

15-058

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

ORIGINAL

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

DEC 08 2015

## Facility/Project Identification

Facility Name: OSF Saint Elizabeth Medical Center Freestanding Emergency Center, Streator	HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 111 Spring Street	
City and Zip Code: Streator 61364	
County: LaSalle	Health Service Area 2 Health Planning Area: C-02

## Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Ottawa Regional Hospital & Healthcare Center d/b/a OSF Saint Elizabeth Medical Center
Address: 1100 E. Norris Drive, Ottawa, IL 61350
Name of Registered Agent: Sister Theresa Ann Brazeau
Name of Chief Executive Officer: Ken Beutke
CEO Address: 1100 E. Norris Drive, Ottawa, IL 61350
Telephone Number: (815) 433-3100

## Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: <a href="mailto:cranalli@mwe.com">cranalli@mwe.com</a>
Fax Number: (312) 277-2964

## Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Mark Hohulin
Title: Senior Vice President Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: (309) 624-2360
E-mail Address: <a href="mailto:mark.e.hohulin@osfhealthare.org">mark.e.hohulin@osfhealthare.org</a>
Fax Number: (309) 655-4794

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: OSF Saint Elizabeth Medical Center Freestanding Emergency Center, Streator			
Street Address: 111 Spring Street			
City and Zip Code: Streator 61364			
County: LaSalle	Health Service Area	2	Health Planning Area: C-02

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Name of Registered Agent: Sister Theresa Ann Brazeau
Name of Chief Executive Officer: Kevin Schoeplein
CEO Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: (309) 655-7455

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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E-mail Address: <a href="mailto:mark.e.hohulin@osfhealthare.org">mark.e.hohulin@osfhealthare.org</a>
Fax Number: (309) 655-4794

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Mark Hohulin
Title: Senior Vice President Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 NE Glen Oak Avenue, Peoria, IL 61603
Telephone Number: 309-624-2360
E-mail Address: Mark.E.Hohulin@osfhealthcare.org
Fax Number: 309-655-4794

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ottawa Regional Hospital & Healthcare Center
Address of Site Owner: 800 N.E. Glen Oak, Peoria, IL 61603
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Ottawa Regional Hospital & Healthcare Center d/b/a OSF Saint Elizabeth Medical Center
Address: 1100 E. Norris Drive, Ottawa, IL 61350
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

<b>APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT-5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements - NOT APPLICABLE -  
NO MODERNIZATION OR CONSTRUCTION**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

Substantive

Non-substantive

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The project proposes the establishment of a freestanding emergency center ("FEC") to be located in the previous HSHS St. Mary's Hospital building emergency department, 111 Spring Street, Streator, IL. The FEC will be owned and operated by OSF Saint Elizabeth Medical Center with 6 ED bays and a treatment area for lower acuity patients with space for observation if necessary in a total 12,476 GSF.

Until such time as the FEC is hopefully approved, OSF will provide 24/7 urgent care services at the site with a physician board certified in emergency medicine on staff at all times. However, while this will help to maintain some services, the provision of critical services such as provision of emergency services to people brought to the site via ambulance can only be provided upon licensure as an FEC.

Other uses of the former St. Mary's building, while not part of the FEC project, may be of interest to the HFSRB and will include ambulatory services such as physician office space, imaging, laboratory services, PT/OT/ST and cardiology diagnostic testing. These services do not require a permit at this time because the cost associated with providing them is far below the capital expenditure threshold and they do not establish any new category of service. However, eventually these services and the proposed FEC, which does require a permit, will be relocated to a newly constructed building. A permit will be required for construction of that building and relocation of the FEC, if the latter is approved per this application.

The total FEC related costs of the project is \$875,000.00.

The project is substantive per HFSRB rules, as it proposes the establishment of a Freestanding Emergency Center. Recent legislation signed into law in December of 2015 approved the establishment of an additional FEC in these limited circumstances (see attached).

### Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$725,000.00	N/A	\$725,000.00
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	N/A	\$150,000.00	\$150,000.00
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$725,000.00	\$150,000.00	\$875,000.00
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$725,000.00</b>	<b>\$150,000.00</b>	<b>\$875,000.00</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ _____	
Fair Market Value:	\$ _____	

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ **4,300,000.00**.

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

- None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): **June 30, 2016**

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals**

Are the following submittals up to date as applicable:

- Cancer Registry  
 APORS  
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
 All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME: OSF Saint Elizabeth Medical Center</b>			<b>CITY: Ottawa</b>		
<b>REPORTING PERIOD DATES: From: 01/01/2014 to: 12/31/2014</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days*</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	54	1,552	4,792	None	54
Obstetrics	12	399	1,067	None	12
Pediatrics	0			None	0
Intensive Care	5	469	925	None	5
Comprehensive Physical Rehabilitation	0				
Acute/Chronic Mental Illness	26	1,028	4,910	None	26
Neonatal Intensive Care	0				
General Long Term Care	0				
Specialized Long Term Care	0				
Long Term Acute Care	0				
Other ((identify))	0				
<b>TOTALS:</b>	<b>97</b>	<b>3,342</b>	<b>11,694</b>	<b>NONE</b>	<b>97</b>

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Ottawa Regional Hospital and Healthcare Center d/b/a OSF Saint Elizabeth Medical Center\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*David Gorenz*  
SIGNATURE

David Gorenz, M.D.  
PRINTED NAME

Regional CEO, OSF Healthcare System  
PRINTED TITLE

*Ken Beutke*  
SIGNATURE

Ken Beutke  
PRINTED NAME

President, OSF Saint Elizabeth Medical Center  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 2nd day of December 2015

*Wendi Navarro*

Signature of Notary  
"OFFICIAL SEAL"  
WENDI T. NAVARRO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/31/17

Seal

Notarization:  
Subscribed and sworn to before me  
this 2nd day of December 2015

*Wendi Navarro*

Signature of Notary  
"OFFICIAL SEAL"  
WENDI T. NAVARRO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/31/17

Seal

\*Insert EXACT legal name of the applicant

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*Kevin Schoeplein*  
SIGNATURE

*David Gorenz M.D.*  
SIGNATURE

Kevin Schoeplein  
PRINTED NAME

David Gorenz, M.D.  
PRINTED NAME

CEO, OSF Healthcare System  
PRINTED TITLE

Regional CEO, OSF Healthcare System  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 3rd day of November 2015

Notarization:  
Subscribed and sworn to before me  
this 2nd day of December 2015

*Tonda L Stewart*  
Signature of Notary

*Wendi Navarro*  
Signature of Notary

Seal  
OFFICIAL SEAL  
TONDA L STEWART  
Notary Public - State of Illinois  
My Commission Expires Aug 26, 2016  
\*Insert EXACT legal name of the applicant

Seal  
"OFFICIAL SEAL"  
WENDI T. NAVARRO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/31/17

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:  
  
Alternative options **must** include:
  - A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:****NOT APPLICABLE – NO SHELL SPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES:****NOT APPLICABLE – NO SHELL SPACE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**P. Freestanding Emergency Center Medical Services**

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

**A. Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES)**

Read the criterion and provide the following information:

1. Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements:
  - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
  - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC:
  - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
  - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
  - C) Provide either of the following:
    - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
    - b) Patient origin information by zip code from independent data sources  
(e.g., Illinois Hospital Association CompData or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at least 50% of the ED patients

**Freestanding Emergency Center Medical Services  
(continued)**

served during the last 12-month period were residents of the service area.

7. Area Need; Service Demand – Historical Utilization
  - A) Provide the annual number of ED patients that have received care at facilities that are located in the FEC's service area for the latest two-year period prior to submission of the application
  - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.
  
8. Area Need; Service Accessibility - Document the following (using supporting documentation as specified in accordance with the requirements of 77 IAC 1110.3230(b)(4)(B) Supporting Documentation):
  - i) The absence of the proposed ED service within the service area;
  - ii) The area population and existing care system exhibit indicators of medical care problems,
  - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 IAC 1100.
  
9. Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information:
  - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.
  
10. Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following:
  - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site that is below the utilization standard established pursuant to 77 IAC 1100.800; or
  - B) Insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.
  
11. Unnecessary Duplication/Maldistribution – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 IAC 1110.3230(c)(4)).
  
12. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

**B. Criterion 1110.3230 – EXPANSION OF EXISTING FREESTANDING EMERGENCY CENTER MEDICAL SERVICES**

Read the criterion and provide the following information: N/A

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

**Freestanding Emergency Center Medical Services  
(continued)**

2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
  - A) The requirements of being a Medicare provider of freestanding emergency services; and
  - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC:
  - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
  - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

**C. Criterion 1110.3230 – MODERNIZATION OF EXISTING FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES) CATEGORY OF SERVICE**

Read the criterion and provide the following information: N/A

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
  - A) The requirements of being a Medicare provider of freestanding emergency services; and
  - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

**Freestanding Emergency Center Medical Services  
(continued)**

6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to; high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application; copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

**APPEND DOCUMENTATION AS ATTACHMENT-35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria N/A – BOND RATING OF A
- Section 1120.130 Financial Viability – Review Criteria OR BETTER
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
_____	<b>TOTAL FUNDS AVAILABLE</b>

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

**NOT APPLICABLE – THE APPLICANT HAS A BOND RATING OF A OR BETTER – SEE ATT. 37**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization		N	/	A
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs - N/A – NO CONSTRUCTION OR MODERNIZATION**

Read the criterion and provide the following:

- 1) Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year

	Inpatient			
	Outpatient			
	<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26-28
2	Site Ownership	29-32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33-34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35
5	Flood Plain Requirements	36
6	Historic Preservation Act Requirements	37
7	Project and Sources of Funds Itemization	38
8	Obligation Document if required	N/A
9	Cost Space Requirements	39
10	Discontinuation	N/A
11	Background of the Applicant	40-50
12	Purpose of the Project	51-67
13	Alternatives to the Project	68
14	Size of the Project	69
15	Project Service Utilization	70-81
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	Selected Organ Transplantation	N/A
29	Kidney Transplantation	N/A
30	Subacute Care Hospital Model	N/A
31	Children's Community-Based Health Care Center	N/A
32	Community-Based Residential Rehabilitation Center	N/A
33	Long Term Acute Care Hospital	N/A
34	Clinical Service Areas Other than Categories of Service	N/A
35	Freestanding Emergency Center Medical Services	82-108
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	109-118
37	Financial Waiver	N/A
38	Financial Viability	N/A
39	Economic Feasibility	119-120
40	Safety Net Impact Statement	121-123
41	Charity Care Information	124

**Certificate of Good Standing**

See attached for applicants OSF Healthcare System and Ottawa Regional Hospital & Healthcare Center.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

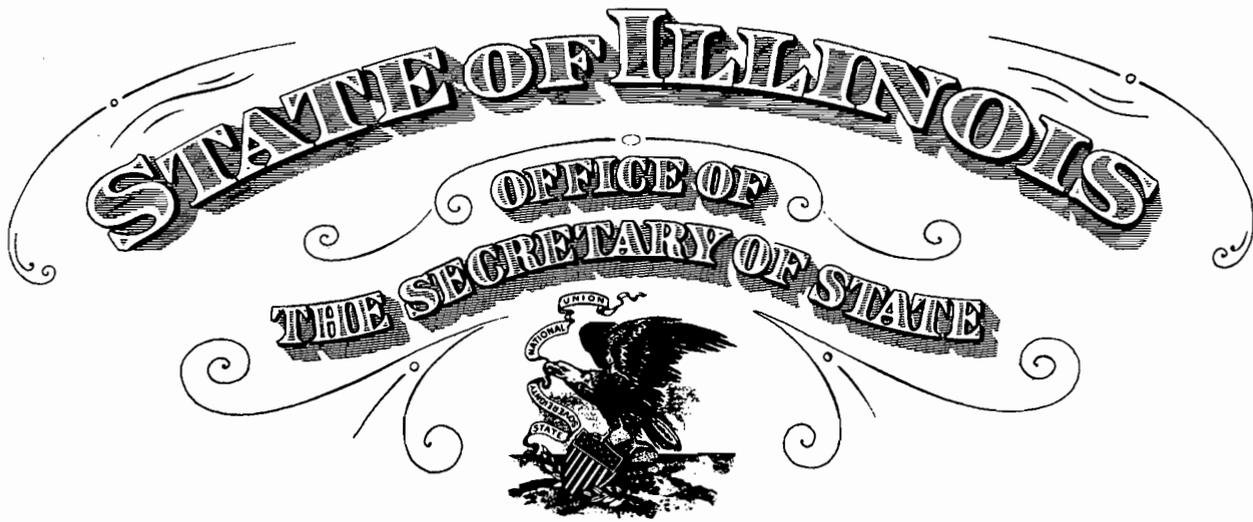
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of DECEMBER A.D. 2015 .***



Authentication #: 1533602922 verifiable until 12/02/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of DECEMBER A.D. 2015 .***



Authentication #: 1533602930 verifiable until 12/02/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**Proof of Site Ownership**

See attached.

**Attachment 2**

LASALLE COUNTY RECORDER

97 NOV 14 PM 1:54

R97-18712

**WARRANTY DEED**

(Corporation-Corporation)

NAME/ADDRESS OF TAXPAYER:

Community Hospital Ottawa  
1100 East Morris Dr.  
Ottawa, IL 61350

Description is a Copy

Form is a Copy - page 2

COMPUTER PREP SCAN

*Amy Sift / Herschler*  
*58*  
RECORDER'S STAMP

THE GRANTOR, SKYMONT CORPORATION, a Delaware Corporation, for and in consideration of TEN DOLLARS and other good and valuable consideration in hand paid CONVEYS AND WARRANTS TO COMMUNITY HOSPITAL OF OTTAWA, INC., an Illinois Not-For-Profit Corporation, the following described real estate in "as is" condition, situated in the County of LaSalle, in the State of Illinois, to-wit:

- See Exh. "A" Attached Hereto -

**SUBJECT TO:**

1. General real estate taxes for 1997 and thereafter;
2. Easements of record, including, but not limited to Documents 478894, 484013 and 85-00050;
3. Reciprocal Entrance Agreement recorded as Document No. 571188;
4. Matters revealed in Plat of Survey of the premises dated October 20, 1997 by Vegrzyn, Sarver & Associates;
5. Rights of the public, the State of Illinois and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highways;
6. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.
7. Rights of the United States of America, State of Illinois, the municipality and the public in and to that part of the land lying within the bed of the Fox River; and the right of other owners of land bordering on the river in respect to the water of said river.

STATE OF ILLINOIS

081173



P.B. 10765

STATE OF ILLINOIS  
REAL ESTATE TRANSFER TAX

DEPT. OF REVENUE

480.00

Tax Code No: Parts of 21-01-405-000  
21-12-201-000  
21-12-233-000

Address of Property: Route 6 and Route 71 East  
Ottawa, IL 61350

DATED this 11 day of November, 1997.

SKYMONT CORPORATION, a  
Delaware Corporation,

BY: Preston Chiaro  
PRESTON CHIARO, President

ATTEST:  
[Signature]  
MICHAEL STOCKMAN,  
Its Secretary

STATE OF CALIFORNIA )  
COUNTY OF Los Angeles ) SS.

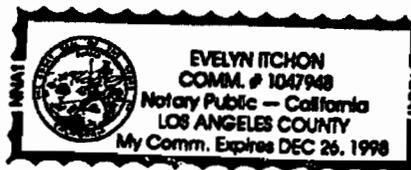
The undersigned, a Notary Public, in and for said County in the State aforesaid, DO HEREBY CERTIFY, that PRESTON CHIARO, personally known to me to be the President of SKYMONT CORPORATION, a Delaware Corporation and MICHAEL STOCKMAN, personally known to me to be the Secretary of said Corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument and caused the Corporate Seal of said Corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said Corporation, as their free and voluntary act, and as the free and voluntary act and deed of said Corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 11<sup>th</sup> day of November, 1997.

[Signature]  
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

LAWRENCE W. BAXTER, P.C.  
Attorney At Law  
417 West Madison Street  
Ottawa, IL 61350  
Phone: (815) 433-0363



## SKYMONT CORPORATION

### EXH. "A"

Part of the South Half of Section 1 and part of the North Half of Section 12 all lying South of the South right of way line of U. S. Route 6 and Illinois Route 71 in Township 33 North, Range 3 East of the Third Principal Meridian, described as follows:

Commencing at the Northeast corner of the Northeast Quarter of said Section 12, thence West 1008.42 feet along the North line of the Northeast Quarter of said Section 12 to it's intersection with the Southerly right of way line of said U. S. Route 6 and Illinois Route 71, The True Point of Beginning, thence South 52 degrees 56 minutes 42 seconds East 325.66 feet along said Southerly right of way line to a point, thence South 37 degrees 03 minutes 18 seconds West 55.0 feet along said Southerly right of way line to a point, thence South 52 degrees 56 minutes 42 seconds East 70.47 feet along said Southerly right of way line to a point, thence South 43 degrees 48 minutes 07 seconds West 294.51 feet to a point, thence North 46 degrees 11 minutes 53 seconds West 100.0 feet to a point, thence South 43 degrees 48 minutes 07 seconds West 231.66 feet to a point on the Northerly right of way line of the former Chicago, Rock Island, and Pacific Railroad, thence North 74 degrees 42 minutes 06 seconds West 1644.30 feet along the Northerly right of way line of said Chicago, Rock Island, and Pacific Railroad to a point, thence North 0 degrees 55 minutes 30 seconds West 159.32 feet to a point on the South line of the Southwest Quarter of said Section 1, thence North 89 degrees 59 minutes 58 seconds West 27.2 feet to the East water's edge of the Fox River, thence Northerly along said East water's edge to a point on the South line of the East end marina property, thence North 88 degrees 59 minutes 34 seconds East 278.04 feet along said South line to the Southeast corner of the said East end marina property, thence North 23 degrees 23 minutes 27 seconds East 618.44 feet along the East line of the said East end marina property to a point on the Southerly right of way line of said U. S. Route 6 and Illinois Route 71, said Point being on a 1522.02 foot radius curve to the right, thence Southeasterly 679.61 feet along said curve right of way line whose chord bears South 65 degrees 43 minutes 29 seconds East 673.98 feet to a point, thence South 57 degrees 43 minutes 31 seconds East 360.0 feet along said Southerly right of way line to a point, thence South 52 degrees 56 minutes 42 seconds East 391.14 feet along said Southerly right of way line to the Point of Beginning, all situated in the City of Ottawa, situated in

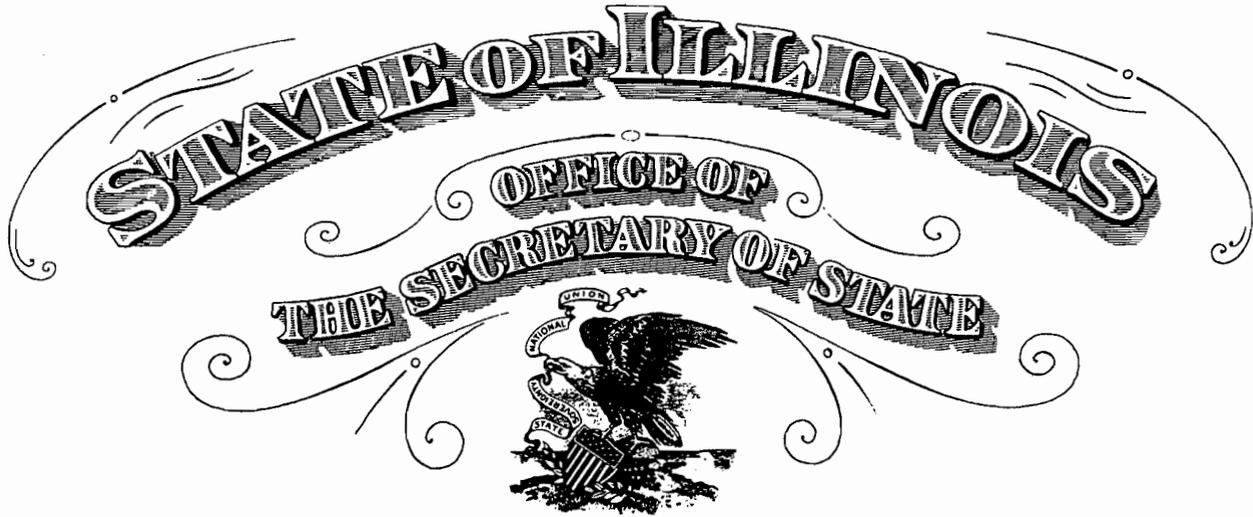
LA SALLE COUNTY, ILLINOIS.

**Operating Entity  
Certificate of Good Standing**

See attached.

OSF Saint Elizabeth Medical Center is a registered business name of Ottawa Regional Hospital & Health Center.

**Attachment 3**



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of DECEMBER A.D. 2015 .***



Authentication #: 1533602930 verifiable until 12/02/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

## Organization Chart

OSF Healthcare System,  
an Illinois NFP



Ottawa Regional Hospital & Healthcare  
Center d/b/a  
OSF Saint Elizabeth Medical Center

**Attachment 4**

**Flood Plain Map**

Not applicable. No modernization or construction.

