

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)  
PROJECT HEARING REPORT**

Applicant: Northwest Community Hospital

Project Number: 14-021

Hearing Date: Tuesday, July 22, 2014

Location: 33 South Arlington Heights Road, Arlington Heights, Illinois

Time: 10:00 AM-1:00 PM

Hearing Officer: Courtney Avery, Administrator

Staff Support:

HFSRB Representative: Philip Bradley, Board Member

Hearing Requested by: Alexian Brothers Health System, Rehabilitation Institute of Chicago and  
Cadence Health

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 22

Oppose: 2

Registered Attendance Only

Support: 48

Oppose: 0

Neutral: 0

Total individuals registered: 72



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Test  
Speaker ① 2

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) BRAD BUXTON

City ARLINGTON HEIGHTS State IL Zip 6005

Signature Bradford A. Buxton

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) MICHAEL HARTKE

City ARLINGTON HTS State IL Zip 60005

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Angela Lubowicki

City Arlington Heights State Illinois Zip 60005

Signature Angela Lubowicki

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  
NCH

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print) PURVI GOR

City West Dundee State IL Zip 60118

Signature *P. GOR*

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Kim Koldras

City Mt Prospect State IL Zip 60056

Signature Kim Koldras

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Melinda Nowak

City Palatine State Illinois Zip 60067

Signature Melinda Nowak

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NW Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Janet R. Cuartero

City Schaumburg State IL Zip 60194

Signature Janet R. Cuartero

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle )

Oral Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Jerry Bragg

City Chicago State IL Zip 60640

Signature Jerry Bragg

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Karen Baker

City Arlington Hts State IL Zip 60005

Signature Karen Baker

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) MICHAEL WETT

City A. HTS. State IL. Zip 60004

Signature Michael J. Wett

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NWCH

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Joan M. Deichstetter

City LAKE ZURICH State IL Zip 60047

Signature Joan M. Deichstetter

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Robert J. Longo, MD

City Palatine State IL Zip 60067

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION  
Name (Please Print) Larry Foster  
City Chicago State IL Zip 60660  
Signature Larry Foster

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Kindred Hospital Chicago North  
2544 W. Montrose Ave  
Chicago, IL 60618

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Lori S Baler

City Arlington Hts State Illinois Zip 60004

Signature Lori S Baler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

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Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Jennifer Miraglia

City Algonquin State IL Zip 60102

Signature Jmir

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

RehabCare / Kindred Healthcare

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Hadley Streng

City Crystal Lake State IL Zip 60012

Signature Hadley Streng

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Centegra Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Kelley Clancy  
City ARI HTS ~~ELK GROVE VILLAGE~~ State IL Zip 60007

Signature Kelley Clancy

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ALEXIAN BROTHERS

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Barry Fleischer

City CHICAGO State IL Zip 60661

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) REHABILITATION INSTITUTE OF CHICAGO

III. POSITION (please circle appropriate position)

Support      Oppose      Neutral

IV. Testimony (please circle)

Oral      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Sailaja Maramreddy M.D.

City Palatine State IL Zip 60067

Signature Smarammedy

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Karen Schumacher

City Arlington Heights State IL Zip 60004

Signature Karen Schumacher

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) ELIZABETH DINSMORE

City ARLINGTON HEIGHTS State IL Zip 60005

Signature Elizabeth Dinsmore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Leeanne Smith

City Arlington Hts State IL Zip 60005

Signature Leeanne Smith

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION  
Name (Please Print) Phil Hemmer  
City Arlington Heights State IL Zip 60004  
Signature Phil Hemmer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Lutheran Home

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) James McCalister

City Village Arl Hts State IL Zip 60005

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Representing on behalf of Mayor Hayes  
For the Village of Arlington Heights

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

Buxton  
10/2

Public Hearing – July 22, 2014  
Northwest Community Hospital  
Comprehensive Physical Rehabilitation Service  
Wrap - Up Statement

I am Brad Buxton, Vice President for Strategy and Business Development, Northwest Community Hospital. As the final speaker in support of the project, my role is to wrap up, to summarize and comment on the testimonies delivered at today's public hearing.

First, in pursuing this project, it is not the intent of Northwest Community Hospital to compete with Alexian Brothers Medical Center.

- We enjoy a good relationship with Alexian Brothers. We collaborate with them in many areas, including the planning and delivery of Emergency Medical Services in our role as area Resource Hospital.
- Alexian Brothers has a large rehabilitation program, 72 beds. Our 17 bed program will be less than ¼ their size, if approved.
- Based on data from 2012, our referrals to Alexian Brothers for rehab are 13% of their inpatient rehabilitation cases. While not small, this volume is not a large component of their service.
- Based on the analysis of rehabilitation impairment codes as explained in our permit application, we anticipate that we will continue to refer patients to Alexian Brothers and other hospitals with rehabilitation units after the unit is open at NCH, if approved.

Our purpose is to serve the community, especially residents of our primary and secondary service areas, especially inpatients at NCH who need acute rehabilitation after their inpatient stays and who are not getting this care.

The testimonies you have heard address three kinds of problems that NCH patients are encountering: 1) patients who need acute rehab care but are not able to get admitted to a unit; 2) patients who are delayed while waiting for admission to a rehab unit; and 3) NCH patients receiving rehab care at other hospitals, but lacking continuity with the care they received at NCH.

First, patients not getting admitted for rehabilitation care.

- Due to lack of available beds at area rehabilitation hospitals.
- Patients with special needs, such as isolation.
- Patients who lack insurance, and are "self-pay." That is not to say they are being denied care based on their self-pay status. The hospitals with rehab units do accept self-pay patients. But our NCH patients are second priority, after patients who were medical or surgical inpatients at those hospitals and get preference for those acute rehab beds. With Alexian Brothers operating above the State utilization standards for much of the past three years, beds have not been available. Defacto, patients are not getting needed inpatient rehabilitation care.

Second, admissions to rehab units are delayed. 1 – 4 day delays is now the pattern, not the exception.

- Reasons are lack of rehab beds available, transfer logistics, and/or insurance authorizations.

- Result: patients get upset. They are ready to go, and can't. This adds stress and anxiety for the patients and their families. That's a special problem for patients recovering from stroke.
- Result: patients get weaker and become increasingly deconditioned while waiting.
- By the way, we do not experience these delays when NCH patients are discharged to area skilled nursing facilities for sub-acute rehab. When the patient is ready, they go.

*Bush*  
*2012*

Third, continuity of care suffers when patients are transferred to another hospital for rehabilitation care.

- NCH specialists who cared for patients at NCH for their medical/surgical care are not involved in the rehab phase.
- When a patient having rehab at another hospital has an acute care episode there, usually he or she is hospitalized at the rehab hospital. There is usually no input by physicians at NCH who treated the conditions at NCH and know the patients. Baseline tests that had been done here at NCH are not built into the care plan there.
- Patients and families stress; "they don't know me."
- Referral to a hospital for rehab often adds to patient stress and anxiety: an unfamiliar environment at a different hospital, unfamiliar staff, additional travel time for family. Alleviating stress and anxiety is critical to recovery.
- Today's patient expects seamless care, but they don't experience that when care is delivered in different systems. They expect continuity of care, across a continuum of acute care services and in recovery.

You have heard many testify that establishing a small rehabilitation unit at NCH would address these three problems: access to care, timely rather than delayed care, and continuity of care where the patient is known and followed by NCH staff.

The proposed project is based on patient need and expectations. This is the right time and NCH is the right place to initiate this program:

- NCH has a large stroke program.
- NCH has the largest emergency room in the northwest suburbs, a source of brain injury and trauma cases.
- An inpatient physical rehabilitation unit complements these stroke and trauma cases.
- 80% of the patients NCH refers for rehab are over age 65; in the NCH service areas, this age group will increase by 16% in the remainder of this decade.
- A continuum of care is needed for NCH patients: acute hospital care, acute hospital rehab, subacute rehab in a nursing home setting, and home care. For many NCH patients, the weakest link in this continuum is lack of an inpatient hospital rehabilitation unit.

Thank you for your interest and attention.

7.11.14

Hartke  
10/4

State of Illinois  
Certificate of Need Public Hearing - July 22, 2014  
Proposed Comprehensive Physical Rehabilitation Service  
Northwest Community Hospital

Opening Statement – Michael Hartke

I am Michael Hartke, Chief Operating Officer of Northwest Community Hospital. I am pleased to represent the hospital's management team, physicians and staff – and, on behalf of our patients - to deliver this opening statement as an overview of our proposed 17-bed inpatient rehabilitation unit.

