Patient Responsibility
Unscheduled inpatient and observation / outpatient hospital services/ Continuation of Care approved scheduled services		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	$1,500 co-pay per admission/account

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	$150 per visit co pay

Scheduled Services not approved for continuation of care

Less than 300% FPL	75%	25%

Saint Luke's Regional Lab Accounts

Income % of FPL	% Charity	% Patient Responsibility
200% or less	100%	0%
>200%	0%	100%

Allen County Regional Hospital, Anderson County Hospital, Hedrick Medical Center, Wright Memorial Hospital

Unscheduled inpatient and observation / outpatient hospital services / Continuation of Care approved scheduled services, clinic visits and ambulance

Income % of FPL	Charity	Patient Responsibility
200% or less FPL	100%	0%
201% - 250% FPL	75%	25%

Income % of FPL	Charity	Patient Responsibility
251% - 275% FPL	60%	40%
276% - 300% FPL	45%	55%
> 300% FPL	0%	100%

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	$150 per visit co-pay

Scheduled Services not approved for continuation of care

Less than 300% FPL	40%	60%

Bishop Spencer Place

Income % of FPL	Charity	Patient Responsibility
Skilled Nursing and Rehab Services (excludes residential services)		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	$1,500 co-pay per admission/account

Presumptive Eligibility

SLHS entities may receive scoring from third parties who independently evaluate propensity to pay and probability of charity. SLHS may rely on that scoring for the basis of determining financial assistance when a patient does not complete a financial assistance application and provide supporting documentation as requested. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. For hospital accounts, the patient is notified in writing of partial approval and how they can apply for financial assistance to determine if additional assistance is available. The patient is provided a reasonable time period in which to apply for additional assistance. If the patient applies for additional assistance, the application is reviewed and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement.

Catastrophic Assistance

For patients that do not otherwise qualify for financial assistance per the Federal Poverty Guidelines, catastrophic assistance may be available. Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

Basis for Calculating Amounts Generally Billed –

Hospital Accounts Only

After the patient's hospital account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than amounts generally billed to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by the hospital. The Amounts Generally Billed summary is available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#
Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office. The hospital locations and SLHS Centralized business office contact information are provided under Request a Copy section of this policy.

Hospital Financial Assistance Approval

Financial assistance may be approved by a patient account employee, supervisor, manager, director, vice president, controller or CFO. Management review and approval is required as defined in the Patient Account Adjustment and Action Approval Levels Policy (FIN-067).

Patient Refunds

The hospital will refund any amount the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a financial assistance policy eligible individual, unless such amount is less than $5 (or such other amount set by notice or other guidance published by the Internal Revenue Service).

Financial Assistance Policy Availability to Patients

Information about the availability of financial assistance appears on patient statements and is posted on signs in hospital registration areas. The financial assistance policy, plain language summary of policy and financial assistance application form with instructions are available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office by phone, mail, email, or in person. The hospital locations and SLHS Centralized business office contact information is provided under Request a Copy section of this policy.

Patient Billing and Collection

Statements are sent to patients to advise them of balances due. Statements and final notices state that financial assistance may be available to those that qualify and provide contacts to request additional information. Balances are considered delinquent when the patient fails to make either acceptable

payment or acceptable payment arrangements before the next statement. Patients are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters.

Hospital delinquent accounts are eligible to be placed for collection 30 days after final notice has been sent. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act. The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

SLHS hospitals will make reasonable efforts to determine whether an individual is eligible for assistance under this policy before engaging in any extraordinary collections action ("ECA"). Reasonable efforts to determine eligibility include: notification to the patient by SLHS of the FAP upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any lawsuit, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first post-discharge billing statement with respect to the unpaid balance. Potential ECA's may include any actions taken that require a legal or judicial process in an attempt to collect payment from an individual including but not limited to commencing a civil action. SLHS may send accounts to a contracted collection agency(ies) but such action is not considered an ECA. SLHS contracted collection agency(ies) are not authorized to report SLHS accounts to credit agencies. SLHS will not initiate an ECA until at least 120 days have passed from the first post-discharge billing statement.

The Vice President of Revenue Cycle or Chief Financial Officer has the final authority or responsibility for determining that the hospital facility policies and procedures make a reasonable efforts to determine whether an individual is FAP eligible and therefore engage in ECAs against the individual. It is the expectation of SLHS that such ECA's would be infrequent for use in situations where the patient has been determined able but unwilling to pay.

Collection Suit

Saint Luke's Health System (SLHS), the collection agency and collection law firm (law firm) work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, SLHS may file suit in an attempt to collect on delinquent accounts. When a patient does not apply or applies/is screened for financial assistance and is not approved, SLHS may file suit in an attempt to collect on delinquent accounts. An attempt to reach the patient by phone and advise them of the availability of financial assistance occurs prior to suit approval. No extraordinary collection actions occur prior to 120 days after first post discharge billing date of the account. All requests for suit are approved by the Vice President of Revenue Cycle or CFO.

Financial Assistance Procedure for Professional Services for Advanced Urology Associates, Saint Luke's

Physician Group, Rockhill Orthopaedic Specialists, Heart Surgeons of Kansas City

A Financial Assistance screening may occur with the patient which could include gathering income, family size, supporting documents and/or presumptive eligibility as described in this policy. Financial assistance is applied to applicable services following the below table.

Financial assistance for clinic visits and imaging centers may be limited to the uninsured patient discount.