## Historic Preservation Agency Letter

Not applicable, no modernization or construction associated with FEC. It will be located in former Emergency Department of HSHS St. Mary's Streator.

Attachment 6

### Itemization of Project Costs

Moveable Equipment: \$725,000.00

Various pieces of clinical equipment (e.g. EKG carts, pyxis, IV pumps, cardiac monitors).

Other Costs To Be Capitalized

Artwork, Office Furniture,  
Signage, Miscellaneous Expenses \$150,000.00

NOTE: The FEC will be located in the former St. Mary's Hospital ED and no modernization is necessary.

## Cost Space Requirements

### Reviewable

Dept/Area	Cost	GSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Cust.	Mod	As Is	Vacated
FEC Patient Bays*	\$725,000	10,734	10,734	0	0	10,734	0

\*Includes GSF for fast track

### Non-Reviewable/Project Related

Registration/Waiting, Administrative, (Physician Lounge and Sleep Room/Staff Room/Offices)	Cost	GSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Cust.	Mod	As Is	Vacated
Non-Clinical							
	\$150,000	1,742	1,742	0	0	1,742	0

NOTE: There is an existing helipad which will be used as necessary for FEC operations. The existing GSF is former emergency department space utilized by HSHS St. Mary's, Streator, and is built out with a 650 GSF nursing station, 80 GSF decontamination area, 104 GSF EMS area, and the patient care rooms are 1,400 GSF each. There is also 1,500 GSF for storage and soiled utility.

## Background

1110.230

Attached are copies of the licenses/certifications for other hospitals owned by the applicant OSF Healthcare System.

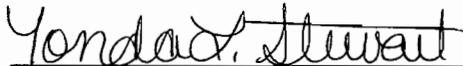
No adverse action has been taken against the facilities over the past three (3) years.

HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official, licensing or certification records of Illinois or other states or records of certification agencies.

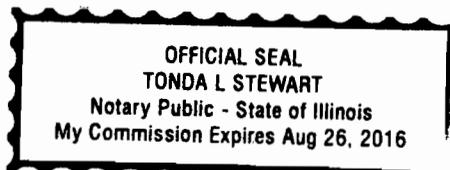


Kevin Schoeplein, CEO  
OSF Healthcare System

Subscribed and sworn to before me this  
3<sup>rd</sup> day of November, 2016.



Notary Public



Attachment 11



**Illinois Department of  
PUBLIC HEALTH**

HF107885

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
4/11/2016		0005439
<b>Critical Access Hospital</b>		
Effective: 04/12/2015		

Exp. Date 4/11/2016

Lic Number 0005439

Date Printed 3/20/2015

**OSF Holy Family Medical Center**  
**1000 West Harlem Avenue**  
**Monmouth, IL 61462**

**OSF Holy Family Medical Center**  
**1000 West Harlem Avenue**  
**Monmouth, IL 61462**

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FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

**HF109533**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**

Issued under the authority of  
the Illinois Department of  
Public Health

**Director**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	General Hospital	0002675
Effective: 01/01/2016		

**St. Mary Medical Center  
3333 North Seminary Street  
Galesburg, IL 61401**

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42

Exp. Date 12/31/2016

Lic Number 0002675

Date Printed 10/28/2015

**St. Mary Medical Center  
3333 North Seminary Street  
Galesburg, IL 61401**

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF109160

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
10/31/2016		0005942
<b>General Hospital</b>  Effective: 11/01/2015		

**OSF Saint Anthony's Health Center**  
**1 Saint Anthony's Way**  
**2nd campus at 915 East 5th street**  
**Alton, IL 62002**

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**Illinois Department of  
PUBLIC HEALTH**

HF109492

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**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/6/2016		0005819
<b>Critical Access Hospital</b>		
Effective: 12/07/2015		

Exp. Date 12/6/2016

Lic Number 0005819

Date Printed 10/28/2015

**Mendota Community Hospital  
dba OSF Saint Paul Medical Center  
1401 East 12th Street**

**Mendota, IL 61342**

**Mendota Community Hospital  
dba OSF Saint Paul Medical Center  
1401 East 12th Street  
Mendota, IL 61342**

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FEE RECEIPT NO.

444



**Illinois Department of  
PUBLIC HEALTH** HF 109523

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**

Issued under the authority of  
the Illinois Department of  
Public Health

**Director**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	General Hospital	0002253
Effective: 01/01/2016		

Saint Anthony Medical Center  
5666 East State Street  
Rockford, IL 61108

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CONSPICUOUS PLACE

Exp. Date 12/31/2016

Lic Number 0002253

Date Printed 10/28/2015

Saint Anthony Medical Center  
5666 East State Street  
Rockford, IL 61108

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF108037

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**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/14/2016		0005520
<b>General Hospital</b>		
Effective: 05/15/2015		

Exp. Date 05/14/2016

Lic Number 0005520

Date Printed 04/09/2015

Ottawa Regional Hospital & Healthcare Center  
dba OSF Saint Elizabeth Medical Center  
1100 E. Norris Drive  
Ottawa, IL 61350

Ottawa Regional Hospital & Healthcare  
dba OSF Saint Elizabeth Medical Cent  
1100 E. Norris Drive  
Ottawa, IL 61350

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FEE RECEIPT NO.

4/10

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HF107115

# Illinois Department of PUBLIC HEALTH



## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

**LaMar Hasbrouck, MD, MPH**  
**Acting Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
12/31/2015	General Hospital	0002394

Effective: 01/01/2015

**Saint Francis Medical Center**  
**530 North East Glen Oak Avenue**  
**Peoria, IL 61637**

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Exp. Date 12/31/2015  
Lic Number 0002394

Date Printed 1/25/2014

**Saint Francis Medical Center**  
**530 North East Glen Oak Avenue**  
**Peoria, IL 61637**

FEE RECEIPT NO.

497



**Illinois Department of  
PUBLIC HEALTH**

**HF 107693**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**

**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
3/2/2016	General Hospital	0005264

Effective: 03/03/2015

**Saint James Hospital  
2500 West Reynolds Street  
Pontiac, IL 61764**

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CONSPICUOUS PLACE

Exp. Date 3/2/2016

Lic Number 0005264

Date Printed 2/25/2015

**Saint James Hospital  
2500 West Reynolds Street  
Pontiac, IL 61764**

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF109529

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D.,J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016		0002535
<b>General Hospital</b>		
<b>Effective: 01/01/2016</b>		

**St. Joseph Medical Center  
2200 East Washington Street  
Bloomington, IL 61701**

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**Illinois Department of  
PUBLIC HEALTH**

HF107692

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
3/31/2016		0005926
<b>Critical Access Hospital</b>		
<b>Effective: 04/01/2015</b>		

**OSF St. Luke Medical Center**  
**1051 West South Street**  
**P.O. Box 747**  
**P.O. Box 747**  
**Kewanee, IL 61443**

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← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

**Exp. Date 3/31/2016**

**Lic Number 0005926**

**Date Printed 2/25/2015**

**OSF St. Luke Medical Center**

**1051 West South Street**  
**P.O. Box 747**  
**Kewanee, IL 61443**

**FEE RECEIPT NO.**

### **Purpose (1110.230)**

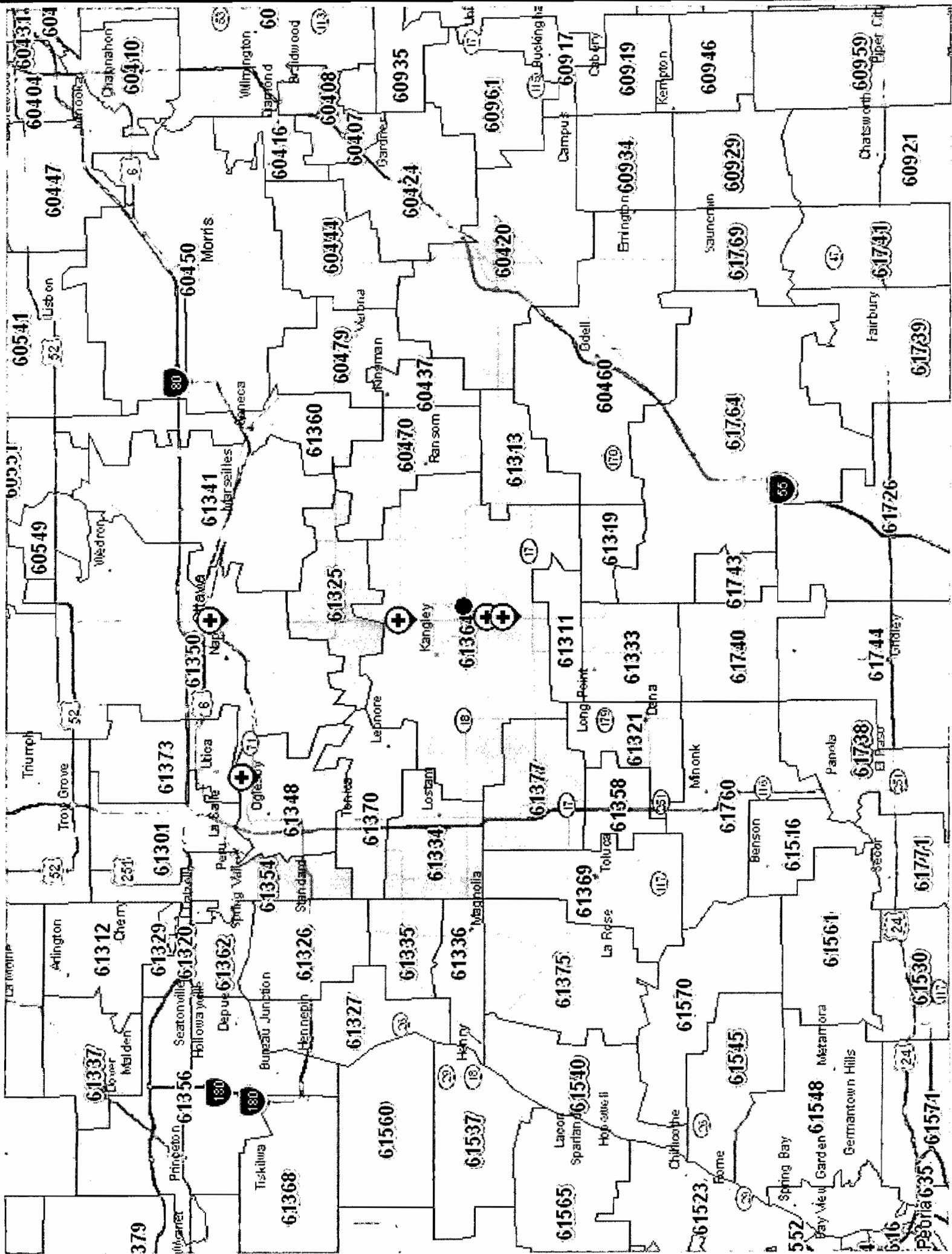
- 1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.*

The primary purpose of the project is to address the impact of the closure of HSHS St. Mary's, Streator by providing emergency services at its former location. The building meets life safety code requirements and the former ED space will be used to meet the demands for emergency and urgent care services within the community via a freestanding emergency center. This proposed freestanding emergency center is part of a transition of services planned, with OSF Healthcare System providing robust outpatient services within Streator through various physician office practices and clinics, and emergency services coordinated with OSF Saint Elizabeth Medical Center, which provides inpatient care to the general service area.

## **Purpose**

2. *Define the planning area or market area, or other, per the applicant's definition.*

The market area is defined by the previous area served by St. Mary's emergency department. Attached is a list of primary zip codes and patient origin for St. Mary's ED and a map of the service area.



### **Summary of Patient Origin**

Total ED patient volume: 11,902 (Based on 2014 AHQ; Comp Data reflected 11,779 visits and is used for patient origin purposes herein.)

Total number of patients from Streator zip codes: 9,834

Total number of patients from four other zip codes with volume of 100 or more patients per zip code: 765

Total from various other zip codes each with less than 100 patients, and most less than 10: 1,180

HSHS St. Mary's Hospital  
 ED Utilization by Zip Code  
 Source: IHA Compdata

Zip Codes	FY2012	FY2013	FY2014	FY2015Q3A
<b>HSHS ST MARY'S HOSPITAL - STREATOR</b>	<b>12,197</b>	<b>12,095</b>	<b>11,779</b>	<b>11,652</b>
61364-STREATOR	9,922	9,932	9,834	9,815
61377-WENONA	343	317	270	260
61369-TOLUCA	268	277	266	227
61350-OTTAWA	198	206	170	169
61319-CORNELL	94	110	124	109
60470-RANSOM	114	112	112	87
61325-GRAND RIDGE	85	101	93	60
61760-MINONK	89	47	66	52
61333-LONG POINT	84	71	66	60
61341-MARSEILLES	77	56	64	59
61311-ANCONA	74	66	56	68
61740-FLANAGAN	58	42	40	83
60420-DWIGHT	70	57	39	32
61334-LOSTANT	40	41	38	27
61313-BLACKSTONE	33	36	37	37
61321-DANA	30	28	33	13
61358-RUTLAND	68	47	32	28
61370-TONICA	36	25	23	24
61301-LA SALLE	19	19	21	19
61348-OGLESBY	22	20	19	19
61375-VARNA	27	22	18	13
61764-PONTIAC	28	17	15	21
61540-LACON	3	2	14	11
60460-ODELL	3	9	12	11
61360-SENECA	13	20	12	17
61332-LEONORE	17	11	11	13
61354-PERU	20	10	11	11
61704-BLOOMINGTON	3	6	11	7
61326-GRANVILLE	5	6	8	3
61537-HENRY	2	3	6	4
61336-MAGNOLIA	20	15	6	7
34685-PALM HARBOR	-	-	5	-
60563-NAPERVILLE	2	-	5	-
60505-AURORA	-	4	5	1
60437-KINSMAN	3	5	4	-
62526-DECATUR	-	1	4	-
60632-CHICAGO	-	2	4	-
60435-JOLIET	2	7	4	3
(blank)	-	-	4	1
61362-SPRING VALLEY	3	7	4	5
61753-LEXINGTON	-	5	3	9
61570-WASHBURN	2	2	3	1
60432-JOLIET	4	1	3	4
61726-CHENOA	3	4	3	4
61611-EAST PEORIA	10	8	3	-
60637-CHICAGO	1	-	3	-
60444-MAZON	2	1	3	-
61605-PEORIA	1	4	3	11
61614-PEORIA	2	-	3	1
61261-LYNDON	-	-	2	-

76201-DENTON	-	-	2	-
38401-COLUMBIA	-	-	2	-
53081-SHEBOYGAN	-	-	2	-
61634-PEORIA	6	1	2	-
61516-BENSON	-	3	2	1
56031-FAIRMONT	-	-	2	1
67354-MOUND VALLEY	-	-	2	-
60621-CHICAGO	-	7	2	-
60551-SHERIDAN	3	3	2	5
60431-JOLIET	4	3	2	4
61546-MANITO	1	-	2	1
33534-GIBSONTON	-	-	2	-
60450-MORRIS	3	9	2	1
60447-MINOOKA	-	1	2	-
61801-URBANA	-	-	2	-
60510-BATAVIA	-	-	2	-
60042-ISLAND LAKE	-	-	2	-
61342-MENDOTA	6	4	2	8
61356-PRINCETON	4	1	2	4
60628-CHICAGO	-	4	2	3
60619-CHICAGO	6	1	2	3
61108-ROCKFORD	-	-	2	5
52245-IOWA CITY	-	-	2	-
61761-NORMAL	9	8	2	3
77493-KATY	-	-	1	-
37862-SEVIERVILLE	-	-	1	-
52060-MAQUOKETA	-	-	1	-
60970-WATSEKA	4	-	1	-
35754-LACEYS SPRING	-	-	1	-
44241-STREETSBORO	-	-	1	-
61526-EDELSTEIN	-	-	1	-
61530-EUREKA	1	-	1	-
33604-TAMPA	-	-	1	-
61329-LADD	1	-	1	-
60920-CAMPUS	1	-	1	-
61744-GRIDLEY	1	-	1	-
61338-MANLIUS	-	-	1	-
54963-OMRO	-	-	1	-
63434-BETHEL	-	-	1	-
33024-HOLLYWOOD	-	-	1	-
23505-NORFOLK	-	-	1	-
30132-DALLAS	-	-	1	-
85226-CHANDLER	-	1	1	-
34202-BRADENTON	-	-	1	-
61359-SEATONVILLE	1	-	1	-
45239-CINCINNATI	-	-	1	-
61344-MINERAL	-	-	1	-
62849-IUKA	-	-	1	-
17552-MOUNT JOY	-	-	1	-
65802-SPRINGFIELD	-	1	1	-
61335-MC NABB	3	-	1	1
76542-KILLEEN	-	-	1	-
77518-BACLIFF	-	1	1	-
31316-LUDOWICI	-	-	1	-
61602-PEORIA	-	-	1	-
62568-TAYLORVILLE	-	-	1	-

64656-LUDLOW	-	-	1	-
23188-WILLIAMSBURG	-	-	1	4
74116-TULSA	-	-	1	-
68046-PAPILLION	-	-	1	-
33134-MIAMI	-	-	1	-
53934-FRIENDSHIP	-	-	1	-
40204-LOUISVILLE	-	-	1	-
66801-EMPORIA	-	-	1	-
46517-ELKHART	-	-	1	-
61721-ARMINGTON	-	-	1	-
60911-ASHKUM	-	-	1	-
61722-ARROWSMITH	-	-	1	-
48366-LAKEVILLE	-	-	1	-
61728-COLFAX	-	-	1	-
46845-FORT WAYNE	-	-	1	-
61769-SAUNEMIN	-	1	1	5
33018-HIALEAH	-	-	1	-
46202-INDIANAPOLIS	-	-	1	-
12208-ALBANY	-	-	1	-
61363-STANDARD	-	-	1	-
80214-DENVER	-	-	1	-
61547-MAPLETON	-	-	1	-
33415-WEST PALM BEACH	-	-	1	-
65020-CAMDENTON	-	-	1	-
75851-LOVELADY	-	-	1	-
97526-GRANTS PASS	-	-	1	-
61239-CARBON CLIFF	-	-	1	-
65591-MONTREAL	-	-	1	-
28080-IRON STATION	-	-	1	-
33852-LAKE PLACID	-	1	1	-
85143-SAN TAN VALLEY	-	-	1	-
82009-CHEYENNE	-	-	1	-
61028-ELIZABETH	-	-	1	3
61814-BISMARCK	-	-	1	-
25082-FRAZIERS BOTTOM	-	-	1	-
78550-HARLINGEN	1	-	1	-
78065-POTEET	-	-	1	-
85207-MESA	-	-	1	-
61917-BROCTON	-	-	1	-
53115-DELAVAN	-	-	1	-
60074-PALATINE	-	-	1	-
60020-FOX LAKE	-	-	1	-
60586-PLAINFIELD	-	2	1	3
61821-CHAMPAIGN	-	-	1	-
60615-CHICAGO	1	1	1	-
60525-LA GRANGE	-	-	1	-
60624-CHICAGO	-	-	1	1
60115-DEKALB	-	-	1	-
60446-ROMEOVILLE	-	-	1	-
60140-HAMPSHIRE	-	-	1	-
60636-CHICAGO	-	-	1	-
60531-LELAND	1	-	1	-
60652-CHICAGO	2	-	1	4
60089-BUFFALO GROVE	-	-	1	3
60653-CHICAGO	-	-	1	-
65775-WEST PLAINS	-	1	1	-

60804-CICERO	-	1	1	-
61565-SPARLAND	-	2	1	-
62675-PETERSBURG	-	-	1	-
60614-CHICAGO	-	-	1	-
61554-PEKIN	5	4	1	3
60103-BARTLETT	-	-	1	-
60518-EARLVILLE	4	1	1	5
60481-WILMINGTON	-	4	1	-
62617-BATH	-	-	1	-
48917-LANSING	-	-	1	-
61373-UTICA	2	5	1	4
60964-SAINT ANNE	-	-	1	-
60560-YORKVILLE	2	1	1	1
65536-LEBANON	-	2	1	-
61523-CHILLICOTHE	-	-	1	-
60433-JOLIET	5	3	1	-
61603-PEORIA	-	1	1	1
60441-LOCKPORT	-	1	1	-
61615-PEORIA	1	-	1	-
77084-HOUSTON	-	2	1	-
61103-ROCKFORD	-	-	1	-
60601-CHICAGO	-	-	1	-
61109-ROCKFORD	-	-	1	-
89131-LAS VEGAS	-	-	1	-
61244-EAST MOLINE	-	-	1	-
60545-PLANO	1	1	1	-
60408-BRAIDWOOD	2	-	1	3
46321-MUNSTER	-	-	1	-
52778-WILTON	-	-	1	-
60099-ZION	-	-	1	-
60426-HARVEY	1	2	1	-
60112-CORTLAND	-	-	1	-
38128-MEMPHIS	2	-	1	-
60475-STEGER	-	-	1	-
47805-TERRE HAUTE	-	-	1	-
60506-AURORA	-	1	1	3
61550-MORTON	-	1	1	-
61008-BELVIDERE	2	-	1	-
66614-TOPEKA	-	-	1	-
60424-GARDNER	2	-	1	3
62549-MT ZION	-	-	1	1
60961-REDDICK	-	1	1	-
63108-SAINT LOUIS	-	-	1	-
61866-RANTOUL	-	-	1	-
63135-SAINT LOUIS	-	-	1	-
61738-EL PASO	3	1	1	-
65203-COLUMBIA	-	-	1	-
61705-BLOOMINGTON	2	-	1	1
49426-HUDSONVILLE	-	1	-	-
61340-MARK	-	-	-	1
37725-DANDRIDGE	-	-	-	3
76148-FORT WORTH	2	-	-	-
39465-PETAL	-	2	-	-
94526-DANVILLE	-	-	-	1
62520-DAWSON	-	3	-	-
33304-FORT LAUDERDALE	1	-	-	-

