Good afternoon.....My name is Carole Ostrom

I am a clinic director for Mercyhealth .....and currently serve on the board of United Way of Greater McHenry County.

More importantly....I have lived in Crystal Lake for over 30 years and raised my family here.

I have witnessed 30 years of population growth and live with infrastructures unable to meet the needs of my community.

The growth has caused significant impact on community resources including access to emergency care & hospital services.

Additionally, I've worked with patients frustrated by the lack of services close to home, lengthy emergency room wait times, and unnecessary inconveniences.

Daily, I hear from our Mercyhealth patients who prefer to be seen by their physicians.....the physicians who know them and care for them..... and their families.

I have empathy for the patients who's needs are not being met today .... and strongly believe a Crystal Lake hospital will improve the safety and quality of care for residents.

I am 100% in support of building a hospital in Crystal Lake and having 24 hour – 7 day a week emergency & hospital services close to my home.

Thank you for your consideration of the ~~much~~ needed hospital services in Crystal Lake.

Good afternoon Board members and Citizens,

My name is Kendra Rishling,

I would like to speak on behalf of Mercyhealth in support of proposed micro hospital and ancillary services.

I have been a nurse for 22 years. In that time, I have worn many hats. I have been an ER manager, a helicopter program manager, an ambulatory clinic team leader, an Army Nurse, and a member of the Wonder Lake Fire Department. Which brings me to why I support this hospital. I want to speak not only the behalf of patients but also for those who will serve these patients. A critical access micro hospital is exactly what this community needs. As I stated earlier, I was in the Army and I learned almost anything can be accomplished using an acronym of some kind. So, I would like to convey my reasons for support using the three P's

The 3 P's are:

- Privilege,
- Perspective,
- and Perseverance.

As a nurse, a veteran, and a once member of a fire department, I can truly say, "It is a privilege to serve others. Serving them in a way that provides them what they want and need is key. I understand the patient's desire to have all of their care under one roof and to stay in their own community for emergent services. The elderly or chronically ill appreciate having lab and Radiology close to home especially if they have to make frequent trips. On the medical side this leads to increased compliance with their care – which in turn leads to improved outcomes for the patient. It is just easier for them and the families who support them to stay in their own community.

The second" P" Perspective....Let's review the impact on the Crystal Lake Fire Department. According to the Crystal Lake Fire Department's 2013 annual report, they ran 5, 833 calls. 3,860 were EMS/medical calls. That is 73 percent of the call volume. The fact is, the population is aging. That will surely increase over the next decade. The number of transports to hospitals that took them out of the community they serve.... was 2,460 patient calls. Wow! Increased transport times outside of the community mean that the patients will take longer to receive CT scans, surgery, or other necessary emergent treatments. The paramedics and EMTs do a fantastic job....but they also become taxed. With a critical access hospital in the community the time that would be saved would mean that they could serve more people in the community. The would save on fuel for the rigs, more time for training, more rest periods when working 24 hour shifts. With tighter budgets for everyone.....there is no question that such a large community would benefit from a hospital in the community.

The third "P" is Perserverance.

Mercyhealth's goal is to provide service to the populations who need it the most. We provide exceptional service to those we currently serve and desire to continue to extend these services to those in the Crystal Lake area. As a Nurse Leader at Mercyhealth, I would like your support to build the proposed micro-hospital and to assure you that the people of Crystal Lake will be cared with compassion, respect, and like family. It is just how we do things.

Thank you, Kendra Rishling

Hello, my name is Bill Supernaw. I am a Clinic Director for Mercyhealth.

As I mentioned this morning, in my almost 20 years with Mercy, I have managed both the largest and smallest clinics in McHenry County. In addition, I have also managed our clinic in Harvard that utilizes Mercy Harvard Hospital for their inpatient care, as well as clinics in the county that use non-Mercy Hospitals. So, you can say I have seen things from both sides.

At the Mercy clinic in Harvard, I have seen first-hand how an integrated medical record with a Mercy hospital can improve patient care. Inpatient and Emergency documentation, lab and radiology results are all communicated to and accessible by the Harvard primary care physicians. They know the status of their patients, and are able to access this information, even from home. There is constant two-way communication between the inpatient setting and the ambulatory setting.