The proposed project converts a floor that previously housed a medical/surgical service. Our med/surg bed count will be reduced by 24 beds. NCH has established a partnership with RehabCare, a company with more than 30 years' experience in establishing and/or operating over 100 comprehensive physical rehabilitation programs in the United States – including seven here in Illinois.

The opportunity for this project is based on several factors:

- 1) importance to our patients and their families
- 2) need in our geographic area, and
- 3) available space in the North Tower after our new facility opened in 2010.

First, several of the clinical programs at Northwest Community Hospital are generating a growing need for post acute care inpatient rehabilitation. NCH is designated as a Primary Stroke Center, offering the latest minimally invasive neurointerventional procedures that can significantly diminish, if not reverse, the effects of stroke. NCH also offers comprehensive emergency care, and serves as a regional Resource Hospital in the State's EMS system, coordinating the services of six other area hospitals and 25 EMS provider agencies in a 450 square mile area. These programs generate a significant volume of stroke and trauma patients, many of whom require hospital rehabilitation following their acute care treatment.

Harlike  
2014

In each of the past two years, more than 200 NCH inpatients received physical rehabilitation care in an acute care rehabilitation hospital after being discharged from Northwest Community Hospital. Additional NCH patients were referred for care, but did not get admitted, due to lack of beds at the receiving hospital, limited insurance coverage, or other issues. Instead, these patients were seen in less intensive settings, such as nursing homes, assisted living facilities, and home care. You will hear from some of our staff about how alternative care in those less intensive settings – while good quality – does not match the therapy and treatment that certain patients require and which is available only in an inpatient setting. The proposed new unit will provide needed care for these NCH patients. Having a small unit within Northwest Community Hospital will also facilitate continuity of care with the physicians who oversee the acute care stays for these patients. Quite often, there is little or no follow-up communication with these physicians when their patients receive inpatient rehabilitation at another hospital. The proposed unit will also lessen the difficulty patients and their families have when they are referred for inpatient rehab care away from their community.

Having an inpatient rehabilitation unit for stroke, orthopedic, trauma, neurological and certain other patients at NCH will enhance quality of care by facilitating ongoing communication with the patients' acute care physicians and clinical staff during the rehabilitation stage. The unit will also meet the strong preference expressed by patients and their families for care within the Northwest Community Healthcare System which they have selected and with which they are comfortable.

Second, there is a need for this type of unit in our immediate geographic area, despite the excess of physical rehabilitation beds in Suburban Cook and DuPage Counties. Over 90% of NCH patients come from the zip codes in NCH's primary and secondary service areas and beyond to the north. In the area north of I-90 and west of I-294, in northern Cook and Lake Counties, there is a limited number of hospital rehabilitation beds. The only two hospitals with rehabilitation units between NCH and the Wisconsin border are Centegra in McHenry County, and Vista West, east of I-294 in Lake County. These are small programs, with only 15 and 25 beds, respectively. Another cut at geography shows that there are only three hospitals with rehab units within an area defined by 30-minute travel times

*Hartke  
3/24*

from Northwest Community Hospital, an area with a population of about 2 million people. No wonder our patients are often not admitted due to limited bed availability. Also, 80% of our patients needing hospital rehabilitation are age 65 or older. This group is expected to increase by 16% in our service areas during the remainder of this decade.

Our analysis of the need for rehabilitation beds also utilizes the Rehabilitation Impairment Codes, a system developed by the Federal Government's Centers for Medicare & Medicaid Services. Patients matching a Rehabilitation Impairment Code have conditions that may qualify them for inpatient rehabilitation care and reimbursement. Using the Rehabilitation Impairment Code system, our application demonstrates that the need for inpatient rehabilitation by NCH patients last year exceeded the patients our physicians referred to hospital rehab care. In fact, the need is sufficient to both justify full utilization of the unit at NCH, and to continue referring the same volume of patients that have been referred by NCH physicians to other area hospital rehabilitation units. We demonstrate that there is no detrimental impact on area hospitals from the proposed new unit at NCH.

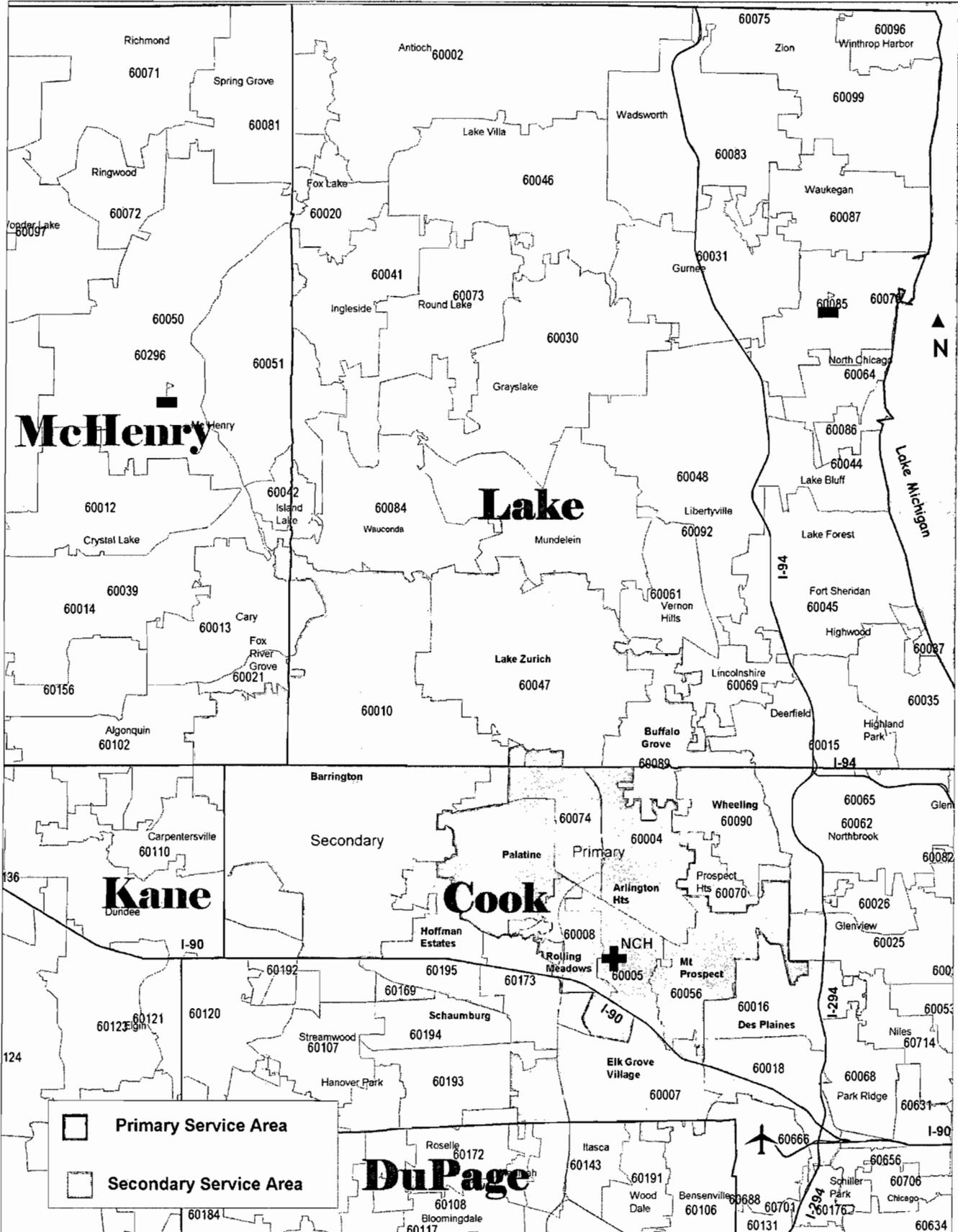
Third, this proposed unit will fit nicely within our existing campus, in space vacated in the North Tower when we moved into a new patient bed tower in 2010. The 17-bed unit will accommodate private rooms, an activity room/dining area, and small gym in space on the North Tower 3<sup>rd</sup> floor.

