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Transcript of Hearing

Date: October 2, 2017
Case: Centegra Hospital, In Re:

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER MICHAEL CONSTANTINO

IN RE: :
Public Comments Regarding :
Application to Establish : Project No. 17-036
a 22-bed category of service :
At Centegra Hospital in :
Woodstock :

HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act

Woodstock Opera House
121 West Van Buren Street
Woodstock, Illinois 60098
Monday, October 2, 2017
11:00 a.m.

Job No: 158854
Pages: 1 - 144
Reported by: Camille Connell, RPR, CSR

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PRESENT:
ILLINOIS HEALTH FACILITIES AND SERVICES
REVIEW BOARD, by
MICHAEL CONSTANTINO, Public Hearing Officer
MARIANNE MURPHY, State Board Member
KATHERINE OLSEN, Board Chairwoman (5 p.m.)
GEORGE ROATE, IDPH Staff
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761
(217)782-3516

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P R O C E E D I N G S

HEARING OFFICER CONSTANTINO: Well, good morning. Can all of you hear me?

I'm Mike Constantino. I'm with the Illinois Department of Public Health. I'm going to be today's hearing officer. There is a couple things I need thank you for. I would like to thank the City of Woodstock and their staff for allowing us to use this wonderful accommodation today, and their city manager for accommodating us in the past week or so of everything we have asked them to do.

I am very privileged to have with me today Ms. Marianne Murphy, a current State Board member, and George Roate with the Illinois Department of Public Health. I would also like to have the board -- I want to thank all of you for attending this -- this hearing for four projects that will be scheduled today.

We believe these projects are all related. Therefore, we are going to allow comments on any of the four projects that are up for hearing today. But please limit your comments on these four projects only.

The first project we are going to hear is Project 17-036, Centegra Hospital Woodstock, and it's

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proposing to establish a 22-bed, comprehensive physical rehabilitation category of service at a cost of approximately $3.9 million.

I also have to read into the record, Please note that in order to ensure that the Board's public hearing protects the privacy and the confidentiality of an individual's health information as defined by the HIPAA Act, submitting oral or written testimony that discloses protected health information of individuals must have a valid written authorization from that individual. The authorization shall allow the covered entity to share the individual's protected health information at this hearing, if necessary.

If you have not signed in, please do so. In addition, to those of you who came with prepared texts of your testimony, you should note that you can submit the written texts, and you don't necessarily have to provide oral testimony. All written and oral testimony will be entered into today's record, and it will be made available to all Board members prior to the November 14th, 2017, State Board meeting for all the Board members' consideration. I ask you to please limit your testimony to two minutes. I will call participants in numerical order. Prior to beginning

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1 your remarks, please clearly state your name and spell
2 your first and last name for the court reporter.
3 After you have concluded your remarks, if you have
4 written copies of your remarks, please provide those
5 to us along with your completed sign-in sheet. Thank
6 you.
7 The first person we will hear from is Dan
8 Lawler with Centegra Health.
9 MR. LAWLER: Good morning, Mr. Constantino.
10 Can we angle the podium, or do you prefer I angle it
11 toward the desk?
12 COURT REPORTER: I can hear you fine. But
13 if you want to turn it, that's fine with me.
14 MR. LAWLER: Mr. Constantino, my name is Dan
15 Lawler, L-a-w-l-e-r. I'm with the law firm of Barnes
16 & Thornburg in Chicago, and we represent Centegra
17 Health System. I am here today to read in a statement
18 on behalf of Centegra relating to the projects that
19 are the subject of this public hearing and the later
20 public hearings today. The statement is a little bit
21 longer than two minutes. We just want to be able to
22 inform the public of the thought processes and the
23 nature of these projects.
24 HEARING OFFICER CONSTANTINO: That's

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1 sufficient.
2 MR. LAWLER: Okay. Thank you.
3 Over a period of 100 years, Centegra Health
4 System has developed and adapted its services to bring
5 the highest quality health care to the people of
6 McHenry County. Our ability to adapt to changing and
7 economic environments has allowed us to continue
8 providing access to needed health care services to the
9 residents of McHenry County for over a century.
10 Centegra has long been and will continue to
11 be committed to improving access to needed health care
12 in McHenry County, and that is possible because of our
13 ability to adapt and change during difficult times.
14 Centegra is acutely aware that the decision to change
15 is often difficult. Change is needed when the ability
16 to fulfill our core obligation to the community is at
17 risk, and it then becomes our responsibility to make
18 those difficult decisions. The projects now before
19 the Health Facilities and Services Review Board and
20 the subject of the public hearings today are the
21 result of difficult decisions necessitated by changing
22 economics in the health care industry. They are the
23 result of the type of careful planning and evaluation
24 that has allowed Centegra to continue to serve McHenry

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1 County for over a century. In late 2016 and early
2 2017, Centegra, like many other health systems in
3 Illinois and across the nation, began to experience an
4 increase in bad debt. At the same time, our parameter
5 shifted as more patients gained access to Medicaid
6 insurance plans. These developments had a severe
7 impact on Centegra and many other health care
8 providers as we have seen by actions implemented by a
9 substantial number of other providers in the
10 Chicagoland area. These unforeseen and recent
11 developments, although many years after and are
12 unrelated to the approval of Centegra Hospital
13 Huntley, these financial shifts coincided with a
14 slowing of the region's population growth and a
15 leveling of volumes at both Centegra Hospital Huntley
16 and Centegra Hospital Woodstock. Accordingly, it
17 became necessary for us to identify opportunities to
18 more efficiently provide the high-quality care that
19 Centegra's board demands and the community expects.
20 To identify these opportunities, Centegra
21 engaged the Chartis Group, a comprehensive advisory
22 and analytics services firm that specializes in the
23 health care industry.
24 With Chartis's assistance, our goal was to

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1 create a master facility plan for Centegra's three
2 main hospital campuses as well as multiple outpatient
3 locations that would help us to achieve necessary
4 efficiencies while ensuring McHenry residents continue
5 to receive high-quality local care.
6 Chartis' experts provided the guidance we
7 were seeking with the needs of our patients at the
8 center of every conversation as we developed the plan.
9 We were adamant about retaining specialized services
10 within our county and maintaining all three main
11 locations as general hospitals with emergency
12 services.
13 In June of this year, prior to filing the
14 applications that are the subject of these public
15 hearings, we met with staff members from the health
16 facilities and services review board to review our
17 plans and confirm the legal processes required to
18 implement them in accordance with state law.
19 Having received the reassurance we sought,
20 we announced the plans that are addressed in our
21 applications with the State. That is, to locate all
22 inpatient acute care to our two larger facilities in
23 McHenry and Huntley, and to offer specialized
24 inpatient care and outpatient services in Woodstock.

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1 This plan will provide all the residents of the
2 community with the greatest access to both acute and
3 specialized care, while keeping emergency services at
4 all locations. Following the June announcement,
5 Centegra continued to work with the State staff to
6 file the necessary notices and paperwork to effect the
7 changes that we had announced.
8 In July and August, we submitted the
9 following: One, a bed-change notice to add medical
10 surgical and intensive care beds at McHenry; two, an
11 exemption application to discontinue medical surgical
12 and intensive care at Woodstock; three, an exemption
13 application to discontinue comprehensive physical
14 rehab services in McHenry; four, a certificate of need
15 application to open comprehensive physical rehab
16 services in Woodstock; five, a certificate of need
17 application to convert four medical surgical beds in
18 our Huntley facility to ICU beds, a higher level of
19 care; and finally, six, a temporary suspension of
20 service notice for medical surgical and intensive care
21 services in Woodstock.
22 The first exemption application details
23 plans to discontinue the medical surgical and
24 intensive care categories of service at Centegra

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1 Woodstock. To increase capacity for acute care
2 services at our other hospital campuses, we submitted
3 a bed-change notice to increase the number of medical
4 surgical and intensive care beds at Centegra Hospital
5 in McHenry. At the same time, we submitted a
6 certificate of need to convert four medical surgical
7 beds to intensive care beds to Centegra Hospital in
8 Huntley. The centralization of acute inpatient care
9 improves quality and makes us more efficient by
10 combining all of our staff's expertise in two
11 locations. Due to changes in the way health care
12 providers in the United States provide care, today's
13 hospitalized patients are more acute than ever, and
14 they need care from experienced teams that routinely
15 provide high-quality services. To create additional
16 space for acute inpatient care of Centegra Hospital
17 McHenry, Centegra Health System also proposed to move
18 comprehensive physical rehabilitation from Centegra
19 Hospital McHenry to Centegra Hospital Woodstock,
20 keeping the same number of beds.
21 According to the State's regulations, this
22 relocation would require an exemption application to
23 discontinue those beds at Centegra Hospital McHenry
24 and a certificate of need application to establish

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1 them at Centegra Hospital Woodstock.
2 We filed both of those applications this
3 summer, and they are also being addressed as part of
4 today's public hearings. The complexity of the
5 required applications have caused some confusion in
6 the community. There has been misinformation, leading
7 some to believe that Centegra will move forward with a
8 quote, unauthorized closure, end quote, of services at
9 Centegra Hospital Woodstock. This is simply not true.
10 We met with the State to discuss our plans, confirm
11 the legal processes required, and comply with those
12 requirements.
13 Community members have also been misinformed
14 about the legal processes that the health facilities
15 and services review board is required to follow
16 regarding Centegra's application to discontinue
17 services. The review board, as any state agency, has
18 only the power that the Illinois legislature grants
19 it. The Illinois legislature has determined the
20 review board has no power to deny a health care
21 facility's exemption application to discontinue
22 services once the board's staff has deemed the
23 application complete. The law states that, Upon a
24 finding that an application to discontinue a category

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1 of service for a health care facility is complete, and
2 provides the requested information as specified by the
3 State Board, an exemption shall be issued. The state
4 board has consistently applied and followed this law
5 as written.
6 In November of 2014, the Board's general
7 counsel advised the board that this law means that if
8 an exemption application has been deemed complete by
9 the Board staff, the review board shall issue the
10 exemption. In October 2016, the Board's general
11 counsel advised the Review Board that the Health
12 Facilities Planning Act requires that once an
13 exemption application has been deemed complete by
14 staff, this board is under an obligation by statute to
15 approve the exemption.
16 The Health Facilities and Services Review
17 Board is under an obligation by statute to approve the
18 exemption application to discontinue the services.
19 The applications were deemed complete by the Board
20 staff on August 18, and the Planning Act requires the
21 exemptions to be issued. The Review Board's rules and
22 the Illinois Open Meetings Act do provide for public
23 comments on exemption applications, but public
24 hearings and public comments do not affect the law

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1 that when the exemption application to discontinue
2 services has been deemed complete by the Board staff,
3 the State Board is required by law to approve the
4 application.
5 We emphasize again the difficulty of the
6 decision-making process regarding the discontinuation
7 of services. Centegra Health System's leaders and
8 governing board members live and work in the community
9 we serve. Many have dedicated decades of their
10 careers to bringing advanced health care services to
11 McHenry County. We carefully considered every option
12 as we created the master facilities plan, and we
13 understand Woodstock's disappointment in our final
14 decision to change services at Centegra Hospital
15 Woodstock. In the end, we had to choose what is best
16 for the entire community, which includes more than 30
17 other cities and villages that also need high quality
18 and local care. These communities also still need
19 access to comprehensive physical rehabilitation, which
20 is why Centegra filed the certificate of need to
21 provide these services at Centegra Hospital Woodstock,
22 when it becomes a place for specialty inpatient care.
23 With all of the confusion surrounding these projects,
24 we sincerely hope that community members do not

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1 inadvertently oppose bringing comprehensive physical
2 rehab services to Centegra Hospital Woodstock, which
3 will benefit the residents of Woodstock with needed
4 services and the accompanying employment
5 opportunities. Few hospitals offer highly-skilled
6 rehab care for strokes, severe orthopedic injuries and
7 amputations, and that is what Centegra's certificate
8 of need application proposes for Woodstock. We
9 understand that the changes Centegra Health Systems
10 has proposed have not been well-received by some.
11 These difficult business decision will make us more
12 efficient so we can continue to care for McHenry
13 County residents for generations to come, just like we
14 have been for more than 100 years, and nearly 4,000
15 associates of Centegra Health System remain committed
16 to caring for this community. Thank you.
17 HEARING OFFICER CONSTANTINO: Mayor of
18 Woodstock, please.
19 MAYOR SAGER: Thank you. My name is Dr.
20 Brian Sager. It's my honor to serve as the Mayor of
21 the City of Woodstock. Name is spelled B-r-i-a-n,
22 last name, S-a-g-e-r. I would first like to thank the
23 Illinois Health Facilities and Services Review Board
24 for hosting these public hearings in the City of

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1 Woodstock, since Centegra Health System announced in
2 May their plans to discontinue acute, inpatient
3 hospitalization and reduce levels of emergency room
4 services in their Woodstock Hospital, there has been
5 incredible concern, and a consistent and audible
6 outcry on behalf of the residents of our community,
7 and we are grateful for the opportunity on behalf of
8 the residents of this City to engage in these public
9 hearings to express our individual and collective
10 thoughts and concerns on the applications which are to
11 be considered by the Board at the November 14th
12 meeting in Bolingbrook.
13 With the Board's indulgence, I will present
14 comments at each of the hearings today and state the
15 City's position on file with applications.
16 With regard to the application for a
17 certificate of need to establish 22 rehabilitation
18 beds in the Woodstock Hospital, the City of Woodstock
19 is a proponent and supports the application. It is
20 clear Centegra Health System needs to reconfigure
21 service provisions across the system for greater
22 efficiencies and, it could be argued, enhanced health
23 care quality. There is a growing need in our
24 community and the larger region for hospital beds

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1 dedicated to physical rehabilitation as well as
2 behavioral and drug and alcohol rehabilitation, and
3 the possibility of concentrating these services in the
4 Woodstock Hospital will allow increased professional
5 health care provision efficiencies.
6 Further, these services are frequently
7 associated with family attention and support and
8 focusing such services in the center of our county
9 would provide enhanced regional access. Such
10 concentration of Centegra Health System's
11 rehabilitation services in the City of Woodstock could
12 also offer opportunities for economic development as
13 ancillary businesses develop around the hospital to
14 support an expanded regional rehabilitation center.
15 For these reasons, the City of Woodstock supports
16 Centegra's application for a certificate of need to
17 establish 22 rehabilitation beds in the Woodstock
18 Hospital. Thank you.
19 HEARING OFFICER CONSTANTINO: Thank you, Mr.
20 Mayor. Is there anyone else that would like to
21 provide oral testimony? Anyone else?
22 Well, I guess we will close this public
23 hearing. If there is no one else willing to provide
24 oral testimony. Thank you so much. You have until

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1 October 31st to provide written comments on any of
2 these projects related to the -- excuse me, any of the
3 projects that are a part of these public hearings
4 today. You need to send those comments address them
5 to Courtney Avery, A-v-e-r-y, at the Illinois
6 Department of Public Health, Second Floor, 525 West
7 Jefferson, Springfield, Illinois, 62761. That's
8 October 31st at 5:00 p.m. We will take public
9 comments.
10 Well, thank you, and we will see you here
11 back at 1:00. Thank you so much.
12 (The hearing concluded 11:22 a.m.)
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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 BEFORE HEARING OFFICER MICHAEL CONSTANTINO
4 IN RE: :
5 Public Comments Regarding :
6 Application to Convert : Project No. 17-037
7 Four Medical Surgical Beds to :
8 Four Intensive Care Beds at :
9 Centegra Hospital Huntley :
10
11 HEARING in accordance with requirements of the
12 Illinois Health Facilities Planning Act
13
14 Woodstock Opera House
15 121 West Van Buren Street
16 Woodstock, Illinois 60098
17 Monday, October 2, 2017
18 1:00 p.m.
19
20
21
22
23 Job No. 158854
24 Reported by: Camille Connell, RPR, CSR

19

1 P R O C E E D I N G S
2 HEARING OFFICER CONSTANTINO: Good
3 afternoon, my name is Mike Constantino. I'm with the
4 Illinois Department of Public Health, and I will be
5 the hearing officer for today's hearing.
6 First of all, I would like to thank the City of
7 Woodstock and their staff for all the work they have
8 done in helping us with this public hearing. I am
9 also very privileged to have with me today Marianne
10 Murphy, Ms. Marianne Murphy, a State Board Member, and
11 Mr. George Roate with the Illinois Department of
12 Public Health. This project -- this public hearing is
13 for Project Number 17-037, Centegra Hospital Huntley.
14 This project will increase the intensive care beds by
15 four and decrease medical surgical beds by four.
16 There is no cost to this project. The HIPAA
17 requirements for this public hearing. Please note
18 that in order to ensure that the Board's public
19 hearing protects the privacy and confidentiality of an
20 individual's health information as defined by the
21 HIPAA Act, protective health information if
22 individuals shall have a valid written authorization
23 from that individual. The authorization shall allow
24 the covered entity to share the individual's protected

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1 health information at this hearing, if necessary.
2 If you have not signed in, please do so. In
3 addition, those of you who came with prepared texts of
4 your testimony should note that you can submit the
5 written text, and you don't necessarily have to
6 provide oral testimony. All written and oral
7 testimony will be entered into today's record and will
8 be made available to all Board members prior to the
9 November 14th, 2017, State Board meeting for the board
10 member's consideration. I ask that you please limit
11 your testimony to two minutes. Thank you very much.
12 Mr. Dan Lawler will be the first to speak with
13 Centegra Health.
14 MR. LAWLER: My name is Dan Lawler. I am a
15 partner with the law firm of Barnes & Thornburg in
16 Chicago, and I represent Centegra Health System. I
17 have a comprehensive statement of Centegra's planning
18 process and rationale for the projects that are before
19 the board, the subject of these public hearings today.
20 I read it in its entirety at the 11:00 hearing. I
21 will do so again at the 2:00 hearing on the
22 discontinuation application. And for the sake of
23 brevity and my voice, I will just submit the written
24 statement for this hearing.

