



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-04	<b>BOARD MEETING:</b> December 4, 2018	<b>PROJECT NO:</b> 18-020	<b>PROJECT COST:</b>
<b>FACILITY NAME:</b> Silver Cross Structural Heart Program		<b>CITY:</b> New Lenox	Original: \$22,146,300
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> IX

**PROJECT DESCRIPTION:** The Applicants (Silver Cross Health Systems and Silver Cross Hospital and Medical Centers) are proposing to establish an Open Heart Surgery Program on the campus of Silver Cross Hospital, New Lenox, Illinois. The cost of the project is \$22,146,300 and the scheduled completion date is June 30, 2020.

## EXECUTIVE SUMMARY

### **PROJECT DESCRIPTION:**

- The Applicants (Silver Cross Health Systems and Silver Cross Hospital and Medical Centers) are proposing to establish an Open Heart Surgery Program, on the campus of Silver Cross Hospital, New Lenox, Illinois. The Open Heart Surgical Suite will occupy 11,015 GSF of space, and contain three operating rooms, two recovery stations and support space. In addition, the Applicants propose to establish 21,005 GSF of administrative space (non-clinical). The cost of the project is \$22,146,300, and the scheduled completion date is June 30, 2020.

### **WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- The project is before the State Board because the project proposes to establish a health care facility as defined at 20 ILCS 3960/3
- One of the objectives of the Health Facilities Planning Act is “to assess the financial burden to patients caused by unnecessary health care construction and modification. Evidence-based assessments, projections and decisions will be applied regarding **capacity, quality, value and equity** in the delivery of health care services in Illinois. Cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process.” [20 ILCS 3960/2]  
*Open Heart Surgery Programs:*
- *The need for an open heart surgery category of service shall be institution specific and determined by the volume of at least 200 patients referred to other institutions for surgery following a cardiac catheterization procedure at the applicant facility or a minimum of 750 cardiac catheterizations were performed annually at the applicant facility. [77 ILAC 610 c)]*

### **PURPOSE OF THE PROJECT:**

- The Applicants stated: *“The 2016 Annual Hospital Questionnaire (AHQ) data reveals that Silver Cross Hospital had the ninth largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an Open Heart Program. Silver Cross Hospital has been experiencing tremendous growth in the number of patients undergoing diagnostic and interventional cardiac catheterizations. In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an 11% increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e., 3,153). And between 2015 and 2016, diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital increased by 13%. In comparison, all of the other hospitals in the State of Illinois only experienced an average growth rate of 1.1% from 2016 to 2017 in the number of cardiac catheterization procedures. The average state-wide growth rate in cardiac catheterizations was only 0.9% from 2015 to 2016. Because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. The lack of an open heart program has forced Silver Cross Hospital’s patients to travel or to be transferred to other hospitals, thereby putting those patients at risk, and resulting in disjointed care. While continuity of care is of utmost importance, the patient experience is fundamental to Silver Cross Hospital and this gap in services presents many issues for Silver Cross Hospital’s patients.”*

### **PUBLIC HEARING/COMMENT:**

A public hearing was offered but was not requested. The Board Staff received both support and opposition letters regarding this project. Excerpts from these letters are below:

## Support Letters

**Dr. Philomena Verghese, M.D., Chairman, Allied Anesthesia Associates, P.C., Dr. Darius Keblinskas, M.D., Advanced Midwest Interventional Radiologists, Dr. Scott DiVenere, M.D., ENT Surgical Consultants, LTD., Dr. Asta Astrauskas, M.D., Lurie Children's Hospital, Dr. Daniel Co, M.D., Dr. Bun Siu Co, M.D., and Dr. Joseph Hindo, M.D., Primary Care Physicians of Essington, stated in a signed form letter:**

*“As a member of the medical staff at Silver Cross Hospital, I fully support Project #18-020 in which the hospital plans to establish a Structural Heart Program, which includes procuring an open heart license to improve the quality of life of our patients while enhancing care coordination amongst caregivers. As advancements in treating cardiovascular disease continue to evolve, so does the need for Silver Cross to advance their capabilities. By granting the hospital permission to perform open heart procedures including coronary bypass, aortic valve replacements, and aortic aneurysm repairs, as well as emerging minimally invasive techniques for transcatheter aortic valve replacement (TAVR) and mitral valve repair, our high risk patients will have a greater chance of recovery-and even survival as care coordination will undoubtedly improve. And by expanding the Hospital's cardiac services scope, we are confident that not only will our patients receive exceptional care all under one roof, but the overall expertise of our entire staff will also be greatly enhanced.”*

**Cardiothoracic & Vascular Surgical Associates, S. C - Pat Pappas, MD**

*“Currently, patients presenting with aneurysms, dissections, acute myocardial infarction and cardiogenic shock require transfer to other facilities for treatment. This delay in care increases the potential for adverse outcomes in these acutely ill patients. In addition, referral outside the immediate service area disrupts the continuity of care and impacts compliance with follow-up care. Clearly, the establishment of a full service cardiovascular program would greatly improve the overall quality of care provided to the growing communities served by Silver Cross Hospital.”*

**Mark Steadman President and CEO Morris Hospital**

*“There are 20 specialists from Heartland Cardiovascular/DuPage Medical Group on our medical staff, and we recently recruited four cardiologists/ electrophysiologists to increase patient access to a provider. Last year, these specialists performed 672 cardiac catheterizations at Morris Hospital. However, if a patient required coronary artery bypass graft (CASG) or a valve or other structural area of the heart repaired or replaced, the patient would have been transferred to another hospital. We do not have an open heart surgery program or the means to perform advanced minimally invasive procedures including Tanscatheter Aortic Valve Replacement, or TAVR - the most commonly performed structural heart procedure. If Silver Cross Hospital offered these unique services, they would be an ideal choice for many of our cardiac patients.”*