In closing, this proposed unit will meet patients' needs for ongoing care in the community and within the Northwest Community Healthcare System – which they have selected and trust. There is a quantified need for additional rehabilitation beds, demonstrated in several geographic analyses. In addition, facilities on our campus are available to conveniently and economically implement this project.

Thank you for allowing me to provide this opening statement. I urge approval by the Illinois Health Facilities and Services Review Board.

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4/1/4*

# Northwest Community Hospital Inpatient Service Area



NCH Decision Support  
April 2014

Statement at Public Hearing  
Northwest Community Hospital  
Physical Rehabilitation Unit  
July 22, 2014

I am Angela Lubowicki, a medical social worker at Northwest Community Hospital. In my role, I have worked with many patients requiring acute hospital rehabilitation after their stay at NCH, including patients with an undocumented immigration status. It is extremely disheartening to see them discharged to the community, instead of to a rehabilitation unit here or elsewhere to give them the ability to help attain their maximum level of physical functioning.

These patients are sent home, physically incapacitated and depleted. Their families, when available in the area, try to accommodate and care for them with little or no services available to bridge their adjustment to their new disabilities. Our therapists try their best, out of the goodness of their hearts, to see these patients as much as possible anticipating their discharge, but still not anywhere near the three hour daily treatments these patients need. Without a rehab unit, NCH is not staffed for this kind of care involvement. These efforts draw staff and cause delays for other inpatients <sup>therapy</sup> needing evaluations and treatments.

Even patients who are eligible for Medicaid but have not yet secured it (Medicaid pending patient) are unable to access acute rehab at a nearby rehabilitation hospital. The hospital requires a <sup>mandates</sup> secured nursing home arrangement for after acute hospital rehab or a detailed aftercare plan in order to <sup>pre-arranged nursing placement</sup> take the patient. This usually makes it impossible to get admitted there. Or, waiting for this perfect plan to be secured consumes valuable time that could have been spent improving the patient, perhaps to a point where a nursing home might <sup>may</sup> have been sufficient. <sup>around</sup> not have even <sup>been</sup> necessary. <sup>even considering</sup>

I support the plan to start an inpatient rehabilitation unit at Northwest Community Hospital in order to maximize the use of resources directed at needed patient care.

Medicaid pending

### **JL Patient 3**

I am Purvi Gor, one of Clinical Care Coordinators at Northwest Community Hospital. I am here to present the story of a stroke patient at Northwest Community Hospital.

A loving and devoted family made preparations for taking home their mother, in her 60's who suffered a severe bleeding stroke, known as "Intra cerebral hemorrhage". She was slowly making some recovery, having been in NCH's Critical Care unit, and then in the NCH Neurological Medical Unit. Her family was devoted to her, but faced the challenges that all stroke survivors and families incur with this disease process – what type of recovery will happen, how long will it take, and where will she go to receive the best of care?

She was nonverbal, but aware and was gaining some progress in her care. She could nod to her family, and she could follow some commands, but relied on others to provide her with what we take for granted: "activities of daily living." Her daily living now required others to help nourish her and to keep her safe. Because of weakened throat muscles, she could not swallow. She required a gastric tube into her abdomen to provide calories and support for improving her strength. She was also a "self-pay" having lived in the US for years without any benefit of insurance.

Her family was very private and did not want to ask for any favors, though they did go to their community circle of friends and their church to find any volunteers to help with her care. She needed to be treated at a rehabilitation hospital and then cared for at home, once discharged from rehabilitation. However, her status of eligibility for insured services or charity were limited by the resources that the rehabilitation hospital could not find for her. The NCH social workers and discharge planning team worked at many options and could not find bed placement for her.

She was not accepted into rehab services and the family was faced with finding a long term solution. The decision to bring her home from NCH with 24/7 care was made when she was medically stable. The Northwest Community Hospital staff helped with securing a bed, commode, gastric tube feedings and the many other items that were necessary for her care at home.

The day before her discharge home – the family was learning how to do the tube feedings, and to do the range of motion exercises to supplement the care that would be provided by the NCH Home Health Care staff. If NCH had an acute rehab facility, the patient's progress may have improved her recovery. The family was receiving the NCH home health care visits to assess needs, and continue to reinforce the family's abilities.

Having an acute care rehabilitation unit at NCH would have meant that this patient and family could have received the necessary care in the right delivery setting.

Thank you for the opportunity to testify.

*Clinical Nurse Manager*

I am Kim Koldras, \_\_\_\_\_ (title) \_\_\_\_\_.

I am speaking on behalf of a patient, a 50 year old male with a history of multiple strokes. "Tom" (not his real name) and his wife were very frustrated with the lack of continuity of care provided at one of the local hospital rehabilitation units. His physicians are all on staff at Northwest Community Hospital.

His first stroke was in August, 2001. He suffered additional strokes 9 years later, in May and in September, 2010. For both strokes in 2010, Tom was discharged to Alexian Brothers for rehabilitation care.

Their concerns relate to delay in being admitted at Alexian Brothers, lack of continuity of care, and hardships due to not being in a familiar hospital environment.

One admission to Alexian Brothers was delayed for several days. There was a one day delay in getting evaluated by the Alexian Brothers physiatrist. This was supposed to happen on a Friday, but did not. Because there is no therapy on Sundays, this meant that the admission was pushed into the following week. That increased the patient stay at Northwest Community unnecessarily, and delayed the start of rehabilitation.

The patient and wife did not know the hospital layout at Alexian Brothers, or any of the staff. The medical doctor there did not "know him." The physiatrist was "in and out" and never seemed to spend time to get to know the patient. The staff at Alexian Brothers did not send reports to Tom's doctors at Northwest Community Hospital. Because the patient room was a semi-private room, there was no privacy for family conversations. One of the roommates was incontinent, causing significant discomfort for the patient and his wife. Access to the shared bathroom was often delayed because the other patient needed to use it so frequently. Eventually, staff "got it" and moved Tom to a different room. Throughout his stays, Tom was offered assistance with a shower every other day because of staff limitations. He would have preferred his normal daily shower.

Tom and his wife were familiar with Northwest Community Hospital, with its staff, environment and its patient-oriented culture, from their years of treatment there.

Logistics with admission and discharge at Alexian Brothers were difficult for this family. On one of the transfers from Northwest Community, the wife rode in the ambulance to Alexian Brothers. Her car was at Northwest Community. How to get back to the car added to the stress of the transfer. At one of the stays at Alexian Brothers, discharge planning was not started in advance. When the discharge date was set, the wife was told to take off work to accommodate. She could not do so because there was not enough advance notice. The wife had to arrange a caregiver for Tom on discharge day, since he had residual disabilities and was not able to care for himself at home. These and other incidents made it not just an inconvenience, but a hardship for Tom and his wife. They expected more understanding.

Tom and his wife feel strongly that the continuity, timeliness and compassion of care would have been much better at Northwest Community Hospital. They are hopeful that NCH can receive approval for the inpatient rehabilitation unit for them and others in the community.

**JL Patient 2**

My name is Melinda Nowak and I work as a Clinical Care Coordinator on 7S Neurology. I have been with Northwest Community for 10 years.

A 37 year old war veteran was brought to Northwest Community Hospital with neurological and behavioral changes due to brain injury. After days of testing, medical consults and treatments, he was finally stable for transfer to a rehab facility as recommended by the healthcare team.

Social Workers and case managers used every resource available to find him appropriate rehab placement. His parents recognized his need for ongoing care and were unequipped to handle him at home. The patient had minimal insurance benefits and Northwest Community Hospital was unable to find a facility that would accept him. Consequently, his parents had no other resources but to take him home.

I hope that NCH receives approval for acute rehab so that we can offer an optimal continuum of care for patients with neurological and brain injuries.

Melinda Nowak

Copy

I am Janet Cuartero, RN on the orthopedic floor at Northwest Community Hospital. In my role, I am responsible for requesting consults by the physician liaison at Alexian Brothers for patient transfers for inpatient hospital rehabilitation.

While this is a good process, often a day is lost before rehabilitation actually starts. If a patient is ready for discharge mid-day, that is often too late for transfer that day. Alexian Brothers wants to receive the patient in the morning, and have the patient get settled in the afternoon. Physical rehabilitation does not start until the next day. As a result, it can be more than a day between discharge from NCH and the start of inpatient rehabilitation.