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1 HEARING OFFICER CONSTANTINO: Thank you. Next
2 is the Mayor of the City of Woodstock.
3 MAYOR SAGER: Once again, my name is Brian
4 Sager, S-a-g-e-r, Mayor of the City of Woodstock.
5 Thanks again to the Board for this opportunity to
6 address you with regards to the applications of
7 Centegra at large.
8 With regards to the application for a
9 certificate of need to convert four medical surgical
10 beds to intensive care unit beds in the Huntley
11 Hospital, the City of Woodstock is neither a proponent
12 nor opponent, and adopts a neutral position on the
13 application. Although it is generally recognized, and
14 one could argue that the conversion of four medical
15 surgical beds to intensive care unit beds in the
16 Huntley Hospital is a direct replacement of the
17 intensive care unit beds considered for discontinuance
18 in the Woodstock Hospital, an application to which we
19 will object, it must acknowledge there is a growing
20 population in the southern part of McHenry County and
21 northern parts of Kane County.
22 And further, the establishment of Sun
23 City/Huntley has identified that the health care
24 demands of an aging population relative to cardiac,

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1 pulmonary, and stroke emergency response care
2 remediation are high. That does not diminish similar
3 demands from the large northwest, western, and central
4 portions of the county, of course, and ready access to
5 unit beds in the Woodstock Hospital at the center of
6 the county are of paramount concern to our residents
7 and the larger region.
8 However, the question of application
9 specifically addresses the conversion of beds in the
10 Huntley Hospital, and it must be presumed the
11 application is made to meet the demands of the
12 residents of Huntley and the surrounding population in
13 southern McHenry and northern Kane Counties. It must
14 be further presumed Centegra Health System has
15 conducted a thorough analysis of the demand for such
16 services in that region and determined a need
17 currently exists and will continue to exist well into
18 the future for increased intensive care unit
19 provisions in the Huntley Hospital based upon
20 population growth and demographics. With similar
21 concerns for our Woodstock residents, one could hardly
22 deny residents of that area ready access to such
23 essential health security provisions.
24 The question is a matter for the Huntley

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1 community to address and should not be a point of
2 objection for the City of Woodstock. For this reason,
3 the City of Woodstock adopts a neutral position on
4 Centegra's application for a certificate of need to
5 convert four medical surgical beds to intensive care
6 unit beds in the Huntley Hospital. Thank you.
7 HEARING OFFICER CONSTANTINO: Is there anyone
8 else that would like to provide public testimony at
9 this time? Anyone else?
10 (No response.)
11 HEARING OFFICER CONSTANTINO: I will have to
12 tell you that public comments will be accepted by the
13 State Board until October 31st at 5 p.m.
14 You can send your written comments addressed to
15 Courtney Avery, A-v-e-r-y, the Illinois Department of
16 Public Health, Second Floor, 525 West Jefferson,
17 Springfield, Illinois, 62761. Thank you so much.
18 That concludes the hearing.
19 (The hearing concluded at 1:05 p.m.)
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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 BEFORE HEARING OFFICER MICHAEL CONSTANTINO
4 IN RE: :
5 Discontinuation of 60 Medical :
6 Surgical Beds and 12 Intensive: Exemption #036-17
7 Care Bed Categories of :
8 Service at Centegra Hospital :
9 In Woodstock :
10
11 HEARING in accordance with requirements of the
12 Illinois Health Facilities Planning Act
13
14 Woodstock Opera House
15 121 West Van Buren Street
16 Woodstock, Illinois 60098
17 Monday, October 2, 2017
18 2:00 p.m.
19
20
21
22
23 Job No. 158854
24 Reported by: Camille Connell, RPR, CSR

25

1 P R O C E E D I N G S
2 HEARING OFFICER CONSTANTINO: Good
3 afternoon, my name is Mike Constantino. I'm with the
4 Illinois Department of Public Health. I am here to
5 conduct the public hearing for Exemption Number
6 EO36-017, the discontinuation of 60 med surge beds and
7 12 ICU beds at Centegra Woodstock Hospital.
8 With me today is State Board Member Marianne
9 Murphy and George Roate with the State Board staff.
10 First of all, I would like to thank the City of
11 Woodstock in all the help they have given us in
12 providing these accommodations and the help in
13 arranging the public hearings for today.
14 I would next like to read into the record
15 the legal notice that was published on this exemption
16 application in accordance with the requirements of
17 Illinois Health Facilities Planning Act and 77
18 Illinois Admin Code 1130, notice was given on the
19 receipt of an application for exemption for a
20 discontinuation of a category of service at Centegra
21 Hospital Woodstock, located at 3701 Doty Road,
22 Woodstock, Illinois.
23 The applicants are Memorial Medical Center
24 Woodstock, doing business as Centegra Hospital

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1 Woodstock; Northern Illinois Medical Center doing
2 business as Centegra Hospital Huntley; Northern
3 Illinois Medical Center doing business as Centegra
4 Hospital McHenry and Centegra Health System. The
5 operating entity and the owner of the site is Memorial
6 Medical Center Woodstock, doing business as Centegra
7 Hospital Woodstock. There is no cost to these
8 discontinuations. The application is proposing the
9 discontinuation of their 60-bed medical surgical and
10 12-bed intensive care categories of service.
11 Additionally, the applicant will be
12 discontinuing their five operating rooms, 16 Stage 1
13 and Stage 2 recovery rooms, sterile processing, and 13
14 -- and the 13-bed observation unit.
15 The vacated medical surgical space will be
16 used to establish a 22-bed inpatient comprehensive
17 physical rehabilitation unit upon approval of the
18 Illinois Health Facilities and Services Review Board.
19 The applicants are discontinuing the services because
20 of the impact of changing reimbursement rates,
21 increasing bad debt at Centegra facilities, and
22 today's uncertain health care climate. All medical
23 records will be maintained in accordance with all
24 federal and state statutes and regulations. Evidence

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1 of the notice of the discontinuation of the categories
2 of service has been provided to the local media as
3 required. A safety net impact statement was provided
4 as required. All hospitals within 45 minutes of the
5 proposed discontinuation have been notified of the
6 closure and have been asked to submit an impact
7 statement.
8 To date, letters of impact have been
9 received from Centegra Hospital McHenry, Centegra
10 Hospital Huntley, and from Mercy Health. We expect
11 the discontinuation of the categories of service is
12 upon approval of the Illinois Health Facilities and
13 Services Review Board. The exemption application was
14 called complete on August 17th, 2017, and this project
15 is scheduled to be heard at the November 14th, 2017,
16 state board meeting.
17 One other note I have to read into the
18 record -- the HIPAA requirements. Please note that in
19 order to ensure that the Board's public hearing
20 protects the privacy and confidentiality of an
21 individual's health information, it is defined by the
22 HIPAA Act as submitting oral written testimony that
23 discloses protected health information of individuals
24 shall have, must have, a valid written authorization

28

1 from that individual. The authorization must allow
2 the covered entity to share the individual's protected
3 health information at this hearing, if necessary.
4 If you have not signed in, please do so. In
5 addition, those of you who came with prepared texts of
6 your testimony should note that you can submit the
7 written text, and you don't necessarily have to
8 provide oral testimony. All written and oral
9 testimony will be entered into today's record, and it
10 will be made available to all Board members prior to
11 the November 14th, 2017, State Board meeting.
12 If we can please have Dan Lawler with
13 Centegra Health come to the microphone and begin the
14 hearing.
15 MR. LAWLER: Thank you Mr. Constantino,
16 Board Member Murphy, Mayor. My name is Dan Lawler. I
17 am a partner with the firm of Barnes & Thornburg in
18 Chicago. I represent Centegra Health System, and I
19 have been asked to make the following presentation in
20 connection with the projects pending before the board
21 and the subject of those public hearings today.
22 Over a period of more than 100 years,
23 Centegra Health System has developed and adapted its
24 services to bring the highest quality health care to

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1 the people of McHenry County. Our ability to adapt to
2 changing economic environment has allowed us to
3 continue providing access to needed health care
4 services to the residents of McHenry County for over a
5 century. Centegra has long been and will continue to
6 be committed to improving access to needed health care
7 in McHenry County, and that is possible because of our
8 ability to adapt and change during difficult times.
9 Centegra is acutely aware that the decision
10 to change is often difficult. Change is needed when
11 the ability to fulfill our core obligation to the
12 community is at risk, and it then becomes our
13 responsibility to make those difficult decisions. The
14 projects now before the Health Facilities and Services
15 Review Board and the subject of the public hearings
16 today are the result of difficult decisions
17 necessitated by changing economics in the health care
18 industry. They are also the result of the type of
19 planning and evaluation that has allowed Centegra to
20 continue to serve McHenry County for over a century.
21 In late 2016 and early 2017, Centegra, like many other
22 health systems in Illinois and across the nation,
23 began to experience an increase in bad debt. At the
24 same time, our payer mix shifted as more patients

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1 gained access to Medicaid insurance plans. These
2 developments had a severe impact on Centegra and many
3 other health care providers, as we have seen by
4 actions implemented by a substantial number of other
5 providers in the Chicagoland area. These unforeseen
6 and recent developments arose many years after and are
7 unrelated to the approval of the Centegra Hospital
8 Huntley. These financial shifts coincided with a
9 slowing of the region's population growth and the
10 leveling of volumes at both Centegra Hospital Huntley
11 and Centegra Hospital Woodstock.
12 Accordingly, it became necessary for us to
13 identify opportunities to more efficiently provide the
14 quality of care Centegra board demands and the
15 community expects. To identify these opportunities,
16 Centegra engaged the Chartis Group, a comprehensive
17 advisory and analytics group that specializes in the
18 health care industry. With Chartis's help, our goal
19 was to create a master facilities plan for Centegra's
20 three main hospital campuses as well as its multiple
21 outpatient locations that would help us to achieve
22 necessary efficiencies while ensuring area residents
23 continue to receive high-quality local care.
24 Chartis's experts provided the guidance we were

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1 seeking with the need to help patients at the center
2 of every conversation as we developed the plan. We
3 were adamant about retaining specialized services
4 within our County and maintaining all three main
5 locations as general hospitals with emergency
6 services.
7 In June of this year, prior to filing the
8 applications that are the subject of these public
9 hearings, we met with staff members from the Health
10 Facilities and Review Board to review our plans and to
11 confirm the legal processes required to implement them
12 in accordance with state law. Having received the
13 reassurance we sought, we announced the plans that are
14 addressed in our applications with the State. That
15 is, to locate all inpatient acute care to our two
16 larger facilities in McHenry and Huntley, and to offer
17 specialized inpatient care and outpatient services in
18 Woodstock. The plan will provide all of the residents
19 of the community with the greatest access to both
20 acute and specialized care, while keeping emergency
21 services at all locations.
22 Following the June announcement, Centegra
23 continued to work with State staff to file the
24 necessary notices and paperwork to effect the changes

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1 we had announced. In July and August, we submitted
2 the following: One, a bed change notice to add
3 medical surgical and intensive care beds at McHenry;
4 two, an exemption application to discontinue med surge
5 and ICU at Woodstock; three, an exemption application
6 to discontinue comprehensive physical rehab services
7 in McHenry; four, a certificate of need application to
8 open comprehensive physical rehabilitation services in
9 Woodstock; five, a certificate of need application to
10 convert four medical surgical beds in our Huntley
11 facility to ICU beds, a higher level of care; and six,
12 a temporary suspension of service notice for medical
13 surgical and ICU services in Woodstock.
14 The first exemption application detailed
15 plans to discontinue the medical surgical and
16 intensive care categories of service at Centegra
17 Hospital Woodstock. To increase capacity for acute
18 care services for our other hospital campuses, we
19 submitted a bed change notice to increase the number
20 of med surge and ICU beds at Centegra Hospital
21 McHenry. At the same time, we submitted a certificate
22 of need to convert the four med surge beds to ICU at
23 Centegra Hospital Huntley. The centralization of
24 acute inpatient care improves quality and makes us

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1 more efficient by combining all of our staff's
2 expertise into two locations. Due to changes in the
3 way health care providers in the United States provide
4 care, today's hospitalized patients are more acute
5 than ever, and they need care from experienced teams
6 that would routinely provide high quality services.
7 To create additional space for acute
8 inpatient care at Centegra Hospital McHenry, Centegra
9 Health System also proposed to move comprehensive
10 physical rehab from Centegra Hospital McHenry to
11 Centegra Hospital Woodstock, keeping the same number
12 of beds. According to the State's regulations, this
13 relocation required an exemption application to
14 discontinue those beds at Centegra Hospital McHenry
15 and a certificate of need application to establish
16 them at Centegra Hospital Woodstock. We filed both of
17 those applications this summer, and they also are
18 being addressed as part of today's hearing. The
19 complexities of the application have caused some
20 confusion in the community. There has been some
21 misinformation leading to the belief that Centegra
22 moved forward with an unauthorized closure of services
23 at Centegra Hospital Woodstock. That is simply not
24 true. We met with the State to discuss our plans,

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1 confirm the legal processes required, and complied
2 with those requirements. Community members have also
3 been misinformed about the legal processes that the
4 Health Facilities and Services Review Board is
5 required to follow regarding Centegra application to
6 discontinue services. The Review Board, as any state
7 agency, has only the power that the Illinois
8 legislature grants it. The Illinois legislature has
9 determined that the Review Board has no power to deny
10 a health care facility's exemption application to
11 discontinue services once the board's staff has deemed
12 the application complete. The law states that, Upon a
13 finding that an application to discontinue a category
14 of service for a health care facility is complete and
15 provides the requested information as specified by the
16 State Board, an exemption shall be issued. The Review
17 Board's general counsel has repeatedly advised the
18 Review Board that the Health Care Facilities Planning
19 Act requires once an exemption application has been
20 completed by staff, this Board is under an obligation
21 by statute to approve the exemption.
22 Centegra's applications were deemed complete
23 by the Board staff on August 17, and the Planning Act
24 requires the exemption to be issued. The Review Board

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1 rules and the Illinois Public Meetings Act do provide
2 for public comment on exemption applications, but this
3 does not affect the law that when an exemption
4 application to discontinue services has been deemed
5 complete by the Board staff, the State Board is
6 required by law to approve the application.
7 We emphasize again the difficulty of the
8 decision-making process regarding the discontinuation
9 of services. Centegra Health System's leaders and
10 governing board members live and work in the community
11 they serve. Many have dedicated decades of their
12 career to bring advanced health care services to
13 McHenry County. We carefully considered every option
14 as we created the master facilities plan, and we
15 understand Woodstock's disappointment in our final
16 decision to change services at Centegra Hospital
17 Woodstock.
18 In the end, we had to choose what is best
19 for the entire community, which includes more than 30
20 other cities or villages, and that also means
21 high-quality local care. These difficult business
22 decisions will make us more efficient, so we can
23 continue to care for McHenry County patients for
24 generations to come, just as we have been for more

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1 than 100 years, and nearly 4,000 associates of
2 Centegra Health System remain committed to caring for
3 this community. Thank you.
4 HEARING OFFICER CONSTANTINO: Mayor of
5 Woodstock, please.
6 MAYOR SAGER: Thank you. My name is Dr.
7 Brian B-r-i-a-n, Sager, S-a-g-e-r. It is my honor to
8 serve as the Mayor of the City of Woodstock. With
9 your indulgence, I would appreciate in these opening
10 comments the opportunity to have just a little bit
11 more time in response to Mr. Lawler.
12 Regarding Centegra's application for a
13 certificate of exemption to discontinue 60 medical
14 surgical beds, 12 intensive care unit beds, and five
15 operation room beds in the Woodstock Hospital, the
16 City of Woodstock rises in opposition to the
17 application.
18 Please do not interpret my comments today in
19 opposition to this specific application as comments
20 opposing Centegra Health System. To the contrary, the
21 City of Woodstock and its residents have embraced
22 Centegra since it took over Woodstock Memorial
23 Hospital, established a division and hard work of a
24 small group of doctors and supportive community in

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1 1914, to establish a community hospital in Woodstock,
2 the county seat, that would serve not only city
3 residents, but the larger county.
4 Woodstock and Centegra have enjoyed a long
5 collaborative and mutually-supportive partnership for
6 many years. It seemed natural, therefore, on
7 March 1st, 2011, when Centegra Health System appeared
8 before the Woodstock City Council requesting support
9 of their application for a certificate of need for the
10 construction of a hospital in Huntley -- for our
11 community to continue its strong tradition of
12 supporting the hospital.
13 Further, since Woodstock had always been
14 supported as a county, not just a community hospital,
15 residents of Woodstock acknowledged a call to support
16 strong, regional health care provisions to an expanded
17 Centegra Health System. In the language of the
18 resolution considered on March 1st, 2011, whereas the
19 State of Illinois has identified the planned area,
20 which is located as one of only three planning areas
21 in the entire State of Illinois that has a shortage of
22 acute care hospital beds to serve the community, and
23 whereas, in addition to meeting the State's bed need
24 for health planning area 810, Centegra's proposed

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1 hospital would serve area 811, less than two miles to
2 the south. According to State figures, this planning
3 area, northern Kane County, is the second of three
4 areas in the state where additional beds are needed.
5 Therefore, two of the three planning areas in Illinois
6 with identified hospital beds shortages would be
7 served by Centegra Hospital Huntley, and whereas the
8 construction of a hospital in Huntley, Illinois will
9 allow Centegra Health System to address the identified
10 bed need in the area of McHenry County that needs it
11 the most, based upon rapid population growth in the
12 area, and the city council subsequently supported that
13 resolution.
14 With these identified regional needs, the
15 assurance of the administration that Centegra Health
16 System that serves at Centegra Woodstock Hospital, and
17 that the services that are facilitated there would not
18 be reduced, and a strong desire to be good regional
19 partners and citizens, the City of Woodstock, in trust
20 and good faith, supported Centegra's application for a
21 certificate of need to build the Huntley Hospital.
22 Since that time, the City quietly accepted
23 the move of obstetrics from Woodstock Hospital to
24 McHenry Hospital, and the relocation of orthopedic