**Amar Garapati, MD Midwest Respiratory, Ltd.**

*“With many years of service to the community, my partners and I offer exceptional health care to the Joliet, New Lenox and greater Southwest Chicago suburbs. We serve on the medical staff of both Presence St. Joseph Hospital and Silver Cross Hospital. We are a specialty group provider of pulmonary, critical care and sleep medicine. In providing this care, we see the most at-risk patient populations of our community, which often includes cardiac patients. By granting Silver Cross Hospital an open heart surgical license, we will avoid unnecessary transporting of critical care cardiac patients which can introduce physical and safety risks to the patient. Timeliness of care is essential in caring for these patients. Every minute counts. Additionally, disjointed care and unnecessary handoffs can lead to risks to the patient and patient experience. As a physician at Silver Cross Hospital and Medical Director of Critical Care Services, I see first-hand the*

*importance and emphasis Silver Cross places on quality and safety for our patients. Silver Cross has numerous prestigious awards including the Five-Star Rating by CMS and Leapfrog Grade A in Safety. As a result, Silver Cross is the preferred provider and home hospital for many patients in the community. Personally, I have worked hand-in-hand with the Medical Staff and hospital leadership at Silver Cross for several years. I know that we share a common goal, and that is to put the patient first, honor their preferences, and keep them as safe as possible. By approving this CON application, you will be making sure we do just that by providing comprehensive care to our sickest patients - in one convenient, state of the art location.”*

**Darlene Kress, resident and volunteer for 30 years at Silver Cross Hospital and Medical Centers**

### **Opposition Comments**

**Mike Murrill, FACHE, President/CEO AMITA Health opposed the project by stating:**

*“AMITA Health Adventist Medical Center Hinsdale and AMITA Health Adventist Medical Center LaGrange registers their opposition to the establishment of another open heart surgery program in the south west suburbs (and lists 11 area hospitals with open heart surgery programs). There is absolutely no need for another such program. The establishment of yet another open heart surgery program will do little more than dilute the already-approved programs.”*

**Robert J. Erickson, President, Presence St. Joseph Medical Center, Joliet, stated in opposition:**

*“In light of our introductory conversation late last year, during which we discussed areas of clinical collaboration and agreed that there was no need for a second open heart surgery program in the area, I was very surprised to learn that Silver Cross is now seeking a CON permit to establish a program. Consistent with our initial discussion, I believe that the establishment of a program at Silver Cross is not needed by the community, is an unnecessary duplication of services, and will have a significant negative impact on Presence St. Joseph Medical Center and residents of Will County.”*

**Mary Lou Maestro – Edward Elmhurst Health**

*“Edward-Elmhurst Health opposes Project 18-020, Silver Cross Hospital's application to establish a new open heart surgery program. An objective review of data related to cardiac surgery in the area indicates that:*

- The market is saturated with cardiac surgery programs, the substantial majority of which are functioning well below the IDPH utilization standard of 200 adult cases per year*
- Cardiac surgery procedures in the area have been declining, thus providing little additional evidence that more programs will be needed in the future*
- Per IHFSRB rules, the project is duplicative of other services in the area*
- Alternatives considered do not include collaboration with other local cardiac surgery programs*
- Silver Cross has neither substantiated its volume projections, nor have they considered the negative impact of a new program on other area hospitals*

**Our objection to the application is based on our premise that:**

- There is no access problem that cannot be addressed by collaboration and coordination with other area programs*
- The addition of a new programs will increase costs to the system, threaten the economic viability of existing programs, and stress the bandwidth of a highly skilled and specialized workforce.”*

**Bill Kotterman, President Edward Hospital**

*“In 2017, eleven percent (11%) of Edward's cardiac surgery cases came from Silver Cross's service area. Clearly, loss of this volume will have a negative financial impact on our program and our ability to continually invest in cardiovascular innovation. Our program consistently*

*generates outcomes that far exceed national benchmarks. There has been absolutely no evidence that transfers from Silver Cross (located approximately 30 minutes away) have resulted in delays in care, longer length of stay, or negative outcomes. In fact, internal studies indicate complete consistency in quality, cost and efficiency regardless of transfer status.”*

**Pamela Dunlevy, President and CEO Elmhurst Hospital**

*“Elmhurst Hospital works collaboratively with Edward Hospital to deliver comprehensive cardiovascular services, including open heart and structural heart services, to the region's residents. This collaboration allows us to provide a full array of services in a way that minimizes duplication and promotes cost effective access to advanced capabilities. While the two hospitals are approximately 20 miles apart, we have effectively avoided duplication while optimizing quality and efficiency through effective coordination and transfer processes-ensuring patients receive the right services at the right campus. Based on our experience, I can confidently state that transfers between the two facilities have not resulted in delays in care, longer length of stay, or negative outcomes. There is no reason to believe that patients from Silver Cross, located a similar distance from Edward, would experience anything different.”*

**Allan Spooner, CEO Franciscan Health Olympia Fields**

*“Please accept this documentation from Franciscan Health Olympia Fields to express our passionate opposition establishment of another Open Heart Surgery program in the southwest suburbs, as currently being proposed by Silver Cross Hospital.*

*Not only is there more than adequate access to Open Heart Surgery programs with over ten programs already established and servicing the proposed service area, Franciscan Health Olympia Fields has overlapping market areas.*

*The approval of another Open Heart Program will not only needlessly duplicate a service currently being provided to the community, it will also increase health care expenses in both the southwest and south suburbs.”*