When patients are admitted to non-Mercy hospitals from the other clinics in McHenry County, the physicians do not have an integrated way of communicating or easily accessing their patient's records. At times our physicians have not even been aware their patients were admitted, only to find out at a later clinic visit. And at these visits, the physician may not have the documentation of care provided in the non-Mercy hospital. This is opposite of the free flowing information between a Mercy clinic and a Mercy hospital. This is not ideal for quality patient care.

I have also witnessed the amazing growth of McHenry County over the last 20 years, especially in Crystal Lake and its surrounding communities. As a former Emergency/Trauma Center and Flight Nurse, I recognize the need for Emergency Services near the population areas, and how close access to these services can be lifesaving.

This clinic and hospital proposal will improve patient care in Crystal Lake and its surrounding communities. Our patients have been asking for this for a long time.

Thank you for your support of this project.

Bill S

VILLAGE OF Cary

EST. 1893

February 20, 2017

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Re: Proposed Mercyhealth Micro-hospital and Medical Center Crystal Lake

To Whom It May Concern:

The Village of Cary has been informed of Mercyhealth's proposal to construct a new micro-hospital and medical office building at the southeast corner of IL Route 31 and Three Oaks Road in Crystal Lake. Our understanding is that the proposal consists of an 111,000 square-foot acute care hospital containing 11 medical/surgical beds and 2 intensive care (ICU) beds and connected in proximity to a new 36,000 square-foot medical office building.

The proposed project would be located approximately a half mile west of Cary's corporate boundary and would provide our residents with an important resource that would be easily accessible. Mercyhealth's proposal is consistent with many of the Village's goals, including the support of development that enhances services for the area's growing senior population.

The new micro-hospital is also proposed along two major roadways in the most densely populated part of McHenry County, with Three Oaks Road providing direct and convenient access from Cary and other communities along US Route 14 to the east.

The Village of Cary is highly supportive of the proposed project and the benefits it would have for the entire region. The Village recommends that the Illinois Health Facilities and Services Review Board consider approval of Mercyhealth's application.

Respectfully,
Village of Cary

Mark R. Kownick
Mayor

655 VILLAGE HALL DRIVE
CARY, ILLINOIS 60013-2599
847.639.0003 FAX 847.639.2761
INFO@CARYILLINOIS.COM
WWW.CARYILLINOIS.COM

Lower Level of Stroke Care
Opposition for Project 17-002

My name is Catie Schmit and I'm a bachelor's prepared, certified emergency room nurse and Director of Emergency Services at Centegra Health System.

I'm here to ensure the Illinois Health Facilities and Services Review Board is not misled by Mercy's inflated claims of advanced stroke care at its proposed micro-hospital.

While the application did not specify the level of stroke care that would be provided at the micro-hospital, it did offer lengthy praise to the level of stroke care that is currently offered at its hospitals in Harvard, Illinois and Walworth, Wisconsin. Mercy touted its hospitals as the first and only to achieve the Acute Stroke Ready Hospital certification. In fact, that certification is the lowest of the three stroke certifications that hospitals can achieve. It is one that is only desirable by critical access hospitals, not those that are in Metropolitan Statistical Areas.

Five hospitals in the planning area of the proposed micro-hospital have a higher certification known as Primary Stroke Center. When the other health systems that serve this community have already committed to a higher level of stroke care, it begs the question: Since Mercy's application promises to bring the same lower-level strategies to the Crystal Lake hospital as it employs in Harvard and Walworth, how do patients benefit?

When a person experiences a stroke, 2 million brain cells die each minute. With every 30-minute delay in advanced stroke care a patient's chances of a good outcome drop by 14 percent. The people of our community should not be tricked into thinking they will receive advanced stroke care at the proposed micro-hospital. For this reason I request that the Board denies Project 17-002.

Good Afternoon and thank you for allowing me to voice my opinion regarding the possible building of a "Micro-Hospital" in Crystal Lake, Illinois. My name is Linda Serafin. I have lived in Crystal Lake for the past 13 years and in McHenry County for the past 18 years.

After reading Mercy Health Care's certificate of need and proposal, I am inclined to comment. Mercy mentions their care of the "indigent clients" at the Harvard Hospital with "chronic care issues." They intend to move beds allocated from that facility to a Crystal Lake Hospital. I did not find any mention of a Preventive Care Program for these patients. The problems in Harvard are not getting better.