There are other causes of delay as well. It can take two or more additional days for pending insurance approvals for post acute care rehabilitation.

These delays add cost to the system, and frustration for patients and their families. If NCH were to have its own inpatient rehabilitation service, these transfers would be internal quicker and more seamless.

Thank you for the opportunity to express these comments.

Tuesday, July 22, 2014

My name is Jerry Bragg, Director of Physical Rehabilitation Services at Northwest Community Hospital (NCH). I have been at NCH for eight years, and have treated many patients in inpatient acute care and outpatient care as a Speech Pathologist in that time, first as a staff therapist and now as a Director. During my tenure here, I've encountered a number of inpatients whom required the intensity of treatment only found in an inpatient acute rehab environment. Unfortunately, some of these patients instead went to a subacute treatment setting due to unavailability of inpatient acute rehab beds in the area. During my 14 years as a licensed therapist, I've worked in high quality subacute, inpatient acute rehab, and acute care settings. Although subacute settings can offer a high quality rehab experience, this setting does not offer the intensive frequency of treatment some patients need to maximize their recovery. When a patient is recovering from a complex neurological event, such as a stroke or brain injury, there is a limited window of time when they have the potential to make the most progress. For those with significant deficits who need more than one discipline of therapy, receiving the intensity and frequency (at least three hours of therapy per day) can make the difference in whether they are able to fully regain their independence and function. I have frequently seen patients as a Speech Pathologist in an outpatient setting who missed out on this opportunity, and years later have to deal with continuing deficits that could have been significantly minimized if inpatient acute rehab had been more available to them. For this reason, I strongly support the plan for Northwest Community to open an inpatient physical rehabilitation unit, and I urge approval by the Illinois Health Facilities and Services Review Board to allow this project to move forward.

Respectfully,



**Jerry Bragg, M.S., CCC-SLP, MBA**  
Director, Physical Rehabilitation Services  
Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005  
Phone: 847.618.3560  
Fax: 847.618.3619

My name is Karen Baker and I am the Director of Community Service at Northwest Community Healthcare (NCH). 1 copy

NCH operates the largest emergency room in the northwest suburbs, and serves as the EMS Resource Hospital providing education and oversight to first responders within a 450-square-mile area. NCH's Primary Stroke Center, certified by the Joint Commission, was just recognized by the American Heart Association with the "Get With the Guidelines-Stroke Gold Plus Achievement Award" and is relied upon by the community for its cutting edge technology in both prevention and treatment of strokes.

NCH is well known for not only caring for their patients, but for the outreach it provides to everyone who lives and works in the community. In addition to the valuable hospital based services I mentioned, NCH provides many outreach programs to help people in need and to keep its community healthy. NCH regularly conducts a community health needs assessment to identify unmet needs and collaborates with community partners to address them.

Many of the hospitals initiatives lend assistance to the uninsured and underinsured in the community. Examples of this include its partnerships with both the Cook County Health and Hospital System and ACCESS Community Health Network to operate local community clinics which improves access to primary and behavioral health services. The hospital also recognizes the link between oral health and overall health and operates a full time Mobile Dental Clinic with support from 4 local townships. NCH also provides support to the community through its Community Resource Center, located in Palatine, which provides free or reduced rent to over 13 different not for profit social service agencies including the Cook County Department of Public Health, WINGS, PHD, ECDEC and more.

NCH's ability to support these programs is based on the financial revenues generated by its clinical programs.

NCH provides a significant amount of care to Medicaid and Charity Care patients. More than 9,300 individuals received Charity Care last year and almost 25,000 Medicaid patients were cared for by NCH. Together these services increased from \$18.5 million to \$24.5 million over the past three years. The number of Charity Care patients in particular dramatically increased by 172% over the last 3 years. Although many individuals have obtained insurance through the Medicaid expansion and insurance exchanges, the number of individual, primarily undocumented, who aren't eligible continues to increase. The Hispanic population, which represent a significant % of the uninsured, make up 14.7% of NCH's service area and is projected to grow 13.1% by 2017.

The proposed new inpatient unit will benefit Medicaid and Charity Care patients in two ways - by providing care directly to these populations and by generating revenues that fund our charity care and community outreach programs.

Thank you for giving me the opportunity to present this statement. I urge approval of the rehabilitation unit by the Illinois Health Facilities and Services Review Board.

M. Wett  
10/2

Hi my name is Michael Wett. 5 years ago I had a devastating stroke and I am now a stroke survivor.

I live in Arlington Heights and all of my doctors are in Arlington Heights and practice at Northwest Community Hospital.

If NCH was not at the forefront of stroke technology I would not be speaking to you today.

I was out for a walk when the stroke happened. I do not have any memories of the first few weeks of my care. The stroke took away my ability to speak or move or remember.

I had to have emergency brain procedure for stroke at NCH and I stayed there until I was ready for rehab.

I do not remember any of this because of the severity of the stroke. I could not speak or make my own decisions.

My wife was told I needed to leave the hospital to get the acute rehab care elsewhere.

If I could have made the choices for myself I would have remained at NCH – but, they do not have an acute rehab unit.

My wife had to make crucial decisions based on the advice she was given by outside sources.

She had to travel daily to be at my bedside to watch my progress and to speak on behalf of my needs. She was very nervous about the change in care provided.

I had to be transferred back to NCH when I developed some complications. My wife needed to do a lot of traveling and the change in doctors and needing to be moved back and forth was stressful.

It is my opinion that NCH is in need of an acute rehab center. Families and patients do not need the additional stress of being in an unfamiliar environment. I know my wife would have preferred staying at the hospital where our doctors practice, and having continued care provided at NCH.

I believe the patient and families would benefit from having the stroke care continue from the Emergency Department through to the end of my acute rehabilitation.

*M. West  
2012*

Allow Northwest Community Hospital the opportunity for an acute care rehab unit. Who knows, you may need it one day.

Thank you for allowing me to speak.

I am Joan Deichstetter

I have been a Case Manager at Northwest Community Hospital since 2005 and prior to that a discharge planner from 2000. I work with the renal failure population extensively who are transferred to acute rehab, with some regularity. The end stage renal failure patient who is receiving hemodialysis is a problem for Alexian Brothers Acute Rehab, to take, most often because of transfer logistics. I cannot send my patient to ABMC on a day the patient has his dialysis treatment. The physiatrist from ABMC will not accept the pt because it would be too late in the day and the patient would be too tired to participate in therapy. This means, at the very least, a 1 day delay. If the dialysis is scheduled for a Saturday, the patient will not be accepted on that Saturday, ABMC does not accept new transfers on a Sunday, so the patient will have to wait until Monday to be transferred. This results in unnecessary delays and a patient waiting in the wrong care setting. I estimate that type of situation occurs between 5-10 times per year.

ABMC also has a problem with accepting patients requiring isolation. I was told they had only a few private rooms and often they cannot accept the patient because they cannot provide an isolation room. This results in our NCH patient going to a SNF or us trying another acute rehab: resulting in longer travel times for the family and removes the patient, again, from their own physician's care.

As a Case Manager, I am faced with delays in authorization for insurance patients, late authorizations resulting in delay in transfer because the receiving hospital rehabilitation unit would not accept the patient after 4-5pm.

I also had much difficulty in placing the patient without a payer source. I understand that ABMC gives priority to their acute inpatients, who need rehabilitation, which means that there is less opportunity for NCH patients to get admitted there.

Each of these problems –transfer logistics, patients with special needs such as isolation, insurance authorization and underinsured patients-would not be issues if Northwest Community Hospital had its own inpatient rehabilitation unit

I hope that the Health Facilities and Services Review Board will grant approval to the NCH project, resulting in improved access to rehabilitative care for patients in our community.

Testimony in support of  
Northwest Community Hospital's permit application  
Inpatient Rehabilitation Unit

Illinois Health Facilities and Services Review Board  
Arlington Heights Village Hall  
July 22, 2014  
10:00 Registration, 10:30 start of Hearing

I am Dr Robert Longo. I have been a member of the medical staff at Northwest Community Hospital for 17 years. I am an internist / hospitalist, Past President of the Medical Staff, and currently Chairman of the hospital's Utilization Management Committee. I am here to speak in support of the proposed inpatient rehabilitation unit.