**Timothy J. Brosnan, VP Planning and Community Relations, Palos Community Hospital**

*“Please accept this letter as Palos' opposition to this application. Palos has offered open heart surgical services for more than 10 years. The approval of this service at Silver Cross will have a negative impact on Palos, and more importantly, on the service area by creating an unnecessary duplication of services and increasing the overall cost of health care delivery for the community served by Palos and Silver Cross. Palos currently accepts transfers and referrals from Silver Cross for patients requiring open heart surgery services. To our knowledge, there has never been a delay in service or a question of quality in caring for any of these patients. The patients transferred/referred from Silver Cross to Palos generally live within the geographic service area of both facilities and therefore do not have to migrate out of the community for this service. The physician surgical team at Palos is the same team being proposed by Silver Cross and many of the cardiologists providing referrals have privileges at both facilities.”*

**SUMMARY:**

- The State Board notes there are two hospitals currently providing open heart surgery in the HSA IX ESRD Planning Area.
- Board Staff identified 46 hospitals within 90 minutes of Silver Cross Hospital that provide Open Heart Surgery services. 15 of the hospitals identified are operating at or above the State standard of 200 procedures a year.
- From the information provided by the Applicants the proposed facility will serve the existing patient base at Silver Cross Hospital, New Lenox, in an effort to provide continuity in service, and eliminate the current disconnect in pulmonary surgical services at Silver Cross Hospital.

**CONCLUSION:**

- The Applicants addressed a total of 21 criteria and were non-compliant with the following:

<b>State Board Standards Not Met</b>	
<b>Criteria</b>	<b>Reasons for Non-compliance</b>
<b>Criterion 1110.220 (B) (2) – Establishment of Open Heart</b>	By rule there must be 200 patients directly referred following catheterization at Silver Cross Hospital to other hospitals for open heart surgery. The Applicants documented <u>76 direct</u> transfers following catheterization from Silver Cross Hospital to other Hospitals for open heart surgery. [See page 17 of this report and pages 72-74 of the Application for Permit]
<b>Criterion 1110.220(B) (3) Unnecessary Duplication/Mal-distribution of Service</b>	There are 46 hospitals within 90 minutes of the proposed Silver Cross Hospital. Three facilities have no reporting data for open heart surgery. Of the remaining 43 facilities, 15 (43.8%) of these facilities are operating in excess of the State standard of 200 open heart procedures per year. [See Table Five at the end of this report]
<b>Criterion 1120.140(c) Reasonableness of Project Costs</b>	The Applicants report new construction costs of \$516.39 per GSF. This exceeds the State standard of \$455.62 per GSF or a total of \$490,110. [See Page 21 of this report]

**STATE BOARD STAFF REPORT**  
**Silver Cross Structural Heart Program**  
**PROJECT #18-020**

<b>APPLICATION SUMMARY/CHRONOLOGY</b>	
Applicants	Silver Cross Health System Silver Cross Hospital and Medical Centers
Facility Name	Silver Cross Hospital
Location	1900 Silver Cross Boulevard, New Lenox
Application Received	July 19, 2018
Application Deemed Complete	July 23, 2018
Review Period Ends	November 20, 2018
Permit Holder	Silver Cross Health System
Operating Entity	Silver Cross Hospital and Medical Centers
Owner of the Site	Silver Cross Hospital and Medical Centers
Project Financial Commitment Date	December 5, 2019
Gross Square Footage	32,020 GSF
Project Completion Date	June 30, 2020
Expedited Review	Yes
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

**I. The Proposed Project**

The Applicants (Silver Cross Health System and Silver Cross Hospital and Medical Centers) are proposing the establishment of an Open Heart Surgery category of service, consisting of three operating rooms and two recovery stations, (11,015 GSF), on the campus of Silver Cross Hospital in New Lenox, Illinois. The cost of the project is \$22,146,300, and the scheduled completion date is June 30, 2020.

**II. Summary of Findings**

- A. State Board Staff finds the proposed project is **not** in conformance with the provisions of 77 ILAC 1110 (Part 1110).
- B. State Board Staff finds the proposed project is in **not** in conformance with the provisions of 77 ILAC 1120 (Part 1120).

**III. General Information**

The Applicants are Silver Cross Hospital and Medical Center and Silver Cross Health System. **Silver Cross Hospital is a 302-bed general acute care hospital, located in New Lenox, Illinois (HSA-09).** Silver Cross Hospital is rated as a 5-star hospital by the Centers for Medicare & Medicaid Services (CMMS), owns and operates Silver Cross Ambulatory Surgery Center, and is currently under CON contract to establish a 100-bed behavioral health hospital (#17-009 Silver Oaks Hospital). The Applicants propose to establish the Open Heart Surgery service in an effort to maintain continuity of service for its patient base on the New Lenox community.

Financial commitment will occur after permit issuance. This project is a substantive project subject to a Part 1110 and 1120 review.

Substantive Projects means types of projects that are defined in the Act and classified as substantive. *Substantive projects shall include no more than the following:*

*Projects to construct a new or replacement facility located on a new site; or a replacement facility located on the same site as the original facility and the costs of the replacement facility exceed the capital expenditure minimum.*

*Projects proposing a new service or a discontinuation of a service; shall be reviewed by the Board within 60 days.*

*Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board in the Inventory, whichever is less, over a 2-year period. [20 ILCS 3960/12]*

**IV. Health Service Area**

The proposed facility will be located in Health Service Area 09. Health Service Area 09 is comprised of the Illinois counties of Grundy, Kankakee, Kendall, and Will. There are two other providers of Open Heart Surgery in this planning area. They are:

- Presence St. Joseph Medical Center, Joliet
- Riverside Medical Center, Kankakee

**V. Project Costs**

The Applicants are funding this project in its entirety with cash and securities amounting to \$22,146,300. The Applicants provided audited financial statements to determine financial viability (application, p. 168).