74048-NOWATA	-	-	-	1
78233-SAN ANTONIO	1	-	-	-
85008-PHOENIX	-	-	-	1
80305-BOULDER	-	2	-	-
39574-SAUCIER	-	2	-	-
43050-MOUNT VERNON	1	-	-	-
46221-INDIANAPOLIS	-	1	-	-
60168-SCHAUMBURG	1	-	-	-
54745-HOLCOMBE	-	-	-	1
44857-NORWALK	-	1	-	-
38357-MICHIE	-	2	-	-
50315-DES MOINES	-	-	-	1
73119-OKLAHOMA CITY	-	-	-	1
60934-EMINGTON	-	-	-	1
46075-WHITESTOWN	1	1	-	-
48307-ROCHESTER	1	-	-	-
61104-ROCKFORD	-	1	-	1
60913-BONFIELD	-	1	-	-
41653-PRESTONSBURG	-	1	-	1
61561-ROANOKE	-	1	-	-
54646-NECEDAH	-	1	-	-
61560-PUTNAM	1	1	-	-
65483-HOUSTON	2	-	-	-
55117-SAINT PAUL	-	1	-	-
74019-CLAREMORE	1	-	-	-
11226-BROOKLYN	-	-	-	1
33619-TAMPA	1	-	-	-
61729-CONGERVILLE	1	-	-	-
87401-FARMINGTON	-	-	-	1
61310-AMBOY	-	1	-	-
61064-POLO	1	-	-	1
61748-HUDSON	-	1	-	-
37810-MOHAWK	1	-	-	-
61314-BUDA	1	-	-	-
67341-DENNIS	-	1	-	-
85301-GLENDALE	-	1	-	-
46151-MARTINSVILLE	-	1	-	-
02740-NEW BEDFORD	1	-	-	-
62667-MODESTO	-	1	-	-
37722-COSBY	1	-	-	1
74501-MCALESTER	-	-	-	1
60929-CULLOM	1	1	-	-
85023-PHOENIX	-	-	-	1
33634-TAMPA	-	-	-	1
91321-NEWHALL	-	-	-	1
01930-GLOUCESTER	-	1	-	-
33565-PLANT CITY	-	1	-	-
43035-LEWIS CENTER	-	3	-	-
00778-GURABO	-	1	-	-
53913-BARABOO	-	-	-	1
61337-MALDEN	-	2	-	-
52404-CEDAR RAPIDS	3	-	-	-
32656-KEYSTONE HEIGHTS	1	-	-	-
61743-GRAYMONT	-	2	-	-
46933-GAS CITY	-	-	-	1
62501-ARGENTA	1	-	-	-

16735-KANE	-	1	-	-
62532-ELWIN	1	-	-	-
34436-FLORAL CITY	-	1	-	-
60919-CABERY	-	-	-	1
53949-MONTELLO	-	-	-	3
61421-BRADFORD	-	1	-	-
33461-LAKE WORTH	1	-	-	-
60479-VERONA	1	1	-	-
86409-KINGMAN	-	-	-	1
61727-CLINTON	-	1	-	-
51358-RUTHVEN	1	-	-	-
60949-LUDLOW	-	-	-	1
95482-UKIAH	-	-	-	1
60952-MELVIN	-	3	-	-
55792-VIRGINIA	3	-	-	-
61877-SIDNEY	-	-	-	1
55734-EVELETH	-	-	-	1
61937-LOVINGTON	-	-	-	1
61633-PEORIA	1	-	-	-
37379-SODDY DAISY	-	1	-	-
62999-ZEIGLER	1	-	-	-
45066-SPRINGBORO	-	1	-	-
34143-IMMOKALEE	1	-	-	-
61368-TISKILWA	1	-	-	-
53210-MILWAUKEE	2	1	-	-
33890-ZOLFO SPRINGS	-	1	-	-
74110-TULSA	-	-	-	1
98349-LAKEBAY	-	-	-	1
65109-JEFFERSON CITY	1	-	-	-
55311-OSSEO	-	5	-	-
33801-LAKELAND	1	-	-	-
43213-COLUMBUS	-	-	-	3
43004-BLACKLICK	1	-	-	-
47901-LAFAYETTE	3	-	-	-
53029-HARTLAND	1	-	-	-
36869-PHENIX CITY	-	1	-	-
92102-SAN DIEGO	-	-	-	1
60938-GILMAN	1	-	-	1
84737-HURRICANE	-	1	-	1
61361-SHEFFIELD	-	1	-	1
34480-OCALA	-	1	-	-
32043-GREEN COVE SPRINGS	1	-	-	-
52733-CLINTON	-	1	-	-
65265-MEXICO	-	2	-	-
23669-HAMPTON	-	1	-	-
61454-LOMAX	-	1	-	-
77586-SEABROOK	1	-	-	-
33071-POMPANO BEACH	1	-	-	-
38108-MEMPHIS	-	-	-	3
61601-PEORIA	2	1	-	-
47715-EVANSVILLE	-	-	-	3
52531-ALBIA	-	2	-	-
61316-CEDAR POINT	1	1	-	-
80503-LONGMONT	1	-	-	-
47111-CHARLESTOWN	1	-	-	-
72626-COTTER	-	-	-	1

33981-PORT CHARLOTTE	-	1	-	-
40422-DANVILLE	1	-	-	-
41701-HAZARD	3	-	-	-
62896-WEST FRANKFORT	-	-	-	1
48509-BURTON	-	1	-	-
21702-FREDERICK	1	-	-	-
54612-ARCADIA	-	1	-	-
72634-FLIPPIN	-	-	-	1
47882-SULLIVAN	-	1	-	-
48858-MOUNT PLEASANT	-	1	-	-
32693-TRENTON	1	-	-	-
85022-PHOENIX	1	-	-	-
37201-NASHVILLE	-	1	-	-
57105-SIOUX FALLS	-	-	-	1
01001-AGAWAM	-	1	-	-
61607-PEORIA	1	-	-	-
31525-BRUNSWJCK	1	-	-	-
63857-KENNETT	1	-	-	-
98579-ROCHESTER	1	-	-	-
32246-JACKSONVILLE	1	-	-	-
61324-ELDENA	2	-	-	-
90242-DOWNEY	1	-	-	-
32607-GAINESVILLE	-	-	-	1
65613-BOLIVAR	-	-	-	1
56721-EAST GRAND FORKS	-	-	-	1
54902-OSHKOSH	-	1	-	-
61759-MINIER	-	1	-	-
61802-URBANA	-	1	-	-
48657-SANFORD	-	1	-	-
43054-NEW ALBANY	1	-	-	-
61322-DEPUE	-	1	-	-
44203-BARBERTON	1	-	-	-
61842-FARMER CITY	-	1	-	-
49107-BUCHANAN	-	1	-	-
63463-PHILADELPHIA	-	1	-	-
56324-DALTON	1	-	-	-
55071-SAINT PAUL PARK	1	-	-	-
75208-DALLAS	1	-	-	-
85653-MARANA	-	1	-	-
75244-DALLAS	1	-	-	-
47841-CLAY CITY	1	-	-	-
58201-GRAND FORKS	-	-	-	1
56278-ORTONVILLE	1	-	-	-
86303-PRESCOTI	2	-	-	-
72451-PARAGOULD	1	-	-	-
61327-HENNEPIN	-	2	-	-
61650-PEORIA	-	2	-	-
46241-INDIANAPOLIS	1	-	-	-
61639-PEORIA	1	-	-	-
33405-WEST PALM BEACH	1	-	-	-
64097-WELLINGTON	-	2	-	-
62816-BONNIE	-	3	-	-
52549-CINCINNATI	1	-	-	-
68048-PLATTSMOUTH	-	1	-	-
44618-DALTON	-	1	-	-
52411-CEDAR RAPIDS	1	-	-	-

46958-MEXICO	1	-	-	-
53538-FORT ATKINSON	1	-	-	-
95628-FAIR OAKS	-	-	-	3
60670-CHICAGO	2	-	-	-
14433-CLYDE	-	-	-	1
61345-NEPONSET	1	-	-	-
63623-BELLEVIEW	4	-	-	-
68111-OMAHA	-	1	-	-
63164-SAINT LOUIS	2	-	-	-
64850-NEOSHO	1	-	-	-
71726-CHIDESTER	-	1	-	-
96743-KAMUELA	1	-	-	-
89156-LAS VEGAS	-	1	-	-
62518-CHESTNUT	-	-	-	3
33975-LABELLE	-	1	-	-
61541-LA ROSE	3	2	-	1
93063-SIMI VALLEY	-	1	-	-
60958-PEMBROKE TOWNSHIP	1	-	-	-
60617-CHICAGO	1	1	-	-
61367-SUBLETTE	-	-	-	1
52732-CLINTON	1	-	-	-
60630-CHICAGO	-	1	-	-
60453-OAK LAWN	2	3	-	-
61101-ROCKFORD	1	1	-	-
60915-BRADLEY	1	1	-	-
62702-SPRINGFIELD	-	1	-	-
48911-LANSING	-	1	-	-
62418-BROWNSTOWN	-	2	-	-
61820-CHAMPAIGN	-	2	-	-
60523-OAK BROOK	1	-	-	-
46324-HAMMOND	3	-	-	-
60538-MONTGOMERY	2	-	-	-
60474-SOUTH WILMINGTON	1	-	-	-
60558-WESTERN SPRINGS	-	1	-	-
78665-ROUND ROCK	1	-	-	-
61264-MILAN	1	-	-	1
61701-BLOOMINGTON	1	5	-	1
61450-LA HARPE	1	-	-	-
60403-CREST HILL	1	1	-	-
52333-SOLON	1	-	-	-
76137-FORT WORTH	1	-	-	-
60516-DOWNERS GROVE	-	1	-	-
30741-ROSSVILLE	-	-	-	1
60633-CHICAGO	2	-	-	-
98203-EVERETT	1	-	-	-
60124-ELGIN	-	-	-	3
61378-WEST BROOKLYN	-	-	-	3
60532-LISLE	1	-	-	-
60407-BRACEVILLE	-	1	-	-
60548-SANDWICH	-	2	-	-
60490-BOLINGBROOK	1	-	-	-
60415-CHICAGO RIDGE	-	-	-	1
60549-SERENA	1	-	-	4
23456-VIRGINIA BEACH	-	1	-	-
55379-SHAKOPEE	1	-	-	-
60634-CHICAGO	-	1	-	-

60402-BERWYN	-	1	-	1
61480-STRONGHURST	-	1	-	-
30044-LAWRENCEVILLE	-	1	-	-
60552-SOMONAUK	2	1	-	-
60556-WATERMAN	1	-	-	-
61021-DIXON	2	-	-	1
46135-GREENCASTLE	-	1	-	-
62024-EAST ALTON	-	2	-	-
62558-PAWNEE	-	-	-	3
62025-EDWARDSVILLE	-	1	-	-
60178-SYCAMORE	1	-	-	-
62035-GODFREY	-	1	-	-
62674-PALMYRA	1	-	-	-
62050-HILLVIEW	-	-	-	1
60404-SHOREWOOD	1	-	-	1
62087-SOUTH ROXANA	-	-	-	1
61571-WASHINGTON	1	1	-	3
60559-WESTMONT	-	-	-	3
34668-PORT RICHEY	1	-	-	-
60639-CHICAGO	-	1	-	-
60016-DES PLAINES	1	-	-	-
60640-CHICAGO	1	-	-	-
62644-HAVANA	1	1	-	-
60416-COAL CITY	5	1	-	1
60188-CAROL STREAM	-	1	-	-
61032-FREEPORT	-	1	-	-
60487-TINLEY PARK	-	1	-	1
60641-CHICAGO	-	1	-	-
60610-CHICAGO	-	1	-	-
61853-MAHOMET	-	-	-	1
60501-SUMMIT ARGO	1	-	-	-
62069-MOUNT OLIVE	1	-	-	-
61318-COMPTON	-	1	-	-
62092-WHITE HALL	-	-	-	1
60623-CHICAGO	-	1	-	-
60644-CHICAGO	1	-	-	-
60181-VILLA PARK	-	1	-	-
62234-COLLINSVILLE	-	-	-	1
61734-DELAN	-	1	-	1
62269-O FALLON	3	3	-	-
60555-WARRENVILLE	-	1	-	-
62363-PITTSFIELD	-	-	-	1
61616-PEORIA HEIGHTS	1	-	-	-
60646-CHICAGO	-	-	-	1
61544-LONDON MILLS	1	-	-	-
62704-SPRINGFIELD	1	-	-	-
46227-INDIANAPOLIS	-	-	-	1
62864-MOUNT VERNON	1	-	-	-
53158-PLEASANT PRAIRIE	1	-	-	-
60651-CHICAGO	-	1	-	-
60521-HINSDALE	-	-	-	1
60S61-DARIEN	-	-	-	1
30075-ROSWELL	-	1	-	-
60618-CHICAGO	1	-	-	-
60007-ELK GROVE VILLAGE	1	-	-	-
60707-ELMWOOD PARK	1	-	-	-

60452-OAK FOREST	2	-	-	-
60142-HUNTLEY	1	-	-	-
62656-LINCOLN	2	1	-	1
63130-SAINT LOUIS	1	-	-	-
39503-GULFPORT	1	3	-	-
92058-OCEANSIDE	-	-	-	1
60451-NEW LENOX	-	2	-	-
60056-MOUNT PROSPECT	-	-	-	1
62561-RIVERTON	-	1	-	-
60134-GENEVA	-	1	-	-
61606-PEORIA	-	1	-	-
62966-MURPHYSBORO	-	3	-	-
60101-ADDISON	-	1	-	-
60527-WILLOWBROOK	-	1	-	-
60410-CHANNAHON	1	1	-	-
65807-SPRINGFIELD	-	1	-	-
60457-HICKORY HILLS	-	1	-	-
02038-FRANKLIN	1	-	-	-
60585-PLAINFIELD	-	-	-	1
40222-LOUISVILLE	-	1	-	-
89135-LAS VEGAS	-	1	-	-
60827-RIVERDALE	1	-	-	-
60543-OSWEGO	1	2	-	-
60657-CHICAGO	2	-	-	-
52730-CAMANACHE	-	-	-	1
60436-JOLIET	1	2	-	-
60018-DES PLAINES	-	1	-	-
61739-FAIRBURY	1	2	-	1
61755-MACKINAW	-	1	-	4
60440-BOLINGBROOK	-	1	-	-
62420-CASEY	1	-	-	-
62225-SCOTT AIR FORCE BASE	-	1	-	-
60185-WEST CHICAGO	-	2	-	-
62521-DECATUR	-	1	-	-
60190-WINFIELD	-	-	-	3
61520-CANTON	-	-	-	1
60467-ORLAND PARK	-	2	-	-
62703-SPRINGFIELD	1	-	-	-
60471-RICHTON PARK	1	-	-	-
61604-PEORIA	-	2	-	-
50023-ANKENY	-	1	-	-
60607-CHICAGO	-	-	-	1
60537-MILLINGTON	-	-	-	1
42211-CADIZ	-	-	-	1
60567-NAPERVILLE	-	1	-	-
62297-WALSH	1	-	-	-
60901-KANKAKEE	-	1	-	1
96734-KAILUA	-	1	-	-
61317-CHERRY	1	-	-	-
60443-MATTESON	1	-	-	-
62447-NEOGA	1	-	-	-
60491-HOMER GLEN	-	-	-	1
47630-NEWBURGH	-	1	-	-
60914-BOURBONNAIS	-	1	-	-
74012-BROKEN ARROW	-	1	-	1
62812-BENTON	-	1	-	-

46303-CEDAR LAKE	1	-	-	-
62832-DU QUOIN	-	1	-	-
60302-OAK PARK	-	1	-	-
77630-ORANGE	-	1	-	-
60921-CHATSWORTH	-	-	-	1
47274-SEYMOUR	1	-	-	-
49047-DOWAGIAC	1	-	-	-
49112-EDWARDSBURG	1	-	-	-
53219-MILWAUKEE	-	1	-	-
55330-ELK RIVER	2	1	-	-
60625-CHICAGO	-	-	-	1
62681-RUSHVILLE	-	3	-	-
60605-CHICAGO	-	1	-	-
60073-ROUND LAKE	-	-	-	1
65101-JEFFERSON CITY	-	-	-	1
60423-FRANKFORT	1	1	-	-
60941-HERSCHER	1	-	-	-
60608-CHICAGO	2	-	-	-
60119-ELBURN	1	-	-	-
62612-ASHLAND	-	1	-	-
30189-WOODSTOCK	-	1	-	-
60169-HOFFMAN ESTATES	-	-	-	-
46394-WHITING	1	-	-	-
61443-KEWANEE	1	1	-	-
49423-HOLLAND	-	1	-	-
62080-RAMSEY	-	1	-	-
60156-LAKE IN THE HILLS	-	-	-	1
60540-NAPERVILLE	2	4	-	-
61073-ROSCOE	-	-	-	4
62650-JACKSONVILLE	-	-	-	1
60629-CHICAGO	5	-	-	1
60110-CARPENTERSVILLE	-	1	-	-
60048-LIBERTYVILLE	-	1	-	-
62226-BELLEVILLE	-	3	-	-
Grand Total	12,197	12,095	11,779	11,652

## Purpose

3. *Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]*

See #1. Generally, the issues to be addressed relate to the need for emergency services within the Streator community.

4. *Cite the sources of the information provided as documentation.*

HSHS St. Mary's data and statistics regarding ED volume.

## Purpose

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*

The project will enhance patient care, as follows:

- It will reduce morbidity and mortality through the availability of emergency care in the town of Streator;
- Access to emergency services will be available to residents of Streator.

6. *Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.*

A goal of the project is to reduce morbidity and mortality by providing emergency care in a timely manner to residents of Streator. The closest hospital emergency department is 18 miles away (25-35 drive based on traffic) at OSF Saint Elizabeth Medical Center in Ottawa. A benefit of the project includes reduced health care costs associated with the availability of emergency care in Streator.

## Alternatives

### Option 1: "Do Nothing"

This option would leave Streator without emergency services, and was not deemed optimal from a health or cost perspective. The cost of this alternative is zero.

### Option 2: "Offer Urgent Care/Walk In Services Only"

While OSF always contemplated providing urgent care services in Streator, it determined the provision of emergency services via an FEC, would both optimize the building as an asset and provide access to necessary emergency services within the community, avoiding a 25 plus minute ambulance trip to Ottawa for emergency services. The option of offering only urgent care services without an FEC would cost nothing. However, it also would do nothing to support access to emergency services to residents of Streator. Urgent care services do not address the types of medical conditions the FEC will be able to address. An FEC is the best option (and chosen one) for the healthcare of the community.

A joint venture would not be appropriate for this project, and was not considered.

Utilizing other health care providers is not an alternative, as it would do nothing to alleviate the lack of emergency services in Streator, IL. As mentioned, the ambulance trip to OSF Saint Elizabeth's is in the best of circumstances a 20 minute trip. The costs associated in transfer and the delay in the provision of care would not be beneficial to the community's health, or cost savings.

### Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE (actual size)	MET STANDARD?
Clinical/FEC	10,734	840-1170 DGSF	3,714 or 619 GSF per treatment bay	No
Non Clinical	1,742	N/A	N/A	N/A

While the project proposes 6 ED bays, this is what is required to address prior volume. Also, the space is existing space with each treatment room already being 1,400 GSF and modernizing to decrease the size would result in unnecessary costs. The FEC will be in what was a full emergency department operated by a hospital, and includes a 650 GSF nursing station, a decontamination area, an area for EMS personnel and a large storage soiled utility area. The wait times for those who do not require emergency services will be reduced.

## PROJECT SERVICES UTILIZATION

UTILIZATION				
DEPARTMENT	HISTORICAL UTILIZATION CY14	PROJECTED UTILIZATION CY19	STATE STANDARD	MET STANDARD?
FEC	11,902 visits	Same as 2014 or higher	2000 visits per tx bay (5 bays)	Yes

The FEC will have 6 treatment bays which will accommodate the previous historical volume of HSHS St. Mary's Streator (see attached).

NOTE: There are no utilization standards for FEC services, but the applicant is focusing its services on historical utilization of the HSHS St. Mary's emergency department, and therefore is planning to operate 6 treatment bays based on the HFSRB volume requirements for emergency services.