Most patients sent from Northwest Community Hospital for inpatient hospital rehabilitation go to Alexian Brothers. My issue is not with the care provided at Alexian Brothers. The clinical care is very good. My issue is that it takes 1 – 4 days to arrange and complete transfers of patients, not occasionally, but usually. Unnecessary and unexplained delays in transfers consume important resources here at Northwest Community. Patients continue to occupy beds on our clinical floors and receive ongoing care by staff when they should be elsewhere in the next phase of recovery. This is an important issue for our Utilization Committee.

More importantly, this pattern is frustrating for patients and their families. They want to get on with their recovery. They don't want to waste time waiting for their acute rehabilitation regimen to get underway. And it is especially unfortunate that while they are waiting for rehabilitation therapy, they are getting weaker and more deconditioned, which adds to their stress and extends the time for recovery.

Timely transfer is the exception. The reasons for the hold ups include lack of bed availability, investigating insurance issues (which seems to be taking an increasing amount of time), additional information needed by the liaison physiatrist, or convenience on the part of the receiving hospital. To the patient, none of these are sufficient reasons.

At the same time, our referrals to nursing homes and sub-acute facilities are not delayed or encumbered. Transfers of patients to these facilities almost always occur the same day the patient is ready to go.

These delays would not happen if Northwest Community Hospital had its own inpatient rehabilitation unit. I urge approval by the Illinois Health Facilities and Services review Board.

My name is Larry Foster and I am the Chief Executive Officer of Kindred Hospital Chicago North. I am here today to speak in support of the need for greater access to post acute services and the comprehensive inpatient rehabilitation program proposed by Northwest Community Hospital.

*Foster  
1/9/12*

I have lived in Chicago for 15 years and have been in my role of Chief Executive Officer at Kindred Hospital Chicago North since January, 2006. I have worked in healthcare for 25 years and held executive level roles for the past 17 years.

The Hospital that I oversee is a 165 bed specialty hospital known as a Long Term Acute Care Hospital. Our Hospital employs approximately 500 employees. We serve approximately 2100 patients per year and receive patients from the short term acute hospitals, skilled nursing facilities and home throughout the Chicago metropolitan area.

A long term acute care hospital provides care for medically complex patients requiring an extended hospital stay. These patients may include ventilator dependent patients, complex wound care, trauma, multi-system organ failure and infectious disease.

Patients admitted to long term acute hospitals are evaluated by rehabilitation services upon admission to establish a treatment plan. Depending on the physical status of the patient, up to one to two hours of rehabilitation therapy may be provided daily. Once the patient is able to tolerate three hours of rehabilitation therapy, the natural progression in the continuum of care would be to transition the patient to an inpatient rehabilitation unit for continued care. The proposed unit at Northwest Community Hospital would provide improved access to the growing number of patients requiring this level of care. Our goal is always to optimize the patient's care so that he/she has the best chance possible at returning to their home environment. These partnerships with inpatient rehabilitation units allow for such.

Long term acute care hospitals are currently required to maintain an average Medicare length of stay of greater than 25 days. In December, 2013 CMS passed legislation defining patient criteria and eliminating the 25 day LOS rule. This goes into effect in June, 2016. As our industry criteria changes, the range of acuity for our patients will also change. This broader base of patient population will have varying LOS, requiring more post acute care networks.

Greater technology and advancements in medical skills has created quicker discharges from the acute care setting. As a result, we are seeing improved survival rates and clinical outcomes for medically complex cases. This, factored with the general growth of the over 65 population demonstrates the need for growth in the post acute network.

The above growth, changes in the regulations and the access issues as described in the CON application all demonstrate the need for additional inpatient rehabilitation beds. The program proposed by Northwest Community Hospital will serve to improve access to all those living in the greater Chicago area.

In closing, I am in strong support of the proposed program at Northwest Community Hospital. I would like to thank the Illinois Health Facilities and Services Board and the Illinois Department of Public Health for the opportunity to speak in favor of the need for greater access to post acute services, and specifically the need for approval of the Northwest Community Hospital's CON application for 17 inpatient rehabilitation beds.

*Rosten*  
*2/2/02*

Balek  
10/2

### CON FOR INPATIENT REHAB

Hello my name is Lori Balek. I am the Director of Clinical Care Coordination at Northwest Community Healthcare. I have been at Northwest Community for 38 years. My previous roles were as a Charge Nurse, Case Manager and Manager of 7s, a Medical/Surgical Neurology Unit. My current responsibilities include overseeing the Clinical Care Coordinators, Utilization Managers, and the Social Workers. I oversee the progression of care from admission to discharge. I work with the above disciplines to facilitate the patient plans of care, implement and coordinate care progression, monitor and assist the care team in evaluating options, services and interventions to meet patient's healthcare needs. This is accomplished through effective communication, collaboration and coordination requisite to clinical care progression. I work with the entire care team to ensure the patient is receiving the appropriate level of care in the appropriate setting and progressing according to the plan. This allows the patients to receive quality care in a cost efficient setting in a timely manner.

#### Barriers witnessed to Acute Rehab at Alexian Brothers

I have witnessed several times in the last year, when we have had a disconnect in our continuity of patient care, satisfaction and have barriers to discharge. This is evidenced when a patient receives a physical therapy evaluation that recommends "Acute Rehab".

The primary doctor puts a physiatrist consult in as an order for the patient to be assessed for "Acute Rehab". The Clinical Care Coordinator talks with the patient and gives them choices of Acute Rehab facilities. Most patients and families want their family member to stay close and they are too stressed to travel. Many choose Alexian Brothers Acute Rehab because it is the closest.

The Clinical Care Coordinator calls the physiatrist for a consult to come and see the patient. If the physiatrist has already made rounds that day, they do not come in that day. This is a delay in discharge.

When the physiatrist comes in the next day, she may accept the patient or asks for more therapy notes on the patient. In the mean-time, the family is stressed and the Clinical Care Coordinator has to tell the patient, they need a 2<sup>nd</sup> choice of an

Balek  
2012

“Acute Rehab” facility in case there is not a bed at Alexian Brothers or the doctor won't accept them.

Then the patient and family also have to look at a sub-acute facility if the 2<sup>nd</sup> choice of a further facility will not accept them. This is another delay in discharge. This is very stressful to the patients and family members. This upsets many patients and families and causes decreased patient satisfaction and progression of care.

Finally once Alexian Brothers does accept the patient, they have strict guidelines on what time they will take the patient for admission to their facility. They want all patients there before noon. So if the patient needs to see a consult before discharge, then Alexian Brothers does not accept the patient after 12 noon or 1pm at the latest. We again have a delay in discharge, progression of care and patient and family satisfaction.

This would not be a problem if Northwest Community Healthcare had its own inpatient “Acute Rehab” unit. Patients could be sent when the patient is ready for discharge, such as 800pm at night. There would be no extending the patients length of stay due to waiting for an inpatient acute rehab bed. This would also cut the cost of an ambulance transfer for the patient and family. This truly would increase patient and family satisfaction.

I urge the Health Facilities and Services Review Board to approve our request!

Thank-you!



Miraglia  
10/2

**Speaker Notes: Jennifer Miraglia, MPT – Regional Vice President, Operations, RehabCare**

My name is Jennifer Miraglia and for the past 9 years I have served as regional vice president of operations for RehabCare. In addition, I am a licensed physical therapist in the state of IL. I have lived in the Chicago land area my entire life, and have ~~and~~ practiced therapy in Illinois since 2008. My current responsibilities with RehabCare include overseeing the clinical and operational functions of 56 sites of care across the Midwest, including the Chicago land area. Currently within Illinois, RehabCare has set up and/or operates 7 comprehensive inpatient rehabilitation units, as well as numerous outpatient and LTACH units.

Kindred Healthcare is a FORTUNE 500 healthcare services company based in Louisville, Kentucky and employs approximately 63,000 employees in 47 states. As of March 31, 2014, Kindred through its subsidiaries provided healthcare services in 2,313 locations. Ranked as one of Fortune Magazine's Most Admired Healthcare Companies for six years in a row, Kindred's mission is to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve.

RehabCare, a wholly owned division of Kindred Healthcare, is a post acute management organization that provides program management and therapy services for hospitals through hospital rehabilitation units, outpatient rehabilitation programs, skilled nursing units and medical/surgical therapy services and as a partner in setting up and managing units. RehabCare is the largest provider of therapy services in the U.S. In 2013, RehabCare delivered therapy to more than 518,500 patients across the nation. Of those, RHB served over 43,440 patients in Comprehensive Inpatient Rehabilitation programs, 3,738 received care in our Illinois Comprehensive Inpatient Rehabilitation programs. RehabCare has been managing Comprehensive Inpatient Rehabilitation programs in Illinois for 29 years.