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1 from Woodstock Hospital to Huntley Hospital. Although
2 disappointed, we accepted the discontinuation of those
3 services in an effort to be good partners with a
4 health system they had trusted, a system that has
5 served our community well, and in an effort to be good
6 regional partners, acknowledging sacrifices sometimes
7 need to be made for the greater good. In this case, a
8 more vibrant, comprehensive regional health care
9 system.
10 In May of this year, it was announced
11 publicly before any outreach or communication to the
12 City of Woodstock that acute hospital care beds would
13 be discontinued, and there would be an associated
14 change of status in the emergency room services at our
15 Woodstock Hospital.
16 In his comments, Mr. Lawler emphasized the
17 thorough and regular communications Centegra Health
18 System had with staff of the Illinois Health
19 Facilities and Services Review Board regarding their
20 plans, but made no comment with regarding
21 communication with the community who had so
22 enthusiastically supported the hospital throughout the
23 years. Unfortunately, that communication was
24 nonexistent. The news and the subsequent application

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1 for a COE to discontinue 60 medical surgical beds, 12
2 intensive care unit beds, and five operation room beds
3 were understandably met with bitter disappointment.
4 Based upon the long history of support provided for
5 our community hospital by residents and the assurances
6 provided at the time Centegra requested support from
7 the City for a certificate of need for a Huntley
8 Hospital, residents have an overwhelming sense of
9 abandonment and betrayal, and have responded loudly
10 and consistently with their displeasure.
11 The response is not solely generated from a
12 sense of betrayal, however. It was also motivated by
13 a sense of fear. Individuals and families looked at
14 community hospitals with comprehensive health care
15 services, including acute, inpatient hospitalization
16 and an associated level of emergency room services as
17 a source of insurance. Nobody wants to have to use
18 them, but it is a source of security. That is, when
19 needed, it is there. With the loss of these services,
20 there is a strong resulting sense of insecurity. And
21 when people feel insecure, they become fearful. When
22 people are fearful, they are often responding in
23 anger. Unfortunately, that is the tenor of today's
24 Woodstock. It is also a source of concern for the

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1 long-term economic picture of our community. Over the
2 past couple of weeks, numerous employees have received
3 devastating news that their jobs are being eliminated
4 with tragic effects on the financial well-being of
5 individuals and families as well as the community at
6 large.
7 Further, prospective employers wishing to
8 expand their current business and industry presence in
9 our community or looking to locate new businesses
10 consider the total picture of the community, including
11 essential services. A comprehensive hospital that
12 provides quality, responsive, accessible health care
13 for their employees and families is considered an
14 essential element, and a feeling of security is
15 provided that is part of a quality of life, just as an
16 exceptional education system would be. Without a
17 hospital providing acute inpatient hospitalization and
18 comprehensive emergency room services in the
19 community, business and industry may be reticent to
20 expand or locate in the City of Woodstock with
21 negative effects on our economic future. It is
22 certainly recognized, as explained by Centegra
23 officials, that we live in a changing hospital
24 environment. With improving medical technology,

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1 something we all want or and appreciate, hospital
2 stays are reduced. There is increased emphasis on
3 health care programs to reduce the hospital stays as a
4 way to reduce costs. Medicare provision requirements
5 have changed the complexion of compensation. The
6 State of Illinois has an extraordinarily prolonged
7 payment schedule, creating difficult cash-flow
8 situations for health care providers, and there is an
9 increasing out-migration of inpatient hospitalization
10 from McHenry County to other regions due to preferred
11 doctor affiliations and hospital specializations.
12 As a result of these trends and other
13 management decisions, Centegra Health System is facing
14 severe financial challenges, and it's clear, needs to
15 reconfigure service provisions across the system for
16 greater efficiencies, viability, stainability, and it
17 can be argued, enhanced health care quality. While
18 the changing complexion of the medical industry today
19 and the associated needs for increased efficiencies
20 through focused specialization in hospital facilities
21 might warrant a rejection of a number of beds in
22 Woodstock, the total elimination of those acute
23 inpatient hospital beds and the resulting change in
24 the status of emergency room services is a major

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1 concern to the community's sense of security and is
2 certainly, certainly contradictory to the assurances
3 our community received by Centegra Health System when
4 asked to support the construction of a Huntley
5 hospital.
6 For these reasons, the City of Woodstock
7 opposes Centegra's application for a certificate of
8 exemption to discontinue 60 medical surgical beds, 12
9 intensive care unit beds, and five operation room beds
10 in the Woodstock Hospital. Thank you.
11 HEARING OFFICER CONSTANTINO: Jan
12 Vanderspool.
13 MS. VANDERSPOOL: My name is Jan
14 Vanderspool. It's spelled V, as in victory,
15 V-a-n-d-e-r-s-p-o-o-l. I'm a resident that would be,
16 I guess, in the primary area of the Woodstock
17 facility. I'm offering these as rhetorical questions
18 to come to the conclusion that I end with.
19 I would like to better understand how --
20 what the corresponding level of remaining emergency
21 room care at the Woodstock facility will be. With the
22 previously announced staff reductions and additional
23 9 percent reduction, it is apparent that the emergency
24 care capability/capacity at Woodstock is not at the

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1 preceding level of comprehensive care. Are there
2 standards for support personnel, supplies, equipment,
3 and for those conducting tests? Are those standards
4 to be applied to the remaining ER services after the
5 requested bed discontinuation? Are the rating levels
6 for ER services as a basis for comparison to other
7 hospitals? What will Woodstock ER, Woodstock
8 emergency room's, ultimate service level be under the
9 project's discontinuations?
10 I have lost confidence in the Woodstock ER
11 facility. I have previously submitted written
12 comments.
13 HEARING OFFICER CONSTANTINO: Thank you.
14 William Caldwell.
15 MR. CALDWELL: Good afternoon.
16 C-a-l-d-w-e-l-l. I've been in Woodstock for 50 years
17 as an attorney. I have two perspectives on the
18 hospital. I served seven years on the board of
19 directors at Memorial, holding every office --
20 secretary/treasurer, vice president, and president, on
21 that board of directors.
22 Ten years later, I had a pulmonary embolism,
23 passed out in the emergency room, and spent three to
24 four days in the intensive care. My understanding is

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1 that, if that happens to me again, I'll be thrown in
2 an ambulance and taken to McHenry. I gotta tell you,
3 those three or four days in intensive care were
4 critical to my making it.
5 Now, throwing me in an ambulance in the
6 state that I was in, certainly would have -- probably
7 would have killed me. I think Centegra should give
8 some thought to spinning off Memorial Hospital again,
9 recreating our membership and our own board of
10 directors, because when I was on the board, we had no
11 doctors in the hospital. Seven years later, we had
12 emergency room physicians, a radiologist, and another
13 doctor on staff. We did it by cutting the expenses
14 and the money necessary to run it. The persistent
15 rumor from my friends who are doctors is that the
16 salaries of the staff are way out of line, and that's
17 where the money is going. Thank you.
18 HEARING OFFICER CONSTANTINO: Jim
19 Prindiville. Good afternoon, I am Jim Prindiville, a
20 member of the Woodstock City Council.
21 HEARING OFFICER CONSTANTINO: Can you spell
22 your last name?
23 MR. PRINDIVILLE: P-r-i-n-d-i-v-i-l-l-e. In
24 2002, as a city council member, I spoke at the

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1 ribbon-cutting for Centegra Ambulatory Care Unit.
2 At that time, I said the quality of a
3 community can be measured by quality of the health
4 care it provides. That remains true today. Our
5 community needs a full-service emergency room and
6 hospital where people can go for the care they need.
7 This includes surgery, ICU, and overnight stays.
8 People of all ages have reached out to me about the
9 loss of these services, and said, We need to do
10 something. Do not allow this to happen.
11 The absence of these hospital services
12 reduces the quality of life in our community. The
13 elimination of local inpatient beds and the resulting
14 change in the status of emergency services diminishes
15 our community's sense of security. If you choose to
16 allow the shutdown of inpatient bed services, it is
17 imperative that you allow another health care provider
18 to build and provide those essential health care
19 services in Woodstock.
20 For 100 years, Woodstock has supported a
21 full-service hospital. Our community needs these
22 services.
23 HEARING OFFICER CONSTANTINO: Michael Hill.
24 MR. HILL: My name is is Michael Hill,

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1 H-i-l-l. I'm the chief of the Woodstock Fire Rescue
2 District. I have many concerns regarding the proposed
3 changes to the Centegra Health Care System. It is no
4 surprise one of them is the financial impact on our
5 fire district and to our residents. We staff three
6 ambulances per day, and have built our response plan
7 and coverage staff around the fact that there is a
8 full-service hospital here in our town within five to
9 seven minutes of travel from most areas in our
10 district.
11 Historically, around 90 percent of our EMS
12 transports have been to Centegra Woodstock, with the
13 remaining 10 percent going to either Huntley or
14 McHenry for specialty services. For example, cardiac
15 catheterization, which is not offered at Centegra
16 Woodstock. Since the implementation of changes to
17 Woodstock Hospital in mid-August, including
18 downgrading emergency room capabilities and the
19 removal of inpatient services, we have seen our
20 out-of-town transport frequency jump to almost 50
21 percent. With an average travel time of 15 to 20
22 minutes to either McHenry or Huntley, and when you
23 take into account that we run an average of 12 calls
24 per day, the amount of time our ambulances are

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1 unavailable to answer calls for aid to our residents
2 increases dramatically. At the very least, a review
3 of our standards of coverage must take place, and it
4 is likely that in order to continue to provide the
5 level of service that our residents currently enjoy,
6 we will need to add additional ambulances along with
7 personnel to operate them to our daily staffing.
8 Because we are almost totally dependent on property
9 tax revenues for funding, the money needed to pay for
10 these resources will come directly from our residents,
11 most likely as a result of an increase in property
12 taxes.
13 HEARING OFFICER CONSTANTINO: Matthew
14 Hedges.
15 MR. HEDGES: My name is Matt Hedges. I
16 represent the Woodstock Fire Rescue District. I'm
17 here to discuss how the changes at Centegra Hospital
18 Woodstock would directly affect our daily EMS
19 transport decisions.
20 As of mid-August, Woodstock has been
21 downgraded to a basic emergency department. Because
22 of this change, patients with any of the following
23 diagnoses will no longer be accepted at Woodstock, or
24 it would not be the most appropriate transport, and

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1 therefore must be transported to either McHenry or
2 Huntley. Patients with multi-system or serious trauma
3 or infections that might require admission to the
4 hospital, including pneumonia, sepsis, influenza,
5 epigastritis, patients presenting with chest pain,
6 patients in respiratory distress that cannot be
7 controlled with bronchodilator, serious allergic
8 reactions, fractures other than isolated extremities
9 resulting from falls, obstetrics patients, any patient
10 that might require surgical intervention as well as
11 any patient that might require inpatient admission.
12 Amongst other concerns, our primary concern
13 for the increased transport time is a risk that
14 patients may decompensate once we have made a decision
15 as to which facility is most appropriate. The McHenry
16 County/Western Lake County EMS system does not allow
17 paramedics to intubate patients in the field. We are
18 concerned about an increase in negative outcomes for
19 these patients should their condition deteriorate
20 during transport without access to this life-saving
21 intervention. Our paramedics will now be required to
22 evaluate if our patient can survive the additional
23 transport time to McHenry or Huntley. Thank you, sir.
24 HEARING OFFICER CONSTANTINO: Kimberley

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1 Larson.
2 MS. LARSON: Good afternoon. My name is
3 Kimberley, K-i-m-b-e-r-l-e-y, L-a-r-s-o-n. I've been
4 a nurse in the community since 1990. I've worked at
5 couple of different health systems. I am now
6 privileged to be an executive director of the only
7 adult day health care center in McHenry County. I
8 have some concerns, and believe me, being a nonprofit
9 organization, I am acutely aware of the different
10 challenges that we face due to the Medicaid expansion
11 and the different payer sources that we have to
12 address and the credentialing involved.
13 I have supported Centegra in the past when I
14 felt that it benefitted our community. At this time,
15 I don't think that this decision benefits our
16 community. So, I do oppose this decision, not only as
17 a resident, but as executive director of Family
18 Alliance.
19 Hospitalization can be a difficult and
20 stressful experience for anyone. For older people
21 with dementia, a trip to the hospital is bound to be
22 an ordeal. Given the monitoring problems they have to
23 endure, severe cognitive impairment, memory loss,
24 disorientation, and poor judgment, behavior changes,

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1 poor communication abilities and reduced physical
2 functioning. Not only will this be detrimental for
3 the people we serve, but the caregivers in our
4 community that are one of our greatest resources that
5 we try to support. The caregivers will have
6 additional difficulty finding transportation to
7 communities outside our facility -- or outside our
8 community.
9 I would like to call this generation their
10 masters and the art of losing. They have lost their
11 careers because they retired, they have lost friends.
12 Some of them are losing vision and hearing. This is
13 just one more thing that they have to master losing.
14 Thank you.
15 HEARING OFFICER CONSTANTINO: Richard Guy,
16 Phyllis Guy.
17 UNIDENTIFIED MALE: No, I didn't want to
18 speak.
19 UNIDENTIFIED FEMALE: I didn't want to speak
20 either.
21 HEARING OFFICER CONSTANTINO: Barbara
22 Parrish.
23 MS. PARRISH: My name is Barbara,
24 B-a-r-b-a-r-a, Parrish, P-a-r-r-i-s-h. I've been a

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1 member of the community for 36 years. I've been on
2 the auxiliary board of Memorial Hospital and Centegra
3 Hospital for 30 of those years, and I've held board
4 positions as well.
5 I'm very confused. I feel I've been a
6 supporter of the hospital the entire time I've lived
7 here. I have worked very hard for the hospital, and I
8 feel there has been no transparency with this new plan
9 to build the hospital. We were all excited to have a
10 new Huntley hospital, never dreaming that ours would
11 be ripped out from under us, and I feel the people of
12 Woodstock, of Wonder Lake, Bull Valley have had the
13 rug pulled out from under them, and I feel like all
14 the work I've done all these years is for nothing for
15 my community. And I'm very sorry to see all of this
16 transpire and I'm very sorry for Centegra that they
17 were not more transparent in their direction for this
18 hospital.
19 Also, my other question was, this meeting is
20 not going to take place until November the 14th. They
21 have filed their petition to withdraw all of these
22 amendments. Can they do that before the meeting is
23 final? That was my question. Thank you.
24 HEARING OFFICER CONSTANTINO: Marlene Botts.

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1 MS. BOTTS: I'm Marlene Botts, B-o-t-t-s,
2 and I'm not sure which application the ambulatory
3 treatment services has been removed from Woodstock. I
4 have not seen that listed anywhere, but it's gone.
5 This is an area used by at least a minimum of 300
6 appointments a month. Many of these people have
7 chronic illness and may need treatment several times a
8 month. My 83-year-old husband needs to go every two
9 weeks. Many of these patients have mobility problems,
10 they are difficult to get around, and most of them are
11 seniors.
12 It's often hard for people to get to
13 Woodstock. Now, they have to go extra miles to
14 Huntley or McHenry. Our trip goes from an eight-mile
15 round trip to Woodstock to a 22 miles round trip to
16 Huntley. Winter is a very great concern. I feel this
17 is an important service -- that it's too important to
18 be removed from Woodstock. I wish you would
19 reconsider this.
20 HEARING OFFICER CONSTANTINO: Lieutenant
21 Matthew Hedges.
22 MR. HEDGES: I spoke already.
23 HEARING OFFICER CONSTANTINO: Susan Cross --
24 Krause, sorry.