Let's look at the pink elephant in the room. Crystal Lake, McHenry County need Mental Health beds and treatment programs. Not more hospital beds. According to Robert Wood Johnson Foundation-The Substance Abuse Research Program 2010.

"Substance abuse treatment is the most cost effective healthcare intervention available because individuals with alcohol or drug addiction have higher rates of chronic physical illness than others."

If we are able to add any hospital beds to our community, we need to look at the root cause of most chronic care issues, alcoholism and addiction. Prevent and /or treat these medical emergencies and we become a healthier society.

Mercy Healthcare does not mention the treatment of mental health patients in their certificate of need. They do not have programs to improve the lives of the "indigent" patients they treat.

If this hospital is designated to treat the "indigent" population in Crystal Lake, it should focus on the treatment of substance abuse.

Advocate and Centegra are the best of the best Healthcare Providers in our state and they too need to look closer at treating the mental health of our community. Alcoholism and addiction have DRGs and are covered by insurance today. We need to get to the root cause of our chronic care issues with education and prevention to improve the quality of life of the indigent, poor, middle class, rich and famous. Mental health disease, alcoholism and addiction affects everyone, if treated appropriately we can prevent the development of many chronic care issues.

Linda Serafin-1611 Carlemont Drive Unit E, Crystal Lake, Il 60014

Roseanne Niese Testimony

Hello. My name is Roseanne Niese and I am the Director of Emergency Services and Medical Surgical Beds at Advocate Good Shepherd Hospital. A number of things concern me about this project so I'm here to oppose it and want you to do the same. This project will add cost and confusion to patients.

Let me lay out a very real scenario that might happen. Let's say a patient calls 9-1-1, an ambulance arrives and takes the patient to this new hospital. However, once the patient arrives at the hospital and is evaluated in the Emergency Department, it's determined that the patient is very sick and needs a higher level of care than can be provided at Mercy's hospital. Remember, Mercy keeps telling us that this hospital is just for lower acuity patients. The patient would then have to be transferred via ambulance to another hospital. Let's look at how many bills the patient would get:

One for the ambulance from their house to Mercy
A Mercy bill from the emergency department
A bill from the Mercy emergency room physicians
A bill from the ambulance company transporting the patient from Mercy to Good Shepherd
A bill from Good Shepherd's ED
A bill from Good Shepherd's ED physicians

That's six different bills. If the patient had gone directly to Good Shepherd it would be three.

There are also clinical concerns I have. All of these transfers and hand offs can create confusion and lost time until the patient receives an accurate diagnosis and treatment plan.

I also don't want our EMS partners to have any confusion as to where patients should go. This hospital won't have cardiac cath. Right now there's no confusion as to where ambulances should go. Right now there are four hospitals within 20 minutes of the proposed site. I'd like to understand how four hospitals within ~~20~~ 12 to 20 minutes isn't serving the community's needs?
and Good Shepherd is only 12 minutes.

Unnecessary hospitals leads to unnecessary cost and confusion among patients. Please vote no on this project.

My name is Sue Schrieber. I'm here to address the concerns around our participation in community health needs assessments.

In 2014 we conducted a healthy community needs study for the community of Harvard, IL, as required by the federal government. While the study included information about McHenry County, it focused on Harvard because that's where our Hospital is located.

We do collaborate with communities in our other markets. In Rockford, we work with the Rockford Health Council to complete the study for Winnebago and Boone County residents. We also collaborate with the Walworth Health Dept. to complete the study for our hospital in Walworth, and the same is done in Janesville for Rock County. Thank you. Please support this project.

Diabetes Care in the Community
Opposition for Project 17-002

My name is Tiffanie Young and I am a master's prepared registered dietitian, a licensed dietitian nutritionist and the Director of the Centegra Healthy Living Institute. I represent diabetes management on the McHenry County MAPP workgroups for obesity and cardiovascular disease. Our MAPP partners include Advocate Health System and the McHenry County Department of Health. Those of us who are part of MAPP are already collaborating on ways to address our community's diabetes-related needs. Mercy has chosen not to be part of our efforts.