RehabCare's national presence provides a vast knowledge base and experience level to bring about the best outcomes for each patient we treat. Integral to RehabCare's success as a partner to hospitals are our outstanding clinical outcomes. RehabCare's managed ARUs outperform national averages in every key performance quality measure including: re-hospitalization rates, FIM Gain, FIM Efficiency and Discharge to Community.

NCH will work with RehabCare, who will bring its over 30 years of experience in the establishment and operation of over 105 Comprehensive Inpatient Rehabilitation programs across the United State. The partnership will combine the clinical strengths of NCH with RehabCare's ARU expertise. Within this partnership, NCH will be responsible for recruiting nursing and secretarial staff. RehabCare will recruit and employ the remaining rehabilitation unit staff including: Medical Director, Program Director, Registered Physical Therapists, Registered Occupational Therapists, Speech/Language Pathologists, and Social Worker(s) (Master's level).



Miraglia  
2012

**Speaker Notes: Jennifer Miraglia, MPT – Regional Vice President, Operations, RehabCare**

In closing, since 1982, RehabCare has worked with and developed the expertise to support acute and post-acute strategies of our host hospitals throughout Illinois. RehabCare's depth and breath of experience in opening and operating ARU in conjunction with hospitals makes this partnership with NWC optimal. While the need for the delivery of cost-effective and medically necessary therapies to drive down the overall cost of care is at an all time high, timely patient access to ARU beds at NWC hospital is critical. This unit will improve access to patients to ensure they are receiving the right level of care at the right time.

Thank you very much for the opportunity to speak on behalf of RehabCare and in support of the CON application.

Hadley Streng  
Centegra Health System  
In Support of Project 14-021

Good morning. My name is Hadley Streng and I am the Director of Planning and Business Development for Centegra Health System.

I am here in support of Project 14-021, for Northwest Community Hospital to establish a 17-bed physical rehabilitation unit on the campus of their acute care hospital in Arlington Heights.

Centegra Hospital – McHenry, a 179 bed acute care facility with a 22 bed inpatient rehabilitation unit, is more than 28 miles and almost 50 minutes northwest of Northwest Community Hospital. It is the closest facility to offer inpatient comprehensive physical rehabilitation services in this direction, and the only facility in the quadrant to the west and north of Northwest Community Hospital. *as shown on the map earlier* Large parts of this area are underserved for physical rehabilitation services.

The establishment of a rehabilitation unit at Northwest Community Hospital will bring needed services to the residents of this area and enhance the hospital's ability to provide continuity of care for their patients.

I urge the Illinois Health Facilities and Services Review Board to approve project 14-021.

Clancy  
1/13

Good morning. My name is Kelley Clancy and I am the Vice President for External Affairs for Alexian Brothers Health System, the parent of Alexian Brothers Medical Center. I am here today to voice Alexian Brothers' strong opposition to Northwest Community Hospital's plans to open a comprehensive inpatient rehabilitation unit at its Arlington Heights hospital.

Alexian Brothers, in partnership with The Rehabilitation Institute of Chicago, operate the largest acute care hospital-based inpatient rehabilitation program in the State. The program was expanded from 66 to 72 beds just last Fall, and our current occupancy rate is 76%.

Northwest Community Hospital and Alexian Brothers Medical Center are located 12 minutes apart.

Our partnership with RIC brings state-of-the-art rehabilitation protocols, therapies and best practices to the northwest suburbs.

The Alexian Brothers/RIC unit has been the primary referral site for Northwest Community patients requiring inpatient rehab services for many years. In fact, and as noted on page 60 of Northwest Community's CON application, over 90% of Northwest Community's patients transferred for inpatient rehab services were transferred to Alexian Brothers in both 2012 and 2013. Our physiatrists routinely evaluate patients at Northwest Community, and we are not aware of any problems that have resulted from this evaluation and transfer relationship.

Clancy  
2/13

The Alexian/RIC program provides evaluations at Northwest Community and accepts transfers seven days-a-week.

Our inpatient unit has the capacity to provide comprehensive rehabilitation services to Northwest Community's patients, as it is doing now.

The proposed Northwest Community Hospital unit would create an unnecessary duplication of services. Alexian Brothers Medical Center and Northwest Community, as I mentioned earlier, are only 12 minutes apart. The State of Illinois' determination that there is an excess number of rehabilitation beds in the planning area supports our position that this project is not needed. As of July 14th, the State's bed need methodology identified an excess of 68 beds in the planning area.

Moreover, the fact that so many of the planning area's inpatient rehabilitation units are operating at less than the State's target occupancy rate corroborates that an additional rehab unit is not needed. In 2012, the last year for which data is publically available, only two of the Planning Area's 11 rehabilitation units were operating at the State's target occupancy rate, and one of those was Alexian Brothers, which has slipped below the target with its recent addition of beds.

In summary:

- If approved, the proposed Northwest Community project will result in an unnecessary duplication of services;
- The proposed project is contrary to the State's bed need determination;

Clancy  
30/3

- Only 1 of the Planning Area's 11 providers of rehab services are operating above the State's target occupancy rate;
- The Alexian Brothers/RIC program is located only 12 minutes from Northwest Community; and
- The Alexian Brothers/RIC program has a long history of addressing the inpatient rehabilitation needs of Northwest Community Hospital's patients.

There is no need for this project, and it Northwest Community's application should be disapproved.

Thank you.

Kevin S. Clancy

July 22, 2014

Good morning. My name is Barry Fleischer and I am one of the individuals responsible for strategic planning at the Rehabilitation Institute of Chicago. Thank you for the opportunity to appear this morning.

I am here today to record the Rehabilitation Institute of Chicago's opposition to Northwest Community Hospital's application to establish a 17-bed comprehensive rehabilitation unit.

Since July 1, 1993, RIC has partnered with Alexian Brothers Medical Center for the provision of comprehensive rehabilitation services on Alexian Brother's Elk Grove Village campus. Our combined services include a 72-bed inpatient rehabilitation unit and out-patient services. As noted in Alexian's testimony, their 72-bed inpatient program has been the primary provider of inpatient rehabilitation services to Northwest Community Hospital's patients for many years.

RIC is opposed to Northwest Community Hospital's proposed project because we believe the application does not accurately or sufficiently demonstrate the need to establish a rehabilitation service at the applicant's facility. I will provide three brief rationale for our position.

1. There is ample capacity across other rehabilitation providers to provide services to Northwest Community Hospital patients. The "use rate" calculation in the application suggests there are fewer beds in the immediate service area – defined by a 30-minute drive – than there are in other planning areas. This use rate calculation is faulty for two reasons: First, use rate is a poor predictor of need for services such as rehabilitation because of the nature of the services. Second, and more importantly, a 30-minute drive is an inappropriate measure of a reasonable distance a patient should travel - it is too short – to receive treatment for life-changing conditions such as stroke, brain injury and spinal cord injury that the applicant proposes to treat. Our experience at both Alexian Brothers and RIC's flagship facility in Chicago demonstrates that patients are willing to travel further for high-quality care in order to get the best chance of recovery from a disabling condition.
2. There is not a lack of access of rehabilitation beds, as claimed by the applicant. The applicant's claim that patients do not have sufficient access

to inpatient rehabilitation services is based on an observation that many patients are going home instead of receiving treatment at an inpatient facility. This is not a demonstration of limited access; it represents a misunderstanding of the types of patients who qualify for inpatient rehabilitation services. According to the Center for Medicare and Medicaid Services, a patient must require 24-hour nursing care and multiple therapeutic services in order to qualify for inpatient rehabilitation. If patients are able to be discharged home safely after an acute care stay, we believe they should be. If the applicant is proposing to treat patients in their new rehabilitation unit who could otherwise be at home, we would suggest the applicant is not properly considering the medical necessity regulations that payors require for inpatient rehabilitation. The existing programs in the area are currently admitting appropriate patients and have excess capacity to continue to do so for Northwest Community Hospital patients.