<b>TABLE TWO</b>				
<b>Project Uses and Sources of Funds <sup>(1)</sup></b>				
<b>Uses of Funds</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>	<b>% of Total</b>
Preplanning Costs	\$53,748	\$146,252	\$200,000	.9%
Site Survey/Soil Investigation	\$4,031	\$10,969	\$15,000	.06%
Site Preparation	\$26,874	\$73,126	\$100,000	.45%
New Construction Contracts	\$4,030,537	\$10,967,463	\$14,998,000	67.7%
Contingencies	\$403,054	\$1,096,746	\$1,499,800	6.7%
Architectural/Engineering Fees	\$203,972	\$555,028	\$759,000	3.4%
Consulting/Other Fees	\$37,623	\$102,377	\$140,000	.79%
Movable or Other Equipment (not in construction contracts)	\$4,334,500	\$100,000	\$4,434,500	20%
<b>TOTAL USES OF FUNDS</b>	<b>\$9,094,339</b>	<b>\$13,051,961</b>	<b>\$22,146,300</b>	<b>100.00%</b>
<b>SOURCE OF FUNDS</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>	<b>% of Total</b>
Cash and Securities	\$9,094,339	\$13,051,961	\$22,146,300	100.00%
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$9,094,339</b>	<b>\$13,051,961</b>	<b>\$22,146,300</b>	<b>100.00%</b>

1. Itemization of Project Costs can be found at Page 36 of the Application for Permit

**VI. Background of the Applicants**

**A) Criterion 1110.110(a) – Background of the Applicants**

*An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. To demonstrate compliance with this criterion the Applicants must provide*

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH

or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

D) An attestation that the Applicants have had no *adverse action*<sup>1</sup> taken against any facility they own or operate or a listing of adverse action taken against facilities the Applicants own.

1. The Applicants have attested that there has been no adverse action taken against Silver Cross Health System or any of its facilities during the three (3) years prior to filing the application. [Application for Permit page 54]
2. The Applicants have authorized the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connection with the Applicants' certificate of need to establish an Open Heart Surgery category of service. The authorization includes, but is not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. [Application for Permit page 55]
3. The site is owned by Silver Cross Health System and evidence of this can be found at page 34 of the application for permit in a sworn affidavit signed by Silver Cross Health System CEO/President, Ruth Colby.
4. The Applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
5. The proposed location of the ESRD facility is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources* (20 ILCS 3420/1).

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<sup>1</sup>Adverse action is defined as a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type "A" and Type "AA" violations." (77 IAC 1130.140)

## **VII. Purpose of Project, Safety Net Impact Statement and Alternatives**

The following three (3) criteria are informational; no conclusion on the adequacy of the information submitted is being made.

### **A) Criterion 1110.110 (b) Purpose of the Project**

To demonstrate compliance with this criterion the Applicants must document that the project will provide health services that improve the health care or well-being of the market area population to be served.

#### **The Applicants stated the following:**

*“The 2016 Annual Hospital Questionnaire (AHQ) data reveals that Silver Cross Hospital had the ninth largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an Open Heart Program. Silver Cross Hospital has been experiencing tremendous growth in the number of patients undergoing diagnostic and interventional cardiac catheterizations. In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an 11% increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e: 3,153). And between 2015 and 2016, diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital increased by 13%. In comparison, all of the other hospitals in the State of Illinois only experienced an average growth rate of 1.1% from 2016 to 2017 in the number of cardiac catheterization procedures. The average state-wide growth rate in cardiac catheterizations was only 0.9% from 2015 to 2016. Because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. The lack of an open heart program has forced Silver Cross Hospital’s patients to travel or to be transferred to other hospitals, thereby putting those patients at risk, and resulting in disjointed care. While continuity of care is of utmost importance, the patient experience is fundamental to Silver Cross Hospital and this gap in services presents many issues for Silver Cross Hospital’s patients.”*

### **B) Criterion 1110.230(b) - Safety Net Impact Statement**

#### **The Applicants provided a Safety Net Impact Statement as required, which states:**

*“The proposed Open Heart Program will have no negative impact on essential safety net services. Indeed the proposed Open Heart Program will improve essential safety net services in Open Heart Surgery Planning Area HSA-09 by providing needed advanced cardiac care on the Silver Cross Hospital campus and decreasing travel and transfer times for Silver Cross Hospital’s cardiac catheterization patients. Indeed the main goal of this project is to allow patients to stay at Silver Cross Hospital for their cardiac surgery (and thus, stay in Open Heart Surgery Planning Area HSA-09. By establishing a robust cardiac surgery program at Silver Cross Hospital, the residents of Open Heart Surgery Planning Area HSA-09 will be able to stay in HSA-09 for cardiac surgery. The State of Illinois cardiac catheterization to cardiac surgery conversion rate of 10.77%(if applied to the number of past and projected cardiac catheterizations at Silver Cross Hospital), indicates that hundreds of surgeries could be performed in Open Heart Surgery Planning Area HSA-09.”*

Table Three shows the amounts of self-pay care, Medicaid care amounts for three fiscal years prior to the submission of this application.