That is why the application for Project 17-002 is misleading with regard to the need for diabetes care in McHenry County. Patients already have access to doctors, nurses, dietitians and other clinicians who help them with A1C monitoring. We teach people with diabetes how to manage their blood pressure and also provide screenings for kidney disease, retinopathy and depression. All of these services are provided in Crystal Lake and in multiple other locations throughout McHenry County.

Our hospitals provide inpatient diabetes education and the Centegra Healthy Living Institute provides outpatient education to people with diabetes. Whether they are newly diagnosed, need ongoing support or want to refresh their knowledge after a lifetime of diabetes management, our team provides exceptional, personalized care.

Mercy should know that population health management is most successful when it's done in the outpatient setting, preventing hospital admissions and keeping patients at home. A new hospital is not needed, and in fact Mercy's proposed services are also already being provided by other health systems in Crystal Lake and its surrounding cities.

Please deny Project 17-002. Thank you.

Misleading statements on jobs and transportation

Opposition for Project 17-002

My name is Ashley Weinrich and I'm a senior planning analyst with Centegra Health System.

Mercy's application and testimonies are misleading and confusing. It is impossible to address the inconsistencies and contradictions in just a few minutes. However I'd like to address ~~two~~ a few points related to jobs and transportation.

1

2 On one hand Mercy supporters are saying that they are just moving services and consolidating, yet on the other hand in its application and in testimony Mercy touts the development of new jobs. Aren't they just relocating existing jobs? [redacted]

3 Mercy has also represented that one of the driving forces behind this project is the lack of public transportation in Crystal Lake. In fact CL is one of only a handful of communities in McHenry County that has access to on-demand public transportation services through PACE . This service allows community members to cross municipal boundaries in order to receive needed health care services. [redacted].

4 Please deny Project 17-002. Thank you.

crystal Lake

With the exception of 500 construction jobs, where are the new healthcare jobs?

1 Regarding an earlier comment of pediatric care - most ambulances wouldn't transport a pediatric patient to a microhospital for a traumatic brain injury or other head injuries or issues. The patient would likely be stabilized and then transferred.

completely bypass the proposed facility or coming to this facility will delay access to care for serious injuries

4 Lastly, ~~in our most recent fiscal year~~, Centegra Health System provided over 16,000 rides for our patients to the hospital campus through our Patient Express ride program.

Ladd Udy

- Hello, my name is Ladd Udy. I am the Director of Population Health and ACO Operations at Mercyhealth, and I'm here today in support of Mercyhealth's micro-hospital in Crystal Lake.
- Mercyhealth has a long history of health care innovation. We have significant experience successfully and profitably operating small-sized hospitals which are appropriately scaled to meet community needs. These include our two critical access hospitals in Harvard, Illinois and Lake Geneva, Wisconsin.
- An important part of the Crystal Lake project is how it operates as part of our Accountable Care Organization, or ACO.
- The overall goals of the accountable care movement are to increase quality, increase patient satisfaction, and reduce the cost of care. Mercyhealth utilizes an integrated model of care delivery to achieve those goals. This is based on the Mayo Clinic model, where hospital and physician offices are part of the same organizational entity.
- When providers are physically and technologically separated, it results in fragmentation of care, which makes it difficult to achieve the goals of the accountable care model.
- A truly integrated model of care—the hallmark of ACO success—requires a hospital. Construction of the proposed micro-hospital allows the Crystal Lake community to realize the full benefits of Mercyhealth's integration model.
- A hospital integrated into a health system allows for better handoffs of patients. Mercyhealth has a seamless process for connecting with our patients when they're discharged from one of our hospitals and seeing our providers, but when the hospital is an outside entity, we often don't get timely notice that our patient has been there. Coordination is critical, and physical separation makes that coordination more difficult, which has a negative impact on patients.
- Mercyhealth has risen to the market imperative for value-based healthcare, utilizing an integrated model with a proven track record of success. Your informational packets contain many figures that demonstrate this, but in short, this project will allow Mercyhealth to more extensively deploy its ACO model in McHenry County, which has proven successful in keeping the cost of care lower and quality of care higher, both of which are of significant benefit to the community. Thank you.

Lower Level of Cardiac Care
Opposition for Project 17-002

My name is Carlie Lesher, and I'm a certified cardiovascular care coordinator nurse and the Chest Pain Coordinator for Centegra Health System.