HSHS St. Mary's Hospital  
 ED Utilization by Zip Code  
 Source: IHA Compdata

Zip Codes	FY2012	FY2013	FY2014	FY2015Q3A
<b>HSHS ST MARY'S HOSPITAL – STREATOR</b>	<b>12,197</b>	<b>12,095</b>	<b>11,779</b>	<b>11,652</b>
61364-STREATOR	9,922	9,932	9,834	9,815
61377-WENONA	343	317	270	260
61369-TOLUCA	268	277	266	227
61350-OTTAWA	198	206	170	169
61319-CORNELL	94	110	124	109
60470-RANSOM	114	112	112	87
61325-GRAND RIDGE	85	101	93	60
61760-MINONK	89	47	66	52
61333-LONG POINT	84	71	66	60
61341-MARSEILLES	77	56	64	59
61311-ANCONA	74	66	56	68
61740-FLANAGAN	58	42	40	83
60420-DWIGHT	70	57	39	32
61334-LOSTANT	40	41	38	27
61313-BLACKSTONE	33	36	37	37
61321-DANA	30	28	33	13
61358-RUTLAND	68	47	32	28
61370-TONICA	36	25	23	24
61301-LA SALLE	19	19	21	19
61348-OGLESBY	22	20	19	19
61375-VARNA	27	22	18	13
61764-PONTIAC	28	17	15	21
61540-LACON	3	2	14	11
60460-ODELL	3	9	12	11
61360-SENECA	13	20	12	17
61332-LEONORE	17	11	11	13
61354-PERU	20	10	11	11
61704-BLOOMINGTON	3	6	11	7
61326-GRANVILLE	5	6	8	3
61537-HENRY	2	3	6	4
61336-MAGNOLIA	20	15	6	7
34685-PALM HARBOR	-	-	5	-
60563-NAPERVILLE	2	-	5	-
60505-AURORA	-	4	5	1
60437-KINSMAN	3	5	4	-
62526-DECATUR	-	1	4	-
60632-CHICAGO	-	2	4	-
60435-JOLIET	2	7	4	3
(blank)	-	-	4	1
61362-SPRING VALLEY	3	7	4	5
61753-LEXINGTON	-	5	3	9
61570-WASHBURN	2	2	3	1
60432-JOLIET	4	1	3	4
61726-CHENOA	3	4	3	4
61611-EAST PEORIA	10	8	3	-
60637-CHICAGO	1	-	3	-
60444-MAZON	2	1	3	-
61605-PEORIA	1	4	3	11
61614-PEORIA	2	-	3	1
61261-LYNDON	-	-	2	-
76201-DENTON	-	-	2	-

38401-COLUMBIA	-	-	2	-
53081-SHEBOYGAN	-	-	2	-
61634-PEORIA	6	1	2	-
61516-BENSON	-	3	2	1
56031-FAIRMONT	-	-	2	1
67354-MOUND VALLEY	-	-	2	-
60621-CHICAGO	-	7	2	-
60551-SHERIDAN	3	3	2	5
60431-JOLIET	4	3	2	4
61546-MANITO	1	-	2	1
33534-GIBSONTON	-	-	2	-
60450-MORRIS	3	9	2	1
60447-MINOOKA	-	1	2	-
61801-URBANA	-	-	2	-
60510-BATAVIA	-	-	2	-
60042-ISLAND LAKE	-	-	2	-
61342-MENDOTA	6	4	2	8
61356-PRINCETON	4	1	2	4
60628-CHICAGO	-	4	2	3
60619-CHICAGO	6	1	2	3
61108-ROCKFORD	-	-	2	5
52245-IOWA CITY	-	-	2	-
61761-NORMAL	9	8	2	3
77493-KATY	-	-	1	-
37862-SEVIERVILLE	-	-	1	-
52060-MAQUOKETA	-	-	1	-
60970-WATSEKA	4	-	1	-
35754-LACEYS SPRING	-	-	1	-
44241-STREETSBORO	-	-	1	-
61526-EDELSTEIN	-	-	1	-
61530-EUREKA	1	-	1	-
33604-TAMPA	-	-	1	-
61329-LADD	1	-	1	-
60920-CAMPUS	1	-	1	-
61744-GRIDLEY	1	-	1	-
61338-MANLIUS	-	-	1	-
54963-OMRO	-	-	1	-
63434-BETHEL	-	-	1	-
33024-HOLLYWOOD	-	-	1	-
23505-NORFOLK	-	-	1	-
30132-DALLAS	-	-	1	-
85226-CHANDLER	-	1	1	-
34202-BRADENTON	-	-	1	-
61359-SEATONVILLE	1	-	1	-
45239-CINCINNATI	-	-	1	-
61344-MINERAL	-	-	1	-
62849-IUKA	-	-	1	-
17552-MOUNT JOY	-	-	1	-
65802-SPRINGFIELD	-	1	1	-
61335-MC NABB	3	-	1	1
76542-KILLEEN	-	-	1	-
77518-BACLIFF	-	1	1	-
31316-LUDOWICI	-	-	1	-
61602-PEORIA	-	-	1	-
62568-TAYLORVILLE	-	-	1	-
64656-LUDLOW	-	-	1	-

23188-WILLIAMSBURG	-	-	1	4
74116-TULSA	-	-	1	-
68046-PAPILLION	-	-	1	-
33134-MIAMI	-	-	1	-
53934-FRIENDSHIP	-	-	1	-
40204-LOUISVILLE	-	-	1	-
66801-EMPORIA	-	-	1	-
46517-ELKHART	-	-	1	-
61721-ARMINGTON	-	-	1	-
60911-ASHKUM	-	-	1	-
61722-ARROWSMITH	-	-	1	-
48366-LAKEVILLE	-	-	1	-
61728-COLFAX	-	-	1	-
46845-FORT WAYNE	-	-	1	-
61769-SAUNEMIN	-	1	1	5
33018-HIALEAH	-	-	1	-
46202-INDIANAPOLIS	-	-	1	-
12208-ALBANY	-	-	1	-
61363-STANDARD	-	-	1	-
80214-DENVER	-	-	1	-
61547-MAPLETON	-	-	1	-
33415-WEST PALM BEACH	-	-	1	-
65020-CAMDENTON	-	-	1	-
75851-LOVELADY	-	-	1	-
97526-GRANTS PASS	-	-	1	-
61239-CARBON CLIFF	-	-	1	-
65591-MONTREAL	-	-	1	-
28080-IRON STATION	-	-	1	-
33852-LAKE PLACID	-	1	1	-
85143-SAN TAN VALLEY	-	-	1	-
82009-CHEYENNE	-	-	1	-
61028-ELIZABETH	-	-	1	3
61814-BISMARCK	-	-	1	-
25082-FRAZIERS BOTTOM	-	-	1	-
78550-HARLINGEN	1	-	1	-
78065-POTEET	-	-	1	-
85207-MESA	-	-	1	-
61917-BROCTON	-	-	1	-
53115-DELAVAN	-	-	1	-
60074-PALATINE	-	-	1	-
60020-FOX LAKE	-	-	1	-
60586-PLAINFIELD	-	2	1	3
61821-CHAMPAIGN	-	-	1	-
60615-CHICAGO	1	1	1	-
60525-LA GRANGE	-	-	1	-
60624-CHICAGO	-	-	1	1
60115-DEKALB	-	-	1	-
60446-ROMEDEVILLE	-	-	1	-
60140-HAMPSHIRE	-	-	1	-
60636-CHICAGO	-	-	1	-
60531-LELAND	1	-	1	-
60652-CHICAGO	2	-	1	4
60089-BUFFALO GROVE	-	-	1	3
60653-CHICAGO	-	-	1	-
65775-WEST PLAINS	-	1	1	-
60804-CICERO	-	1	1	-

61565-SPARLAND	-	2	1	-
62675-PETERSBURG	-	-	1	-
60614-CHICAGO	-	-	1	-
61554-PEKIN	5	4	1	3
60103-BARTLETT	-	-	1	-
60518-EARLVILLE	4	1	1	5
60481-WILMINGTON	-	4	1	-
62617-BATH	-	-	1	-
48917-LANSING	-	-	1	-
61373-UTICA	2	5	1	4
60964-SAINT ANNE	-	-	1	-
60560-YORKVILLE	2	1	1	1
65536-LEBANON	-	2	1	-
61523-CHILLICOTHE	-	-	1	-
60433-JOLIET	5	3	1	-
61603-PEORIA	-	1	1	1
60441-LOCKPORT	-	1	1	-
61615-PEORIA	1	-	1	-
77084-HOUSTON	-	2	1	-
61103-ROCKFORD	-	-	1	-
60601-CHICAGO	-	-	1	-
61109-ROCKFORD	-	-	1	-
89131-LAS VEGAS	-	-	1	-
61244-EAST MOLINE	-	-	1	-
60545-PLANO	1	1	1	-
60408-BRAIDWOOD	2	-	1	3
46321-MUNSTER	-	-	1	-
52778-WILTON	-	-	1	-
60099-ZION	-	-	1	-
60426-HARVEY	1	2	1	-
60112-CORTLAND	-	-	1	-
38128-MEMPHIS	2	-	1	-
60475-STEGER	-	-	1	-
47805-TERRE HAUTE	-	-	1	-
60506-AURORA	-	1	1	3
61550-MORTON	-	1	1	-
61008-BELVIDERE	2	-	1	-
66614-TOPEKA	-	-	1	-
60424-GARDNER	2	-	1	3
62549-MT ZION	-	-	1	1
60961-REDDICK	-	1	1	-
63108-SAINT LOUIS	-	-	1	-
61866-RANTOUL	-	-	1	-
63135-SAINT LOUIS	-	-	1	-
61738-EL PASO	3	1	1	-
65203-COLUMBIA	-	-	1	-
61705-BLOOMINGTON	2	-	1	1
49426-HUDSONVILLE	-	1	-	-
61340-MARK	-	-	-	1
37725-DANDRIDGE	-	-	-	3
76148-FORT WORTH	2	-	-	-
39465-PETAL	-	2	-	-
94526-DANVILLE	-	-	-	1
62520-DAWSON	-	3	-	-
33304-FORT LAUDERDALE	1	-	-	-
74048-NOWATA	-	-	-	1

78233-SAN ANTONIO	1	-	-	-
85008-PHOENIX	-	-	-	1
80305-BOULDER	-	2	-	-
39574-SAUCIER	-	2	-	-
43050-MOUNT VERNON	1	-	-	-
46221-INDIANAPOLIS	-	1	-	-
60168-SCHAUMBURG	1	-	-	-
54745-HOLCOMBE	-	-	-	1
44857-NORWALK	-	1	-	-
38357-MICHIE	-	2	-	-
50315-DES MOINES	-	-	-	1
73119-OKLAHOMA CITY	-	-	-	1
60934-EMINGTON	-	-	-	1
46075-WHITESTOWN	1	1	-	-
48307-ROCHESTER	1	-	-	-
61104-ROCKFORD	-	1	-	1
60913-BONFIELD	-	1	-	-
41653-PRESTONSBURG	-	1	-	1
61561-ROANOKE	-	1	-	-
54646-NECEDAH	-	1	-	-
61560-PUTNAM	1	1	-	-
65483-HOUSTON	2	-	-	-
55117-SAINT PAUL	-	1	-	-
74019-CLAREMORE	1	-	-	-
11226-BROOKLYN	-	-	-	1
33619-TAMPA	1	-	-	-
61729-CONGERVILLE	1	-	-	-
87401-FARMINGTON	-	-	-	1
61310-AMBOY	-	1	-	-
61064-POLO	1	-	-	1
61748-HUDSON	-	1	-	-
37810-MOHAWK	1	-	-	-
61314-BUDA	1	-	-	-
67341-DENNIS	-	1	-	-
85301-GLENDALE	-	1	-	-
46151-MARTINSVILLE	-	1	-	-
02740-NEW BEDFORD	1	-	-	-
62667-MODESTO	-	1	-	-
37722-COSBY	1	-	-	1
74501-MCALESTER	-	-	-	1
60929-CULLOM	1	1	-	-
85023-PHOENIX	-	-	-	1
33634-TAMPA	-	-	-	1
91321-NEWHALL	-	-	-	1
01930-GLOUCESTER	-	1	-	-
33565-PLANT CITY	-	1	-	-
43035-LEWIS CENTER	-	3	-	-
00778-GURABO	-	1	-	-
53913-BARABOO	-	-	-	1
61337-MALDEN	-	2	-	-
52404-CEDAR RAPIDS	3	-	-	-
32656-KEYSTONE HEIGHTS	1	-	-	-
61743-GRAYMONT	-	2	-	-
46933-GAS CITY	-	-	-	1
62501-ARGENTA	1	-	-	-
16735-KANE	-	1	-	-

62532-ELWIN	1	-	-	-
34436-FLORAL CITY	-	1	-	-
60919-CABERY	-	-	-	1
53949-MONTELLO	-	-	-	3
61421-BRADFORD	-	1	-	-
33461-LAKE WORTH	1	-	-	-
60479-VERONA	1	1	-	-
86409-KINGMAN	-	-	-	1
61727-CLINTON	-	1	-	-
51358-RUTHVEN	1	-	-	-
60949-LUDLOW	-	-	-	1
95482-UKIAH	-	-	-	1
60952-MELVIN	-	3	-	-
55792-VIRGINIA	3	-	-	-
61877-SIDNEY	-	-	-	1
55734-EVELETH	-	-	-	1
61937-LOVINGTON	-	-	-	1
61633-PEORIA	1	-	-	-
37379-SODDY DAISY	-	1	-	-
62999-ZEIGLER	1	-	-	-
45066-SPRINGBORO	-	1	-	-
34143-IMMOKALEE	1	-	-	-
61368-TISKILWA	1	-	-	-
53210-MILWAUKEE	2	1	-	-
33890-ZOLFO SPRINGS	-	1	-	-
74110-TULSA	-	-	-	1
98349-LAKEBAY	-	-	-	1
65109-JEFFERSON CITY	1	-	-	-
55311-OSSEO	-	5	-	-
33801-LAKELAND	1	-	-	-
43213-COLUMBUS	-	-	-	3
43004-BLACKLICK	1	-	-	-
47901-LAFAYETTE	3	-	-	-
53029-HARTLAND	1	-	-	-
36869-PHENIX CITY	-	1	-	-
92102-SAN DIEGO	-	-	-	1
60938-GILMAN	1	-	-	1
84737-HURRICANE	-	1	-	1
61361-SHEFFIELD	-	1	-	1
34480-OCALA	-	1	-	-
32043-GREEN COVE SPRINGS	1	-	-	-
52733-CLINTON	-	1	-	-
65265-MEXICO	-	2	-	-
23669-HAMPTON	-	1	-	-
61454-LOMAX	-	1	-	-
77586-SEABROOK	1	-	-	-
33071-POMPANO BEACH	1	-	-	-
38108-MEMPHIS	-	-	-	3
61601-PEORIA	2	1	-	-
47715-EVANSVILLE	-	-	-	3
52531-ALBIA	-	2	-	-
61316-CEDAR POINT	1	1	-	-
80503-LONGMONT	1	-	-	-
47111-CHARLESTOWN	1	-	-	-
72626-COTTER	-	-	-	1
33981-PORT CHARLOTTE	-	1	-	-

40422-DANVILLE	1	-	-	-
41701-HAZARD	3	-	-	-
62896-WEST FRANKFORT	-	-	-	1
48509-BURTON	-	1	-	-
21702-FREDERICK	1	-	-	-
54612-ARCADIA	-	1	-	-
72634-FLIPPIN	-	-	-	1
47882-SULLIVAN	-	1	-	-
48858-MOUNT PLEASANT	-	1	-	-
32693-TRENTON	1	-	-	-
85022-PHOENIX	1	-	-	-
37201-NASHVILLE	-	1	-	-
57105-SIOUX FALLS	-	-	-	1
01001-AGAWAM	-	1	-	-
61607-PEORIA	1	-	-	-
31525-BRUNSWJCK	1	-	-	-
63857-KENNETT	1	-	-	-
98579-ROCHESTER	1	-	-	-
32246-JACKSONVILLE	1	-	-	-
61324-ELDENA	2	-	-	-
90242-DOWNEY	1	-	-	-
32607-GAINESVILLE	-	-	-	1
65613-BOLIVAR	-	-	-	1
56721-EAST GRAND FORKS	-	-	-	1
54902-OSHKOSH	-	1	-	-
61759-MINIER	-	1	-	-
61802-URBANA	-	1	-	-
48657-SANFORD	-	1	-	-
43054-NEW ALBANY	1	-	-	-
61322-DEPUE	-	1	-	-
44203-BARBERTON	1	-	-	-
61842-FARMER CITY	-	1	-	-
49107-BUCHANAN	-	1	-	-
63463-PHILADELPHIA	-	1	-	-
56324-DALTON	1	-	-	-
55071-SAINT PAUL PARK	1	-	-	-
75208-DALLAS	1	-	-	-
85653-MARANA	-	1	-	-
75244-DALLAS	1	-	-	-
47841-CLAY CITY	1	-	-	-
58201-GRAND FORKS	-	-	-	1
56278-ORTONVILLE	1	-	-	-
86303-PRESCOTI	2	-	-	-
72451-PARAGOULD	1	-	-	-
61327-HENNEPIN	-	2	-	-
61650-PEORIA	-	2	-	-
46241-INDIANAPOLIS	1	-	-	-
61639-PEORIA	1	-	-	-
33405-WEST PALM BEACH	1	-	-	-
64097-WELLINGTON	-	2	-	-
62816-BONNIE	-	3	-	-
52549-CINCINNATI	1	-	-	-
68048-PLATTSMOUTH	-	1	-	-
44618-DALTON	-	1	-	-
52411-CEDAR RAPIDS	1	-	-	-
46958-MEXICO	1	-	-	-

53538-FORT ATKINSON	1	-	-	-
95628-FAIR OAKS	-	-	-	3
60670-CHICAGO	2	-	-	-
14433-CLYDE	-	-	-	1
61345-NEPONSET	1	-	-	-
63623-BELLEVIEW	4	-	-	-
68111-OMAHA	-	1	-	-
63164-SAINT LOUIS	2	-	-	-
64850-NEOSHO	1	-	-	-
71726-CHIDESTER	-	1	-	-
96743-KAMUELA	1	-	-	-
89156-LAS VEGAS	-	1	-	-
62518-CHESTNUT	-	-	-	3
33975-LABELLE	-	1	-	-
61541-LA ROSE	3	2	-	1
93063-SIMI VALLEY	-	1	-	-
60958-PEMBROKE TOWNSHIP	1	-	-	-
60617-CHICAGO	1	1	-	-
61367-SUBLETTE	-	-	-	1
52732-CLINTON	1	-	-	-
60630-CHICAGO	-	1	-	-
60453-OAK LAWN	2	3	-	-
61101-ROCKFORD	1	1	-	-
60915-BRADLEY	1	1	-	-
62702-SPRINGFIELD	-	1	-	-
48911-LANSING	-	1	-	-
62418-BROWNSTOWN	-	2	-	-
61820-CHAMPAIGN	-	2	-	-
60523-OAK BROOK	1	-	-	-
46324-HAMMOND	3	-	-	-
60538-MONTGOMERY	2	-	-	-
60474-SOUTH WILMINGTON	1	-	-	-
60558-WESTERN SPRINGS	-	1	-	-
78665-ROUND ROCK	1	-	-	-
61264-MILAN	1	-	-	1
61701-BLOOMINGTON	1	5	-	1
61450-LA HARPE	1	-	-	-
60403-CREST HILL	1	1	-	-
52333-SOLON	1	-	-	-
76137-FORT WORTH	1	-	-	-
60516-DOWNERS GROVE	-	1	-	-
30741-ROSSVILLE	-	-	-	1
60633-CHICAGO	2	-	-	-
98203-EVERETT	1	-	-	-
60124-ELGIN	-	-	-	3
61378-WEST BROOKLYN	-	-	-	3
60532-LISLE	1	-	-	-
60407-BRACEVILLE	-	1	-	-
60548-SANDWICH	-	2	-	-
60490-BOLINGBROOK	1	-	-	-
60415-CHICAGO RIDGE	-	-	-	1
60549-SERENA	1	-	-	4
23456-VIRGINIA BEACH	-	1	-	-
55379-SHAKOPEE	1	-	-	-
60634-CHICAGO	-	1	-	-
60402-BERWYN	-	1	-	1