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1 MS. KRAUSE: Thank you for this opportunity.
2 My name is Susan Krause, K-r-a-u-s-e. I am a
3 long-time resident of Woodstock and a retired
4 administrator of a not-for-profit social service
5 behavioral health organization here serving Woodstock
6 and the surrounding counties.
7 I am in opposition to this particular
8 request from Centegra Hospital. I am very concerned.
9 I do feel that the Mayor and the chief of the fire
10 department and other folks have basically expressed my
11 concerns better than I ever could, but I am concerned
12 about the deterioration that's going to happen to the
13 emergency room services. In my life in Woodstock, I
14 have had more than one occasion, unfortunately, where
15 having immediate access within ten minutes to the
16 Woodstock Hospital emergency room has been literally a
17 life-saving experience for me or those that I love,
18 and I feel that to make that period of time of access
19 to emergency care services longer will deteriorate the
20 level of care rather than provide higher quality
21 services, as Mr. Lawler indicated is the goal with
22 Centegra Health Systems. I also am concerned about
23 the economic impact on our community in terms of jobs
24 lost, and especially in terms of property values and

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1 the ability to attract new employers to our area. I
2 agree with the Mayor that having quality medical
3 services in a community is critical to the economic
4 health of a community. Thank you for this
5 opportunity.
6 HEARING OFFICER CONSTANTINO: Diane Lukas.
7 MS. LUKAS: I'm Diane Lukas, L-u-k-a-s, of
8 Woodstock. The Lukas family opposes the elimination
9 of inpatient beds in Woodstock Hospital. My husband
10 and I have lived in Woodstock, the Woodstock
11 community, for 41 years. One of the reasons we chose
12 Woodstock as our hometown was the presence of a
13 full-service hospital. All of our family members have
14 used the service of the Woodstock Hospital, and as my
15 husband and I have grown older, our need for
16 readily-accessible hospital services has increased.
17 In the spring of 2015, my husband became suddenly ill
18 with pneumonia, and I brought him to the Woodstock ER,
19 where he was quickly treated and transferred into
20 Woodstock ICU. He spent five nights at Woodstock
21 before recovering sufficiently to be transferred to
22 McHenry for further treatment and rehab. We are very
23 grateful for the quick, efficient, and caring
24 treatment he received in Woodstock. If he had need to

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1 be transported from the Woodstock ER to another
2 hospital's ICU, it is not certain that he would have
3 survived the night. Our family physician told him
4 that he nearly lost his life. We are disappointed
5 that Woodstock has a reduced-level ER and no longer
6 provides an ICU or inpatient hospital beds. This
7 affects the physical well-being of our family and all
8 the residents of Woodstock, and the area surrounding
9 the north to northwest due to the increased travel
10 time to get to an ER. Our ambulances spend more time
11 traveling these increase distances to McHenry and
12 Huntley. These are critical minutes for people with
13 life-threatening emergencies. It's also a financial
14 burden on patients who are taken first to Woodstock ER
15 and then have to go by private ambulance to another
16 hospital for overnight stays.
17 Woodstock needs a hospital that provides
18 comprehensive emergency services and inpatient
19 hospital beds. Even if it's a smaller facility. So,
20 in addition to opposing this certificate of exemption,
21 I urge you to work with Woodstock to bring another
22 full-service hospital back to our community.
23 HEARING OFFICER CONSTANTINO: Marion Weiss.
24 MS. WEISS: My name a Marion Weiss,

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1 W-e-i-s-s. I've been a citizen of Woodstock for many
2 years. I would like to relate a scenario that
3 occurred when the mother of a friend of mine, also a
4 Woodstock resident, had to be transported with a heart
5 attack to Huntley Hospital. After several days in the
6 intensive care unit, she was ready to be discharged to
7 a med surge bed. But there were none available. So,
8 she had to remain in the intensive care unit.
9 Here we are, eliminating those inpatient
10 beds in Woodstock, when even the new Huntley Hospital
11 cannot provide the facilities. What's wrong with this
12 picture? Thank you.
13 HEARING OFFICER CONSTANTINO:: Karen
14 Stahlecker.
15 MS. STAHLECKER: Hi, my name is Karen
16 Stahlecker, S-t-a-h-l-e-c-k-e-r. Basically, a lot of
17 my concerns in opposition to this have been stated,
18 but I want to give a little different perspective
19 because it was in the end of the 50s that my father,
20 Dr. Stahlecker, moved us here and actually helped to
21 create the Memorial Hospital that would go forward,
22 you know, into the 60s, 70s, and 80s, and besides the
23 fact that it was a centerpiece for a town that was a
24 centerpiece for a county, in my opinion, and it was

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1 only 9,000 people but supported a full-service
2 hospital, I don't understand how we can be withdrawing
3 care at a time when the population is getting more
4 elderly. I'm thinking about all the times -- he
5 worked the emergency room, and basically, the idea of
6 driving critical care patients around extra miles and
7 minutes in ambulances is just -- it's horrible. It's
8 the wrong direction to go.
9 So, I kind of like your idea that maybe we
10 should just get rid of Centegra and reclaim our
11 Memorial Hospital and go back to, you know, being
12 maybe not as glitzy as they were when they got too big
13 for their britches, but -- yeah, well --
14 There was a time when my dad was probably
15 responsible for delivering at least half the children
16 in this area, and -- am I right? So, I'm basically
17 back here because I ended up taking care of him in the
18 end of life, and we were very grateful to have
19 Centegra nearby when he became the patient instead of
20 hospital. There were many times as a heart patient,
21 etc., that he received very timely and critical and
22 extensive care that followed all the way through right
23 here. Alzheimer's patients, as you have heard about,
24 he was one of those.

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1 So, I'm totally against this, you know,
2 ravaging of the Woodstock Hospital, and I urge the
3 State of Illinois to help us find a way to keep
4 something together for our community, because it is a
5 vibrant, important community, this area, and I hate to
6 see the end of it.
7 So, thank you very much for the opportunity.
8 HEARING OFFICER CONSTANTINO: James Mowery.
9 MR. MOWERY: Thank you. I'm James Mowery,
10 M-o-w-e-r-y. I've been a physician here in McHenry
11 County for over 40 years and have known the history of
12 McHenry and Woodstock Hospitals through that time, and
13 basically was involved, in many cases, with the
14 efforts to come together as a single entity, which
15 occurred about 25 years ago.
16 Because of that history and the subsequent
17 success of the Centegra System, it really pains me to
18 see what is happening to the Woodstock facility. The
19 realty is, Centegra's current debt load makes
20 Centegra's proposal difficult, if not impossible, to
21 oppose. It's purely dollars and cents. But there is
22 one possibility that needs to be explored, and I think
23 Mr. Trenhaile touched on it briefly, and a couple of
24 other people mentioned it. And it sounds like a

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1 hair-brained idea, but it's something I think somebody
2 needs to throw up on the wall and see if it sticks.
3 Mercy Hospital System in Janesville, as far as I know,
4 is still trying to build a hospital in McHenry County,
5 and they have plans to put up a small facility in
6 Crystal Lake. I don't know what the status of that
7 is, but as far as I know, that's still in the works.
8 The simplistic suggestion, therefore, is to have
9 Centegra sit down with Mercy and figure out a way to
10 turn Woodstock hospital over to Mercy.
11 Obviously, Centegra and Mercy have a long
12 history of intense competition in McHenry County. A
13 possibility of them agreeing to something like that
14 would seem to be remote at best, since there would
15 have to be a cost to Mercy for such a deal. This is
16 where the State Health Facilities Planning Board, I
17 think, comes into play. The Planning Board would have
18 to use his its influence to force the two systems to
19 come together in some sort of agreement that would
20 seemingly satisfy both parties and hopefully keep
21 Woodstock's acute care facility open. It obviously
22 would not be a perfect solution, as Mercy may well
23 prefer Crystal Lake's site over Woodstock, but it
24 certainly would reduce Centegra's debt load and would

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1 demonstrate that the Health Facilities Planning Board
2 can indeed work for economical solutions to health
3 issues in McHenry County.
4 One other outcome of such an arrangement
5 could also be to help Centegra recover from an obvious
6 public relations fiasco resulting from the proposed
7 closure of the care beds in Woodstock. Thank you.
8 HEARING OFFICER CONSTANTINO:: Paul
9 Lockwood.
10 MR. LOCKWOOD: My name is Paul Lockwood,
11 L-o-c-k-w-o-o-d. I'm a Woodstock resident. Six years
12 ago last August, I did my first ever 5k, jogging and
13 walking briskly to the finish line. I felt proud of
14 my accomplishment. A few days later while rushing for
15 an afternoon commuter train, I felt something
16 different -- chest pains. I did not have a heart
17 attack. They actually took tests and doctor visits
18 over a few weeks before an angiogram discovered a 95
19 to 98 percent blockage in the left anterior descending
20 artery, commonly known as the widow-maker. But the
21 Centegra cardiologist who did the angiogram and
22 inserted a stent told me I was this close to a severe
23 or massive heart attack.
24 Imagine that this has happened now in

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1 Woodstock. I suffered chest pains, and this time it
2 is a heart attack. And imagine that one or two or
3 three medical emergencies are happening at the same
4 time. Emergencies have been happening since we
5 started this hearing. Prior to August 12th, our
6 ambulances could take the patients to Centegra
7 Woodstock and immediately be available to rush to my
8 aid. Now the likelihood that those ambulances are out
9 of town has jumped significantly. I would have to
10 wait for the help of EMTs, who would take me to a
11 basic emergency room here so I can be stabilized, and
12 then transferred to another hospital, or they need to
13 take me to an out of town hospital immediately.
14 Neither of these situations is ideal for my
15 well-being and survival. This community has supported
16 inpatient hospital services for over a hundred years.
17 The full impact of the total elimination of inpatient
18 beds with a resulting loss of comprehensive emergency
19 room services is still being calculated. But the
20 impact on an individual's health condition because of
21 extended transportation time is huge.
22 If Centegra doesn't want to provide those
23 services, the Facilities and Services Review Board
24 needs to be open to some other way that we can retain

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1 or obtain medical surgical and ICU beds in Woodstock,
2 even if it requires the approval of an application
3 from another provider. A Centegra website that's
4 promoted at the corner of Route 14 And Doty Road says
5 it's evolving to meet Woodstock's needs. I find that
6 very, very, very, hard based on the size of this crowd
7 to believe that. With the loss of these services,
8 that's simply not true. Centegra is not evolving to
9 meet our needs, it's evolving to meet its financial
10 needs.
11 In Woodstock, we don't have a real hospital
12 now. Your Board can help us in the future to change
13 that situation and provide the life-saving
14 prescription for our community. Thank you.
15 HEARING OFFICER CONSTANTINO: Diane Baker
16 Lockwood.
17 MS. BAKER: No, I don't want to. I'm just
18 with him.
19 MR. LOCKWOOD: She was just appearing.
20 HEARING OFFICER CONSTANTINO: Cindy Smiley.
21 MS. SMILEY: I'm Cindy Smiley, S-m-i-l-e-y.
22 I'm a resident of Woodstock. My husband has a
23 life-threatening condition for which he has been
24 hospitalized several times over the past few years,

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1 including through the emergency room. It's essential
2 that he have access to a full-service hospital with a
3 full-service emergency room that can admit him to a
4 hospital room in Woodstock. Centegra has circulated a
5 flier telling people that it only takes 14 minutes to
6 get to either Huntley or McHenry. Last week,
7 mid-afternoon, on a weekday with very little traffic,
8 my husband and I traveled to McHenry for an
9 echocardiogram. It wasn't an emergency. It took us
10 34 minutes to get to the hospital, and everyone in
11 Woodstock knows the traffic situation upon Route 47 to
12 get to Huntley. I'm sure you are saying, call an
13 ambulance. We have heard from Chief Hill and other
14 members of the Woodstock Fire Rescue District about
15 the effects this decision by Centegra has had on
16 ambulance services in Woodstock. Any additional
17 manpower or equipment will mean a tax increase that my
18 family cannot afford. The removal of these services
19 from Woodstock Hospital has caused my family a great
20 deal of anxiety and has adversely affected my
21 husband's health in the last three weeks while he has
22 gone through one of his medical crises. This isn't a
23 matter of inconvenience for us. It's really a matter
24 of life and death. Physicians take an oath to first,

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1 do no harm. Centegra may not be a physician, but that
2 oath should still apply. The discontinuation of these
3 services at the Woodstock Hospital will do
4 immeasurable harm to my family and this community.
5 Thank you.
6 HEARING OFFICER CONSTANTINO: Is there
7 anyone else that would like to provide oral testimony?
8 MS. MATRES: I would. Hi, my name is
9 Tiffany Matres, M-a-t-r-e-s. I'm a recent resident of
10 Woodstock, and my career for the last -- for however
11 long I have been working as a regional case manager,
12 and I know Medicaid in 16 states. I know over 250
13 insurance plans, and I know Medicare like the back of
14 my hand, and really it comes down dollars and cents,
15 from everything I've been hearing in this room. But I
16 don't see residents, I see patients -- patients who
17 have been transported out of Woodstock out of my
18 caseload into the another county. I work on North
19 Shore. I've been a part of the ACO for the last five
20 years. I've watched bungled payments come across my
21 desk. I have watched bigger entities like Applicant
22 North Shore, Northwest Memorial eat up all the smaller
23 mom and pop businesses. And really, it does come down
24 to dollars and cents. It's great that Centegra really

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1 wants to expand and provide outpatient therapy
2 services, but I'm well enough to travel the extra
3 30-45 minutes for outpatient therapy services. So,
4 unlike the people in this room, they are not well
5 enough to travel if they need emergency care.
6 I know sepsis, A41.9. I know pneumonia,
7 J18.9. I know how much it costs, and it's sad to say
8 that they have to go to far lengths to get treated for
9 that. It's going to cost them. It's going the cost
10 the City of Woodstock more money. I know how to do my
11 job, and I make sure my providers get paid for it. I
12 have almost zero write-offs, and I'm very proud of
13 that. HFS provides all those training for those
14 Medicaid programs on their website. You have done a
15 good job. I don't understand why Centegra doesn't
16 provide that training for their own employees to do
17 their job. I had to make sure my patients don't have
18 to pay out of pocket. I know those loopholes. I know
19 how to cut through those red tapes. I know Medicaid,
20 and yes, these insurance plans have created an issue.
21 But if you know how to do your job and you communicate
22 to these insurance plans so patients can get care,
23 they can get coverage and they can get their bills
24 paid for. If you train people correctly -- I go out

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1 of state all the time to train new case managers. We
2 are few and far between, but so are you guys. They
3 barely let me out every once in a while. I barely see
4 light every once in a while. And I do it because I
5 care for my patients. I used to run psychiatric
6 facilities. I used to work for Elgin before they shut
7 down their beds. I used to rehab people in the jail
8 systems. I'm tired, I'm burnt out. Now I just
9 process papers at this point, and I make sure people
10 either get on Medicaid or they can get the coverage
11 that they need. If it is really a certificate of need
12 then the need is in Woodstock. Baby Boomer
13 generations are here. Who knows if Social Security is
14 going to be here for me or for you when the time
15 comes. So, taking away health care services just
16 because people don't understand the system or don't
17 understand Medicare or don't understand Medicaid --
18 how to process the bills or process the claims.
19 That's not these people's problem. That why you are a
20 provider. You provide the staff training so they can
21 do their job, and you can get paid. I get the
22 training from my provider all the time. I log on to
23 webinar services that are provided all the time by the
24 State of Illinois so I understand how to best serve my

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1 patients.
2 So, I really thinK this is just coming down
3 to money at this point. So, I just hope you
4 reconsider or at least let another provider come in
5 here, if it's Advocate, if it's Northwest Memorial --
6 whoever it is, if they don't want to provide the
7 services, let's get somebody in here who can.
8 HEARING OFFICER CONSTANTINO: Is there
9 anyone else who would like to provide oral testimony?
10 MR. LAUBICK: My name is Paul Laubick,
11 L-a-u-b-i-c-k. This is a -- some of you know who I am
12 and what I do, and it's a very emotional time for me
13 because I retired as CEO of Centegra in 2002, and many
14 of you know Jim Redick, right? Jim Redick and I
15 shepherded to bring the two hospitals together for the
16 purposes of reducing the duplication of services,
17 reducing costs, better serving the community and
18 expanding services the community needed, and we were
19 able to bring the two hospitals together.
20 This is very emotional because the effort to
21 do this was to provide for the citizens of McHenry,
22 Woodstock, and all of the county, and I don't see that
23 taking place -- let me rephrase that. It's perhaps
24 taken place, but I don't agree with the way things

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1 have been done. When the two hospitals came together
2 -- and by the way, I've been out of town since
3 yesterday, and had left after Labor Day. So if this
4 is a little -- I congratulate the Mayor on what his
5 efforts are going to be. But I congratulate the Mayor
6 and the citizens for coming together. When the two
7 hospitals came together, it was the understanding that
8 when it comes to planning that 50 percent of the board
9 members would be from McHenry, 50 percent would be
10 from Woodstock. Currently, I think there is only one
11 member from Woodstock, and there were two at the time
12 the planning was done, but that person has passed on.
13 It really pains me to see how things have changed, and
14 he was talking about the planning and the input from
15 Woodstock or input from anybody else as far as that
16 goes, whether it's McHenry, Huntley, or anybody else,
17 it's a small number of people who are making the
18 decisions, and in my opinion, I think what needs to be
19 done is, they need to sit down with Woodstock and
20 other members of county and plan for the county, not
21 just the way it's been done up to this point. And I
22 don't know what the Board can do, but I would like to
23 perhaps suggest that the Board could delay the hearing
24 of November the 14th and request that the Board and

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1 Centegra bring in the community to plan the health
2 care facilities that they need for Woodstock and for
3 the county, not -- and I understand that there is a
4 $60 million deficit, there are going to be some tough
5 decisions that have to be made. But by God, involve
6 the people who are being affected by the decision, not
7 a handful of individuals.
8 HEARING OFFICER CONSTANTINO: John Kunzie.
9 Mr. KUNZIE: My name is John Kunzie, last
10 name K-u-n-z, as in zebra, i-e. I've been a member of
11 the Woodstock community either outside town or in town
12 for the last 41 years. It's been my pleasure to watch
13 and see the Woodstock Memorial Hospital function as it
14 has started by -- about, maybe less than 4,000 people
15 in this town 103 years ago. Today we are 25,000
16 people. That's kind of a good idea to have a hospital
17 here.
18 A great number of arguments have been
19 presented this afternoon, and they are all valid, and
20 I'm not going to repeat any of them. But here is one
21 thing I would like to talk about, though, is the fact
22 that so far we are dealing with laws, okay? All
23 well-intentioned, well-written, well-prepared,
24 designed to provide the best for everybody. Sometimes

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1 laws don't work. The best example is prohibition.
2 So, what I want to talk about now is not laws, but
3 business and perceptions. And I know Centegra have
4 hired some very high-priced people to analyze the
5 situation and build the model to be working, right?
6 Well, of course that was one thing that happened, and
7 that was 2008. Well, okay. Now, let's do a little
8 crystal ball gazing. Centegra is faced with a $60
9 million deficit for the past year. That boils down to
10 roughly a million and a quarter per week. That's
11 pretty good money. And in order, the community's
12 reaction has been they are going to outsource part of
13 their operations. It doesn't make any difference
14 whether they outsource or in-house, it's still going
15 to cost money.
16 The other tragic part is, they are starting
17 to lay off people. And when you lay off people, that
18 means the services that you are offering are being
19 reduced not only to Woodstock, but the other 30
20 communities that are being serviced by Centegra.
21 Now, unless they can span this financial
22 drain, it's going to continue and they won't be able
23 to handle it. And I don't know if there is anybody
24 here, but I'm sure there are some legal eagles that

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1 have read the bankruptcy laws. I hate to say it, but
2 that seems to be the direction they are going. If
3 they are going to cut a million and a quarter a week,
4 they are going to cut a lot more, and the decisions
5 that they made to provide better services are out the
6 window.
7 So, these are things we need to think about.
8 I appreciate all who have shown up today. I
9 appreciate our Mayor who has reduced this to its most
10 basic elements, and we all understand what the
11 situation is. Now, let's see what happens. Thank
12 you.
13 HEARING OFFICER CONSTANTINO: Is there
14 anyone else that wants to provide any oral testimony?
15 Yes, ma'am.
16 MS. LINTA: My name is Kathleen Linta, and I
17 am not a resident of Woodstock, but my mother is,
18 along with all of her friends here in the second row
19 who pride themselves on being incredibly healthy,
20 vigorous, and well as elderly ladies. I am very happy
21 to know all of them. I live in Connecticut. I drove
22 here yesterday to come and speak here today, and I
23 would like to just let you know that I am in support
24 of all statements starting from the Mayor on down. I