As the Illinois Health Facilities and Services Review Board considers Mercy's proposal, please consider what's best for people who are suffering from heart attacks.

If a person suffers a heart attack, time is of the essence. There are two options for emergency treatment.

The first, and by far the most desirable option, is to call 911. In greater McHenry County, pre-hospital providers begin emergency heart care as soon as they arrive on the scene. They perform 12-lead EKGs on the ambulance and administer medications. If the EKG reveals the person needs an emergency intervention, the gold standard for care is to bypass any hospital that does not have a cardiac catheterization laboratory. The hospital proposed in Project 17-002 does not include plans to provide this advanced cardiac care in Crystal Lake. Four hospitals within the project's planning area offer percutaneous coronary intervention: Advocate Good Shepherd Hospital, Advocate Sherman Hospital, Centegra Hospital-McHenry and Centegra Hospital-Huntley.

The second option for heart attack treatment is to drive to an emergency department. If a patient arrives via car, he must be triaged, which takes time and can result in additional damage to the heart muscle. If a patient who was suffering a heart attack walked into the emergency department at the proposed Crystal Lake micro-hospital, he would need to be triaged and then transferred for almost any type of cardiac care.

Mercy says it proposes this hospital to, quote, "provide more immediate acute and emergency care when time is of the essence." This statement is misleading and could in fact result in harm to misinformed patients who have believed Mercy's claims. For this reason I request that the Board denies Project 17-002.

Lower Level of Cardiac Care
Opposition for Project 17-002

My name is Carlie Lesher, and I'm a certified cardiovascular care coordinator nurse and the Chest Pain Coordinator for Centegra Health System.

As the Illinois Health Facilities and Services Review Board considers Mercy's proposal, please consider what's best for people who are suffering from heart attacks.

If a person suffers a heart attack, time is of the essence. There are two options for emergency treatment.

The first, and by far the most desirable option, is to call 911. In greater McHenry County, pre-hospital providers begin emergency heart care as soon as they arrive on the scene. They perform 12-lead EKGs on the ambulance and administer medications. If the EKG reveals the person needs an emergency intervention, the gold standard for care is to bypass any hospital that does not have a cardiac catheterization laboratory. The hospital proposed in Project 17-002 does not include plans to provide this advanced cardiac care in Crystal Lake. Four hospitals within the project's planning area offer percutaneous coronary intervention: Advocate Good Shepherd Hospital, Advocate Sherman Hospital, Centegra Hospital-McHenry and Centegra Hospital-Huntley.

The second option for heart attack treatment is to drive to an emergency department. If a patient arrives via car, he must be triaged, which takes time and can result in additional damage to the heart muscle. If a patient who was suffering a heart attack walked into the emergency department at the proposed Crystal Lake micro-hospital, he would need to be triaged and then transferred for almost any type of cardiac care.

Mercy says it proposes this hospital to, quote, "provide more immediate acute and emergency care when time is of the essence." This statement is misleading and could in fact result in harm to misinformed patients who have believed Mercy's claims. For this reason I request that the Board denies Project 17-002.

Robert Paddock

- I am the Business Representative for the International Union of Operating Engineers, Local 150.
- I am speaking today to express our strong support for the proposed Mercyhealth clinic and micro-hospital.
- The Local 150 represents about 23,000 men and women working in a variety of construction and other industries throughout Northern Illinois, Northern Indiana, and seven counties in Southeastern Iowa.
- We work with the men and women who work in industries like earth moving, hoisting, concrete pumping, drilling, material testing, landscape construction, slag production, pipeline construction, aggregate production, and others.
- We support this project 100 percent. It will bring high-paying jobs to our region. It will employ hundreds in the short- and long-term. It will boost our economy from the moment is approved. It will be responsible for millions of new dollars in our communities—which translates into stronger families living better lives.
- We need to look ahead and build for the future. The residents of Crystal Lake have lived too long with few health care provider options. For decades, they have pined for a local emergency department. This project will make securing health care more convenient for thousands of patients. It's good for the people of Crystal Lake and the surrounding area.
- For these and so many other reasons, on behalf of the Local 150, I respectfully ask that you approve this project today.

Health Facilities and Services Review Board
Crystal Lake CON Applications Public Hearing **February 21, 2017**

Regarding Project Costs

Mercyhealth intends for all aspects of Mercyhealth's proposed projects to meet the State standard cost per square foot and, now that it has obtained clearer cost figures from Board staff, has begun working with our architectural and design team to make all appropriate alterations.