61480-STRONGHURST	-	1	-	-
30044-LAWRENCEVILLE	-	1	-	-
60552-SOMONAUK	2	1	-	-
60556-WATERMAN	1	-	-	-
61021-DIXON	2	-	-	1
46135-GREENCASTLE	-	1	-	-
62024-EAST ALTON	-	2	-	-
62558-PAWNEE	-	-	-	3
62025-EDWARDSVILLE	-	1	-	-
60178-SYCAMORE	1	-	-	-
62035-GODFREY	-	1	-	-
62674-PALMYRA	1	-	-	-
62050-HILLVIEW	-	-	-	1
60404-SHOREWOOD	1	-	-	1
62087-SOUTH ROXANA	-	-	-	1
61571-WASHINGTON	1	1	-	3
60559-WESTMONT	-	-	-	3
34668-PORT RICHEY	1	-	-	-
60639-CHICAGO	-	1	-	-
60016-DES PLAINES	1	-	-	-
60640-CHICAGO	1	-	-	-
62644-HAVANA	1	1	-	-
60416-COAL CITY	5	1	-	1
60188-CAROL STREAM	-	1	-	-
61032-FREEPORT	-	1	-	-
60487-TINLEY PARK	-	1	-	1
60641-CHICAGO	-	1	-	-
60610-CHICAGO	-	1	-	-
61853-MAHOMET	-	-	-	1
60501-SUMMIT ARGO	1	-	-	-
62069-MOUNT OLIVE	1	-	-	-
61318-COMPTON	-	1	-	-
62092-WHITE HALL	-	-	-	1
60623-CHICAGO	-	1	-	-
60644-CHICAGO	1	-	-	-
60181-VILLA PARK	-	1	-	-
62234-COLLINSVILLE	-	-	-	1
61734-DELAVAN	-	1	-	1
62269-O FALLON	3	3	-	-
60555-WARRENVILLE	-	1	-	-
62363-PITTSFIELD	-	-	-	1
61616-PEORIA HEIGHTS	1	-	-	-
60646-CHICAGO	-	-	-	1
61544-LONDON MILLS	1	-	-	-
62704-SPRINGFIELD	1	-	-	-
46227-INDIANAPOLIS	-	-	-	1
62864-MOUNT VERNON	1	-	-	-
53158-PLEASANT PRAIRIE	1	-	-	-
60651-CHICAGO	-	1	-	-
60521-HINSDALE	-	-	-	1
60S61-DARIEN	-	-	-	1
30075-ROSWELL	-	1	-	-
60618-CHICAGO	1	-	-	-
60007-ELK GROVE VILLAGE	1	-	-	-
60707-ELMWOOD PARK	1	-	-	-
60452-OAK FOREST	2	-	-	-

60142-HUNTLEY	1	-	-	-
62656-LINCOLN	2	1	-	1
63130-SAINT LOUIS	1	-	-	-
39503-GULFPORT	1	3	-	-
92058-OCEANSIDE	-	-	-	1
60451-NEW LENOX	-	2	-	-
60056-MOUNT PROSPECT	-	-	-	1
62561-RIVERTON	-	1	-	-
60134-GENEVA	-	1	-	-
61606-PEORIA	-	1	-	-
62966-MURPHYSBORO	-	3	-	-
60101-ADDISON	-	1	-	-
60527-WILLOWBROOK	-	1	-	-
60410-CHANNAHON	1	1	-	-
65807-SPRINGFIELD	-	1	-	-
60457-HICKORY HILLS	-	1	-	-
02038-FRANKLIN	1	-	-	-
60585-PLAINFIELD	-	-	-	1
40222-LOUISVILLE	-	1	-	-
89135-LAS VEGAS	-	1	-	-
60827-RIVERDALE	1	-	-	-
60543-OSWEGO	1	2	-	-
60657-CHICAGO	2	-	-	-
52730-CAMANCHE	-	-	-	1
60436-JOLIET	1	2	-	-
60018-DES PLAINES	-	1	-	-
61739-FAIRBURY	1	2	-	1
61755-MACKINAW	-	1	-	4
60440-BOLINGBROOK	-	1	-	-
62420-CASEY	1	-	-	-
62225-SCOTT AIR FORCE BASE	-	1	-	-
60185-WEST CHICAGO	-	2	-	-
62521-DECATUR	-	1	-	-
60190-WINFIELD	-	-	-	3
61520-CANTON	-	-	-	1
60467-ORLAND PARK	-	2	-	-
62703-SPRINGFIELD	1	-	-	-
60471-RICHTON PARK	1	-	-	-
61604-PEORIA	-	2	-	-
50023-ANKENY	-	1	-	-
60607-CHICAGO	-	-	-	1
60537-MILLINGTON	-	-	-	1
42211-CADIZ	-	-	-	1
60567-NAPERVILLE	-	1	-	-
62297-WALSH	1	-	-	-
60901-KANKAKEE	-	1	-	1
96734-KAILUA	-	1	-	-
61317-CHERRY	1	-	-	-
60443-MATTESON	1	-	-	-
62447-NEOGA	1	-	-	-
60491-HOMER GLEN	-	-	-	1
47630-NEWBURGH	-	1	-	-
60914-BOURBONNAIS	-	1	-	-
74012-BROKEN ARROW	-	1	-	1
62812-BENTON	-	1	-	-
46303-CEDAR LAKE	1	-	-	-

62832-DU QUOIN	-	1	-	-
60302-OAK PARK	-	1	-	-
77630-ORANGE	-	1	-	-
60921-CHATSWORTH	-	-	-	1
47274-SEYMOUR	1	-	-	-
49047-DOWAGIAC	1	-	-	-
49112-EDWARDSBURG	1	-	-	-
53219-MILWAUKEE	-	1	-	-
55330-ELK RIVER	2	1	-	-
60625-CHICAGO	-	-	-	1
62681-RUSHVILLE	-	3	-	-
60605-CHICAGO	-	1	-	-
60073-ROUND LAKE	-	-	-	1
65101-JEFFERSON CITY	-	-	-	1
60423-FRANKFORT	1	1	-	-
60941-HERSCHER	1	-	-	-
60608-CHICAGO	2	-	-	-
60119-ELBURN	1	-	-	-
62612-ASHLAND	-	1	-	-
30189-WOODSTOCK	-	1	-	-
60169-HOFFMAN ESTATES	-	-	-	-
46394-WHITING	1	-	-	-
61443-KEWANEE	1	1	-	-
49423-HOLLAND	-	1	-	-
62080-RAMSEY	-	1	-	-
60156-LAKE IN THE HILLS	-	-	-	1
60540-NAPERVILLE	2	4	-	-
61073-ROSCOE	-	-	-	4
62650-JACKSONVILLE	-	-	-	1
60629-CHICAGO	5	-	-	1
60110-CARPENTERSVILLE	-	1	-	-
60048-LIBERTYVILLE	-	1	-	-
62226-BELLEVILLE	-	3	-	-
Grand Total	12,197	12,095	11,779	11,652

**Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES**

Read the criterion and provide the following information:

1. Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined.

**The anticipated volume is approximately 2,000 visits per ED bay. The former ED operated at the site by HSHS St. Mary's saw 11,902 ED visits in 2014.**

2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

**Streator, IL. Recent (2013) population per US Census estimate was 13,411.**

3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.

**OSF Saint Elizabeth Medical Center in Ottawa. It is 18 miles away per MapQuest (see attached). This equates to a minimum 25-35 minute drive, based on traffic.**

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.

**OSF Saint Elizabeth Medical Center is one of the region's resource Hospitals and is 18 miles and approximately 25-35 minutes away. In addition, OSF operates the closest Level I and II trauma centers in the region (St. Francis in Peoria and St. Joseph's in Bloomington).**

5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements:
  - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
  - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

**See attached certification.**

6. Area Need; Service to Area Residents – Document the proposed service area and projected patient volume for the proposed FEC:
  - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
  - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
  - C) Provide either of the following:
    - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
    - b) Patient origin information by zip code from independent data sources (e.g., Illinois Hospital Association CompData or IDPH hospital

discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (Eds), verifying that at least 50% of the ED patients served during the last 12-month period were residents of the service area.

**See attached map of the service area which is a 30 minute radius from the proposed site via Mapquest. Also attached is the patient origin by zip code for ED visits at HSHS St. Mary's Streator. The volume is projected from this historical ED volume. Almost all is from Streator zip codes.**

7. Area Need; Service Demand – Historical Utilization
- A) Provide the annual number of ED patients that have received care at facilities that are located in the FEC's service area for the latest two-year period prior to submission of the application

**The only other hospitals in the service area are OSF Saint Elizabeth's (18 miles away), Illinois Valley and OSF Saint James W. Albrecht Medical Center (both 32 plus minutes away per Mapquest). Illinois Valley has 10 treatment rooms and had 13,995 in 2014. OSF Saint James has 7 treatment rooms and 12,965 visits in 2014.**

- B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

**Approximately 12,000 based on historical 2014 volume at HSHS St. Mary's.**

8. Area Need; Service Accessibility – Document the following (using supporting documentation as specified in accordance with the requirements of 77 IAC 1110.3230(b)(4)(B) Supporting Documentation):

- i) The absence of the proposed ED service within the service area;
- ii) The area population and existing care system exhibit indicators of medical care problems,
- iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 IAC 1100.

**The area need results from the closure of HSHS St. Mary's Streator. The closest hospital is approximately 25 plus minutes away (OSF Saint Elizabeth) and further for those who live to the South and East of the St. Mary's address. There is no other hospital in the service area. OSF Saint Elizabeth's ED frequently operates at capacity with 9 treatment rooms and over 18,000 visits in 2014. It cannot accommodate the 12,000 ED visits seen at St. Mary's Streator. It is inefficient and costly for an ambulance to travel 25 minutes, when these patients could be taken to an FEC at the former St. Mary's site. In addition 80% or more patient visits to St. Mary's ED were patients from Streator zip codes. These patients would have to travel outside the Streator community for care if the FEC is not established. Adjacent to the FEC will be a fast track area. Patients will be triaged, medically screened and provided emergency care if appropriate. This will streamline wait times, reduce health care costs and provide access to emergency services to Streator residents as they have had in their community for over 100 years.**

**See attached support letter from HSHS.**

9. Unnecessary Duplication – Document that the project will not result in an unnecessary duplication by providing the following information:
- A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
- B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
- C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. Unnecessary Maldistribution – Document that the project will not result in maldistribution of services by documenting the following:
- A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site that is below the utilization standard established pursuant to 77 I AC 1100.800; or
  - B) Insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

**The service area is fairly rural in nature, and yet the closest area hospital's ED (OSF Saint Elizabeth's) is frequently at capacity in their ED. Further, the two other closest hospitals (Illinois Valley and OSF Saint James) are close to capacity in their ED. However, due to the fact Streator supported a 6 bay ED recently (at HSHS St. Mary's) and given residents concern about the closure of the hospital and loss of ED services, a FEC at the former Streator hospital location will maintain emergency services, reduce costs and improve morbidity. The size of the FEC is designed to accommodate historical volume, and nothing more.**

11. Unnecessary Duplication/Maldistribution – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 IAC 1110.3230(4)).

**For reasons stated in response to 10 above, there will be no negative impact on other area providers. The closest hospital which would receive ambulance runs is OSF Saint Elizabeth Medical Center, which is frequently at capacity and will own and operate the FEC.**

12. Staffing Availability – Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

**The current staff providing services at St. Mary's will be or is already employed by the FEC to provide services. The FEC physicians will be Board Certified emergency physicians who either provided services at St. Mary's or are contracted by OSF.**

## YOUR TRIP TO:

1100 E Norris Dr, Ottawa, IL 61350-1604



**32 MIN | 17.7 MI**

Trip time based on traffic conditions as of 12:45 PM on December 2, 2015. Current Traffic: Heavy

 Start out going east on **Spring St** toward **S Park St/IL-23**.

Then **0.06 miles**

 Turn left onto **S Park St/IL-23**. Continue to follow **IL-23**.  
*If you reach S Monroe St you've gone a little too far.*

Then **16.81 miles**

 Turn right onto **US-6 E/IL-71/E Norris Dr**.  
*US-6 E is just past E Joliet St.*

*McDonald's is on the right.*

*If you are on Columbus St and reach Nebraska St you've gone a little too far.*

Then **0.82 miles**

 **1100 E NORRIS DR** is on the right.  
*Your destination is 0.1 miles past Champlain St.*

*If you reach Starfire Dr you've gone about 0.3 miles too far.*

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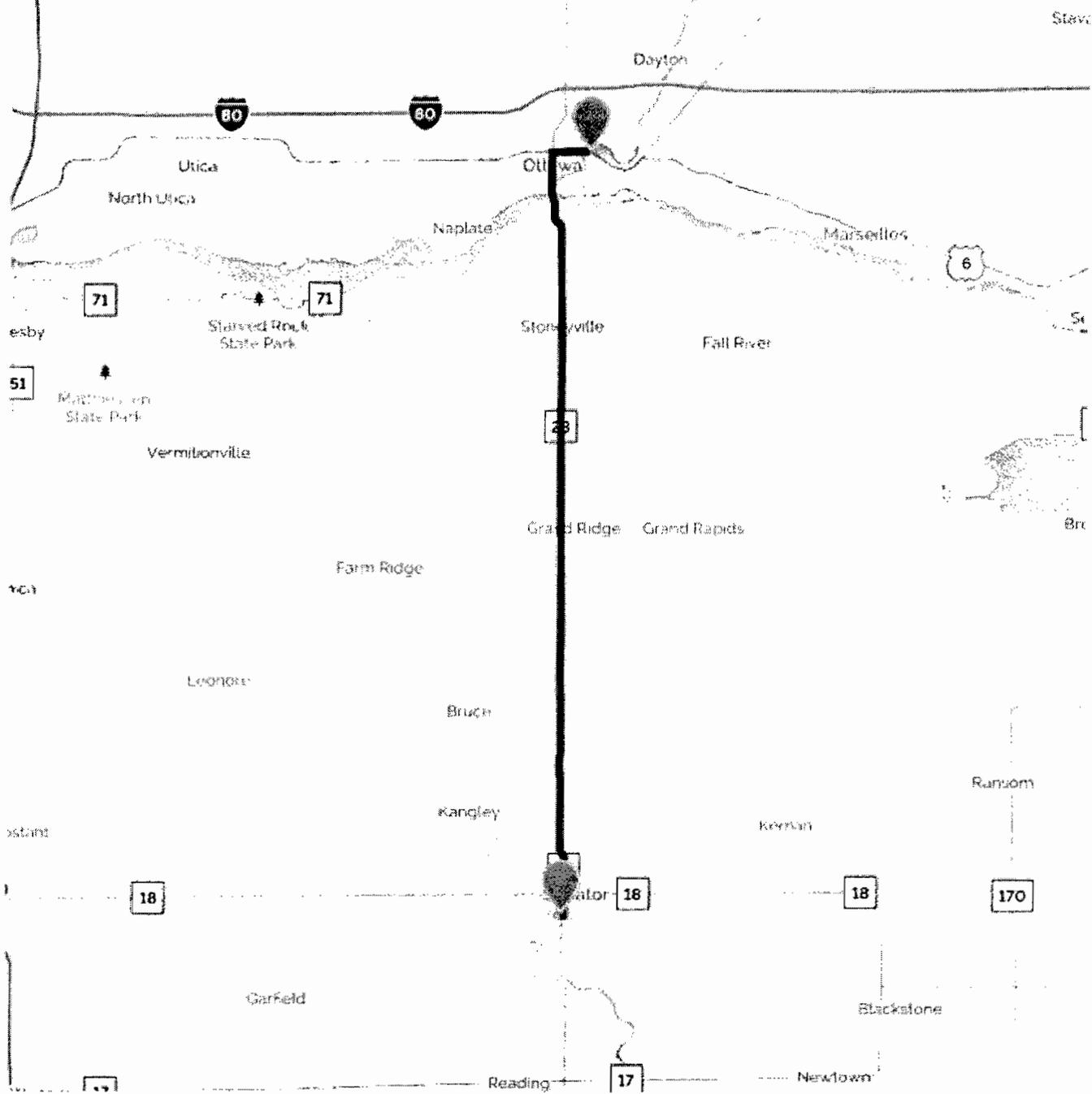
 **1100 E NORRIS DR** is on the right.

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86



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PEPANNRES

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

2014 Population Estimates

Geography	April 1, 2010		Population Estimate (as of July 1)			
	Census	Estimates Base	2010	2011	2012	2013
Streator city, Illinois	13,710	13,705	13,696	13,645	13,555	13,411

89

**Geography**

Population Estimate (as of July 1) 2014
13,289

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. See Geographic Terms and Definitions at <http://www.census.gov/popest/about/geo/terms.html> for a list of the states that are included in each region and division. All geographic boundaries for the 2014 population estimates series except statistical area delineations are as of January 1, 2014. The Office of Management and Budget's statistical area delineations for metropolitan, micropolitan, and combined statistical areas, as well as metropolitan divisions, are those issued by that agency in February 2013 <http://www.whitehouse.gov/sites/default/files/omb/bulleins/2013/b13-01.pdf>. An "(X)" in the 2010 Census field indicates a locality that was formed or incorporated after the 2010 Census. Additional information on these localities can be found in the Geographic Boundary Change Notes (see <http://www.census.gov/geo/reference/boundary-changes.html>). For population estimates methodology statements, see <http://www.census.gov/popest/methodology/index.html>.

**Suggested Citation:**

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

Source: U.S. Census Bureau, Population Division

Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2014. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2015. For Cities and Towns (Incorporated Places and Minor Civil Divisions), May 2015.



DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/dpsf.pdf>.

**Geography: Streator city, Illinois**

Subject	Number	Percent
<b>SEX AND AGE</b>		
Total population	13,710	100.0
Under 5 years	853	6.2
5 to 9 years	936	6.8
10 to 14 years	966	7.0
15 to 19 years	966	7.0
20 to 24 years	821	6.0
25 to 29 years	860	6.3
30 to 34 years	780	5.7
35 to 39 years	693	5.1
40 to 44 years	767	5.6
45 to 49 years	1,032	7.5
50 to 54 years	1,005	7.3
55 to 59 years	890	6.5
60 to 64 years	716	5.2
65 to 69 years	598	4.4
70 to 74 years	521	3.8
75 to 79 years	423	3.1
80 to 84 years	424	3.1
85 years and over	459	3.3
Median age (years)	39.9	(X)
16 years and over	10,788	78.7
18 years and over	10,372	75.7
21 years and over	9,804	71.5
62 years and over	2,858	20.8
65 years and over	2,425	17.7
<b>Male population</b>		
Under 5 years	430	3.1
5 to 9 years	460	3.4
10 to 14 years	485	3.5
15 to 19 years	496	3.6
20 to 24 years	440	3.2
25 to 29 years	445	3.2
30 to 34 years	398	2.9
35 to 39 years	318	2.3
40 to 44 years	364	2.7
45 to 49 years	518	3.8
50 to 54 years	507	3.7
55 to 59 years	470	3.4
60 to 64 years	333	2.4
65 to 69 years	278	2.0
70 to 74 years	236	1.7

Subject	Number	Percent
75 to 79 years	168	1.2
80 to 84 years	165	1.2
85 years and over	109	0.8
Median age (years)	37.6	( X )
16 years and over	5,154	37.6
18 years and over	4,934	36.0
21 years and over	4,644	33.9
62 years and over	1,151	8.4
65 years and over	956	7.0
Female population	7,090	51.7
Under 5 years	423	3.1
5 to 9 years	476	3.5
10 to 14 years	481	3.5
15 to 19 years	470	3.4
20 to 24 years	381	2.8
25 to 29 years	415	3.0
30 to 34 years	382	2.8
35 to 39 years	375	2.7
40 to 44 years	403	2.9
45 to 49 years	514	3.7
50 to 54 years	498	3.6
55 to 59 years	420	3.1
60 to 64 years	383	2.8
65 to 69 years	320	2.3
70 to 74 years	285	2.1
75 to 79 years	255	1.9
80 to 84 years	259	1.9
85 years and over	350	2.6
Median age (years)	41.8	( X )
16 years and over	5,634	41.1
18 years and over	5,438	39.7
21 years and over	5,160	37.6
62 years and over	1,707	12.5
65 years and over	1,469	10.7
<b>RACE</b>		
Total population	13,710	100.0
One Race	13,423	97.9
White	12,505	91.2
Black or African American	340	2.5
American Indian and Alaska Native	42	0.3
Asian	60	0.4
Asian Indian	6	0.0
Chinese	13	0.1
Filipino	19	0.1
Japanese	2	0.0
Korean	4	0.0
Vietnamese	15	0.1
Other Asian [1]	1	0.0
Native Hawaiian and Other Pacific Islander	3	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	2	0.0
Samoan	0	0.0
Other Pacific Islander [2]	1	0.0
Some Other Race	473	3.5

Subject	Number	Percent
Two or More Races	287	2.1
White; American Indian and Alaska Native [3]	36	0.3
White; Asian [3]	27	0.2
White; Black or African American [3]	138	1.0
White; Some Other Race [3]	73	0.5
Race alone or in combination with one or more other races: [4]		
White	12,790	93.3
Black or African American	484	3.5
American Indian and Alaska Native	81	0.6
Asian	89	0.6
Native Hawaiian and Other Pacific Islander	8	0.1
Some Other Race	553	4.0
HISPANIC OR LATINO		
Total population	13,710	100.0
Hispanic or Latino (of any race)	1,422	10.4
Mexican	1,250	9.1
Puerto Rican	89	0.6
Cuban	3	0.0
Other Hispanic or Latino [5]	80	0.6
Not Hispanic or Latino	12,288	89.6
HISPANIC OR LATINO AND RACE		
Total population	13,710	100.0
Hispanic or Latino	1,422	10.4
White alone	825	6.0
Black or African American alone	14	0.1
American Indian and Alaska Native alone	18	0.1
Asian alone	3	0.0
Native Hawaiian and Other Pacific Islander alone	3	0.0
Some Other Race alone	466	3.4
Two or More Races	93	0.7
Not Hispanic or Latino	12,288	89.6
White alone	11,680	85.2
Black or African American alone	326	2.4
American Indian and Alaska Native alone	24	0.2
Asian alone	57	0.4
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	7	0.1
Two or More Races	194	1.4
RELATIONSHIP		
Total population	13,710	100.0
In households	13,519	98.6
Householder	5,621	41.0
Spouse [6]	2,352	17.2
Child	3,998	29.2
Own child under 18 years	2,874	21.0
Other relatives	761	5.6
Under 18 years	366	2.7
65 years and over	79	0.6
Nonrelatives	787	5.7
Under 18 years	96	0.7
65 years and over	22	0.2
Unmarried partner	462	3.4
In group quarters	191	1.4
Institutionalized population	160	1.2
Male	47	0.3