**TABLE THREE <sup>(1)</sup>  
SAFETY NET INFORMATION  
Silver Cross Hospital**

	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Total Net Patient Revenue</b>	<b>\$323,175,000</b>	<b>\$351,053,000</b>	<b>\$367,152,051</b>
<b>Total Amount of Charity Care(Charges)</b>	<b>\$19,647,000</b>	<b>\$17,715,000</b>	<b>\$17,765,000</b>
<b>Cost of Charity Care</b>	<b>\$5,605,000</b>	<b>\$5,024,000</b>	<b>\$5,116,000</b>
<b>Cost of Charity Care/Total Net Patient Ratio</b>	<b>1.73%</b>	<b>1.43%</b>	<b>1.39%</b>
<b>CHARITY</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Charity Care Inpatients	1,063	971	1,113
Charity Care Outpatients	3,826	3,584	3,658
<b>Total Charity Care Patients</b>	<b>4,889</b>	<b>4,555</b>	<b>4,771</b>
Inpatient Charity Care Charges	\$11,984,000	\$10,806,000	\$7,962,000
Outpatient Charity Care Charges	\$7,663,000	\$6,909,000	\$10,073,000
<b>Total Charity Care Charges</b>	<b>\$19,647,000</b>	<b>\$17,715,000</b>	<b>\$17,765,000</b>
Inpatient Cost Charity Care	\$3,419,000	\$3,065,000	\$2,251,000
Outpatient Cost Charity Care	\$2,186,000	\$1,959,000	\$2,865,000
<b>Total Cost of Charity Care</b>	<b>\$5,605,000</b>	<b>\$5,024,000</b>	<b>\$5,116,000</b>
<b>MEDICAID</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Inpatient Medicaid (Patients)	2,997	2,948	2,479
Outpatient Medicaid (Patients)	32,024	32,400	26,480
<b>Total Medicaid Patients</b>	<b>35,021</b>	<b>35,348</b>	<b>28,959</b>
Net Inpatient Medicaid Revenues	\$12,190,000	\$20,015,000	\$19,854,000
Net Outpatient Medicaid Revenues	\$26,560,000	\$24,553,000	\$24,027,000
<b>Total Net Medicaid Revenues</b>	<b>\$38,750,000</b>	<b>\$44,568,000</b>	<b>\$43,881,000</b>
<b>SELF PAY</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Inpatient Self Pay Patients	248	358	220
Outpatient Self Pay Patients	8,188	6,789	6,013
<b>Total Self Pay Patients</b>	<b>8,536</b>	<b>7,147</b>	<b>6,223</b>
Inpatient Self Pay Revenues	\$600,000	\$573,000	\$632,000
Outpatient Self Pay Revenues	\$1,140,000	\$2,439,000	\$1,028,000
<b>Total Self Pay Revenues</b>	<b>\$1,740,000</b>	<b>\$3,012,000</b>	<b>\$1,660,000</b>

1. Source: Pages 207-209 of the Application for Permit.

2. Charity Care is defined by the State Board as care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third party payer. [20 ILCS 3960/3].

**C) Criterion 1110.110 (d) - Alternatives to the Project**

To demonstrate compliance with this criterion the Applicants must document all alternatives to the proposed project that were considered.

The Applicants provided the following project alternatives:

**1. Do Nothing/Maintain Status Quo.**

The Applicants note that there were 3,153 diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 and 3,514 performed in 2017, which represents an 11% increase in these services in the last year. The 2016 AHQ data also confirms that Silver Cross Hospital is the ninth largest cardiac catheterization program in the State of Illinois, and the only hospital within the top 39 that has no open heart program. It is based on these data as well as many existing patients had to be transferred or referred to other hospitals that averaged to 19 miles away that the Applicants rejected this alternative. There is no cost to this alternative.

**2. Establish Open Heart Program without Additional Operating Rooms.**

The Applicants evaluated this option in an effort to realize cost savings, but rejected this alternative for the following reasons: 1) Open Heart Operating Rooms need to be larger to accommodate the specialized equipment, and be positioned in a manner to accommodate best practices. Currently, only two of Silver Cross's ORs contain the capacity to provide for Open Heart surgeries. 2) Silver Cross Hospital has insufficient capacity in its Procedural Care Unit to accommodate additional open heart surgery cases. Silver Cross currently maintains an 11-room OR complement, which are used for inpatient and outpatient services. The current utilization of the Silver Cross Surgery Department, presents a need for 17 surgical suites. 3) The availability of at least two open heart surgical suites is imperative for emergency surgeries, and the maintenance of two open heart surgical suites would greatly affect the current capacity in the existing Procedural Care Unit. Based on these reasons, the Applicants rejected this alternative. There were no costs identified with this project.

**3. Establish Open Heart Program and the Open Heart Surgical Suite, Without Expanding Silver Cross Hospital**

The Applicants evaluated the feasibility of modernizing existing space inside Silver Cross Hospital to accommodate an Open Heart Surgery Program. However, this alternative was deemed unfeasible, due to the already high volume of operation in the Procedural Care Unit, which includes Surgery, Endoscopy, and Interventional Radiology. The rooms associated with this unit are on the second floor and are already at operational capacity. ICU is adjacent to the Procedural Care Unit and is running at a very high occupancy as well. Any modernization/renovation would disrupt the existing services, and minimize the spatial make-up of any newly-established services at Silver Cross Hospital. There were no project costs identified with this alternative.

**4. Establish the Open Heart Program and the Open Heart Surgical Suite and Expand Vertically**

The Applicants explored the alternative of adding an additional floor to the hospital, in an effort to accommodate an Open Heart Surgical Suite, but realized any vertical expansion of the existing structures at Silver Cross Hospital would be disruptive to patient services, and require closure of patient units to accomplish. In addition, the establishment of a 7<sup>th</sup> floor open heart surgical unit would result in this unit being located 5 floors away from the existing Procedural Care Unit where all anesthesia and operative services are located, resulting in the fragmentation of services. This and the project cost associated with this alternative, (\$42,000,000), rendered this option infeasible.

**5. Establish the Open Heart Program and the Open Heart Surgical Suite and Expand Horizontally**

The Applicants deemed this expansion option as most feasible to facilitate growth while maintaining critical operational needs. By expanding the Procedural Care Unit east on all levels, the space of the surgical unit would expand by 11,015 GSF, on the second floor, allowing sufficient expansion needed for an Open Heart Surgical unit, and 23,415 GSF on the first floor to allow for much needed administrative space. Cost of this option: \$22,146,300.