Further, even if the project(s) did not meet the state standard, Mercyhealth's proposed project is reasonable given: a) the complexity of the project, b) the combination of outpatient as well as inpatient services, c) the inherently high costs of building and maintaining an emergency department, and d) the concentration of cost per square foot due to the spatially condensed nature of micro hospitals.

It is important to note that the total project is much more than simply 13 acute care beds. As stated in our application, the actual cost breakdown is as follows:

- 13 hospital beds = $4 million cost = $307,692 per bed
- Emergency Department = $2.25 million cost an 24/7 emergency room that the citizens of Crystal Lake deserve and may be the immediate solution needed to stabilize a patient who may be so critical every moment matters.
- Operating Rooms = $6 million cost
- Diagnostic and Treatment Areas = $6.5 million cost
- **Total Reviewable Clinical Space Cost (total of above items) = $19 million cost**
- Support Services = $18.5 million cost
- Equipment, site prep, architect and engineering fees, etc. = $44 million cost

There is nothing misleading about our master plan. We are proposing a simple solution to provide an integrated, continuation of care for our existing patients in Crystal Lake as well as those with limited access to transportation.

February 21, 2017

In support of Mercyhealth Crystal Lake Micro-Hospital and Medical Center

Wes Jost

I am writing to convey my strong support of Mercyhealth's proposed Crystal Lake medical center and micro-hospital project.

I currently serve as a member of the Mercyhealth Board of Directors. My association with Mercyhealth goes back quite a long way. I was a long-time member on the Mercy Harvard Hospital Board. In that role, I witnessed the tremendous commitment Mercyhealth has displayed in Harvard and the positive effect it had on all involved.

When Mercy Health System and Rockford Health System came together, so did the respective Boards. Today, three Board members from Harvard sit on the boards that now direct and advise the combined organization. When viewed from the perspective of what other health systems have traditionally done when merging organizations, this is quite remarkable. Harvard is a small town, yet we have great representation on the Board and are treated with the utmost care. Mercyhealth's longstanding commitment to Harvard has not, and will not, waver. When they commit to a community, it is for the long term and everyone is better for it.

As a longstanding Board member, I am also intimately familiar with Mercyhealth's leadership and its unwavering commitment to providing patients with the highest quality health care, delivered via innovative models that enhance outcomes, yet remain cost effective. In today's health care environment, that is no easy task. They are expert at what they do, and as such I am extremely confident in Mercyhealth's plan to bring critically needed services to Crystal Lake. The positive ripple effect it would create in Crystal Lake and beyond—economically and in terms of improved health care access and service options—is enormous.

I encourage you to consider the above as you review Mercyhealth's Certificate of Need proposals and urge you to approve them.

Thank you.

Misleading ED Services
Opposition for Project 17-002

My name is Cindy Amore and I am the Manager of EMS services at Centegra Health System. Mercy's proposed project in Crystal Lake could mislead patients to believe all their emergency needs can be met at this micro-hospital. This is not true. Patients who require trauma care, or more advanced treatment for conditions such as heart attack and stroke would need to be transferred out of this facility. This poses an avoidable risk for patients who choose to drive themselves to the emergency department.

Two immediate care locations in Crystal Lake, which are practically within walking distance of the proposed micro-hospital, already offer treatment for non-life threatening illnesses and injuries. Five other hospitals in the region already provide a complete range of emergency services, and four of those are Level II trauma centers.

Emergency medical services personnel are specially trained to assess a patient's needs and determine his level of acuity. EMS teams can make the decision to bypass an emergency department if they believe the patient needs the more advanced care available at any of the region's Level II trauma centers.

If a seriously ill or injured patient arrives at the proposed micro-hospital by car, he will shoulder the additional burden of the ambulance transfer. In our region, this can range from an average of $1,300 for basic life support to $6,800 for critical care transport. Patients are also charged a rate for mileage, and even more for critical care transport mileage.

The proposed micro-hospital's emergency services do not elevate emergency care in the area. Please do not allow Mercy to mislead patients into thinking they will receive more appropriate care at its proposed micro-hospital.

Please deny Project 17-002.