3. Lastly, RIC provides rehabilitation services throughout the region, and beyond. We firmly believe that patients who suffer from disabling conditions noted above will be best served in specialty hospitals and high-quality, large rehabilitation units such as our flagship campus and at Alexian Brothers where cutting-edge technologies and highly experienced clinicians can be aggregated to provide the best and most efficient rehabilitation care and hope for recovery. Smaller units scattered in hospitals across the market will not provide the best opportunity for patients and will unnecessarily duplicate resources.

Testimony in support of  
Northwest Community Hospital's permit application  
Inpatient Rehabilitation Unit

M. Maramreddy  
Mg

Illinois Health Facilities and Services Review Board  
Arlington Heights Village Hall  
July 22, 2014  
10:00 Registration; 10:30 start of hearing

Good Morning. I am Dr Sailaja Maramreddy. I am a vascular neurologist on staff at Northwest Community Hospital for 12 years. I deal with a lot of disabilities - stroke patients, bleeding on the brain, inability to walk after falls, myasthenia gravis, Guillain Barre Syndrome, and other disabilities - that often require inpatient rehabilitation following acute care at NCH.

I want to talk on behalf of patients and their need for continuity of care that would be enhanced if NCH were to have an inpatient physical rehabilitation unit on its hospital campus.

Many of my patients have been coming to Northwest Community Hospital for many years and see a number of specialists on staff here. When these patients are hospitalized for rehabilitation elsewhere, they are not followed by our physicians who have knowledge about the individual needs of their patients. These physicians are neurologists, orthopedic surgeons, hematologists, cardiologists, rheumatologists and so on. If one of their patients is having rehabilitation at another hospital and, for example, falls or has a pulmonary embolism or some other clinical event, he or she is hospitalized at that hospital. The specialists at Northwest Community Hospital are not aware and are not asked to consult. CT scans, MRI and other tests are repeated, and important baseline test information we have is not used in the treatment plan. This lack of continuity of care could prove to be problematic for the patient.

I know one specific recent example of a patient who was at NCH for 25 days. On the third day of rehab at another hospital, he died. Had he been able to stay at NCH for acute care rehabilitation, with involvement by his NCH specialist and all of his background medical information available when he got into trouble, he may have had a better chance of survival, although of course I cannot say for sure. We would have wanted the opportunity to try.

I am also on staff at Alexian Brothers, where many NCH patients go for inpatient rehabilitation after their care here. My issue is not the quality of care at Alexian Brothers. It is very good care. My issue is lack of continuity of care. While I can go to Alexian Brothers to see patients, the team of other specialists here at NCH cannot. It is the team approach that is missing. Continuity of care does not occur when patients are hospitalized elsewhere.

Northwest Community Hospital also has excellent nursing care, ancillary and support services in place, which enable continuity of care and support patient recovery.

Apart from continuity, another serious problem is delays in referral of patients for rehabilitation at other hospitals. Many NCH patients are not getting placed in inpatient rehabilitation when they are ready. Sometimes that is because no bed is available; other times because the patient is self pay, with no insurance. It is well known that rehabilitation can be effective if started within 20 days of the stroke or other event. If a patient is in an acute care bed for a long time and is finally ready for discharge to



## **NCH ACUTE REHABILITATION FACILITY SUPPORT LETTER**

Hello, I am Karen Schumacher, Manager of Rehabilitation Services at Northwest Community Hospital. I speak today in support of establishing an inpatient rehabilitation unit at NCH. In thoughtfully considering the addition of an acute rehab facility to its spectrum of services, I believe that NCH possesses both the right location and right motivation.

### **The right location... The right motivation...**

Keeping it local means something to us here at NCH. We are a community whose prime directive is to care for its neighbors. And we want to bring them the full spectrum of care including facilities where medically stable patients can be stretched to meet aggressive functional goals that will transition them back to a quality life.

In a time when an illness, injury or surgery has done nothing but add stressors, I believe that NCH has the opportunity to create comfort with seamless "on campus" transitions, easy access to familiar physicians or medical services and, most importantly, the assurance that the services align with what the community has come to expect from NCH - holistic, individualized and evidence-based care!

The story of a NCH patient was recently shared by one of my therapy staff. The case of a vibrant, active and independent individual who sustained injuries to both legs making a return to home with more than 10 steps an impossibility without further rehabilitation. Despite considerable motivation on the part of the patient, she was not accepted by an acute rehab facility due to concerns that her progression to a functionally independent level, free of family support, would be slow. The hospital therapists had already worked with this patient several times and seen how committed she was to achieving her personal goal of getting home. This was a case of "knowing OUR patients" and the unrealized desire by her therapy and medical team to enable her to recovery in an acute rehab unit on campus.

I stand by the excellent work of NCH and believe that it is will be even better positioned to live its mission statement of serving the community's healthcare needs with the addition of an acute rehabilitation unit.

I am Beth Dinsmore, lead Occupational Therapist at Northwest Community Hospital. Having an acute care rehab facility within the NCH health care system would greatly benefit our community by providing both excellent continuity of care and coordination of services. When a patient is ready to be discharged from the hospital for continued rehabilitation it places an added burden on the patient and family to leave a caring and familiar environment. Patients and families have frequently voiced concerns about transferring to a facility "where they don't know anyone". Having a rehabilitation unit would help ease patients' and families' anxieties. Alleviating stress is a significant component in recovery and enabling a patient to stay in a trusted environment where continuity of care is provided should be the goal. Northwest Community Hospital is known for comprehensive patient care which can be compromised once the patient leaves our health care system.

Given the complexities of treating illness and injuries the coordination of services is an extremely important part of a patient's recovery and can be devastating to patients and families when it doesn't happen. Recently the case manager, physical therapist and I had an extended conversation with the tearful mother of a chronically ill patient. The patient's mother expressed many concerns regarding the lack of continuity of care her daughter had received in various health care settings over the last few years including home care and rehab. This took the form of poor communication between health care providers across health care systems and specifically lack of information on resources that could provide her daughter with additional assistance. The mother stated that she was grateful that staff at Northwest Community Hospital heard her concerns.

In closing I believe an acute rehab unit onsite would benefit the community by providing continuity of care which fosters a sense of comfort for patients and families dealing with illness or injury in a time of crisis. This seamless transition from hospital to acute rehab, then home or outpatient would improve health care delivery for patients and their families.

Beth Dinsmore MS,OTR/L

My name is Leeanne Smith. I currently serve as the lead physical therapist for Northwest Community Hospital where I have cared for patients for over 17 years. In my tenure of over 25 years as a therapist, I have also worked in both sub-acute and acute rehabilitation environments along with outpatient and home health care, giving me a broad perspective on patient's needs across the continuum of care.

Opening an acute rehab facility on the NCH campus would allow hospitalized patients a timely transfer to an environment where multiple hours of daily therapy would be available. I have personally worked with patients who have had extended stays in the hospital due to lack of bed availability at area hospital rehabilitation units and/or insurance issues which has ultimately delayed the more intensive **and** more frequent therapy that is critical to maximizing their functional outcomes.

Case in point, I recall a young, under-insured patient who was dealing with multiple medical problems. This patient had a lengthy hospital stay made longer unnecessarily by the inability to secure placement at an acute rehab environment. This patient truly needed all three therapy disciplines; occupational therapy, physical therapy and speech language pathology services to reach maximum potential in the shortest possible time frame. Ultimately, this patient's only option was admission to a sub-acute facility where the therapy was both less intense and less frequent. Many patients have spent too long in the acute care environment waiting for an admission to a hospital rehab unit which can result in delayed recovery.

Simultaneously, having an on-site option does matter to our locally-based patients. Families want to be close to their loved ones and provide them the needed support that so critically aides them in their recovery. Proximity to home is not just a convenience. It avoids hardships for many families, particularly for those who have non-driving spouses or family members. The ease of access, proximity to home and familiarity with our NCH campus decreases the stress of families allowing them to focus on being a partner in the recovery efforts.

In closing, I believe an acute rehab facility at NCH could allow more timely transitions and greater options for patients, especially those whom are underinsured.

Statement of Support  
NCH's proposed Inpatient Rehabilitation Unit  
July 22 Public Hearing  
Arlington Heights Village Hall

1 copy

Good Morning, I am Phil Hemmer, Executive Director, of the Lutheran Home in Arlington Heights. The Lutheran Home is a Skilled Nursing Facility comprised of 392 licensed nursing beds, and 100 units of assisted living. The Lutheran Home was established in Arlington Heights in 1892, and receives an average of 70 referrals per month from Northwest Community Hospital for skilled nursing services, including post-acute rehabilitation care. Northwest Community Hospital also provides high quality acute care resources when our residents and patients need emergency care and other hospital services.