**VIII. Project Scope and Size, Utilization and Assurances**

**A) Criterion 1110.120(a) - Size of Project**

**To demonstrate compliance with this criterion the Applicants must document that the proposed size of the project is in compliance with the State Board Standard in Part 1110 Appendix B.**

The Applicants propose to establish 3 Operating Rooms (2 cardiac, 1 hybrid), and 2 Recovery Rooms, utilizing a total of 8,605 GSF of space. The State Board standard is 2,750 GSF per operating room, and 180 DGSF per recovery station (8,610 GSF). The Applicants have met the requirements of this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SIZE OF PROJECT (77 ILAC 1110.120(a))**

**B) Criterion 1110.120(b) – Projected Utilization**

**To demonstrate compliance with this criterion the Applicants must document that the 12-station facility will be at target occupancy as specified in Part 1100. 630.**

The Applicants supplied utilization data for 2017, showing a total of 24,128 hours of surgery in the 11 surgical suites currently in operation at Silver Cross Hospital. These data illustrate a need for 17 surgical suites at Silver Cross Hospital. In addition to the increasing utilization of its general surgery suites, the Applicants project to perform 220 cardiac surgeries in 2021, and 240 cardiac surgeries in 2022. The Applicants also expect

to perform 351 high-risk cardiac catheterization procedures in the hybrid operating room, resulting in a need for 22 operating rooms by 2022.

The Applicants have met the requirements of this criterion,

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION (77 ILAC 1110.120(b))**

## **IX. Open Heart Surgery**

### **A) Criterion 1110.220(b)(1) Peer Review**

**To demonstrate compliance with this criterion the Applicants must document the mechanism for peer review of an Open Heart Surgery Program.**

Silver Cross Hospital reports having a multi-disciplinary peer review process in place. Upon project approval, the Applicants will immediately organize a multi-disciplinary Cardiac Surgery Performance Improvement Committee for the sole purpose of reviewing cardiac surgery performance data, and ensuring a continual improvement in the delivery of processes pertaining to patient care, service, and safety. The Cardiac Surgery Performance Improvement Committee will meet monthly, and include the following members.

- Cardiac Surgeons on the Medical Staff
- Anesthesiologists from the dedicated Open Heart Team
- Chief Perfusionist
- Administrative Director of the Procedural Care Unit
- Surgery Nurse Manager
- Representative of Inpatient Nursing
- Cardiologists on the Medical Staff
- Case Manager/Social Worker
- Quality Improvement
- Chief Medical Officer
- Medical Director of Intensive Care Unit

The Cardiac Surgery Program at Silver Cross will participate in the Society of Thoracic Surgeons National Adult Cardiac Surgery Database in an effort to compare local data to national data. Overall performance of the cardiac surgery program will be monitored and evaluated, using a 12-point score card (application pgs. 140-141), which will be submitted to the Medical Staff Quality Committee, Medical Executive Committee, and the Quality and Cost Effectiveness Committee of the Board of Directors. The Applicants have met the requirements of this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PEER REVIEW (77 ILAC 1110.220(b) (1))**

**B) Criterion 1110.220 (B)(2) - Establishment of Open Heart Surgery**

The applicant must document that a minimum of 200 open heart surgical procedures will be performed during the second year of operation or that 750 cardiac catheterizations were performed in the latest 12-month period for which data is available. Anticipated open heart surgical volume must be documented by historical referral volume of at least 200 patients [directly] referred following catheterization at the applicant facility to other institutions for open heart surgery for each of the last 2 years.

The Applicants report having performed 3,153 diagnostic and interventional cardiac catheterizations in 2016, and 3,514 of these procedures in 2017, which represent an 11% increase in the number of cardiac procedures performed at Silver Cross Hospital. This trend of growing utilization is expected to continue after project completion (FY 2022).

The Applicants documented referrals as pages 72-74 of the Application for Permit. By rule there must be 200 patients directly referred following catheterization at Silver Cross Hospital to other hospitals for open heart surgery. As shown in the table below the Applicants have not met this requirement.

<u>Direct</u> Transfers Silver Cross Hospital Cardiac Cath.	76 patients
Silver Cross Cardiac Cath. Patients with elective open heart procedures at other Hospitals	112 patients
Total	188 patients

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION ESTABLISHMENT OF OPEN HEART SURGERY (77 ILAC 1110.220(b) (2))**

**C) Criterion 1110.220(B) (3) - Unnecessary Duplication of Services**

The applicant must document that the volume of any existing service within 90 minutes travel time from the applicant will not be reduced below 350 procedures annually for adults and 75 procedures annually for pediatrics. Documentation shall consist of proof of contact of all facilities within 90 minutes travel time currently providing open heart surgery to determine the projected impact the project will have on existing open heart surgery volume.

**1. Unnecessary Duplication of Service**

In response to all existing facilities not being at target occupancy the Applicants stated the following:

*“The 2016 AHQ data reveals that Silver Cross Hospital had the ninth largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program. The lack of an Open Heart Program has forced Silver Cross Hospital’s patients to travel or be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were transferred (by ambulance) to other hospitals for cardiac*

*surgery after receiving cardiac catheterization at Silver Cross Hospital. At least another 112 patients had to be referred to other hospitals for an open heart procedure in 2017 after receiving cardiac catheterization at Silver Cross Hospital. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles. Of those transferred and referred cardiac surgery patients in 2017, 64% of those patients were sent to hospitals outside of the Open Heart Surgery Planning area HSA-09. That level of outward migration is unacceptable. And because Silver Cross Hospital does not currently have an Open Heart Program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. The largest cardiology group at Silver Cross Hospital, Heartland Cardiovascular Center, LLC, treated 1,040 cardiac catheterization patients at Silver Cross Hospital in 2017 and estimated that Heartland would have performed at least 10-15% more cardiac catheterizations at Silver Cross Hospital in 2017 if Silver Cross Hospital had an Open Heart Program.”*

Board Staff identified 46 acute care hospitals within a 90-minute service area of Silver Cross Hospital that offer Open Heart Surgery services (See Table Four). Of the 46 facilities, 15 (32.6%) are operating at sufficient capacity to satisfy the State Standard.