Subject	Number	Percent
Female	113	0.8
Noninstitutionalized population	31	0.2
Male	14	0.1
Female	17	0.1
<b>HOUSEHOLDS BY TYPE</b>		
Total households	5,621	100.0
Family households (families) [7]	3,481	61.9
With own children under 18 years	1,503	26.7
Husband-wife family	2,352	41.8
With own children under 18 years	842	15.0
Male householder, no wife present	324	5.8
With own children under 18 years	178	3.2
Female householder, no husband present	805	14.3
With own children under 18 years	483	8.6
Nonfamily households [7]	2,140	38.1
Householder living alone	1,861	33.1
Male	809	14.4
65 years and over	246	4.4
Female	1,052	18.7
65 years and over	669	11.9
Households with individuals under 18 years	1,710	30.4
Households with individuals 65 years and over	1,774	31.6
Average household size	2.41	( X )
Average family size [7]	3.04	( X )
<b>HOUSING OCCUPANCY</b>		
Total housing units	6,271	100.0
Occupied housing units	5,621	89.6
Vacant housing units	650	10.4
For rent	202	3.2
Rented, not occupied	13	0.2
For sale only	140	2.2
Sold, not occupied	53	0.8
For seasonal, recreational, or occasional use	25	0.4
All other vacants	217	3.5
Homeowner vacancy rate (percent) [8]	3.6	( X )
Rental vacancy rate (percent) [9]	9.6	( X )
<b>HOUSING TENURE</b>		
Occupied housing units	5,621	100.0
Owner-occupied housing units	3,739	66.5
Population in owner-occupied housing units	9,233	( X )
Average household size of owner-occupied units	2.47	( X )
Renter-occupied housing units	1,882	33.5
Population in renter-occupied housing units	4,286	( X )
Average household size of renter-occupied units	2.28	( X )

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South

American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

HSHS St. Mary's Hospital  
 ED Utilization by Zip Code  
 Source: IHA Compdata

Zip Codes	FY2012	FY2013	FY2014	FY2015Q3A
<b>HSHS ST MARY'S HOSPITAL - STREATOR</b>	<b>12,197</b>	<b>12,095</b>	<b>11,779</b>	<b>11,652</b>
61364-STREATOR	9,922	9,932	9,834	9,815
61377-WENONA	343	317	270	260
61369-TOLUCA	268	277	266	227
61350-OTTAWA	198	206	170	169
61319-CORNELL	94	110	124	109
60470-RANSOM	114	112	112	87
61325-GRAND RIDGE	85	101	93	60
61760-MINONK	89	47	66	52
61333-LONG POINT	84	71	66	60
61341-MARSEILLES	77	56	64	59
61311-ANCONA	74	66	56	68
61740-FLANAGAN	58	42	40	83
60420-DWIGHT	70	57	39	32
61334-LOSTANT	40	41	38	27
61313-BLACKSTONE	33	36	37	37
61321-DANA	30	28	33	13
61358-RUTLAND	68	47	32	28
61370-TONICA	36	25	23	24
61301-LA SALLE	19	19	21	19
61348-OGLESBY	22	20	19	19
61375-VARNA	27	22	18	13
61764-PONTIAC	28	17	15	21
61540-LACON	3	2	14	11
60460-ODELL	3	9	12	11
61360-SENECA	13	20	12	17
61332-LEONORE	17	11	11	13
61354-PERU	20	10	11	11
61704-BLOOMINGTON	3	6	11	7
61326-GRANVILLE	5	6	8	3
61537-HENRY	2	3	6	4
61336-MAGNOLIA	20	15	6	7
34685-PALM HARBOR	-	-	5	-
60563-NAPERVILLE	2	-	5	-
60505-AURORA	-	4	5	1
60437-KINSMAN	3	5	4	-
62526-DECATUR	-	1	4	-
60632-CHICAGO	-	2	4	-
60435-JOLIET	2	7	4	3
(blank)	-	-	4	1
61362-SPRING VALLEY	3	7	4	5
61753-LEXINGTON	-	5	3	9
61570-WASHBURN	2	2	3	1
60432-JOLIET	4	1	3	4
61726-CHENOA	3	4	3	4
61611-EAST PEORIA	10	8	3	-
60637-CHICAGO	1	-	3	-
60444-MAZON	2	1	3	-
61605-PEORIA	1	4	3	11
61614-PEORIA	2	-	3	1
61261-LYNDON	-	-	2	-

76201-DENTON	-	-	2	-
38401-COLUMBIA	-	-	2	-
53081-SHEBOYGAN	-	-	2	-
61634-PEORIA	6	1	2	-
61516-BENSON	-	3	2	1
56031-FAIRMONT	-	-	2	1
67354-MOUND VALLEY	-	-	2	-
60621-CHICAGO	-	7	2	-
60551-SHERIDAN	3	3	2	5
60431-JOLIET	4	3	2	4
61546-MANITO	1	-	2	1
33534-GIBSONTON	-	-	2	-
60450-MORRIS	3	9	2	1
60447-MINOOKA	-	1	2	-
61801-URBANA	-	-	2	-
60510-BATAVIA	-	-	2	-
60042-ISLAND LAKE	-	-	2	-
61342-MENDOTA	6	4	2	8
61356-PRINCETON	4	1	2	4
60628-CHICAGO	-	4	2	3
60619-CHICAGO	6	1	2	3
61108-ROCKFORD	-	-	2	5
52245-IOWA CITY	-	-	2	-
61761-NORMAL	9	8	2	3
77493-KATY	-	-	1	-
37862-SEVIERVILLE	-	-	1	-
52060-MAQUOKETA	-	-	1	-
60970-WATSEKA	4	-	1	-
35754-LACEYS SPRING	-	-	1	-
44241-STREETSBORO	-	-	1	-
61526-EDELSTEIN	-	-	1	-
61530-EUREKA	1	-	1	-
33604-TAMPA	-	-	1	-
61329-LADD	1	-	1	-
60920-CAMPUS	1	-	1	-
61744-GRIDLEY	1	-	1	-
61338-MANLIUS	-	-	1	-
54963-OMRO	-	-	1	-
63434-BETHEL	-	-	1	-
33024-HOLLYWOOD	-	-	1	-
23505-NORFOLK	-	-	1	-
30132-DALLAS	-	-	1	-
85226-CHANDLER	-	1	1	-
34202-BRADENTON	-	-	1	-
61359-SEATONVILLE	1	-	1	-
45239-CINCINNATI	-	-	1	-
61344-MINERAL	-	-	1	-
62849-IUKA	-	-	1	-
17552-MOUNT JOY	-	-	1	-
65802-SPRINGFIELD	-	1	1	-
61335-MC NABB	3	-	1	1
76542-KILLEEN	-	-	1	-
77518-BACLIFF	-	1	1	-
31316-LUDOWICI	-	-	1	-
61602-PEORIA	-	-	1	-
62568-TAYLORVILLE	-	-	1	-

64656-LUDLOW	-	-	1	-
23188-WILLIAMSBURG	-	-	1	4
74116-TULSA	-	-	1	-
68046-PAPILLION	-	-	1	-
33134-MIAMI	-	-	1	-
53934-FRIENDSHIP	-	-	1	-
40204-LOUISVILLE	-	-	1	-
66801-EMPORIA	-	-	1	-
46517-ELKHART	-	-	1	-
61721-ARMINGTON	-	-	1	-
60911-ASHKUM	-	-	1	-
61722-ARROWSMITH	-	-	1	-
48366-LAKEVILLE	-	-	1	-
61728-COLFAX	-	-	1	-
46845-FORT WAYNE	-	-	1	-
61769-SAUNEMIN	-	1	1	5
33018-HIALEAH	-	-	1	-
46202-INDIANAPOLIS	-	-	1	-
12208-ALBANY	-	-	1	-
61363-STANDARD	-	-	1	-
80214-DENVER	-	-	1	-
61547-MAPLETON	-	-	1	-
33415-WEST PALM BEACH	-	-	1	-
65020-CAMDENTON	-	-	1	-
75851-LOVELADY	-	-	1	-
97526-GRANTS PASS	-	-	1	-
61239-CARBON CLIFF	-	-	1	-
65591-MONTREAL	-	-	1	-
28080-IRON STATION	-	-	1	-
33852-LAKE PLACID	-	1	1	-
85143-SAN TAN VALLEY	-	-	1	-
82009-CHEYENNE	-	-	1	-
61028-ELIZABETH	-	-	1	3
61814-BISMARCK	-	-	1	-
25082-FRAZIERS BOTTOM	-	-	1	-
78550-HARLINGEN	1	-	1	-
78065-POTEET	-	-	1	-
85207-MESA	-	-	1	-
61917-BROCTON	-	-	1	-
53115-DELAVAN	-	-	1	-
60074-PALATINE	-	-	1	-
60020-FOX LAKE	-	-	1	-
60586-PLAINFIELD	-	2	1	3
61821-CHAMPAIGN	-	-	1	-
60615-CHICAGO	1	1	1	-
60525-LA GRANGE	-	-	1	-
60624-CHICAGO	-	-	1	1
60115-DEKALB	-	-	1	-
60446-ROMEOVILLE	-	-	1	-
60140-HAMPSHIRE	-	-	1	-
60636-CHICAGO	-	-	1	-
60531-LELAND	1	-	1	-
60652-CHICAGO	2	-	1	4
60089-BUFFALO GROVE	-	-	1	3
60653-CHICAGO	-	-	1	-
65775-WEST PLAINS	-	1	1	-

60804-CICERO	-	1	1	-
61565-SPARLAND	-	2	1	-
62675-PETERSBURG	-	-	1	-
60614-CHICAGO	-	-	1	-
61554-PEKIN	5	4	1	3
60103-BARTLETT	-	-	1	-
60518-EARLVILLE	4	1	1	5
60481-WILMINGTON	-	4	1	-
62617-BATH	-	-	1	-
48917-LANSING	-	-	1	-
61373-UTICA	2	5	1	4
60964-SAINT ANNE	-	-	1	-
60560-YORKVILLE	2	1	1	1
65536-LEBANON	-	2	1	-
61523-CHILLICOTHE	-	-	1	-
60433-JOLIET	5	3	1	-
61603-PEORIA	-	1	1	1
60441-LOCKPORT	-	1	1	-
61615-PEORIA	1	-	1	-
77084-HOUSTON	-	2	1	-
61103-ROCKFORD	-	-	1	-
60601-CHICAGO	-	-	1	-
61109-ROCKFORD	-	-	1	-
89131-LAS VEGAS	-	-	1	-
61244-EAST MOLINE	-	-	1	-
60545-PLANO	1	1	1	-
60408-BRAIDWOOD	2	-	1	3
46321-MUNSTER	-	-	1	-
52778-WILTON	-	-	1	-
60099-ZION	-	-	1	-
60426-HARVEY	1	2	1	-
60112-CORTLAND	-	-	1	-
38128-MEMPHIS	2	-	1	-
60475-STEGER	-	-	1	-
47805-TERRE HAUTE	-	-	1	-
60506-AURORA	-	1	1	3
61550-MORTON	-	1	1	-
61008-BELVIDERE	2	-	1	-
66614-TOPEKA	-	-	1	-
60424-GARDNER	2	-	1	3
62549-MT ZION	-	-	1	1
60961-REDDICK	-	1	1	-
63108-SAINT LOUIS	-	-	1	-
61866-RANTOUL	-	-	1	-
63135-SAINT LOUIS	-	-	1	-
61738-EL PASO	3	1	1	-
65203-COLUMBIA	-	-	1	-
61705-BLOOMINGTON	2	-	1	1
49426-HUDSONVILLE	-	1	-	-
61340-MARK	-	-	-	1
37725-DANDRIDGE	-	-	-	3
76148-FORT WORTH	2	-	-	-
39465-PETAL	-	2	-	-
94526-DANVILLE	-	-	-	1
62520-DAWSON	-	3	-	-
33304-FORT LAUDERDALE	1	-	-	-

74048-NOWATA	-	-	-	1
78233-SAN ANTONIO	1	-	-	-
85008-PHOENIX	-	-	-	1
80305-BOULDER	-	2	-	-
39574-SAUCIER	-	2	-	-
43050-MOUNT VERNON	1	-	-	-
46221-INDIANAPOLIS	-	1	-	-
60168-SCHAUMBURG	1	-	-	-
54745-HOLCOMBE	-	-	-	1
44857-NORWALK	-	1	-	-
38357-MICHIE	-	2	-	-
50315-DES MOINES	-	-	-	1
73119-OKLAHOMA CITY	-	-	-	1
60934-EMINGTON	-	-	-	1
46075-WHITESTOWN	1	1	-	-
48307-ROCHESTER	1	-	-	-
61104-ROCKFORD	-	1	-	1
60913-BONFIELD	-	1	-	-
41653-PRESTONSBURG	-	1	-	1
61561-ROANOKE	-	1	-	-
54646-NECEDAH	-	1	-	-
61560-PUTNAM	1	1	-	-
65483-HOUSTON	2	-	-	-
55117-SAINT PAUL	-	1	-	-
74019-CLAREMORE	1	-	-	-
11226-BROOKLYN	-	-	-	1
33619-TAMPA	1	-	-	-
61729-CONGERVILLE	1	-	-	-
87401-FARMINGTON	-	-	-	1
61310-AMBOY	-	1	-	-
61064-POLO	1	-	-	1
61748-HUDSON	-	1	-	-
37810-MOHAWK	1	-	-	-
61314-BUDA	1	-	-	-
67341-DENNIS	-	1	-	-
85301-GLENDALE	-	1	-	-
46151-MARTINSVILLE	-	1	-	-
02740-NEW BEDFORD	1	-	-	-
62667-MODESTO	-	1	-	-
37722-COSBY	1	-	-	1
74501-MCALESTER	-	-	-	1
60929-CULLOM	1	1	-	-
85023-PHOENIX	-	-	-	1
33634-TAMPA	-	-	-	1
91321-NEWHALL	-	-	-	1
01930-GLOUCESTER	-	1	-	-
33565-PLANT CITY	-	1	-	-
43035-LEWIS CENTER	-	3	-	-
00778-GURABO	-	1	-	-
53913-BARABOO	-	-	-	1
61337-MALDEN	-	2	-	-
52404-CEDAR RAPIDS	3	-	-	-
32656-KEYSTONE HEIGHTS	1	-	-	-
61743-GRAYMONT	-	2	-	-
46933-GAS CITY	-	-	-	1
62501-ARGENTA	1	-	-	-

16735-KANE	-	1	-	-
62532-ELWIN	1	-	-	-
34436-FLORAL CITY	-	1	-	-
60919-CABERY	-	-	-	1
53949-MONTELLO	-	-	-	3
61421-BRADFORD	-	1	-	-
33461-LAKE WORTH	1	-	-	-
60479-VERONA	1	1	-	-
86409-KINGMAN	-	-	-	1
61727-CLINTON	-	1	-	-
51358-RUTHVEN	1	-	-	-
60949-LUDLOW	-	-	-	1
95482-UKIAH	-	-	-	1
60952-MELVIN	-	3	-	-
55792-VIRGINIA	3	-	-	-
61877-SIDNEY	-	-	-	1
55734-EVELETH	-	-	-	1
61937-LOVINGTON	-	-	-	1
61633-PEORIA	1	-	-	-
37379-SODDY DAISY	-	1	-	-
62999-ZEIGLER	1	-	-	-
45066-SPRINGBORO	-	1	-	-
34143-IMMOKALEE	1	-	-	-
61368-TISKILWA	1	-	-	-
53210-MILWAUKEE	2	1	-	-
33890-ZOLFO SPRINGS	-	1	-	-
74110-TULSA	-	-	-	1
98349-LAKEBAY	-	-	-	1
65109-JEFFERSON CITY	1	-	-	-
55311-OSSEO	-	5	-	-
33801-LAKELAND	1	-	-	-
43213-COLUMBUS	-	-	-	3
43004-BLACKLICK	1	-	-	-
47901-LAFAYETTE	3	-	-	-
53029-HARTLAND	1	-	-	-
36869-PHENIX CITY	-	1	-	-
92102-SAN DIEGO	-	-	-	1
60938-GILMAN	1	-	-	1
84737-HURRICANE	-	1	-	1
61361-SHEFFIELD	-	1	-	1
34480-OCALA	-	1	-	-
32043-GREEN COVE SPRINGS	1	-	-	-
52733-CLINTON	-	1	-	-
65265-MEXICO	-	2	-	-
23669-HAMPTON	-	1	-	-
61454-LOMAX	-	1	-	-
77586-SEABROOK	1	-	-	-
33071-POMPANO BEACH	1	-	-	-
38108-MEMPHIS	-	-	-	3
61601-PEORIA	2	1	-	-
47715-EVANSVILLE	-	-	-	3
52531-ALBIA	-	2	-	-
61316-CEDAR POINT	1	1	-	-
80503-LONGMONT	1	-	-	-
47111-CHARLESTOWN	1	-	-	-
72626-COTTER	-	-	-	1

33981-PORT CHARLOTTE	-	1	-	-
40422-DANVILLE	1	-	-	-
41701-HAZARD	3	-	-	-
62896-WEST FRANKFORT	-	-	-	1
48509-BURTON	-	1	-	-
21702-FREDERICK	1	-	-	-
54612-ARCADIA	-	1	-	-
72634-FLIPPIN	-	-	-	1
47882-SULLIVAN	-	1	-	-
48858-MOUNT PLEASANT	-	1	-	-
32693-TRENTON	1	-	-	-
85022-PHOENIX	1	-	-	-
37201-NASHVILLE	-	1	-	-
57105-SIOUX FALLS	-	-	-	1
01001-AGAWAM	-	1	-	-
61607-PEORIA	1	-	-	-
31525-BRUNSWJCK	1	-	-	-
63857-KENNETT	1	-	-	-
98579-ROCHESTER	1	-	-	-
32246-JACKSONVILLE	1	-	-	-
61324-ELDENA	2	-	-	-
90242-DOWNEY	1	-	-	-
32607-GAINESVILLE	-	-	-	1
65613-BOLIVAR	-	-	-	1
56721-EAST GRAND FORKS	-	-	-	1
54902-OSHKOSH	-	1	-	-
61759-MINIER	-	1	-	-
61802-URBANA	-	1	-	-
48657-SANFORD	-	1	-	-
43054-NEW ALBANY	1	-	-	-
61322-DEPUE	-	1	-	-
44203-BARBERTON	1	-	-	-
61842-FARMER CITY	-	1	-	-
49107-BUCHANAN	-	1	-	-
63463-PHILADELPHIA	-	1	-	-
56324-DALTON	1	-	-	-
55071-SAINT PAUL PARK	1	-	-	-
75208-DALLAS	1	-	-	-
85653-MARANA	-	1	-	-
75244-DALLAS	1	-	-	-
47841-CLAY CITY	1	-	-	-
58201-GRAND FORKS	-	-	-	1
56278-ORTONVILLE	1	-	-	-
86303-PRESCOTI	2	-	-	-
72451-PARAGOULD	1	-	-	-
61327-HENNEPIN	-	2	-	-
61650-PEORIA	-	2	-	-
46241-INDIANAPOLIS	1	-	-	-
61639-PEORIA	1	-	-	-
33405-WEST PALM BEACH	1	-	-	-
64097-WELLINGTON	-	2	-	-
62816-BONNIE	-	3	-	-
52549-CINCINNATI	1	-	-	-
68048-PLATTSMOUTH	-	1	-	-
44618-DALTON	-	1	-	-
52411-CEDAR RAPIDS	1	-	-	-