The Lutheran Home supports Northwest Community Hospital's proposed project to establish a 17 bed Comprehensive Inpatient Physical Rehabilitation unit at the hospital. The Lutheran Home and Northwest Community Hospital have had a long and collaborative relationship in serving the residents in our community. There is a need for additional acute care physical rehabilitation resources in the area, especially for older adults in Arlington Heights and the surrounding communities who are reluctant or unable to travel out of the area for this care.

An inpatient unit at Northwest Community Hospital will be part of the continuum of care for patients in our community. It will help fill the gap between acute hospital care, and the post-acute rehabilitation care provided at the Lutheran Home.

It is consistent with the underlying purposes of the Liaison in Nursing Care Transitions (LINCT) program the Lutheran Home and Northwest Community Hospital started together over two and one-half years ago to enhance the transition of care from the inpatient hospital to the skilled nursing setting.

The new unit at Northwest Community Hospital will not compete with our service, but will enable a true continuum of rehabilitation care to be offered to service area residents. Northwest Community Hospital will continue to refer patients needing our level of post-acute rehabilitation care in the skilled nursing setting.

On behalf of the Lutheran Home, I urge the Health Facilities and Services Review Board to approve the rehabilitation unit at Northwest Community Hospital.



## Village of Arlington Heights

33 South Arlington Heights Road  
Arlington Heights, Illinois 60005-1499  
(847) 368-5000  
Website: [www.vah.com](http://www.vah.com)

copy

Thomas W. Hayes  
Mayor

July 16, 2014

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W Jefferson Street, 2nd floor  
Springfield, IL 62761

Re: Comprehensive Physical Rehabilitation unit, Northwest Community Hospital

Dear Ms. Avery:

I am writing in support of the proposed plan by Northwest Community Hospital to establish a 17-bed unit for inpatient rehabilitation.

Northwest Community Hospital is a leading institution in the Arlington Heights community and surrounding areas. Its service and influence goes far beyond the provision of clinical services on the campus on Central Road and at their satellite facilities in Cook and Lake Counties.

Over the years, NCH has established strong relationships with the Village of Arlington Heights and social service organizations throughout the area, relationships that add tremendous value to those organizations as well as enhancing the community health care mission of the hospital. Several of those relationships are with local nursing homes, which will benefit from this project. With this project, residents can expect a continuity of services, from acute inpatient hospital care to rehabilitation in the hospital and nursing home settings, and home care. This availability of services is particularly important as the population over age 65 increases significantly. This is the age group that especially needs rehab services following stroke, orthopedic surgery and other conditions.

I encourage approval by the Illinois Health Facilities and Services Review Board.

Sincerely,

Thomas W. Hayes  
Mayor



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print)

MICHAEL GRZELAK, M.D.

City

Alexandria Heights

State

IL

Zip

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print) Tara Kelly

City A.H. State IL Zip 60192

Signature *Tara Kelly*

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION

Name (Please Print) PATRICE FEDERSCHMIDT

City NAPERVILLE State IL Zip 60563

Signature Patrice Federschmidt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Rogelio Tapnio

City Arling Heights State IL Zip 60005

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION

Name (Please Print) Jason Arneson

City Palmer State IL Zip 60074

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Evolve

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) CARL LONG

City ARLINGTON HRS State IL Zip 60015

Signature Carl Long

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Stephanie Adam

City Arlington Heights State IL Zip \_\_\_\_\_

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print)

Carisa Wyatt

City

Arlington Heights

State

IL

Zip

60005

Signature

*[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

North Medical Group

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION

Name (Please Print) KATHLEEN M GRUMMEL

City MT PROSPECT State IL Zip 60056

Signature K M Grummel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Allen Jensen

City A. H. State IL Zip \_\_\_\_\_

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Support!

Thanks!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) DAVID E PEARCE

City Bartlett State IL Zip 60103

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print) Melissa Smith

City Arlington Heights State IL Zip 60004

Signature Melissa Smith

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) W. Franklin Appleby, Jr.

City Arlington Heights State Illinois Zip 60005

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print)

Tricia Elliott

City

Arlington Hts.

State

IL

Zip

60005

Signature

*Tricia Elliott*

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) David Ungurean

City Arlington Heights State IL Zip 60005

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Lindsey Mucha

City Schaumburg State IL Zip 60173

Signature Lindsey Mucha

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) KATHLEEN TEDESCO

City Wilmington Heights State IL Zip 60004

Signature Kathleen Tesesco

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print)

Alice Brown

City

Art. HHS

State

IL

Zip

60004

Signature

Alice Brown

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION

Name (Please Print) Kelly Raffel

City Gran Ellyn State IL Zip 60137

Signature Kelly Raffel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print) PAT STACK

City HE State IL Zip 60169

Signature Pat Stack

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print)

MARY KRIGAS

City

INVERNESS

State

IL

Zip

60067

Signature

Mary Krigas

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) THOMAS KRIGAS

City INVERNESS State IL Zip 60067

Signature Thomas Krigas

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) MARSHA LIU

City Rolling Meadows State IL Zip 60008

Signature Marsha Liu

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) RALPH IBBOTSON

City ARLINGTON HTS State IL Zip 60004

Signature Ralph Ibbotson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print)

Kim DIETZE

City Elk Grove Village State IL Zip 60007

Signature

Kim Dietze

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Connie Selkey  
City Arlington Hts State IL Zip 60005 -wk  
City Deer Park - home State IL Zip -home  
Signature Connie Selkey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Connie Yusta  
City Arlington Heights State ILLINOIS Zip 60005  
Signature Connie Yusta

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Wendy Rubas

City Arlington Hts State IL. Zip 60005

Signature WGR

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) John Jaskiewicz

City Hanover Park, IL State \_\_\_\_\_ Zip 60133

Signature John Jaskiewicz

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Troy Riley

City Normal Grove State IL Zip 60515

Signature Troy Riley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Rider Levett Bucknall

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION  
Name (Please Print) Caitlin Vanella  
City Schaumburg State IL Zip 60173  
Signature Caitlin Vanella, LCSW

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Michele M. Paternus

City ~~Franklin Park~~ Elk Grove Village State IL Zip 60007

Signature *Michele M. Paternus*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Frank M. Russo

City Elk Grove Village State IL Zip 60007

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) KENNETH HANIK

City ELK GROVE State IL Zip 60007

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) MIKE BAYLESS

City ARLINGTON State ILL Zip 60004

Signature Michael S. Bayless

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Margaret Rosano

City W Prospect State IL Zip 60056

Signature Margaret Rosano

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Kelly DeLongchamp

City Algonquin State IL Zip 60102

Signature Kelly DeLongchamp

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) ANDREW JALEY

City Glencoe State IL Zip 60025

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

**I. IDENTIFICATION**

Name (Please Print) Stacy Reynolds

City Palatine State IL Zip 60067

Signature Stacy Reynolds

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Sherry Lynn DeLuca  
City Palatine State IL Zip 60074  
Signature Sherry Lynn DeLuca

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION

Name (Please Print) KATHLEEN BATES

City Niles State IL Zip 60714

Signature Kathleen Bates

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HEALTHCARE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Kim Nagy

City Aurora State IL Zip 60181

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Northwest Community Hospital**

**Project Number: 14-021**

I. IDENTIFICATION  
Name (Please Print) JAC HIGGINS

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NCH  
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print)

Kim Parkerson

City

State

Zip

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Fran Pittner  
City ARLINGTON Hts State IL Zip 60004  
Signature Fran Pittner

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

7/22/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Gene Yakovenko

City Chicago State IL Zip 60618

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Kindred Hospital Chicago North

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) Melissa Hampton

City Vernon Hills State IL Zip 60061

Signature Melissa Hampton

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Northwest Community Hospital

Project Number: 14-021

I. IDENTIFICATION

Name (Please Print) MATTHEW ARANHA

City LISLE State IL Zip 60532

Signature Matthew R Aranha

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HEALTHCARE

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Name

Representation

Position

S O N

Karen McCowley

NCH

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