### **Summary**

There are 46 hospitals within 90 minutes of Silver Cross Hospital that offer Open Heart surgery services. Two facilities did not have data to report for 2017, and one has recently suspended operations. Of the remaining 43 facilities, 15 (43.8%), are operating at or in excess of the State standard of 200 surgeries per year. This leaves 28 (56.2%) hospitals operating below the State standard, which implicates the establishment of an additional Open Heart Surgery service may lower utilization at these facilities. A negative finding results for this criterion.

### **STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE MALDISTRIBUTION OF SERVICE IMPACT ON OTHER FACILITIES (77 IAC 1110.220(B) (3))**

#### **C) Criterion 1110.220(B)(4) - Support Services**

**The applicant must document that the following support services and facilities are immediately available on a 24-hour basis and how those services will be mobilized in the case of emergencies.**

- A) Surgical and cardiological team appropriate for age group served.**
- B) Cardiac surgical intensive care unit.**
- C) Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit.**
- D) Catheterization-angiographics laboratory services.**
- E) Nuclear medicine laboratory.**
- F) Cardiographics laboratory, electrocardiography, including exercise stress testing, continuous electrocardiograph (ECG) monitoring and phonocardiography.**
- G) Echocardiography service. This may or may not be a part of the cardiographics laboratory.**
- H) Hematology laboratory.**
- I) Microbiology laboratory.**
- J) Blood gas and electrolyte laboratory with microtechniques for pediatric patients.**
- K) Electrocardiographic laboratory.**

- L) **Blood bank and coagulation laboratory.**
- M) **Pulmonary function unit.**
- N) **Installation of pacemakers.**
- O) **Organized cardiopulmonary resuscitation team or capability.**
- P) **Preventive maintenance program for all biomedical devices, electrical installations, and environmental controls.**
- Q) **Renal dialysis.**

The Applicants have provided the necessary attestation as required at page 155 of the application for permit.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SUPPORT SERVICES (77 ILAC 1110.220(B) (4))**

**C) Criterion 1110.220(b) (5) - Staffing**

**To demonstrate compliance with this criterion the Applicants must document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.**

The proposed facility will be staffed in accordance with all State and Medicare staffing requirements. Dr. Patroklos Pappas, M.D., and Dr. Phillip Alexander, M.D., will be the two cardiac surgeons serving as Open Heart Surgeons. A complete narrative of the staffing for the proposed facility has been provided at pages 156-165 of the Application for Permit. Based upon the information provided in the Application for Permit, the Applicants have met the requirements of this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.220(b) (5))**

**X. FINANCIAL VIABILITY**

- A) Criterion 1120.120 – Availability of Funds**
- B) Criterion 1120.130 – Financial Viability**

The Applicants are funding this project in its entirety with cash and securities of amounting to \$22,146,300. A review of the 2014/2015/2016 audited financial statements indicates there is sufficient cash to fund the project. Because the project will be funded with cash no viability ratios need to be provided and the Applicants have qualified for the financial viability waiver.<sup>4</sup>

<b>TABLE FOUR</b>		
<b>Audited Financial Statements</b>		
<b>Silver Cross Health System</b>		
<b>(Dollars in Thousands 000)</b>		
<b>September 30<sup>th</sup></b>		
	<b>2017</b>	<b>2016</b>
Cash & Investments	\$34,118	\$47,124
Current Assets	\$101,890	\$101,645
Total Assets	\$785,720	\$757,000
Current Liabilities	\$101,883	\$93,675
Long Term Debt	\$399,913	\$407,629
Total Liabilities	\$543,482	\$546,852
Total Revenues	\$385,645	\$366,917
Expenses	\$374,568	\$356,240
Source: 2016/2017 Audited Financial Statements		

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 ILAC 1120.120 and 77 ILAC 1120.130)**

<sup>4</sup> Financial Viability Waiver: The applicant is NOT required to submit financial viability ratios if:

1. all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.
2. the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA) or its equivalent; or HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.
3. the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

**XI. ECONOMIC FEASIBILITY**

- A) Criterion 1120.140(a) – Reasonableness of Financing Arrangements**
- B) Criterion 1120.140(b) – Terms of Debt Financing**

The Applicants are funding the project in its entirety with cash and securities amounting to \$22,146,300. Vincent Pryor, Senior Vice President/CFO, Silver Cross Hospital supplied a certified attestation that sufficient cash and cash equivalents to fund the proposed project in its entirety. Audited financial statements from years 2016 and 2017 were also included to support their claim of financial viability

The Applicants attested that the proposed project does not involve debt of financing, so the above criteria are inapplicable. (See Application for Permit page 200)

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 ILAC 1120.140(a) and 77 ILAC 1120.140(b))**

- C) Criterion 1120.140(c) – Reasonableness of Project Costs**

Only the reviewable costs are being reviewed for this criterion. The Applicants are proposing 8,605 GSF of reviewable space for the proposed facility.

**Pre Planning Costs** – These costs total \$53,748, which is .6% of new construction, contingencies, and equipment costs of \$8,768,091. This appears reasonable compared to the State standard of 1.8%.

**Site Survey/Site Preparation** – These costs total \$30,905, which is .69% of the new construction and contingencies costs (\$4,433,591). This appears reasonable compared to the State standard of 5%.