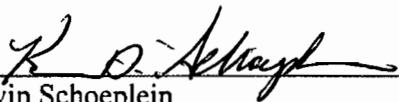
46958-MEXICO	1	-	-	-
53538-FORT ATKINSON	1	-	-	-
95628-FAIR OAKS	-	-	-	3
60670-CHICAGO	2	-	-	-
14433-CLYDE	-	-	-	1
61345-NEPONSET	1	-	-	-
63623-BELLEVIEW	4	-	-	-
68111-OMAHA	-	1	-	-
63164-SAINT LOUIS	2	-	-	-
64850-NEOSHO	1	-	-	-
71726-CHIDESTER	-	1	-	-
96743-KAMUELA	1	-	-	-
89156-LAS VEGAS	-	1	-	-
62518-CHESTNUT	-	-	-	3
33975-LABELLE	-	1	-	-
61541-LA ROSE	3	2	-	1
93063-SIMI VALLEY	-	1	-	-
60958-PEMBROKE TOWNSHIP	1	-	-	-
60617-CHICAGO	1	1	-	-
61367-SUBLETTE	-	-	-	1
52732-CLINTON	1	-	-	-
60630-CHICAGO	-	1	-	-
60453-OAK LAWN	2	3	-	-
61101-ROCKFORD	1	1	-	-
60915-BRADLEY	1	1	-	-
62702-SPRINGFIELD	-	1	-	-
48911-LANSING	-	1	-	-
62418-BROWNSTOWN	-	2	-	-
61820-CHAMPAIGN	-	2	-	-
60523-OAK BROOK	1	-	-	-
46324-HAMMOND	3	-	-	-
60538-MONTGOMERY	2	-	-	-
60474-SOUTH WILMINGTON	1	-	-	-
60558-WESTERN SPRINGS	-	1	-	-
78665-ROUND ROCK	1	-	-	-
61264-MILAN	1	-	-	1
61701-BLOOMINGTON	1	5	-	1
61450-LA HARPE	1	-	-	-
60403-CREST HILL	1	1	-	-
52333-SOLON	1	-	-	-
76137-FORT WORTH	1	-	-	-
60516-DOWNERS GROVE	-	1	-	-
30741-ROSSVILLE	-	-	-	1
60633-CHICAGO	2	-	-	-
98203-EVERETT	1	-	-	-
60124-ELGIN	-	-	-	3
61378-WEST BROOKLYN	-	-	-	3
60532-LISLE	1	-	-	-
60407-BRACEVILLE	-	1	-	-
60548-SANDWICH	-	2	-	-
60490-BOLINGBROOK	1	-	-	-
60415-CHICAGO RIDGE	-	-	-	1
60549-SERENA	1	-	-	4
23456-VIRGINIA BEACH	-	1	-	-
55379-SHAKOPEE	1	-	-	-
60634-CHICAGO	-	1	-	-

60402-BERWYN	-	1	-	1
61480-STRONGHURST	-	1	-	-
30044-LAWRENCEVILLE	-	1	-	-
60552-SOMONAUK	2	1	-	-
60556-WATERMAN	1	-	-	-
61021-DIXON	2	-	-	1
46135-GREENCASTLE	-	1	-	-
62024-EAST ALTON	-	2	-	-
62558-PAWNEE	-	-	-	3
62025-EDWARDSVILLE	-	1	-	-
60178-SYCAMORE	1	-	-	-
62035-GODFREY	-	1	-	-
62674-PALMYRA	1	-	-	-
62050-HILLVIEW	-	-	-	1
60404-SHOREWOOD	1	-	-	1
62087-SOUTH ROXANA	-	-	-	1
61571-WASHINGTON	1	1	-	3
60559-WESTMONT	-	-	-	3
34668-PORT RICHEY	1	-	-	-
60639-CHICAGO	-	1	-	-
60016-DES PLAINES	1	-	-	-
60640-CHICAGO	1	-	-	-
62644-HAVANA	1	1	-	-
60416-COAL CITY	5	1	-	1
60188-CAROL STREAM	-	1	-	-
61032-FREEPORT	-	1	-	-
60487-TINLEY PARK	-	1	-	1
60641-CHICAGO	-	1	-	-
60610-CHICAGO	-	1	-	-
61853-MAHOMET	-	-	-	1
60501-SUMMIT ARGO	1	-	-	-
62069-MOUNT OLIVE	1	-	-	-
61318-COMPTON	-	1	-	-
62092-WHITE HALL	-	-	-	1
60623-CHICAGO	-	1	-	-
60644-CHICAGO	1	-	-	-
60181-VILLA PARK	-	1	-	-
62234-COLLINSVILLE	-	-	-	1
61734-DELAVAN	-	1	-	1
62269-O FALLON	3	3	-	-
60555-WARRENVILLE	-	1	-	-
62363-PITTSFIELD	-	-	-	1
61616-PEORIA HEIGHTS	1	-	-	-
60646-CHICAGO	-	-	-	1
61544-LONDON MILLS	1	-	-	-
62704-SPRINGFIELD	1	-	-	-
46227-INDIANAPOLIS	-	-	-	1
62864-MOUNT VERNON	1	-	-	-
53158-PLEASANT PRAIRIE	1	-	-	-
60651-CHICAGO	-	1	-	-
60521-HINSDALE	-	-	-	1
60S61-DARIEN	-	-	-	1
30075-ROSWELL	-	1	-	-
60618-CHICAGO	1	-	-	-
60007-ELK GROVE VILLAGE	1	-	-	-
60707-ELMWOOD PARK	1	-	-	-

60452-OAK FOREST	2	-	-	-
60142-HUNTLEY	1	-	-	-
62656-LINCOLN	2	1	-	1
63130-SAINT LOUIS	1	-	-	-
39503-GULFPORT	1	3	-	-
92058-OCEANSIDE	-	-	-	1
60451-NEW LENOX	-	2	-	-
60056-MOUNT PROSPECT	-	-	-	1
62561-RIVERTON	-	1	-	-
60134-GENEVA	-	1	-	-
61606-PEORIA	-	1	-	-
62966-MURPHYSBORO	-	3	-	-
60101-ADDISON	-	1	-	-
60527-WILLOWBROOK	-	1	-	-
60410-CHANNAHON	1	1	-	-
65807-SPRINGFIELD	-	1	-	-
60457-HICKORY HILLS	-	1	-	-
02038-FRANKLIN	1	-	-	-
60585-PLAINFIELD	-	-	-	1
40222-LOUISVILLE	-	1	-	-
89135-LAS VEGAS	-	1	-	-
60827-RIVERDALE	1	-	-	-
60543-OSWEGO	1	2	-	-
60657-CHICAGO	2	-	-	-
52730-CAMANCHE	-	-	-	1
60436-JOLIET	1	2	-	-
60018-DES PLAINES	-	1	-	-
61739-FAIRBURY	1	2	-	1
61755-MACKINAW	-	1	-	4
60440-BOLINGBROOK	-	1	-	-
62420-CASEY	1	-	-	-
62225-SCOTT AIR FORCE BASE	-	1	-	-
60185-WEST CHICAGO	-	2	-	-
62521-DECATUR	-	1	-	-
60190-WINFIELD	-	-	-	3
61520-CANTON	-	-	-	1
60467-ORLAND PARK	-	2	-	-
62703-SPRINGFIELD	1	-	-	-
60471-RICHTON PARK	1	-	-	-
61604-PEORIA	-	2	-	-
50023-ANKENY	-	1	-	-
60607-CHICAGO	-	-	-	1
60537-MILLINGTON	-	-	-	1
42211-CADIZ	-	-	-	1
60567-NAPERVILLE	-	1	-	-
62297-WALSH	1	-	-	-
60901-KANKAKEE	-	1	-	1
96734-KAILUA	-	1	-	-
61317-CHERRY	1	-	-	-
60443-MATTESON	1	-	-	-
62447-NEOGA	1	-	-	-
60491-HOMER GLEN	-	-	-	1
47630-NEWBURGH	-	1	-	-
60914-BOURBONNAIS	-	1	-	-
74012-BROKEN ARROW	-	1	-	1
62812-BENTON	-	1	-	-

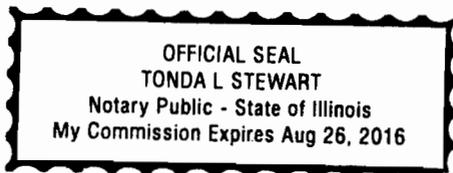
46303-CEDAR LAKE	1	-	-	-
62832-DU QUOIN	-	1	-	-
60302-OAK PARK	-	1	-	-
77630-ORANGE	-	1	-	-
60921-CHATSWORTH	-	-	-	1
47274-SEYMOUR	1	-	-	-
49047-DOWAGIAC	1	-	-	-
49112-EDWARDSBURG	1	-	-	-
53219-MILWAUKEE	-	1	-	-
55330-ELK RIVER	2	1	-	-
60625-CHICAGO	-	-	-	1
62681-RUSHVILLE	-	3	-	-
60605-CHICAGO	-	1	-	-
60073-ROUND LAKE	-	-	-	1
65101-JEFFERSON CITY	-	-	-	1
60423-FRANKFORT	1	1	-	-
60941-HERSCHER	1	-	-	-
60608-CHICAGO	2	-	-	-
60119-ELBURN	1	-	-	-
62612-ASHLAND	-	1	-	-
30189-WOODSTOCK	-	1	-	-
60169-HOFFMAN ESTATES	-	-	-	-
46394-WHITING	1	-	-	-
61443-KEWANEE	1	1	-	-
49423-HOLLAND	-	1	-	-
62080-RAMSEY	-	1	-	-
60156-LAKE IN THE HILLS	-	-	-	1
60540-NAPERVILLE	2	4	-	-
61073-ROSCOE	-	-	-	4
62650-JACKSONVILLE	-	-	-	1
60629-CHICAGO	5	-	-	1
60110-CARPENTERSVILLE	-	1	-	-
60048-LIBERTYVILLE	-	1	-	-
62226-BELLEVILLE	-	3	-	-
Grand Total	12,197	12,095	11,779	11,652

I certify OSF St. Elizabeth Medical Center will operate the proposed freestanding emergency center in Streator, Illinois in compliance with the requirements of a Medicare certified provider of free standing emergency services and the requirements of the Emergency Medical Services Act of Illinois.

  
Kevin Schoepflein  
CEO, OSF Healthcare System

Subscribed and sworn to before me this  
3rd day of November, 2015.

  
Tonda L. Stewart  
Notary Public





**HSHS  
St. Mary's  
Hospital**

111 Spring Street  
Streator, Illinois 61364  
P: 815-673-2311  
F: 815-672-5163  
www.stmaryshospital.org

*An Affiliate of Hospital  
Sisters Health System*

December 2, 2015

Ms. Courtney Avery  
Illinois Health Facilities and Services Review Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: OSF St. Elizabeth Freestanding Emergency Center

Dear Ms. Avery:

On behalf of HSHS St. Mary's Hospital Streator I write to wholeheartedly support the establishment of a freestanding emergency center at the former HSHS St. Mary's Streator site. We served the Streator community for over 100 years and worked diligently with OSF to arrange for a transition of outpatient care. The HSHS St. Mary's Emergency Department saw 11,902 patients in 2014. Of these 9,919 or more than 80% arrived at the ED by means other than ambulance transport and a vast majority were from Streator zip codes. The community will benefit from access to emergency care at the proposed FEC, outcomes will improve and health care costs will be reduced.

Thank you for your consideration.

Sincerely,

John Flanders  
President/CEO

**Availability of Funds  
Financial Viability Waiver**

N/A – See attached proof of Bond Rating of A or better.

## OSF Healthcare System, Illinois

### Revenue Bonds New Issue Report

#### Ratings

##### New Issue

\$366,725,000 Illinois Finance Authority Tax-Exempt Revenue Bonds, Series 2015A A

##### Outstanding Debt

\$144,265,000 Illinois Finance Authority Revenue Bonds, Series 2007A A  
 \$70,000,000 Illinois Finance Authority Variable-Rate Demand Bonds, Series 2007E A  
 \$55,000,000 Illinois Finance Authority Variable-Rate Demand Bonds, Series 2007F A  
 \$83,165,000 Illinois Finance Authority Revenue Bonds, Series 2009A A  
 \$50,000,000 Illinois Finance Authority Variable-Rate Demand Bonds, Series 2009B A  
 \$50,000,000 Illinois Finance Authority Variable-Rate Demand Bonds, Series 2009C A  
 \$25,000,000 Illinois Finance Authority Variable-Rate Demand Bonds, Series 2009D A  
 \$156,900,000 Illinois Finance Authority Revenue Bonds, Series 2010A A  
 \$174,800,000 Illinois Finance Authority Revenue Bonds, Series 2012A A

#### Rating Outlook

Stable

#### Related Research

2015 Outlook: U.S. Nonprofit Hospitals and Healthcare Systems (December 2014)

2015 Medians for Nonprofit Hospitals and Healthcare Systems (August 2015)

#### Analysts

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#### New Issue Details

**Sale Information:** \$366,725,000 Illinois Finance Authority Tax-Exempt Revenue Bonds, Series 2015A, scheduled to sell the week of Sept. 14 via negotiation.

**Security:** Security interest in the obligated group's unrestricted receivables.

**Purpose:** Bond proceeds will advance refund all of the series 2007A bonds, a portion of the series 2009A bonds, all of the series 2009E bonds, refinance a taxable term loan and finance a variety of capital projects.

**Final Maturity:** Nov. 15, 2045.

#### Key Rating Drivers

**Strengthening Liquidity:** OSF Healthcare System's (OSF) liquidity position has improved steadily over the past five years, and metrics are now more in line with Fitch Ratings' 'A' rating category medians. As of June 30, 2015, \$1.25 billion of unrestricted cash and investments amounts to 221.4 days operating expenses. Liquidity growth has been driven by disciplined capital spending policies, adequate cash flow from operations and good investment returns.

**Improving Operating Performance:** After weak profitability in fiscal 2013 due to spending initiatives designed to transform its care delivery model, operating performance rebounded nicely over the next two years. Steady business growth, management-led supply chain and productivity measures and increased supplemental funding resulted in 2.9% and 5.2% operating margins, respectively, in fiscal 2014 and the nine-month interim period for fiscal 2015.

**Regional Growth Strategy:** OSF continues to undertake strategic growth initiatives intended to further develop and strengthen its regional relationships and footprint, including the recent acquisition of three community hospitals, its partnership with the University of Illinois College of Medicine and pending affiliation agreements with a variety of specialty providers.

**Integrated System:** OSF's significant physician employment (approximately 579 employed physicians and 275 advanced practitioners), combined with a systemwide approach to leadership emphasizing physician input and innovation, have led to improved clinical alignment and an integrated care management approach.

**Manageable Debt Burden:** Despite over \$200 million of additional debt, pro forma maximum annual debt service (MADS) coverage is healthy at 3.0x in fiscal 2014 and a more robust 4.5x through the first nine months of fiscal 2015. Pro forma MADS as a percentage of revenue is also very manageable at 3.0%, which is just above Fitch's 'A' rating category median of 2.8%.

#### Rating Sensitivities

**Maintenance of Financial Improvement:** Positive rating action is possible should OSF sustain its operating profitability improvements over the next several years, even without the benefit of increased Medicaid supplemental funding. Furthermore, positive rating movement could occur if OSF can continue to bolster liquidity metrics in light of its capital spending and pension funding plans.

## Rating History

Rating	Action	Outlook/ Watch	Date
A	Affirmed	Stable	8/28/15
A	Affirmed	Stable	7/30/14
A	Affirmed	Stable	8/17/12
A	Affirmed	Stable	5/17/12
A	Affirmed	Stable	7/1/10
A	Affirmed	Stable	2/3/09
A	Affirmed	Stable	4/10/08
A	Affirmed	Stable	7/17/07
A	Affirmed	Stable	9/14/05
A	Assigned	—	8/30/99

## Credit Profile

Headquartered in Peoria, IL, OSF owns and operates 11 healthcare facilities (10 in Illinois and one in Michigan), has over 14,000 full-time equivalent employees and more than 3,000 doctors on its medical staffs. OSF's flagship hospital, Saint Francis Medical Center, is a 609-licensed acute care bed, Level I trauma center that serves as a regional referral center for high acuity, complex clinical services. OSF also operates a comprehensive, integrated physician network with 224 offices and clinics, vast ambulatory services including urgent care centers and home health, medical education programs and a medical training simulation center. Total revenue in fiscal 2014 was nearly \$2.1 billion.

The system continues to extend its reach throughout Illinois via ongoing physician employment and alignment, expansion of its ambulatory care network and affiliation or ownership arrangements with various community hospitals. In 2012, OSF added Ottawa Regional Hospital to the obligated group. Over the past two years, Kewanee Hospital, Saint Anthony's Health Center and Mendota Community Hospital were also added to the system.

OSF's corporate office in Peoria (known as Ministry Shared Services) provides management services, compliance, facilities planning, healthcare analytics, wellness services, performance improvement consultation, retail services and supply chain programs to all its affiliates that are organized geographically into five regional divisions: central, northern, eastern, I-80 region and Alton, IL.

The central region includes OSF Saint Francis Medical Center and two other community hospitals and operates primarily in the Peoria metropolitan area. In fiscal 2014, the central region was responsible for 55.9% of the system's net patient service revenues. The northern region includes OSF Saint Anthony Medical Center and Saint Francis Hospital and operates primarily in the Rockford metropolitan area. In fiscal 2014, the northern region accounted for 20.9% of the system's net patient service revenue. The eastern region includes OSF Saint Joseph Medical Center and OSF Saint James-John W. Albrecht Medical Center and operates in the Bloomington metropolitan area. In fiscal 2014, the eastern region was responsible for 12.8% of the net patient service revenues of the system.

The I-80 region includes OSF Saint Elizabeth Medical Center and OSF Saint Paul Medical Center and is located in northcentral Illinois along Interstate 80. In fiscal 2014, the I-80 region was responsible for 3.3% of the system's net patient service revenues. Saint Elizabeth joined OSF in 2012 and was formerly known as Ottawa Regional Health Center. Saint Paul joined the system in April 2015 and was known as Mendota Community Hospital. The Alton region includes OSF Saint Anthony's Health Center and is not located within one of the system's four main geographic regions. Saint Anthony's is a 173-licensed acute care bed and 30-bed skilled nursing care hospital. OSF commenced ownership and operations of Saint Anthony's on Nov. 1, 2014.

OSF's largest and most influential nonhospital enterprises are its physician subsidiaries. OSF has 12 active wholly owned subsidiaries, which have been formed or acquired to provide physician services and function as medical groups. OSF Medical Group, an operating division of the parent corporation, was formed in 1994 and initially provided physician management services for primary care physicians. OSF Medical Group has expanded its services over the past 20 years, and currently has approximately 650 providers. OSF is expected to reorganize its physician groups effective Jan. 1, 2016 into a consolidated OSF Multi-Specialty Group, but this is merely an administrative maneuver. OSF's significant physician and advanced practitioner employment, combined with a systemwide approach to leadership emphasizing physician input and innovation, has led to improved clinical alignment and an integrated care management approach.

## Related Criteria

U.S. Nonprofit Hospitals and Health Systems Rating Criteria (June 2015)  
Revenue-Supported Rating Criteria (June 2014)

### Strategic Planning

OSF's strategic vision has remained consistent over the past several years. Management's plans are very elaborate and include specific goals and initiatives. The plan is constantly updated and measured against performance parameters. OSF's main strategies are to transform care for population health and provide convenient on-demand care models. The transformation strategy is comprehensive and touches its care model, payment model, operations and innovation programs like its medical training simulation center. Underlying this strategy is OSF's quality and patient safety goal: creating superior clinical outcomes and eliminating all preventable harm.

The three parts of OSF's strategy focus on systemwide clinical service lines, primary care transformation and enhancing its clinical systems of care. To leverage its core competencies and expand its footprint, OSF is further developing systemwide clinical service lines in cardiovascular, pediatrics, neuroscience and oncology.

Primary care transformation programs include patient-centered medical homes, care management programs for high-risk populations and teleservices. For instance, OSF is in the process of developing and implementing its telehealth services such as electronic care management and wellness programs. In addition, its telemedicine programs include ICU monitoring, medication management and OSF OnCall. OSF OnCall is an online/phone service providing 24/7 patient access to clinical care providers for low acuity complaints. Fitch views these initiatives positively as they better position OSF for accountable care and value-based payment models.

### Business Position

OSF continues to undertake strategic growth initiatives intended to further develop and strengthen its regional relationships and geographic footprint, including the acquisition of three community hospitals, pending affiliation agreement with the Institute of Physical Medicine and Rehabilitation and letters of intent to consolidate with a variety of specialty physician groups. Evidence of OSF's growing market presence is its 41.6% inpatient market share in its entire northern and central Illinois service area through second-quarter fiscal 2015. During fiscal 2010, OSF's inpatient primary service area market share was 35.9%.

As it transitions to value-based reimbursement and population health, OSF is focusing on unique patients served (as measured by Epic's electronic medical record system). As a result of its regional growth strategies and integration success, patient encounters are growing. Excluding the three recently acquired hospitals, OSF experienced a 6.5% increase in unique patients served in fiscal 2013 and a 7.2% jump in fiscal 2014. For the nine-month period ending June 30, 2015, annualized unique patients served are up another 4.6%. Traditional utilization metrics, excluding the three recently acquired facilities, are also favorable, with historical discharges, observation patients, emergency room, outpatient and physician office visits experiencing steady gains over the past several years.