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1 am impressed that my mother and my father, who is no
2 longer with us, chose a wonderful town to live in,
3 with incredibly good services provided to this day.
4 A year ago yesterday, my father passed away
5 after falling 11 days before that, and we have learned
6 as a family, as I'm sure everyone here in this room
7 has, that life changes in an instant. I would like to
8 know that my mother and all of her friends and all the
9 wonderful individuals here in this room that live in
10 Woodstock continue to be served in a way that would
11 provide the best service, whether it's an emergency
12 room visit, whether it's the ICU, whether it's a
13 hospital bed. And whether it means that Centegra is
14 out of the picture and a new entity is in the picture,
15 I strongly encourage it.
16 And as the daughter of a resident here, I am
17 sure all of you have extended family that are affected
18 as well. I encourage dialogue and perhaps a stay or
19 delay in the next hearing so that some fruitful
20 discussion may take place. Thank you for the
21 opportunity.
22 HEARING OFFICER CONSTANTINO: Is there
23 anyone else who would like to speak? Yes, ma'am.
24 MS. SCHOVER: My name is Deb Schover,

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1 S-c-h-o-v-e-r. I'm currently the human resources
2 director for the City of Woodstock and have been for
3 nearly the last six years. I've been in the HR field
4 over 26 years, and I have grave concerns about what
5 this will bring upon the City of Woodstock. Number
6 one, it will make recruiting that much more difficult.
7 With the removal of these types of health care
8 services, it's hard enough to attract quality, skilled
9 employees as it is right now for us to hire, let alone
10 all the businesses present in Woodstock.
11 Number two, employees that do choose to be
12 employed by the City of Woodstock or other companies
13 within the city, they no longer have this as an option
14 for them and their family. A number of you have
15 talked about what this means to families, and I don't
16 want to touch on that. But what this takes away from
17 us as an employer is the time when an unfortunate
18 circumstance of a work comp injury occurs, we can no
19 longer take care of our employee when we need to take
20 care of them most, if there is an acute situation, and
21 get that employee to the nearest hospital and have
22 that cognitive care within that same hospital.
23 So, I beg you. When the application for an
24 entity that can provide these services to the City of

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1 Woodstock crosses the Board's desk, please
2 respectfully consider that if Centegra cannot force or
3 are unable to provide those services, perhaps another
4 entity can. Thank you very much.
5 HEARING OFFICER CONSTANTINO: Is there
6 anyone else who would like to speak?
7 (No response.)
8 Okay. The oral testimony is concluded. So,
9 we have another public hearing that I'm going to start
10 right now.
11 (The hearing concluded at 3:15 p.m.)
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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 BEFORE HEARING OFFICER MICHAEL CONSTANTINO
4 IN RE: :
5 Discontinuation of 22-Bed :
6 Comprehensive Physical : Exemption #037-17
7 Rehabilitation Category of :
8 Service :
9
10 HEARING in accordance with requirements of the
11 Illinois Health Facilities Planning Act
12
13 Woodstock Opera House
14 121 West Van Buren Street
15 Woodstock, Illinois 60098
16 Monday, October 2, 2017
17 3:15 p.m.
18
19
20
21
22
23 Job No. 158854
24 Reported by: Camille Connell, RPR, CSR

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1 P R O C E E D I N G S
2 HEARING OFFICER CONSTANTINO: It's for
3 Project Number E037-17, and rather than bore you with
4 the repeated language, I will just tell you that
5 Exemption Number E037-17, Centegra Hospital McHenry,
6 is for the discontinuation of the 22-bed comprehensive
7 physical rehabilitation category of service. There is
8 no cost to this project.
9 Mr. Lawler, would you like to provide the
10 opening comments?
11 MR. LAWLER: Good afternoon Hearing Officer
12 Constantino and Board Member Murphy, Mr. Mayor.
13 My name is Dan Lawler. I'm a partner with
14 Barnes & Thornburg, and we represent Centegra Health
15 System. We have a comprehensive statement to submit
16 into the record, and I had read it at the 2:00
17 hearing. I think most of the folks still here heard
18 that. I will be repeating it at the 5:00 hearing, but
19 I will just submit it in writing for this hearing.
20 HEARING OFFICER CONSTANTINO: Mayor of the
21 City of Woodstock.
22 MAYOR SAGER: Thank you. Again, my name is
23 Dr. Brian Sager, Mayor of the City of Woodstock. With
24 regards to the application for a certificate of

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1 exemption to discontinue 22 rehabilitation beds in the
2 McHenry Hospital, the City of Woodstock is neither a
3 proponent nor opponent, and adopt a neutral position
4 on the application. It is understood the application
5 to discontinue rehabilitation beds in the McHenry
6 Hospital is directly associated with the application
7 for a certificate of need to establish 22
8 rehabilitation beds in the Woodstock Hospital, an
9 application which the City of Woodstock supports.
10 However, as previously stated, there is a growing need
11 in our community and the larger region, including the
12 McHenry community, for hospital beds dedicated to
13 physical rehabilitation as well as behavioral and drug
14 and alcohol rehabilitation. And while it is believed
15 the probability of concentrating the services in the
16 Woodstock Hospital would allow increased professional
17 care, services, and necessary efficiencies, it must
18 again be stated rehabilitation services are frequently
19 succeeded with family attention and support.
20 As a result, those who live in the City of
21 McHenry or in close proximity to McHenry Hospital
22 would lose ready access to a local rehabilitation
23 facility. The question, therefore, is a matter for
24 the McHenry community to address and should not be a

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1 point of support or objection on behalf of the City of
2 Woodstock.
3 For these reasons, the City of Woodstock
4 adopts a neutral position on Centegra's application
5 for a certificate of exemption to discontinue 22
6 rehabilitation beds in the McHenry Hospital. Thank
7 you.
8 HEARING OFFICER CONSTANTINO: Is there
9 anyone here who would like to provide public testimony
10 on this project? Anyone?
11 (No response.)
12 This public hearing is concluded. We will
13 be back at 5:00 to take more testimony on the
14 discontinuation of the 60 medical surgical beds at
15 Centegra Woodstock. Thank you so much.
16 (The hearing concluded at 3:20 p.m.)
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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 BEFORE HEARING OFFICER MICHAEL CONSTANTINO
4 IN RE: :
5 Additional Time for Public :
6 Testimony : Project Nos. 17-036,
7 : 17-037, and
8 : Exemption Nos. 036-17
9 : and 037-17
10
11 HEARING in accordance with requirements of the
12 Illinois Health Facilities Planning Act
13
14 Woodstock Opera House
15 121 West Van Buren Street
16 Woodstock, Illinois 60098
17 Monday, October 2, 2017
18 5:00 p.m.
19
20
21
22
23 Job No. 158854
24 Reported by: Camille Connell, RPR, CSR

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1 PRESENT:
2 ILLINOIS HEALTH FACILITIES AND SERVICES
3 REVIEW BOARD, by
4 MICHAEL CONSTANTINO, Public Hearing Officer
5 MARIANNE MURPHY, State Board Member
6 GEORGE ROATE, IDPH Staff
7 525 West Jefferson Street, Second Floor
8 Springfield, Illinois 62761
9 (217) 782-3516
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1 P R O C E E D I N G S
2 HEARING OFFICER CONSTANTINO: Good
3 afternoon. We are back again.
4 My name is Mike Constantino. I'm with the
5 Illinois Department of Public Health, and I'll be the
6 hearing officer for today's proceedings, and I am very
7 privileged to have with us today Ms. Kathy Olsen, the
8 State Board Chairman and Mr. George Roate with the
9 Department of Public Health. I want to thank you
10 again. This is additional time for possible comments
11 for all oral testimony regarding the four projects
12 that we heard today, Project number 17-036, Centegra
13 Hospital Woodstock, establish a 22-bed comprehensive
14 physical rehab category of service for a cost of
15 approximately $3.9 million.
16 Projects 17-037, Centegra Hospital Huntley.
17 This project was to add four intensive care beds and
18 discontinue four medical surgical beds. There was no
19 cost to that project.
20 The third project we heard was Exemption
21 E036-17, which was for the discontinuation of the
22 medical surgical beds at Centegra Woodstock and the 12
23 ICU beds at Centegra Woodstock. There was no cost for
24 that project. The final project we heard today was

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1 Exemption E037-17 Centegra Hospital McHenry, and that
2 was to discontinue 22-bed comprehensive physical rehab
3 category of service. There was no cost to that
4 project. I do need to read into the record again the
5 HIPAA notice. Please note that in order to ensure the
6 Board's public hearing, protect the privacy and
7 confidentiality of an individual's health information
8 as defined by the HIPAA Act. Submitting oral or
9 written testimony that discloses protected health
10 information of individuals shall have a valid written
11 authorization from that individual. The authorization
12 shall allow the covered entity to share the
13 individual's protected health information at this
14 hearing, if necessary. If you have not signed in to
15 provide oral testimony, please do so.
16 In addition, those of who came with prepared
17 texts of your testimony should note that you can
18 submit that written text to us. You don't necessarily
19 have to provide oral testimony. All written and oral
20 testimony will be entered into today's record, and it
21 will be made available for all Board members prior to
22 the November 14th, 2017, State Board meeting. I will
23 let you know that within a day or two, all the
24 information we have collected here today will be on

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1 our website. The transcript itself will be about 10
2 days, 14 days?
3 COURT REPORTER: About 10 business days from
4 today.
5 HEARING OFFICER CONSTANTINO: Now we will
6 have Mr. Dan Lawler with Centegra Health provide the
7 opening statement.
8 MR. LAWLER: Good evening, Mr. Constantino,
9 Chairman Olsen, Mayor and Representative Rick.
10 My name is Dan Lawler. I am a partner with
11 the law firm of Barnes & Thornburg, and we represent
12 Centegra Health System. I am here to present on
13 behalf of Centegra Health System. It's a statement
14 regarding the planning process and the rationale for
15 its decisions leading to the applications that are
16 currently before the Board and the subject of these
17 public hearings today.
18 Over a period of 100 years, Centegra Health
19 System has developed and adapted its services to bring
20 the highest quality health care to the people of
21 McHenry County. Our ability to adapt to changing and
22 economic environments has allowed us to continue
23 providing access to needed health care services to the
24 residents of McHenry County for over a century.

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1 Centegra has long been and will continue to
2 be committed to improving access to needed health care
3 in McHenry County, and that is possible because of our
4 ability to adapt and change during difficult times.
5 Centegra is acutely aware that the decision to change
6 is often difficult. Change is needed when the ability
7 to fulfill our core obligation to the community is at
8 risk, and it then becomes our responsibility to make
9 those difficult decisions. The projects now before
10 the Health Facilities and Services Review Board and
11 the subject of the public hearings today are the
12 result of difficult decisions necessitated by changing
13 economics in the health care industry. They are the
14 result of the type of careful planning and evaluation
15 that has allowed Centegra to continue to serve McHenry
16 County for over a century. In late 2016 and early
17 2017, Centegra, like many other health systems in
18 Illinois and across the nation, began to experience an
19 increase in bad debt. At the same time, our parameter
20 shifted as more patients gained access to Medicaid
21 insurance plans. These developments had a severe
22 impact on Centegra and many other health care
23 providers as we have seen by actions implemented by a
24 substantial number of other providers in the

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1 Chicagoland area. These unforeseen and recent
2 developments, although many years after and are
3 unrelated to the approval of Centegra Hospital
4 Huntley, these financial shifts coincided with a
5 slowing of the region's population growth and a
6 leveling of volumes at both Centegra Hospital Huntley
7 and Centegra Hospital Woodstock. Accordingly, it
8 became necessary for us to identify opportunities to
9 more efficiently provide the high-quality care that
10 Centegra's board demands and the community expects.
11 To identify these opportunities, Centegra
12 engaged the Chartis Group, a comprehensive advisory
13 and analytics services firm that specializes in the
14 health care industry.
15 With Chartis's assistance, our goal was to
16 create a master facility plan for Centegra's three
17 main hospital campuses as well as multiple outpatient
18 locations that would help us to achieve necessary
19 efficiencies while ensuring McHenry residents continue
20 to receive high-quality local care.
21 Chartis' experts provided the guidance we
22 were seeking with the needs of our patients at the
23 center of every conversation as we developed the plan.
24 We were adamant about retaining specialized services

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1 within our county and maintaining all three main
2 locations as general hospitals with emergency
3 services.
4 In June of this year, prior to filing the
5 applications that are the subject of these public
6 hearings, we met with staff members from the Health
7 Facilities and Services Review Board to review our
8 plans and confirm the legal processes required to
9 implement them in accordance with state law.
10 Having received the reassurance we sought,
11 we announced the plans that are addressed in our
12 applications with the State. That is, to locate all
13 inpatient acute care to our two larger facilities in
14 McHenry and Huntley, and to offer specialized
15 inpatient care and outpatient services in Woodstock.
16 This plan will provide all the residents of the
17 community with the greatest access to both acute and
18 specialized care, while keeping emergency services at
19 all locations. Following the June announcement,
20 Centegra continued to work with the State staff to
21 file the necessary notices and paperwork to effect the
22 changes that we had announced.
23 In July and August, we submitted the
24 following: One, a bed-change notice to add a medical

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1 surgical and intensive care beds at McHenry; two, an
2 exemption application to discontinue medical surgical
3 and intensive care at Woodstock; three. An exemption
4 application to discontinue comprehensive physical
5 rehab services in McHenry; four, a certificate of need
6 application to open comprehensive physical rehab
7 services in Woodstock; five, a certificate of need
8 application to convert four medical surgical beds in
9 our Huntley facility to ICU beds, a higher level of
10 care; and finally, six, a temporary suspension of
11 service notice for medical surgical and intensive care
12 services in Woodstock.
13 The first exemption application details
14 plans to discontinue the medical surgical and
15 intensive care categories of service at Centegra
16 Woodstock, to increase capacity for acute care
17 services at our other hospital campuses, we submitted
18 a bed-change notice to increase the number of medical
19 surgical and intensive care beds at Centegra Hospital
20 in McHenry. At the same time, we submitted a
21 certificate of need to convert four medical surgical
22 beds to intensive care beds to Centegra Hospital in
23 Huntley. The centralization of acute inpatient care
24 improves quality and makes us more efficient by

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1 combining all of our staff's expertise in two
2 locations. Due to changes in the way health care
3 providers in the United States provide care, today's
4 hospitalized patients are more acute than ever, and
5 they need care from experienced teams that routinely
6 provide high-quality services. To create additional
7 space for acute inpatient care of Centegra Hospital
8 McHenry, Centegra Health System also proposed to move
9 comprehensive physical rehabilitation from Centegra
10 Hospital McHenry to Centegra Hospital Woodstock,
11 keeping the same number of beds.
12 According to the State's regulations, this
13 relocation would require an exemption application to
14 discontinue those beds at Centegra Hospital McHenry
15 and a certificate of need application to establish
16 them at Centegra Hospital Woodstock.
17 We filed both of those applications this
18 summer, and they are also being addressed as part of
19 today's public hearings. The complexity of the
20 required applications have caused some confusion in
21 the community. There has been misinformation, leading
22 some to believe that Centegra will move forward with a
23 quote, unauthorized closure, end quote, of services at
24 Centegra Hospital Woodstock. This is simply not true.