**New Construction and Contingencies** – These costs total \$4,443,591 or \$516.39 GSF. ( $\$4,433,591/8,605=\$516.39$ ). This appears **high** when compared to the State Board Standard of \$455.62/GSF [2019 mid-point of construction].

**Contingencies** – These costs total \$403,054 and are 10% of new construction costs. This appears reasonable when compared to the State Board Standard of 10%.

**Architectural and Engineering Fees** – These costs total \$203,972 and are 4.6% of new construction and contingencies. These costs appear reasonable when compared to the State Board Standard of 6.42% - 9.64%.

**Consulting and Other Fees** – These costs are \$37,623. The State Board does not have a standard for these costs.

**Movable Equipment** – These costs total \$4,334,500 and are not reviewable by the State Board (hospital).

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 ILAC 1120.140 (c))**

**D) Criterion 1120.140(d) - Direct Operating Costs**

To demonstrate compliance with this criterion the Applicants must document the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

The Applicants are estimating \$40,879 per treatment in direct operating costs. The State Board does not have a standard for this criterion.

Estimated Operating Expense:	\$11,724,925
Depreciation Expense:	\$1,501,150
Bad Debt Expense	\$412,666
Exc: Depreciation and Amortization	
Total	\$13,638,741
Estimated Annual Treatments:	240
<b>Direct Operating Cost Per Treatment:</b>	<b>\$40,879.62</b>

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION DIRECT OPERATING COSTS (77 ILAC 1120.140 (d))**

**E) Criterion 1120.140(e) - Total Effect of the Project on Capital Costs**

To demonstrate compliance with the criterion the Applicants must document the capital costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

The Applicants are estimating \$19.29 in capital costs. The State Board does not have a standard for this criterion.

Depreciation/Amortization:	\$1,501,150
Interest	\$0
Capital Costs:	\$150,000
Treatments:	240
<b>Capital Cost per Treatment</b>	<b>\$625.00</b>

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 ILAC 1120.140 (e))**

**TABLE FIVE**  
**Hospitals With Open Heart Surgery Services**

<b>Hospital</b>	<b>City</b>	<b>Distance (minutes)</b>	<b># of Cardiac Cases</b>	<b>Met Standard?</b>
Advocate Christ Hospital & Medical Ctr.	Oak Lawn	35	1,754	Yes
Loyola University Medical Ctr.	Maywood	37	907	Yes
University of Chicago Medical Ctr.	Chicago	40	799	Yes
Northwestern Memorial Hospital	Chicago	52	782	Yes
Stroger Hospital of Cook County	Chicago	47	538	Yes
Rush University Medical Ctr.	Chicago	47	455	Yes
Alexian Brothers Medical Ctr.	Elk Grove Village	38	321	Yes
Edward Hospital	Naperville	30	313	Yes
Good Samaritan Hospital	Downers Grove	27	311	Yes
Palos Community Hospital	Palos Heights	28	286	Yes
Central DuPage Hospital	Winfield	38	282	Yes
Advocate Lutheran General Hospital	Park Ridge	45	220	Yes
Presence Resurrection Medical Ctr.	Chicago	49	219	Yes
Presence St. Joseph Medical Ctr.	Joliet	18	218	Yes
Centegra Hospital-McHenry	McHenry	81	210	Yes
Evanston Hospital	Evanston	72	195	No
Northwest Community Hospital	Arlington Heights	47	179	No
Elmhurst Memorial Hospital	Elmhurst	37	176	No
Advocate Condell Medical Ctr.	Libertyville	66	147	No
Advocate Good Shepherd Hospital	Barrington	62	139	No
Advocate Illinois Masonic Medical Ctr.	Chicago	56	131	No
Swedish Covenant Hospital	Chicago	65	131	No
Highland Park Hospital	Highland Park	62	130	No
Riverside Medical Ctr.	Kankakee	51	127	No
Advocate Sherman Hospital	Elgin	56	118	No
Gottlieb Memorial Hospital	Melrose Park	45	110	No
Presence Mercy Medical Ctr.	Aurora	38	105	No
MacNeal Memorial Hospital	Berwyn	36	93	No
St. James Hospital	Olympia Fields	23	90	No

**TABLE FIVE  
Hospitals With Open Heart Surgery Services**

<b>Hospital</b>	<b>City</b>	<b>Distance (minutes)</b>	<b># of Cardiac Cases</b>	<b>Met Standard?</b>
U of I Medical Ctr. Chicago	Chicago	47	80	No
Rush Copley Memorial Hospital	Aurora	41	64	No
Provena St. Joseph Hospital	Elgin	60	61	No
Vista Medical Center East	Waukegan	77	48	No
Presence St. Mary of Nazareth Hospital	Chicago	53	43	No
Mt. Sinai Medical Ctr.	Chicago	44	39	No
Presence St. Francis Hospital	Evanston	69	39	No
LaGrange Memorial Hospital	LaGrange	29	28	No
Mercy Hospital & Medical Ctr.	Chicago	40	14	No
Ingalls Memorial Hospital	Harvey	25	13	No
MetroSouth Medical Ctr.	Blue Island	27	13	No
Louis Weiss Memorial Hospital	Chicago	52	10	No
Hinsdale Hospital	Hinsdale	29	0	No
VHS West Suburban Medical Ctr.	Oak Park	43	0	No
St. Joseph Health Ctr.	Chicago	52	Services Suspended	11/8/2018
Lincoln Park Hospital	Chicago	53	N/A	N/A
Children's Memorial Hospital	Chicago	54	N/A	N/A

State Standard for Open Heart Surgery: 200/year

# 18-020 Silver Cross Hospital and Medical Center - New Lenox