OSF's market position in its key central region of the Peoria metropolitan area has strengthened over the past several years due to facility improvements, programmatic upgrades and enhanced relationship with specialty physicians. OSF's inpatient/observation patient market share in the greater Peoria region increased to 49.9% during the first half of fiscal 2015 from 47.6% in fiscal 2012. Furthermore, OSF's hospital-based outpatient surgical market share jumped to 52.3% in the first half of fiscal 2015 from 49.5% in fiscal 2012. Regardless, the Peoria market dynamics changed last year with sizable UnityPoint Health acquiring OSF's two main hospital competitors. Competitive threats could heighten given UnityPoint Health's financial resources and its good combined Peoria-region inpatient market share of about 35%.

OSF's eastern region market position in the Bloomington/Pontiac area remains solid. While inpatient market share is down relative to its main competitor, Advocate BroMenn Medical Center, outpatient surgical share is up slightly. OSF's inpatient/observation patient market share in the greater Bloomington region dropped to 46.2% during the first half of fiscal 2015 from 48.0% in fiscal 2012. However, OSF's hospital-based outpatient surgical market share increased to 60.8% in the first half of fiscal 2015 from 57.9% in fiscal 2012.

The northern region in the greater Rockford area is highly competitive, with three moderately sized providers, but market shares have been relatively stable. For the first half of fiscal 2015, OSF secured 27.8% inpatient/observation patient market share, versus 37.1% for SwedishAmerican Hospital (rated A/Stable by Fitch), and 27.2% for Rockford Health System. However, the market dynamics have changed considerably after the Federal Trade Commission won a preliminary injunction from a federal judge to stop the proposed merger of OSF Saint Anthony Medical Center and Rockford Health System in 2012.

Subsequent to the blocked merger attempt, Rockford Health System merged with Janesville, WI-based Mercy Health to form MercyRockford Health System. MercyRockford Health System recently announced plans to build a new inpatient campus in northeast Rockford with better access to patients in southern Wisconsin. The old Rockford Memorial Hospital campus will keep its emergency department, outpatient services and offer low-intensity inpatient care. The new campus will house its Level I trauma center, tertiary care inpatient services and include a women's and children's hospital.

Additionally, the city of Rockford's other healthcare provider and market leader, SwedishAmerican Hospital, consolidated with University of Wisconsin Health, bringing a large and influential player to the market. OSF remains committed to the Rockford area given its adequate business position, the region's improving economic conditions and its current capital plans for Saint Anthony that will be funded with a portion of the proceeds of the series 2015A bond issue. Fitch views OSF's market position in the Rockford area as a challenging credit factor due to the heightened competitive pressures and required capital investments at Saint Anthony Medical Center to keep their facilities appealing.

The project at Saint Anthony includes the construction of an approximately 150,000-square-foot, four-story bed pavilion that will be attached to the existing hospital facility. The new bed pavilion will house 78 private rooms for medical and surgical beds. In the existing hospital facility, semi-private rooms will be converted to private rooms, allowing for a total of 190 private rooms when the project is completed. Additionally, some ambulatory services and urgent care will be offered on the first floor of the new pavilion. Construction of the new bed pavilion commenced in August 2015 and is expected to be completed in late 2017. The estimated cost of the project is \$85 million and will be financed with moneys from a fundraising campaign and a portion of the proceeds of the series 2015A bonds.

Moreover, Saint Anthony is also renovating and expanding its existing cancer center. Construction on the project commenced in August 2014 and includes an approximately 15,000-square-foot expansion and 3,000-square-foot remodeling of the existing facility. Construction is expected to be completed in the fourth calendar quarter of 2015 at an estimated cost of \$8.4 million, which will be financed through private donations and a portion of the proceeds of the series 2015 bonds.

## Utilization Data

(Audited Fiscal Years Ended Sept. 30)

	2011	2012	2013	2014	Nine Mos. Ended 6/30/15 <sup>a</sup>
Operated Beds	1,189	1,352	1,228	1,244	1,442
Acute Adult Admissions/Discharges	57,140	59,157	60,034	56,577	46,656
Acute Adult Patient Days	265,406	271,545	274,778	262,212	219,586
Average Length of Stay (Days)	4.6	4.6	4.6	4.6	4.7
Average Daily Census	727	744	753	718	802
Occupancy (%)	61.2	55.0	61.3	57.8	55.6
Observation Cases	14,040	0	14,311	17,542	12,511
Hospital Stays (Admissions plus Observation Cases)	71,180	59,157	74,345	74,119	59,167
Births	4,634	5,198	5,245	5,503	4,166
Inpatient Surgeries	24,499	25,130	24,748	23,325	17,856
Outpatient Surgeries	48,072	50,937	53,340	54,664	41,993
Emergency Department Visits, Net of Admissions	206,490	213,850	232,929	254,041	255,705
Outpatient/Clinic Visits	1,136,890	1,210,889	1,310,740	1,321,782	1,117,863
Medicare Casemix Index	1.65	1.68	1.72	1.76	1.74

<sup>a</sup>Unaudited.

Sources: OSF Healthcare System (IL) and Fitch.

## Payor Mix

Part of OSF's strategic plan is to transform its care and payment models to position them for population health management. As a result, OSF has multiple accountable care activities implemented across the system. While fee for service still dominates payment models (at about 73% of total patient lives served as of June 30, 2015), pay for performance, shared savings and shared-risk mechanisms are a growing portion of OSF's business. OSF has a variety of contracts and agreements with both commercial and governmental health plans that require care management and include payment incentives.

Capitated (per member per month arrangements) and full risk agreements are limited to a small Medicare HMO (with 9,261 total lives served) and OSF's self-insured employees (with 31,996 total lives served). OSF's Medicare Pioneer Accountable Care Organizations (ACO) performed adequately in calendar year 2014, so management continued the arrangements for the current calendar year. For instance, in OSF's eastern region, ACO use rates declined about 6.3% from 2013 levels, resulting in lower medical costs per member per month.

## Payor Mix

(% Gross Revenues; Audited Fiscal Years Ended Sept. 30)

	2011	2012	2013	2014	Nine Mos. Ended 6/30/15 <sup>a</sup>
Medicare	36.6	37.1	37.6	35.6	33.6
Medicaid	15.4	15.8	16.0	18.1	20.1
Commercial and Managed Care	36.4	35.8	35.5	38.2	41.3
Other	11.6	11.3	10.9	8.1	5.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>a</sup>Unaudited.

Sources: OSF Healthcare System (IL) and Fitch.

OSF's governmental payor mix is restrictive, with Medicare (33.6%) and Medicare Advantage (11.8%) accounting for 45.4% of gross patient services revenue during the first nine months of fiscal 2015. Moreover, Medicaid and Medicaid HMOs represent a high 20.1% of gross patient services revenues and are increasing as a result of program expansion in the state of Illinois.

OSF is reliant upon supplemental and disproportionate share payments for approximately 40% of its Medicaid payments, or a total of about \$53 million net of Medicaid provider taxes in fiscal 2014, which Fitch views as a negative credit factor. Nonetheless, the state of Illinois hospital assessment and supplemental payment programs have increased funding levels (to approximately \$77 million net of Medicaid provider taxes in fiscal 2015) and have been extended through June 30, 2018, providing budgetary certainty and a boost to operating profitability.

### Financial Performance

Operating profitability improved nicely in fiscal 2014 and the first nine months of fiscal 2015 after a weak performance in fiscal 2013 from spending initiatives designed to transform its care delivery model. The operating and operating EBITDA margins were 2.9% and 9.2%, respectively, in fiscal 2014, compared with Fitch's 'A' rating category medians of 3.6% and 10.3%. For the first nine months of fiscal 2015, the operating margin (5.2%) and operating EBITDA margin (11.6%) continued to improve as a result of increased Medicaid supplemental funding and management's accelerated clinical and cost transformation (ACT) plan, which Fitch views very favorably.

The ACT initiative is a comprehensive plan designed to dramatically reduce OSF's cost structure through new patient-centric care delivery models, service line reconfigurations, staffing productivity and pay practices and supply chain optimization through clinical utilization improvements and demand matching. Through year two of the four-year ACT plan, OSF has realized \$109 million of its \$100 million cost savings goal. The total four-year savings target is \$180 million. Further evidence of OSF's improved expenditure controls is the 5% reduction in its cost per case mix adjusted discharge during fiscal 2014 and another 1% decline for the nine-month interim period ending June 30 for fiscal 2015. Furthermore, OSF's functional transformation programs are driving administrative efficiencies and reducing costs in supply chain management, legal services, marketing and facilities management and construction.

OSF's central region driven by Saint Francis Medical Center in Peoria remains the system's earnings driver, generating operating income in excess of the consolidated system total. For instance, the central region produced \$99.6 million of operating income during the first nine months of fiscal 2015, versus a consolidated total of \$91.5 million after external interest expenses are allocated. The northern region centered on Rockford remains a laggard, producing a \$4.2 million operating loss through the first nine months of fiscal 2015, versus a \$1.2 million loss in the prior nine-month period.

### Cash Position

OSF's liquidity position continues to improve, and its metrics are now more in line with Fitch's 'A' rating category medians. As of June 30, 2015, \$1.25 billion of unrestricted cash and investments amounts to 221.4 days operating expenses, 18.5x cushion and 131.8% cash to debt. This compares with Fitch's 'A' rating category medians of 205.3 days operating expenses, 18.5x cushion ratio and 143.7% cash to debt. After issuing over \$200 million of new debt and reimbursing themselves about \$24 million, pro forma cash to debt moderates to 120%. Liquidity growth has been driven by revenue cycle improvements, management's strict capital spending targets that are based on a percentage of each affiliate's EBITDA, improved operating profitability and solid investment performance.

Furthermore, liquidity is somewhat suppressed due to the state of Illinois's delayed Medicaid payments as a result of its continued budgetary challenges. This is evidenced in heightened days in accounts receivable balances that amount to a high 69.3 days for the period ending June 30, 2015. This level of days in accounts receivable compares unfavorably with Fitch's

48.1 days 'A' rating category median. Regardless, OSF earns interest on its overdue amounts and enjoys a good history (with manageable adjustments) of collecting the Medicaid accounts receivable from the state of Illinois.

### Debt Profile

Despite over \$200 million of additional borrowings, pro forma MADS coverage was healthy at 3.0x in fiscal 2014 and a more robust 4.5x through the first nine months of fiscal 2015. Pro forma MADS as a percentage of revenue for the interim period was also very manageable at 3.0%, which is just above Fitch's 'A' rating category median of 2.8%. Debt to EBITDA strengthened in each of the past four years, amounting to 3.0x at the end of the June 30, 2015 interim period, from 3.8x in fiscal 2011. Pro forma debt to capitalization is a bit elevated at 50.8% as of June 30, 2015, which is above Fitch's 36.2% 'A' rating category median. Pro forma debt to capital, excluding OSF's \$459 million pension liability, is more manageable at 42.4%.

In addition to the series 2015A fixed-rate bonds, OSF plans a \$94.4 million series 2015B taxable bond issue. The series 2015B bond proceeds will refund the remaining series 2009A bonds and provide \$50 million for a contribution to its defined benefit pension plan. OSF froze its defined benefit pension plan in 2011, and its policy continues to contribute to the actuarially determined pension expense. As a result of its contribution levels and a lower discount rate, OSF's accrued benefit obligation remains moderately high. At the end of fiscal 2015, OSF's accrued pension funding status was 55%, very similar to fiscal 2011's funded status of 57%. To leverage the current market's interest rate levels and spreads, OSF plans to contribute \$50 million from the taxable bond proceeds to the pension plan.

The funding is expected to result in a reduction in OSF's annual pension expenses of \$4.1 million during the first year (fiscal 2014 pension expense was \$7 million) and increasing to approximately an \$11 million reduction in the third year. OSF plans to self-fund the taxable bond debt service with the savings from the reduced pension expenses. Assuming a 0.50% increase in the discount rate and the \$50 million contribution, the accrued benefit liability is projected to drop to \$266 million at the end of fiscal 2016 from \$410 million in fiscal 2014. As a result, the accrued pension funding status is forecast to improve to 70%. OSF's plan qualifies as a church plan under ERISA requirements, so its funding requirements enjoy some flexibility, which Fitch views favorably. Despite the recent challenges to other organizations' church plan status, OSF is confident that its plan remains qualified as a church plan.

After issuance of both series 2015 bond issues, OSF will have about \$1.06 billion of long-term debt outstanding. Of this amount, \$699 million, or 66% of its debt, will be traditional fixed rate. Of the \$361 million variable-rate bonds, \$234 million is synthetically fixed through four fixed-payer interest rate swaps that are insured by Assured Guaranty. Given the low level of long-term fixed interest rates, the four swaps had a negative mark to market of \$51.9 million as of June 30, 2015. However, no collateral posting is required as long as Assured Guaranty maintains its bond rating above certain levels.

OSF also has a basis swap for a notional amount of \$127.6 million. As of June 30, 2015, the swap had a very minor negative mark to market of \$807,608. There is a \$10-million threshold for collateral posting on the basis swap. Fitch views OSF's level of floating-rate debt and use of interest rate swaps as manageable, especially in light of its robust risk-based capital approach, conservative swap policy and healthy amount of unrestricted reserves versus floating-rate debt and swap exposure.

## Financial Summary

(\$000, Audited Fiscal Years Ended Sept. 30)

	2011	2012	2013	2014	Nine Mos. Ended 6/30/15*
<b>Balance Sheet Data</b>					
Unrestricted Cash and Investments	759,738	791,044	1,019,550	1,187,102	1,253,077
Restricted Cash and Investments	190,585	192,283	205,119	223,243	69,647
Trustee-Held Cash and Investments	68,412	51,845	2,827	3,420	176,440
Net Patient Accounts Receivable	351,210	467,891	369,698	398,852	413,781
Property, Plant and Equipment, Net	893,970	936,207	960,810	973,022	996,816
Total Assets	2,382,752	2,637,009	2,694,673	2,923,235	3,105,330
<b>Short-Term Debt</b>					
Current Liabilities	282,186	312,310	313,511	360,938	397,205
Total Debt (Including Current Portion)	884,573	896,644	890,173	920,914	950,938
Demand Debt	250,000	250,000	250,000	250,000	275,020
Unrestricted Net Assets	694,467	747,342	964,033	934,514	1,023,233
<b>Income and Cash Flow Data</b>					
Net Patient Revenue	1,695,545	1,817,000	1,910,851	1,998,011	1,633,819
Other Revenue	78,625	87,475	83,806	95,381	88,213
Total Revenues	1,774,170	1,904,475	1,994,657	2,093,392	1,722,032
Salaries, Wages, Fees and Benefits	947,802	1,046,186	1,140,414	1,154,034	939,956
Supplies and Drugs	651,037	685,490	735,627	745,619	578,912
Depreciation and Amortization	90,548	84,613	91,448	95,517	83,647
Interest Expense	45,237	36,539	35,726	36,185	27,572
Total Expenses	1,746,014	1,857,743	2,004,698	2,032,546	1,632,833
Income from Operations	28,156	46,732	(10,041)	60,846	89,199
Non-Operating Gains/(Losses)	33,319	(16,886)	42,736	12,165	26,631
Excess of Revenues over Expenses	61,475	29,846	32,695	73,011	115,830
EBITDA	197,260	150,998	159,869	204,713	227,049
Operating EBITDA	163,941	167,884	117,133	192,548	200,418
Net Unrealized Gains/(Losses)	(28,603)	48,838	15,519	18,001	7,594
Cash Flow from Operations	116,414	61,410	246,170	206,599	148,152
Net Capital Expenditures	82,244	93,990	116,705	91,674	53,018
Maximum Annual Debt Service (MADS)	67,800	67,800	67,800	67,800	67,800
Actual Annual Debt Service (AADS)	67,060	69,434	48,225	44,867	—
<b>Liquidity Ratios</b>					
Days Cash on Hand	167.5	162.8	194.5	223.7	221.4
Days in Accounts Receivable	75.6	94.0	70.6	72.9	69.3
Days in Current Liabilities	62.2	64.3	59.8	68.0	70.2
Cushion Ratio (x)	11.2	11.7	15.0	17.5	18.5
Cash/Debt (%)	85.9	88.2	114.5	128.9	131.8
Unrestricted Cash and Investments/Demand Debt (%)	303.9	316.4	407.8	474.8	455.6
<b>Profitability and Operational Ratios (%)</b>					
Operating Margin	1.6	2.5	(0.5)	2.9	5.2
Operating EBITDA Margin	9.2	8.8	5.9	9.2	11.6
Excess Margin	3.4	1.6	1.6	3.5	6.6
EBITDA Margin	10.9	8.0	7.9	9.7	13.0
Personnel Cost/Total Revenue	53.4	54.9	57.2	55.1	54.6
Supply Cost/Total Revenue	36.7	36.0	36.9	35.6	33.6
Bad Debt Provision/Patient Service Revenue	5.7	5.2	4.7	3.3	—
<b>Capital Related Ratios</b>					
MADS Coverage – EBITDA (x)	2.9	2.2	2.4	3.0	4.5
MADS Coverage – Operating EBITDA (x)	2.4	2.5	1.7	2.8	3.9
AADS Coverage – EBITDA (x)	2.9	2.2	3.3	4.6	—
MADS/Total Revenue (%)	3.8	3.6	3.4	3.2	3.0
Debt/EBITDA (x)	4.5	5.9	5.6	4.5	3.1
Debt/Capitalization (%)	56.0	54.5	48.0	49.6	48.2
Average Age of Plant (Years)	11.8	14.3	12.2	12.8	—
Capital Expenditures/Depreciation (%)	90.8	111.1	127.6	96.0	63.4

\*Unaudited. EBITDA – Earnings before interest, taxes, depreciation and amortization. N.A. – Not available. Note: Fitch may have reclassified certain financial statement items for analytical purposes.

Sources: OSF Healthcare System (IL) and Fitch.

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**Economic Feasibility**

The selected form of debt financing will be at the lowest cost available, or if not it will be more advantageous due to other terms, such as pre-payment privileges, lack of security interest, time of the loan or other reasons.

*Dawn Trompeter*

CFO, OSF Saint Elizabeth Medical Center

Subscribed and sworn to before me this  
2<sup>nd</sup> day of December, 2015.

*Wendi Navarro*

Notary Public



### **Economic Feasibility**

The direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion: \$359.00 per equivalent patient day.

The total projected annual capital costs (in current dollars per equivalent patient day) for the first full year at target utilization: \$0.

**Safety Net Impact**

To the applicants knowledge the impact on safety net services will be positive in that this project will maintain them.

The applicants do not have knowledge regarding cross subsidization of services.

Attached is a chart reflecting the prior three years charity and Medicaid care. I hereby certify it is accurate. I also certify that no patient will be turned away due to inability to pay, or any other discriminatory reason.

*Dawn Trompeter*

CFO, Saint Elizabeth Medical Center

Subscribed and sworn to before me this  
2nd day of December, 2015.

*Wendi Navarro*

Notary Public



**OSF Saint Elizabeth Medical Center Only**

<b>Safety Net Information per PA 96-0031</b>				
<b>CHARITY CARE</b>				
		<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
<b>Charity (# of patients)</b>	Inpatient	199	60	57
	Outpatient	366	651	167
<b>Total</b>		<b>565</b>	<b>711</b>	<b>224</b>
<b>Charity (cost in dollars)</b>	Inpatient	1,167,687	862,484	738,796
	Outpatient	1,745,027	1,895,771	1,093,808
<b>Total</b>		<b>2,912,714</b>	<b>2,758,255</b>	<b>1,832,603</b>
<b>MEDICAID</b>				
		<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
<b>Medicaid (# of patients)</b>	Inpatient	806	442	1,052
	Outpatient	5,153	12,755	16,712
<b>Total</b>		<b>5,959</b>	<b>13,197</b>	<b>17,764</b>
<b>Medicaid (revenue)</b>	Inpatient	2,398,932	3,542,195	3,410,687
	Outpatient	4,901,016	5,031,023	5,000,730
<b>Total</b>		<b>7,299,948</b>	<b>8,573,218</b>	<b>8,411,417</b>

**OSF Healthcare System**

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
Inpatient	4,373	3,912	1,830
Outpatient	50,575	57,497	26,011
<b>Total</b>	<b>54,948</b>	<b>61,409</b>	<b>27,841</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$29,729,121	\$35,055,905	20,185,521
Outpatient	\$27,923,208	\$31,817,535	21,290,035
<b>Total</b>	<b>\$57,652,329</b>	<b>\$66,873,440</b>	<b>41,475,556</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
Inpatient	11,413	9,189	8,532
Outpatient	199,181	206,694	212,999
<b>Total</b>	<b>210,594</b>	<b>215,883</b>	<b>221,531</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$155,838,991	\$170,076,068	173,873,247
Outpatient	\$46,794,083	\$59,119,131	71,874,943
<b>Total</b>	<b>\$202,633,074</b>	<b>\$229,195,199</b>	<b>245,748,190</b>

## Charity Care

	SEMC			System		
	2012	2013	2014	2012	2013	2014
Net Revenue	27,804,284	63,540,771	64,037,594	1,745,075,000	1,823,570,000	1,800,620,959
Amount of Charity Care (charges)	2,957,197	7,600,592	6,133,211	285,925,649	353,591,840	221,417,876
Cost of Charity	1,057,163	2,758,255	1,832,603	61,658,261	74,049,916	45,062,165