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1 We met with the State to discuss our plans, confirm
2 the legal processes required, and comply with those
3 requirements.
4 Community members have also been misinformed
5 about the legal processes that the Health Facilities
6 and Services Review Board is required to follow
7 regarding Centegra's application to discontinue
8 services. The review board, as any state agency, has
9 only the power that the Illinois legislature grants
10 it. The Illinois legislature has determined the
11 review board has no power to deny a health care
12 facility's exemption application to discontinue
13 services once the board's staff has deemed the
14 application complete. The law states that, Upon a
15 finding that an application to discontinue a category
16 of service for a health care facility is complete, and
17 provides the requested information as specified by the
18 State Board, an exemption shall be issued. The state
19 board has consistently applied and followed this law
20 as written.
21 In November of 2014, the Board's general
22 counsel advised the board that this law means that if
23 an exemption application has been deemed complete by
24 the Board staff, the review board shall issue the

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1 exemption. In October 2016, the Board's general
2 counsel advised the Review Board that the Health
3 Facilities Planning Act requires that once an
4 exemption application has been deemed complete by
5 staff, this board is under an obligation by statute to
6 approve the exemption.
7 The Health Facilities and Services Review
8 Board is under an obligation by statute to approve the
9 exemption application to discontinue the services.
10 The applications were deemed complete by the Board
11 staff on August 18, and the Planning Act requires the
12 exemptions to be issued. The Review Board's rules and
13 the Illinois Open Meetings Act do provide for public
14 comments on exemption applications, but public
15 hearings and public comments do not affect the law
16 that when the exemption application to discontinue
17 services has been deemed complete by the Board staff,
18 the State Board is required by law to approve the
19 application.
20 We emphasize again the difficulty of the
21 decision-making process regarding the discontinuation
22 of services. Centegra Health System's leaders and
23 governing board members live and work in the community
24 we serve. Many have dedicated decades of their

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1 careers to bringing advanced health care services to
2 McHenry County. We carefully considered every option
3 as we created the master facilities plan, and we
4 understand Woodstock's disappointment in our final
5 decision to change services at Centegra Hospital
6 Woodstock. In the end, we had to choose what is best
7 for the entire community, which includes more than 30
8 other cities and villages that also need high quality
9 and local care. These communities also still need
10 access to comprehensive physical rehabilitation, which
11 is why Centegra filed the certificate of need to
12 provide these services at Centegra Hospital Woodstock,
13 when it becomes a place for specialty inpatient care.
14 With all of the confusion surrounding these projects,
15 we sincerely hope that community members do not
16 inadvertently oppose bringing comprehensive physical
17 rehab services to Centegra Hospital Woodstock, which
18 will benefit the residents of Woodstock with needed
19 services and the accompanying employment
20 opportunities. Few hospitals offer highly-skilled
21 rehab care for strokes, severe orthopedic injuries and
22 amputations, and that is what Centegra's certificate
23 of need application proposes for Woodstock. We
24 understand that the changes Centegra Health Systems

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1 has proposed have not been well-received by some.
2 These difficult business decision will make us more
3 efficient so we can continue to care for McHenry
4 County residents for generations to come, just like we
5 have been for more than 100 years, and nearly 4,000
6 associates of Centegra Health System remain committed
7 to caring for this community. Thank you.
8 HEARING OFFICER CONSTANTINO: Mr. Mayor.
9 MAYOR SAGER: Again, my name is name is
10 Brian Sager, S-a-g-e-r, and I'm honored to serve as
11 Mayor of the City of Woodstock. And once again, I
12 would like to thank the Illinois Health Facilities and
13 Services Review Board for hosting these public
14 hearings in the City of Woodstock. It has been a long
15 day and we are grateful for your presence and your
16 professional accommodating approach to these hearings.
17 Thank you. These comments were presented at the
18 2 p.m. public hearing, but with the board indulgence,
19 I would like to read them into record for this session
20 and provide an additional perspective. Regarding
21 Centegra's application for a certificate of exemption
22 to discontinue 16 medical surgical beds, 12 intensive
23 care unit beds, and five operation room beds in the
24 Woodstock Hospital, the City of Woodstock rises in

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1 opposition of the application. Please do not
2 interpret my comments this evening in opposition to
3 the specific application as comments opposing Centegra
4 Health System. To the contrary, the City of Woodstock
5 and its residents have embraced Centegra since it took
6 over the City of Woodstock's Memorial Hospital,
7 established through the vision and hard work of a
8 small group of doctors and a supportive community in
9 1914 to establish a community hospital in Woodstock,
10 the county seat, that would serve not only city
11 residents, but the larger county. Woodstock and
12 Centegra have enjoyed a strongly collaborative and
13 mutually supportive partnership for many years. It
14 seemed natural, therefore, on March 1st, 2011, when
15 Centegra Health System appeared before the City
16 Council requesting support of their application for
17 the certificate of need for the construction of a
18 hospital in Huntley for our community to continue its
19 strong tradition.
20 Further, since Woodstock Hospital had always
21 been supported as a County, not just a community
22 hospital, residents of Woodstock acknowledged a call
23 to support strong, regional health care provisions
24 through an expanded Centegra Health System, in the

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1 language of the resolution considered on March 1st,
2 2011, whereas the State of Illinois has identified the
3 planning area in which McHenry County is located as
4 one of only three planning areas in the entire state
5 of Illinois that has a shortage of acute care hospital
6 beds to serve the community, and, whereas in addition
7 to the State's bed need for health planning area A10,
8 Centegra's proposed hospital would serve A11, less
9 than two miles to the south.
10 According to State figures, this planning
11 area, northern Kane County, is the second of three
12 areas in the state where additional beds are needed.
13 Therefore, two of the three planning areas in Illinois
14 with identified hospital bed shortages would be served
15 by Centegra Hospital Huntley, and whereas the
16 construction of a hospital in Huntley, Illinois will
17 allow Centegra Health System to address and identify
18 the bed need in the area of Kane County that need it
19 the most, based upon rapid population growth in the
20 area. The City Council supported this resolution.
21 With these identified regional needs, the assurance of
22 the administration of Centegra Health System that
23 serves at Centegra Woodstock Hospital would not be
24 reduced, and the strong desire to be good regional

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1 partners and citizens, the City of Woodstock entrusts
2 in good faith supported Centegra's application for a
3 certificate of need to build the Huntley Hospital.
4 Since that time, the City quietly accepted the move of
5 obstetrics from Woodstock Hospital to McHenry
6 Hospital, and the relocation of orthopedics from
7 Woodstock Hospital to Huntley Hospital. Although
8 disappointing, we accepted the discontinuation of
9 those services in an effort to be good partners with a
10 health system we had trusted, a system that had served
11 our community well, and in an effort to be good
12 regional partners, acknowledged that sacrifices
13 sometimes need to be made for the greater good. In
14 this case, a more vibrant, comprehensive regional
15 health care system.
16 In May of this year, it was announced
17 publicly before any outreach or communications to the
18 City of Woodstock that acute, inpatient care beds
19 would be discontinued, and there would be an
20 associated change in staff in the emergency room's
21 services at our Woodstock Hospital.
22 In his comments, Mr. Lawler emphasized
23 thorough and regular communications Centegra Health
24 Systems had with staff of the Illinois Health

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1 Facilities and Services Review Board regarding their
2 plans, but made no comments regarding communication
3 with the community that had supported the hospital and
4 system so enthusiastically over the years.
5 Unfortunately, that communication was
6 nonexistent. The news and the subsequent application
7 for a COE to discontinue 60 medical surgical beds, 12
8 intensive care unit beds, and five operation room beds
9 were understandably met with bitter disappointment.
10 Based on a long history of support provided
11 for our community hospitals by residents and the
12 assurances provided at the time Centegra requested
13 support from the city for a certificate of need for a
14 Huntley Hospital, residents have an overwhelming sense
15 of abandonment and betrayal and have responded loudly
16 and consistently with their displeasure. The response
17 was not solely generated from a sense of betrayal,
18 however. It was also motivated by a sense of fear.
19 Individuals and families look to community hospitals
20 with comprehensive health care services, including
21 acute inpatient hospitalization and an associated
22 levels of emergency room services as a sort of
23 insurance. Nobody wants to have to use them, but it
24 is a source of security. That is, when needed, it is

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1 there. With the loss of these services, there is a
2 strong resulting sense of insecurity, and when people
3 feel insecure, they become fearful. When people are
4 fearful, they often respond in anger. Unfortunately,
5 that is the tenor of today's Woodstock. It is also a
6 source of concern for the long-term economic picture
7 for our community.
8 Over the past couple of weeks, numerous
9 employees of the system have received the devastating
10 news their jobs are being eliminated with tragic
11 effects on the financial well-being of the individuals
12 and families as well as the community at large.
13 Further, prospective investors wishing to
14 expand their current business and industry presence in
15 our community or looking to locate new businesses
16 consider the total picture of a community, including
17 essential services -- a comprehensive hospital that
18 provides quality, responsive accessible health care
19 for their employees and family is considered as
20 essential to a feeling of security and quality of life
21 as an exceptional education system. Without a
22 hospital providing acute, inpatient hospitalization
23 and comprehensive emergency room services in a
24 community, business and industry may be reticent to

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1 expand or locate to the City of Woodstock with
2 negative effects on our economic future. It is
3 certainly recognized, as explained by Centegra
4 officials, that we live in a changing hospital
5 environment. With improving medical technology,
6 something we all want and appreciate, hospital stays
7 are reduced. There is increased emphasis through
8 federal government health care programs to reduce
9 in-hospital stays as a way to reduce costs. Medicare
10 physicians and requirements have changed the
11 complexion of compensation. The State of Illinois has
12 an extraordinarily prolonged payment schedules,
13 creating difficult cash flow situations for health
14 care providers. And there is an increasing
15 outmigration of inpatient hospitalizations from
16 McHenry County to other regions due to preferred
17 doctor affiliations and hospital specialization.
18 As a result of these trends and other
19 management decisions, Centegra Health System is facing
20 severe financial challenges, and it is clear it needs
21 to reconfigure service provisions across the system
22 for greater efficiencies, viability, sustainability,
23 and it can be argued, enhanced health care quality.
24 While the changing complexion of this

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1 medical industry today, however, and the associated
2 need for increased efficiency through focused
3 specialization, and hospital facilities might warrant
4 a reduction of the number of beds in Woodstock, the
5 total elimination of those acute, inpatient hospital
6 beds and the resulting change in the status of
7 emergency room service is of major concern to the
8 community's sense of security, and it is certainly
9 contradictory to the assurances our community received
10 from Centegra Health System when asked to support the
11 construction of the Huntley Hospital.
12 Mr. Lawler suggests there is a lack of
13 understanding on our behalf regarding the legal
14 obligation of Illinois Health Facilities and Services
15 Review Board to approve the certification of exemption
16 -- excuse me, certificate of exemption, to discontinue
17 the identified services in the Woodstock Hospital.
18 Let there be no mistake. We have done our
19 research, and are very much aware of the statutory
20 requirement outlining the state law. These
21 communications were posted in the public notices last
22 week. We quoted Paragraph B of Subsection 6, Page 29
23 of the Illinois Health Facilities Planning Act
24 regarding applications for permit or exemption,

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1 specifically quote, unquote, The State Board shall
2 establish by regulation, the procedures and
3 requirements regarding issuance of exemption. An
4 exemption shall be approved with information required
5 by the Board by the rule, if submitted. Projects
6 eligible for an exemption rather than a permit
7 include, but are not limited to, change of ownership
8 of a health care facility, discontinuation of a
9 category of service, and discontinuation of a health
10 care facility other than a health care facility
11 maintained by the State or any agency or department
12 thereof, or a nursing home maintained by a county. In
13 the case of these requirements, some ask why go
14 through the process of a public hearing? Just like
15 the legal requirement is found in the statutes, the
16 answer to this question is found in the language of
17 the application, and the nature of that answer is
18 very, very basic. The answer is need. According to
19 the previously referenced Act, one of the underlying
20 purposes of the Act is to quote, unquote, promote
21 planning for and development of health care facilities
22 needed for comprehensive health care, especially in
23 areas where the health planning process has identified
24 unmet needs. Further, the Health Facilities and

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1 Services Review Board was created to perform the
2 functions described in the Act. When referencing the
3 Board's website, we find, quote, The Board, through
4 its certificate of need program aimed at containing
5 health care costs, approves or disproves the expansion
6 of health care facilities to avoid unnecessary
7 duplication of facilities and, I emphasize here,
8 promotes development of facilities in areas where
9 needed, unquote.
10 The Board, therefore, has an inherent
11 obligation to facilitate need. Our opportunity in the
12 public hearing is to promote and understand among
13 members of the Board that the need for acute inpatient
14 hospital beds and comprehensive emergency room
15 services, including ICU beds, in the Woodstock
16 Hospital exists now and will continue to exist in the
17 future.
18 Therefore, while we accept the legal
19 obligation the State Board has to approve the State's
20 application for exemption because information required
21 by the Board, by rule, was submitted, that approval
22 does not exempt the Illinois Health Facilities and
23 Services Review Board from its inherent obligation to
24 promote development of comprehensive health care

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1 facilities in areas where needed.
2 For these reasons, the City of Woodstock
3 opposes Centegra's application for a certificate of
4 exemption to discontinue 16 medical surgical beds, 12
5 intensive care unit beds, and five operation room beds
6 in the Woodstock Hospital, and respectfully request
7 the Board to consider its responsibility when
8 approached by other health care providers for a
9 certificate of need to fill the void in our community
10 created by the abandonment of acute inpatient hospital
11 beds and associated comprehensive emergency room
12 services by Centegra Health Care System. Thank you.
13 HEARING OFFICER CONSTANTINO: Paul Lockwood.
14 MR. LOCKWOOD: Paul Lockwood,
15 L-o-c-k-w-o-o-d, a 16 and a half year resident of
16 Woodstock.
17 When it comes to rehab beds moving from
18 McHenry to Woodstock, I remain neutral.
19 However, I do want to take a stand opposing
20 the removal of services from our Woodstock Hospital.
21 I came up with a metaphor. When a community is hit by
22 a natural disaster, a tornado for example, devastation
23 can be widespread or it can just strike a limited
24 area. Regardless, the community and government

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1 agencies step forward to help.
2 Well, our community, as evidenced by the
3 attendance throughout the day, has come together to
4 restore the services we lost August 12th when our
5 hospital was struck by a man-made, financially-driven
6 tornado, eliminating all inpatient beds and major
7 surgery services from Woodstock, a city that's had a
8 full-service hospital for over a century. The impact
9 of that tornado in Woodstock is substantial, including
10 the ability to attract new businesses to our community
11 as well as new residents. Once they find out we don't
12 have a real full-service hospital, we will be
13 substantially affected. The personal care physician
14 you put your trust in won't have hospital privileges
15 elsewhere. If you are severely injured or seriously
16 ill, you will lose precious time being taken to a
17 full-service hospital. Because the exemption
18 application has been deemed complete, Centegra's
19 request to review such services must be approved, as I
20 understand it, but this Board is the government agency
21 that can help restore what we lost. If Centegra
22 doesn't want to rebuild here after its self-imposed
23 tornado, please consider approving the application
24 from another health care organization that wants to

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1 replace this critical piece of Woodstock's quality of
2 life. Thank you.
3 HEARING OFFICER CONSTANTINO: Robert
4 Wilbrandt.
5 MR. WILBRANDT: Hello, my name is Robert
6 W-i-l-b-r-a-n-d-t. I'm a circuit judge for McHenry
7 County and here on my own behalf as backup judge for
8 drug court. And what I wanted to do is talk a little
9 bit about need. We have had a lot of conversations
10 about need. What I want to let the Board know is,
11 here in McHenry County, we have a serious opioid
12 addition and abuse problem, not just for career
13 criminals, but for everyday kids who make bad choices.
14 I see that every day in my job, and it's getting
15 worse, not better. We as a court system cannot just
16 lock everybody up. We need to try to do some
17 rehabilitation. It saves taxpayers money in the long
18 run, and it changes tax eaters into taxpayers, if we
19 can save some of these kids. But in McHenry County,
20 we do not have any inpatient rehab beds. In McHenry
21 County, we do not have any beds for emergency detox.
22 The Emergency detox beds -- generally, we find, take
23 about three to five days. Intermediate inpatient
24 counseling would take about 28 days. We have no beds

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1 for that in McHenry County right now, and we have to
2 try to find beds in other counties for the people who
3 are in our drug court system. Drug court was
4 introduced by Judge Weech here in McHenry County. I'm
5 a back up judge. But we do have the procedures in
6 place. The problem is that there is an unfulfilled
7 need that I feel that the Facilities Board can take
8 into consideration. I'm sorry that Centegra is not
9 fulfilling that at this time.
10 Hopefully, they can. Our County needs
11 facilities to treat our kids and our population here,
12 and I hope that Centegra or some other system can
13 provide those needs for us in the future. Thank you.
14 HEARING OFFICER CONSTANTINO: Molly Oakford.
15 MS. OAKFORD: Molly Oakford. I'm a resident
16 -- I'm a 30-year resident of Woodstock. I am a
17 physical therapist in this town, and I hold a
18 doctorate degree in health sciences. I am here to
19 speak in opposition of the discontinuation of the 60
20 med surge beds and the 12 ICU beds in the hospital. I
21 understand that Brian has spoken that our comments
22 here tonight are not going to be able to alter the
23 decision of this discontinuation of med surge of the
24 ICU beds. But I think it's important to have an

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1 analysis of what has happened -- what has happened in
2 the environment of medical care and with the state,
3 because this is how I believe Centegra should have
4 conducted their decision.
5 So, for me, this decision is primarily a
6 financial decision. This is not a patient-centered
7 care decision, especially for the community of
8 Woodstock. The financial losses Centegra occurred
9 this past year does not mean that there is no longer a
10 need for a hospital in this community. The
11 certificate of need process, which occurred in the
12 late 1990s, is still relevant in our community and
13 needs that hospital.
14 So, the analysis from me in the closing has
15 to be conducted relative to the environment of health
16 care and the stakeholders involved.
17 So, the environment of health care. In
18 2001, the World Health Organization mandated and
19 endorsed a new model of health globally. It's called
20 the international classification of function. What
21 this means is that this model, then, is what drove
22 health care. No longer are we on a model of
23 pathology. No longer do we seek services secondary to
24 the event.