Professional services rendered in the hospital:

Income % of FPL	% Charity	% Patient Responsibility
200% or less	75%	25%
201% to 250%	50%	50%
251% to 300%	25%	75%

Request a Copy

The Financial Assistance for Medically Indigent Patients policy, Financial Assistance Application, or Plain Language Summary, are available free of charge on line at www.saintlukeskc.org/financial-assistance#, in person at hospital admitting offices or by calling the SLHS Centralized business office. These documents are available in English and Spanish.

Saint Luke's Health System Centralized Business Office
816-932-5678 or 888-581-9401

Saint Luke's Hospital of Kansas City
4401 Wornall Road
Kansas City, MO 64111

Saint Luke's North Hospital–Barry Road
5830 N.W. Barry Road
Kansas City, MO 64154

Saint Luke's South Hospital
12300 Metcalf Ave.
Overland Park, KS 66213

Crittenton Children's Center
(A division of Saint Luke's Hospital)
10918 Elm Ave
Kansas City, MO 64134

Saint Luke's East Hospital

100 N. E. Saint Luke's Blvd.
Lee's Summit, MO 64086

Saint Luke's North Hospital–Smithville
601 S. 169 Highway
Smithville, MO 64089

Critical Access Hospitals:

Allen County Regional Hospital
3066 N. Kentucky Street
Iola, KS 66749
620-365-1015

Anderson County Hospital
421 S Maple
Garnett, KS 66032
785-204-4002

Hedrick Medical Center
2799 N. Washington St.
Chillicothe, MO 64601
660-214-8150

Wright Memorial Hospital
191 Iowa Blvd.
Trenton, MO 64683
660-358-5871

Saint Luke's Health System Physicians Centralized Business Office 816-502-7000

Saint Luke's Physician Group
Medical Plaza Imaging Associates

Rockhill Orthopaedic Specialists
Advanced Urologic Associates

Measures to Publicize the Financial Assistance Policy

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application and plain language summary on the Saint Luke's website at the following location: www.saintlukeskc.org/financial-assistance#.
- Copies of the Policy, Financial Assistance Application and plain language summary may be downloaded and printed from saintlukeskc.org/financial-assistance#
- Paper copies of the Policy, application and plain language summary are available to patients upon request and without charge. The patient may call to request a copy from a SLHS

centralized business office or request from a facility admitting department.

- Posting a notice in the emergency department and admitting areas of the hospitals.
- Including a message on hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Saint Luke's staff discusses when appropriate, in person or during billing and customer service phone contacts with patients.
- Informational notification included in selected SLHS publications going to community members.
- Financial Assistance Policy information provided to local safety net providers.

IN COLLABORATION WITH

Director Physician Revenue Cycle
SLHS Chief Compliance Officer
Director of Taxation
Chief Financial Officers

The Financial Assistance for Medically Indigent Patients policy (FIN-010) was approved by the Saint Luke's Health System Board of Directors on December 16, 2022.

SEE ALSO

Financial Assistance Application (SYS 153 English and SYS 154 Spanish)
Financial Assistance Policy Plain Language Summary (SYS-590)

THIS DOCUMENT APPLIES TO:

For a the most recent list of covered and non covered providers please see Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group list. The list is updated quarterly.

Allen County Regional Hospital (d/b/a for Saint Luke's Hospital of Allen County Inc)

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)

Bishop Spencer Place

Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)

Saint Luke's East Hospital

Saint Luke's Home Care and Hospice

Saint Luke's Hospital of Kansas City

Saint Luke's North Hospital

Saint Luke's Radiation Therapy Liberty

Saint Luke's South Hospital, Inc.

Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)

Advanced Urology Associates

Rockhill Orthopaedic Specialists

Saint Luke's Physician Group

Medical Plaza Imaging Associates

Heart Surgeons of Kansas City

Providers Not Covered by this Policy:

For the most recent list of covered and non covered providers please see Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group list. The list is updated quarterly.

Physicians or medical professionals provide care to patients or assist with patient treatment by reading lab work, interpreting medical tests, performing medical tests and individual patient physician services. The physicians and medical professionals not employed by Saint Luke's Health System or its subsidiaries are not covered by this Policy.

If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-932-5678.

Attachments

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List 122020.docx

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.docx

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.pdf

Approval Signatures

Step Description	Approver	Date
Ready to Publish	Mary Eidson: Program Coordinator SLHS Policies	2/15/2023

SVP CFO and Administration SLHS Approval	Chuck Robb: SVP CFO and Administration SLHS	2/14/2023
CFO SLPG Approval	Julie Murphy: Chief Financial Officer SLPG	2/3/2023
Confirm Approval Workflow	Mary Eidson: Program Coordinator SLHS Policies	2/3/2023
Owner	Melissa Abernathy: Director Physician Revenue Cycle	2/3/2023
Owner	Shelby Frigon: VP Revenue Cycle	12/22/2022

Applicability

Advanced Urologic Associates, Anderson County Hospital, Bishop Spencer Place, Cardiometabolic Center, Inc., Crittenton Children's Center Campus, Hedrick Medical Center, Medical Plaza Imaging Associates, Inc., Rockhill Orthopaedic Specialists, Inc., Saint Luke's Care, Saint Luke's East Hospital, Saint Luke's Health System, Saint Luke's Hospital of Kansas City, Saint Luke's Neighborhood Clinics, LLC, Saint Luke's North Hospital, Saint Luke's Physician Group, Saint Luke's Radiation Therapy- Liberty, Saint Luke's South Hospital, Inc., Saint Luke's Health System Home Care and Hospice, Saint Luke's Hospital of Allen County, Inc., Search Engine Across All Sites, Wright Memorial Hospital