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1 In 2001, the World Health Organization
2 mandated it, and it was endorsed globally. In 2010,
3 the Affordable Care Act was passed. Now, we all hear
4 about the Affordable Care Act relative to payers, but
5 the Affordable Care Act addresses three primary areas
6 that changed how health care was delivered and how
7 it's reimbursed. One, it made affordable health care
8 insurance available to everyone. Two, it expanded the
9 Medicaid program. Medicaid now was available to cover
10 both genders, all adults within an income level below
11 138 percent of the federal poverty level. And third,
12 it supported innovative medical care delivery methods,
13 designed to decrease the cost of health care. The
14 Affordable Care Act was written with the model of the
15 international classification of function in mind.
16 The Affordable Care Act directs care now to
17 be delivered in a model of health and wellness, not
18 pathology. So, the trends, then, are that elective
19 surgeries are no longer surgeries that are conducted
20 in the hospital with extended stays of services. The
21 effects of the new model of health, which is global,
22 and the Affordable Care Act is that we now have a
23 system that the primary care physician is at the wheel
24 of health care. The primary health care physician is

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1 the one that issues the referral for tertiary
2 services. Tertiary services are specialized services.
3 This is very important in terms of recovery of
4 reimbursement for services.
5 HEARING OFFICER CONSTANTINO: Can you
6 conclude your comments? We have got to stick on the
7 schedule.
8 MS. OAKFORD: You know what? I appreciate
9 that, but you know what? For me, as a 30-year member
10 of this community and with Centegra, I'm wondering why
11 in March of 2011 with their certificate of need, why
12 this environment wasn't at their forefront. I'm
13 wondering why they thought they could sustain three
14 hospitals in this county, and I'm wondering why the
15 services for maternity was taken away from Woodstock
16 in 2013, and orthopedics followed, when we are in a
17 primary care physician model. We are not in a
18 tertiary care model services.
19 So, the stakeholders. Centegra has acquired
20 most of the health care services in this county.
21 That's a fact. I am certain they are a payable
22 burden. That was their financial burden. Shouldn't
23 we as a community be subject to their faulty financial
24 decisions and say, Yeah, it's okay that you take our

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1 hospital. That's okay. Because it's not okay. This
2 Woodstock community will no longer have access to a
3 hospital with an emergency room, and I want you to
4 know that the standards of care, the standard of
5 excellence that has been developed and is the standard
6 at Woodstock wasn't driven by clinical practice
7 guidelines, it was driven by our physicians -- our
8 health care professionals.
9 HEARING OFFICER CONSTANTINO: Please --
10 UNIDENTIFIED MALE: Let her speak.
11 MS. OAKFORD: And so I'm here to thank Dr.
12 Linn, Dr. Purdy, Dr. Reyes, Nurses Duffy, Nancy, Jane,
13 Volunteers Gene and Sally and their contemporaries and
14 their colleagues that established that standard of
15 care. My proposal to you, because you are a board,
16 you have executive abilities. The need is still there
17 Brian decided it, go, and you can do the needs
18 assessment.
19 That facility should be maintained as a
20 hospital. If Centegra doesn't want to run it as
21 hospital, then Centegra can put it on the market for a
22 hospital, because we need that hospital in this
23 community.
24 And we know, we all know, that Mercy most

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1 recently applied and was issued the certificate of
2 need for Crystal Lake. Put it on the market. Our
3 town needs and deserves the hospital.
4 HEARING OFFICER CONSTANTINO: I can't make
5 out the last name. I think it's Tiffany Matres. Ms.
6 Matres.
7 MS. MATRES: It's okay. Hi, my name is
8 Tiffany Matres, M-a-t-r-e-s. I'm speaking again
9 because it is a new issue. I do work in health care.
10 I'll just explain where I am coming from. I work in
11 health care for my career. I am knowledgeable in
12 Medicare, Medicaid in 15 states, 250 insurance plans,
13 and anytime health care changes, my job changes. Any
14 time there is a new person sitting in the chair in any
15 office, my job changes.
16 I have to adapt. My company that I work
17 for, we have to adapt. We have to make sure we
18 understand health care reform, we have to understand
19 new insurance plans that are coming out, we have to
20 understand how to bill and get paid and provide care
21 to our patients. I understand that. I am trained. I
22 understand how to read your website. You provide the
23 information. Health care reform is not new, even
24 though, you know, it is cited in Centegra's

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1 information, even though it is cited in the
2 information that, you know, health care reform came,
3 Illinois was one of the last states to get on board.
4 I know this because I've been working in other states
5 as well, training people. Illinois was one of the
6 last to get on board.
7 Unfortunately, Woodstock is receiving the
8 last waves of all these changes. We started out in
9 the [inaudible] county, Cook County, and then we
10 watched and we waited on a five-year trial period when
11 all these new plans came out.
12 They are not going away. We have, what,
13 seven plans in Illinois? New York State has 34 plans.
14 They are not going away. So, either we learn to adapt
15 and we figure out how to get paid and we figure out
16 how to get our patients taken care of, and that's just
17 the way it is. It comes down to money at the end of
18 the day.
19 Fortunately, these people in Woodstock who
20 are my patients -- because eventually they are going
21 to end up on my case load when they get shipped out of
22 Woodstock, it is a reality. They need a hospital
23 here, they need care here. The longer they sit in an
24 ambulance, the mortality rate goes up, the poor

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1 morbidity rate goes up. Deficits increase, because
2 they can't afford the additional ambulance bills being
3 transported all over the place. So, it's really
4 creating more problems by not having an hospital here
5 than it is creating answers or solutions. The
6 problems of the State not paying is never going to go
7 away. You are nodding your head yes. We all agree,
8 it's not going away. It's a reality.
9 So, how do we adapt. I have to learn how to
10 do the job, Centegra needs to learn how to do their
11 job. If they can't figure out how to train their
12 employees to get us paid, that's not these people's
13 problems. That's the health care providers' problem.
14 You got in the business, provide the service.
15 Medicaid provides a rate. Medicaid and Medicare dual
16 plans provide one reimbursable rate.
17 So, there is money there. Some Medicaid
18 individual plans pay higher than the Medicaid rate.
19 They pay $200 to $400 to $600, depending on how you
20 negotiate your contract with these individual plans or
21 with the State of Illinois on how you license.
22 These people don't understand those things,
23 nor should they. They rely on the educators to
24 educate them properly. So, if the education is not

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1 there, how are they supposed to protest against this
2 until the final hour? I feel for them. I understand
3 them, but they do need a hospital here. You are going
4 to increase your mortality rate, you are going to
5 increase you poor morbidity, you are going to increase
6 your financial costs, and ultimately who is going to
7 suffer? These people, because their bills are going
8 to go up. Because they need the provider, and the
9 provider needs them. You can't expect people to
10 uproot and move because somebody couldn't figure out
11 how to press the payment button.
12 I have friends who work here in the city. I
13 am on the phone with Centegra saying, You need to
14 deduct five, and you need to do this. Then their bill
15 finally got resolved. I shouldn't have to do that.
16 These providers should be training their employees on
17 how to get payments correctly. The problems aren't
18 going to go away. Health care reform is constantly
19 evolving. If you can't evolve with it, then get out
20 of the business. And I feel bad because you guys have
21 provided the education, you just can't make people
22 read it, you can't make people understand it. You
23 can't make the bills get paid.
24 So, unfortunately all these people are going

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1 to suffer, and that's just really a shame. We need a
2 hospital here, or you are going to see serious medical
3 issues happening. You are going to see the bills go
4 up. You are going to see payments get rejected
5 because they weren't getting trained accurately. They
6 should be held responsible for their decisions, and we
7 should get providers in here who want to provide the
8 care and not increase their bottom line.
9 So, keep them here or find someone who wants
10 to be here.
11 HEARING OFFICER CONSTANTINO: Ms. Shafer.
12 MS. SHAFER: My name is Marie Shafer,
13 S-h-a-f-e-r. I have been a resident in Woodstock for
14 39 years, and almost 16 those years which would have
15 occurred on 1st of November of this year, I would have
16 been a volunteer at the hospital in pastoral care.
17 But I was released August.
18 Being a volunteer, I was not paid. So, I
19 really feel for those that were paid through the
20 chaplain's office and other position that were
21 released and now have to go out and find another job.
22 As far as the cost, the hospital is 60-some million
23 dollars in debt. I cannot understand how they can
24 remodel second floor if they are already 60 millions

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1 dollars in debt. Where are they going to get the
2 money? I can't run a household on that. Of course, I
3 wouldn't know what a million dollars looks like
4 anyway.
5 As far as the ambulance, I do know of
6 someone who recently had to go to the hospital. It
7 cost them $800 to be transported. If they would have
8 had to be transported to another hospital, that would
9 have been another $800 or $1,000. And if you are not
10 on Medicare or your insurance doesn't cover it, sorry,
11 it's impossible. Their lives are in your hands. They
12 will have to answer for that. I know of a member who
13 was in the ER not long ago, and they were there in the
14 emergency room for hours -- hours. One doctor was
15 there, and the doctor gave a reply that they were very
16 busy and he was the only doctor. That's not ER. ER
17 needs more doctors to take care of the services of the
18 community. Plus, the doctor did not diagnose the
19 case.
20 I know of another case where the hospital
21 tried to get money from a patient that was not
22 required, but they insisted that they pay this money.
23 I feel for the elderly people who do not get the
24 services they need in this community. If they have to

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1 go to another hospital, how are they going to get
2 there if they haven't got the money to pay for the
3 ambulance fee? What is wrong with our community that
4 we cannot have a decent hospital to take care of our
5 needs and our services?
6 If Centegra can't do this, I say hit the
7 road. Let's get another provider in here. Let's get
8 another provider in here that will take care of the
9 needs and services of everyone and especially for our
10 elders. I feel betrayed, and I feel we have had a low
11 blow with what's happened with our local hospital.
12 HEARING OFFICER CONSTANTINO: Is there
13 anyone else that wants to provide public comment?
14 MR. LAUDICK: Yes, I have commented
15 previously, and the name is Paul Laudick,
16 L-a-u-d-i-c-k, and I will be brief, but I maybe need
17 to give a little bit more background. The -- I was
18 the administrator of Centegra until 2002, when I
19 retired. Prior to that, I was the administrator of
20 Northern Illinois Medical Center in McHenry, and Jim
21 [inaudible], which I am sure many of you know that
22 nems, was the administrator of Woodstock, and we got
23 together with the Board and said, What's the best
24 thing we can do for the County? The best thing to do

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1 for the County was to get together and plan, and
2 that's the emphasis is the planning. And so,
3 therefore, we would have less duplicated services and
4 more efficiency and less cost for the community. And
5 that was the purpose, and that's what we achieved up
6 until I retired, at least.
7 And I really want to address the problem --
8 well, first of all, there is a need for beds,
9 emergency room, full-service emergency room and OR in
10 Woodstock, but I really want to address the process.
11 Prior to my retiring, there was -- the planning
12 process included the community, included the
13 auxiliary, it included public meetings, and we get
14 their input and explain everything, and we did.
15 That has not taken place. Not only has it
16 not taken place, the Mayor was given many assurances
17 and they were not delivered, and they were ignored.
18 And so, I really want to address the process that
19 needs to take place, and that can be done in a number
20 of ways, but I did say earlier, I wonder if the Board
21 would like to defer the action on their application
22 until that process takes place and the community gets
23 involved. And I don't mean put them on a committee
24 and just say, give me your input. I'm talking about

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1 meaningful input. When we came together, the two
2 Boards came together -- two hospital boards came
3 together, it was the understanding that we would have
4 50 percent of Board members from Woodstock, 50 percent
5 from McHenry. And currently, there is only one member
6 from Woodstock. There was two at the planning
7 hospital, but he did pass on.
8 So, that has not been honored, and they
9 should be involved. This is their health care. The
10 hospital started in Woodstock, and in a hot house, and
11 I'm sure it was before McHenry Hospital was started in
12 a doctor's office in the basement in hospital beds,
13 and ever since then there has been community
14 involvement and community support. When we came
15 together, the McHenry Hospital worked with the
16 Woodstock Hospital to determine the need, and the
17 Woodstock Hospital was built in 1914.
18 So, I don't know what you can do, but you
19 can encourage the planning which is what dearly needs
20 to be done, and cause it to happen. Thank you.
21 MR. KUNZIE: First of all, I wasn't going to
22 say anything, but here I am.
23 HEARING OFFICER CONSTANTINO: Could you give
24 us your last name?

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1 MR. KUNZIE: Yes. My name is John Kunzie,
2 K-u-n-z-i-e. I would first request that my comments
3 at the 2:00 session be entered into this session as
4 well with the addendums I am about to give.
5 First of all, five years ago, I had total
6 cardiac arrest. If it weren't for my wife and the
7 Woodstock Rescue Squad and then the staff at Centegra,
8 I wouldn't be here. My problem is, if I were to
9 repeat that exercise today, I don't know what the
10 outcome would be, because I have a loss of confidence
11 in what Centegra offers to all the services of
12 Woodstock.
13 Now, going back in history, prior to 1914
14 there was a need for a hospital, and I'm sure that
15 there are an endless string of cookie sales and baked
16 goods sales to raise the funds to get things going.
17 We don't do that anymore. We can't do that anymore.
18 And in terms of merchandising, I don't think Centegra
19 can offer a fire sale on emergency appendectomies and
20 other procedures.
21 What I'm saying is, the only thing we seem
22 to be facing now is making cuts in order to keep the
23 whole thing going, and I was thinking about it this
24 afternoon. They are going to have to make draconian

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1 cuts in services to all the communities that are
2 depending on them. I don't see any other way out, and
3 they haven't offered any either. So, to that end, I
4 say let's continue the fight. Thank you.
5 HEARING OFFICER CONSTANTINO: Is there
6 anyone else? State Representative Reick. Oh, is
7 there is one back there? Oh, I'm sorry.
8 MS. RIECK: My name is Louise Rieck,
9 R-i-e-c-k. I was a pediatric nurse for 36 years. I
10 have been retired several years. I am disgusted at
11 the fact that we have to go to McHenry or to Huntley
12 for pediatric services. You get a child stung by a
13 bee, and by the time they would get to the hospital,
14 they would be in severe respiratory trouble. The fact
15 that there is no full emergency room or medical beds
16 or ICU beds or OR beds at Woodstock Hospital is a
17 travesty. You have a community here of multiple
18 families, multiple elderly, myself included -- I'm
19 Medicare age.
20 I just don't think they are doing the right
21 thing. If they have rehab beds over at McHenry, leave
22 them there. Why move them over here? That seems
23 ridiculous. We need inpatient care here. Yes, there
24 is a need for drug rehab, I realize that. There are a

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1 lot of private facilities that the State can make use
2 of. They don't have to go out of state. But it's
3 kind of like, if it's in one spot, leave it. Why pay
4 the $3.6 million it's going to cost to move it over
5 here when you have already got it? It makes no sense
6 at all. We need the ER. We need just general care.
7 We live 15 minutes north of town. We are in
8 unincorporated Woodstock. We are only to get there
9 for -- my husband has had aneurysms in his head. If
10 we called an ambulance, it would take a good 15 to
11 20 minutes -- I don't expect you guys to know where we
12 are located -- no disrespect. If we have to go to
13 McHenry, it's going to be another 45 minutes. My
14 husband could be dead by then. You are taking our
15 lives into your hands and saying, You don't matter.
16 Untrue. We all matter.
17 HEARING OFFICER CONSTANTINO: Anyone else?
18 MR. RITTER: My name is Ralph Ritter,
19 R-i-t-t-e-r. I've lived in Woodstock my whole life,
20 was born in the Woodstock Hospital up on the hill.
21 Now, it seems to me that if Centegra is $60 million in
22 debt, Woodstock used to be called Centerville, okay,
23 center of the county, okay. Why can't you guys force
24 them to sell the Woodstock Hospital because there is

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1 another company that would like to come into
2 Woodstock? It's that simple. Let them sell it, get
3 rid of some of their debt, and offer it to another
4 facility that wants to come to Woodstock. Thank you.
5 HEARING OFFICER CONSTANTINO: Was there
6 anybody else?
7 UNIDENTIFIED MALE: Yes.
8 MR. LENZI: My name is Ray Lenzi, L-e-n-z-i.
9 I just want to ask, do you people, as a facility board
10 -- because I work for Centegra 30 years. Do you have
11 the power -- who has the power to either notify
12 Centegra or for the people in the City of Woodstock to
13 have a hospital. That was Ralph Ritter who said, this
14 is the county seat. Who has the power to be able to
15 tell Centegra, Okay. You want $60 million? Take care
16 of Huntley, take care of McHenry. I used to work for
17 McHenry. Who has the power to tell them? Do you
18 people have the power?
19 HEARING OFFICER CONSTANTINO: No.
20 MR. LENZI: So, we are stuck, is what you
21 are saying.
22 HEARING OFFICER CONSTANTINO: Pardon me?
23 MR. LENZI: We are stuck with other people's
24 bad choices. When we merged, we merged for a reason.

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1 We built a place in Huntley for $330 million, and we
2 have to pay for it? I don't want to take up your
3 time, but to me that's a travesty. I'm sorry.
4 HEARING OFFICER CONSTANTINO: Paul Dean.
5 MR. DEAN (phonetic): Paul Dean, Woodstock.
6 As the saying goes, there is always an elephant in the
7 room, and I personally think the elephant in the room
8 is the fact that I've lived here all my adult life in
9 McHenry County, and as long as I have been here, there
10 has been another hospital system that has continually
11 tried a get into the county. They have been refused
12 by your Board, if I understand the system right, and
13 they have been stopped by Centegra and to a certain
14 degree some high political officials in Crystal Lake.
15 I think the Board holds some responsibility for not
16 allowing another hospital system here in the county.
17 I think you better consider it. I know there are
18 apparently some lawsuits going against Mercy again. I
19 think you should allow that to be built, and allow
20 another provider if Centegra is going to leave. Thank
21 you.
22 HEARING OFFICER CONSTANTINO: Anyone else?
23 State Representative Reick.
24 MR. REICK: Thank you, sir. I did not

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1 prepare any comments because I did not expect to speak
2 at any great length tonight. However, I am the State
3 Representative for the 63rd District here in McHenry
4 County which extends for the better part of the
5 northwest three quarters of our geographic area.
6 So, I speak for people not necessarily here
7 in Woodstock -- I have a constituency that extends
8 beyond that. However, as a resident of Woodstock
9 whose son was born here 34 years ago, I would like to
10 add my signature to Mayor Sager's comments, because
11 they speak completely to my feelings on what is
12 happening here. Since this came up, I have had a
13 chance to talk to some folks. I have talked to our
14 first responders over there, and they are already
15 seeing the effects of having to take ambulance rides
16 much further away than around Woodstock to Centegra
17 Woodstock. But I am also speaking for the ambulance
18 districts and Harvard and Marengo. Those districts
19 have got a much, much bigger distance to travel now.
20 I spoke with the administrator of Valley High Nursing
21 Home today, and he is already seeing the effects of
22 the loss of the people he deals with every week to
23 triage his patients in and out of the hospital
24 because, if I recall the conversation correctly, there

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1 were two people handling who goes in and who comes
2 home from Centegra at Valley High. Now there is only
3 one person doing that, and that person has broader
4 responsibilities than just the Valley High that they
5 had beforehand.
6 So, this is affecting not only -- this is
7 affecting the quality of care of our most vulnerable
8 citizens. I want to -- it's been said that we have
9 really no say in the fact that this Board is going to
10 accept this application, simply because it is deemed
11 complete. I would like to know if there are errors in
12 that application, can it be deemed to be complete?
13 And do you have the right to rubber stamp this
14 application until those errors are rectified, and I
15 speak specifically to the law of the Illinois
16 Administrative Code dealing with Section 1110.510 of
17 Chapter 77 of the Illinois Administrative Code that
18 talks about the need for a determination of normal
19 travel time determinations.
20 When Centegra submitted its application to
21 leave Woodstock, in their application they calculated
22 using the guidelines of the administrative code
23 through MapQuest. The distances between Centegra
24 Woodstock and Centegra McHenry and Centegra Huntley

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1 came out with 15 minutes of additional time from
2 Woodstock. What they did not do, however, was they
3 didn't take into account the other areas in my
4 district in this County, who use Centegra regularly
5 and have got to have a hospital nearby.
6 When you do the MapQuest -- I did a MapQuest
7 search from Harvard -- Mercy Hospital in Harvard. The
8 distance -- the time distance between Mercy Hospital
9 and Harvard to Centegra in Huntley goes from 15
10 minutes, as is in their application, to 38 minutes.
11 It goes from 16 minutes to McHenry to 37 minutes for
12 Mercy Harvard using the same route.
13 So, I would say there is substantial error
14 in the application, and for the Board to accept that
15 application containing substantial error is not only a
16 disservice to the people of my district, it's also a
17 disservice to you by virtue of the fact that you have
18 got no choice.
19 So, I'm going to lay on you the fact that I
20 don't think this application is complete because it is
21 replete with errors. Now, I did not prepare any
22 written comments, but I will submit written comments
23 prior to the deadline for this Board. Among them are
24 going to be this very thing.

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1 I guess in closing, I would say that the
2 that a community is defined by the services and the
3 quality of life, and the services it provides. As I
4 said, my sone was born on the hill, that's the way the
5 gentleman put it. How we attract business, how we
6 attract industry, to a great extent is determined by
7 the quality of life in a town, and having a viable
8 hospital in town is one of those things. So, I'm
9 going to stand on a technicality here and say this is
10 not a complete application, and therefore you have no
11 business making any determination as to whether or not
12 it should be approved or not until these things are
13 addressed and made plain. Giving Centegra the
14 opportunity to respond, of course, but to say that
15 this application is complete and therefore must be
16 approved, I think that's a bridge too far.
17 For the past couple of weeks, we have been
18 passing petitions around here about this thing, and I
19 would read the petition. It says, I wish to register
20 my opposition to the removal of medical, surgical, and
21 intensive care hospital services, and the reduction in
22 status of emergency room services at Memorial Medical
23 Center in Woodstock. This ends a 100-year legacy
24 providing comprehensive hospital services to the

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1 Woodstock community, and I would add parenthetically
2 to the rest of the county. Services that impact the
3 physical, emotional, and financial health of our
4 residents and our businesses, both current and future.
5 I understand Memorial Medical Center was a profitable
6 health care facility in Woodstock. I therefore
7 encourage the Illinois Health Facilities and Services
8 Review Board to act swiftly and positively to any
9 future qualified health care providers to replace
10 these essential services, thereby restoring a
11 cherished sense of security for our valued families
12 and citizens.
13 I would like to tender this into the record,
14 please. Thank you.
15 HEARING OFFICER CONSTANTINO: Thank you.
16 Thank you, sir. One more?
17 UNIDENTIFIED MALE: Two more.
18 HEARING OFFICER CONSTANTINO: Okay.
19 CHIEF HILL: My name is Chief Michael Hill.
20 I'm with the Woodstock Fire Rescue District. I
21 addressed you earlier today at 2:00. I have some
22 specifics to give to you, and I won't repeat
23 everything verbatim, but I would like to read some of
24 these numbers just so that the people here tonight

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1 know what it is we are facing here with the Woodstock
2 Fire and Rescue District.
3 Prior to August 15th, before the changes
4 that we saw with the Centegra emergency room and the
5 inpatient admissions, we transported roughly
6 10 percent of our calls out of district. That would
7 be to Centegra McHenry or to Centegra Huntley
8 Hospital. Since the changes of August 15th, our
9 numbers out-of-district transports have increased
10 almost 50 percent. When you look at the fact that we
11 are also increasing our travel distance and travel
12 time from roughly 7 minutes here in Woodstock to
13 probably 15, 20 minutes to either Huntley or to
14 McHenry based on where in town we are beginning from,
15 and the fact that we run approximately 12 calls per
16 day. That is a very significant amount of time that
17 our ambulances are out of town or out of service, and
18 unavailable for us to respond to other residents here
19 in our district.
20 Another thing that is working against us is
21 the fact that our call volume increases every year.
22 In the past five years, our calls have increased by
23 about 20 percent. Last year we ran 4,400 calls total.
24 This year, if our numbers stay as they have been, we

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1 are projecting to run almost 5,000 calls this year.
2 The end result is, this puts us in a position where,
3 with the current staffing models we have, we have a
4 concern that we may not have enough ambulances, and we
5 may not have enough people to staff those ambulances
6 to continue to provide the care that our people have
7 come to can deserve and count on in this community.
8 In order to increase those service levels, there is
9 really only one way for us to do that, and that is
10 through additional revenues. As you probably know,
11 the fire district's revenues come from property taxes,
12 and we really don't have much other revenue sources to
13 rely on. So, that means asking them for additional
14 money.
15 Now, we promise to serve our clientele as
16 best we can. We promise to take care of them in their
17 time of need and make up for the slack that's been
18 left behind by Centegra and the changes that they are
19 making.
20 However, we do some have some things working
21 against us in this regard as well. Given that we are
22 going to transport out of town much more frequently
23 than we did in the past, and the fact that we are
24 going to have patients with us for a longer time,

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1 especially critical patients, we do have some things
2 that we rely on that have been taken away from us.
3 For example, the ability to intubate patients.
4 Patients that are severely respiratorily compromised
5 or have airway problems, the most efficient, effective
6 method of treatment for those patients endotracheal
7 intubation. That is a skill that we are no longer
8 able to perform in the field. Our primary medical
9 director does not allow us to perform that skill any
10 longer. There are also certain other drugs people use
11 that are paralytics. Some products are just not
12 available to us on our ambulances. The end result is,
13 we are going to have potentially critical patients
14 with us for a longer amount of time and not be able to
15 provides them definitive care that they need and that
16 they would be able to get in an emergency room
17 setting. All these things are concerning to us. I do
18 want to let our constituents know, however, that the
19 Woodstock Fire and Rescue District is here for them.
20 We will be doing everything we can to make up for the
21 lack of services that are coming about in our
22 community, and we very much hope that the Board will
23 consider the need that we have here in Woodstock and
24 the surrounding communities if it should become

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1 necessary to consider certificates of need for other
2 individuals. Thank you.
3 HEARING OFFICER CONSTANTINO: Next.
4 MS. BECKMAN: My name is Sue Beckman, and
5 I'm a nurse. I've been a nurse in this community for
6 40 years, not only in the outpatient setting, but in
7 the inpatient setting. I'm very proud of the care
8 that Woodstock Memorial Hospital or Centegra Woodstock
9 provided to their patients. They always had high
10 levels of patient satisfaction and the nurses always
11 rose to the occasion.
12 One of things that I am concerned about is,
13 when the certificate of need was applied for, it was
14 applied for because of increased census within the two
15 hospitals. If you are closing an inpatient service
16 and stating that the certificate of need was based on
17 needed beds, what are we doing but closing a center?
18 The second thing is, by downgrading your trauma center
19 ER to just a straight emergency room, you are
20 significantly reducing the care and opportunities for
21 good health care our patients. When the CEO made the
22 comment that 12 miles is not a great distance, that
23 was 12 miles from Woodstock. We are now looking at a
24 huge void in care from McHenry and Huntley to

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1 Rockford. We need to look at not only Woodstock, but
2 our outlying communities as well. When you are
3 looking at this and saying, 12 miles doesn't make a
4 difference, I really hope that somebody who needs to
5 go that 12 miles is not jeopardized by that time
6 limit. When you are looking at having to state a
7 closing of a facility or renegotiating what that
8 facility is being used for, what are we looking at
9 with that certificate of need? When you have patients
10 being transported from an ER by helicopter or
11 ambulance, as the Chief so eloquently put it, you are
12 decreasing the amount of care that you can give that
13 patient. You also are not looking at the financial
14 piece that is now being put on those patients that now
15 have to pay for helicopter transport or ambulance
16 transport. That is something that insurance pays for
17 very poorly. When you are looking at 130 positions
18 that are now also being outsourced for financial
19 reasons, those are 140 people in our community that no
20 longer have jobs. I think, as a whole, we need to
21 look at the big picture. Thank you.
22 MS. WENDT: Hello, my Sherry W-e-n-d-t.
23 HEARING OFFICER CONSTANTINO: What was that?
24 MS. WENDT: Sherry Wendt. I've been a

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1 community member for 32 years. I've lived in
2 Woodstock. I wasn't going to speak today until you
3 spoke about MapQuest, and I'm not sure if there is,
4 with this certificate of need, I would like to support
5 the comment of if they have given this information on
6 distance. 15 minutes to go to see another hospital
7 from Woodstock? I'm not sure if anybody has been made
8 aware of something else that has gone on in Woodstock
9 for very many years, and is going to be approaching
10 before we know it. Route 47 is going to be under
11 construction for many, many years. I'm not sure if
12 the State of Illinois is aware of that or not. That
13 is going to go on from Huntley up until Charles Road,
14 which is through our whole community. That's going to
15 take I don't know how many years, but that is going to
16 cause so much havoc, and it will be so difficult for
17 our ambulances and fire service to get through our
18 communities for people who are in need for any kind of
19 crisis situation. I live at 120 and 47. I can't
20 imagine what is going to happen to those people. So,
21 that trip of 15 to 16 minutes, there is no way. It
22 would be lucky if you could get somebody from my end
23 of town to either one of those, once that construction
24 comes my way, within an hour. Thank you.

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1 HEARING OFFICER CONSTANTINO: Scott Wessels.
2 MR. WESSELS: My name is Scott Wessels. I'm
3 a firefighter, paramedic in Woodstock. I also resided
4 in Woodstock for 24 years up until last April I moved
5 to Marengo. In all circumstances, Woodstock Hospital
6 has been the closest hospital to me. It is today, and
7 it was before. My first child was born at Woodstock,
8 my second child I had to drive to McHenry, because the
9 Huntley facilities were not operational yet. For us,
10 it worked out great. It was an inducement, no problem
11 whatsoever. But there are times when that's not
12 necessarily the case, and I can share many stories,
13 one of which a woman was in labor driving to Huntley,
14 having to pass within a mile of Woodstock Hospital.
15 Her husband had to pull over the side of the road, he
16 wasn't going to make it, and we got there, we were
17 able to get her in the back of the ambulance, and we
18 had delivered within about three minutes driving to
19 Huntley at that time. That three minutes, we would
20 have been at Woodstock Hospital. Those services, if
21 they were available -- would have been available, and
22 although I am very proud to be able to provide that
23 service in the back of the ambulance, I think
24 everybody here knows that those services are better

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1 offered in an environment conducive to childbirth, not
2 necessarily in the back of an ambulance.
3 Additionally, on a more personal note, it's
4 always been an ethical responsibility of me to only
5 focus on patient care and really worry about nothing
6 else. I am forced, as care provider now, working in
7 the back of an ambulance to have to consider financial
8 obligation to my patients. And it's wrong -- I
9 shouldn't have to. But I know if I take them to
10 Woodstock Hospital, the closest facility and get them
11 to a higher level of medical care, I have to consider
12 the fact that there is a high likelihood that they are
13 going to be transferred to another hospital after
14 that, and that expense was noted just a few minutes
15 ago. It's substantial. I took my own son, he was
16 one-year-old. I took him to Centegra Woodstock, and
17 he had a serious bacterial infection. He had to be
18 transferred down to Loyola. Less than five days after
19 the transport, I kid you not, less than five days
20 after the transport, I got the bill from the private
21 ambulance company that did that transport for $6,000.
22 Thank god my insurance paid it but can you imagine if
23 I didn't have insurance? And those bills aren't
24 negotiated down, as we all know -- I'm preaching to

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1 the choir here, I understand that. I know that those
2 bills are not negotiated down for people who don't
3 have insurance. The community of Woodstock, we are in
4 a unique predicament. I've been preparing information
5 to present to Representative Wright as we look at
6 things, but because we have a lower income base in
7 Woodstock our call volume is disproportionately higher
8 as a result. And while I understand that everything
9 comes down to dollars and cents -- business must be
10 profitable, there is no denying that, the fact of the
11 matter is, our call volume is increasing at an
12 alarming rate, and it's going to require us to go out
13 of town more and more often. And as Chief Hill said,
14 that takes our vehicles out of service. That's an
15 issue. I'm also the President of our labor union. I
16 have to be able to work with the Chief to attract high
17 quality individuals to work in this organization and
18 provide these services, and do so with a budget that
19 really isn't moving anywhere.
20 So, I commend Chief Hill and the Board of
21 Trustees for maintaining the services that they have,
22 which is excellent, but it's changing soon. And
23 simply closing Woodstock is going to impact that
24 greatly.

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1 And the last example I will use is strictly
2 on personal note, but during that same transport, I
3 spoke of where my son had to be transported. We have
4 an HMO insurance program through the fire department
5 that I participate in, and there was a disconnect, a
6 miscommunication at some point between the physicians
7 organization that authorizes the payment of the bills
8 and Blue Cross Blue Shield. I had no idea that there
9 was any issue with bill payment whatsoever until a
10 year later when I received a collection notice through
11 Centegra. I had never received communication prior to
12 that. I contacted Centegra and I said, What's the
13 problem? I could not get information out of them. I
14 called them and said, I have insurance. I'll get you
15 paid. What do I need to do, to do so? I couldn't get
16 information. I have correspondence in my records at
17 home where I had to write to the executives -- I got a
18 response from the vice president of Centegra, saying,
19 You know what, Mr. Wessel's you are absolutely right.
20 We made an epic mistake, we apologize. It took me six
21 months of pursuing them to get them to pay, for me to
22 give them the money that they were entitled.
23 So, at what point is Centegra going to be
24 held accountable for internal mistakes that led to

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1 this financial debacle? It's not just open to
2 Centegra, or not just getting paid. It's their
3 billing practices that are impacting this, and yet
4 there is no accountability when it comes to their
5 request to close Woodstock down.
6 And through the great power of social media,
7 I have posted when that incident happened, I posted my
8 disgust, and I cannot tell you the overwhelming
9 response that came to that in the form of comments
10 saying, yes, Centegra billing screwed things up for us
11 too. We have had collection notices that we shouldn't
12 have had. There is a big, internal conflict. But
13 unfortunately, because they are not a publicly-owned
14 company, there is very little accountability that they
15 have to uphold to. But if they are going to continue
16 strip services from these communities, they should be
17 held accountable to some extent. Make them show you
18 what they have done to fix all the problems that have
19 caused their financial debacle before you authorize
20 care or services. Otherwise, we are going to be back
21 here in a year or two years asking to close down more.
22 Thank you.
23 MR. GULLI: My name is Matthew Gulli. I've
24 been with Woodstock Fire Rescue District since 2011.

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1 I started by career in EMS in 2006. I have worked in
2 three regions, Region 7 as far as the south side of
3 Chicago, where I did my paramedic training, all the
4 way up through Region 8 in the northwest suburbs and
5 all the way up to Region 9 in McHenry County.
6 Beginning my career in Woodstock, I received
7 a new set of protocols, as is standard when switching
8 systems. I didn't personally agree with the protocols
9 we were provided by our doctors. But as many of us
10 do, we do the best with what we have. I have an
11 obligation -- this is what my coworkers do to provide
12 the best care and service to our communities as
13 possible.
14 Flash forward a few years, as Chief Hill
15 stated intubation was removed from our protocol.
16 Flash forward even further, Centegra in Woodstock
17 begins losing services. In all my time in EMS, I have
18 never seen the type of moral disregard that's been
19 happening currently. I don't think anybody becomes a
20 paramedic because it's easy. Personally, I like a
21 challenge. But I hope the citizens of this district
22 understand that by not only going further, we are also
23 being asked to do more with less resources. There is
24 a tremendous disadvantage to the citizens of this

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1 district, and I implore the powers that be to consider
2 enabling a new system which, as I'm told, are
3 available to provide the best service possible. Thank
4 you.
5 HEARING OFFICER CONSTANTINO: Anyone else?
6 MS. MICK: HellO, I'm Diane Mick, M-i-c-k.
7 I've lived in Woodstock about 70 years. I have just
8 something very brief to say. When the gentleman from
9 Centegra read the petition, the portion about taking
10 away the beds from Woodstock at no cost, I think the
11 gentleman we just heard let us know that there is a
12 potential cost in human lives.
13 HEARING OFFICER CONSTANTINO: Anyone else?
14 MS. GRIFFITH: My name is Gina Griffith,
15 G-r-i-f-f-i-t-h. I have lived in this community many,
16 many years. My whole life, actually. When I first
17 moved to Woodstock, I lived in a community that has a
18 whole bunch of senior citizens, and there was a man
19 who used to fish in the pond, and he couldn't fish in
20 any longer. He had arthritis so bad, he had a choice
21 between buying his worms or paying for his medicine
22 and food and that. And the people that live by me are
23 a lot of senior citizens, and by taking away this
24 hospital, and they have to be transferred by private,

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1 you know, ambulance and that, you are adding cost to
2 them. Should they have to choose in a country so
3 great whether they eat or not or go by ambulance or
4 not? It should not happen.
5 I'm sorry that Centegra built that other
6 hospital when they were in debt, and I just feel that
7 it should not -- they should not suffer the community,
8 that we should allow another hospital in if Centegra
9 cannot provided the need. Thank you.
10 HEARING OFFICER CONSTANTINO: Anyone else?
11 Okay. Well, I thank everyone for being here. This
12 concludes the hearing. Thank you so much.
13 (The hearing concluded at 6:28 p.m.)
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1 CERTIFICATE OF SHORTHAND REPORTER
2
3 I, Camille S. Connell, the officer before whom
4 the foregoing deposition was taken, do hereby certify
5 that the foregoing transcript is a true and correct
6 record of the testimony given; that said testimony
7 was taken by me stenographically and thereafter
8 reduced to typewriting under my direction; and that I
9 am neither counsel for, related to, nor employed by
10 any of the parties to this case and have no interest,
11 financial or otherwise, in its outcome.
12
13 IN WITNESS WHEREOF, I have hereunto set my hand and
14 affixed my notarial seal this 13th day of October,
15 2017.
16
17
18
19
20
21 Camille Connell
22 _____
23 Camille S. Connell, CSR, RPR
24

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