ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

DISCONTINUATION CERTIFICATE OF EXEMPTION APPLICATION

AUGUST 2018 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

E-004-19

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FEB 2 1 2019

HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: **Westlake Hospital**		
Street Address: **1225 W. Lake Street**		
City and Zip Code: **Melrose Park 60160**		
County: **Suburban Cook County**	Health Service Area **7**	Health Planning Area: **A-06**

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: **PIPELINE-WESTLAKE HOSPITAL, LLC**
Street Address: **898 N. Sepulveda Boulevard, Suite 500**
City and Zip Code: **El Seguendo, CA 90245**
Name of Registered Agent: **Registered Agent Solutions, Inc.**
Registered Agent Street Address: **9 E. Loockerman Street, Suite 311**
Registered Agent City and Zip Code: **Dover, DE 19901**
Name of Chief Executive Officer: Nicholas Orzano
CEO Street Address: **898 Sepulveda Boulevard, Suite 500**
CEO City and Zip Code: **El Seguendo, CA 90245**
CEO Telephone Number: **(213) 694-4861**

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: **Anne M. Murphy, Esq.**
Title: **Attorney**
Company Name: **Hinckley, Allen & Snyder LLP**
Address: **28 State Street, Boston, MA 02109**
Telephone Number: **(617) 378-4368**
E-mail Address: **amurphy@hinckleyallen.com**
Fax Number: **(617) 345-9020**

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Telephone Number: **(617) 378-4368**
E-mail Address: **amurphy@hinckleyallen.com**
Fax Number: **(617) 345-9020**

Additional Contact [Person who is also authorized to discuss the application for exemption]

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

Name: **Richard McKellar**
Title: **Senior Associate**
Company Name: **SRC Hospital Investments II, LLC**
Address: **222 Sutter Street, San Francisco, CA 94108**
Telephone Number: **(213) 694-4866**
E-mail Address: **mckellar@stantonroadcapital.com**
Fax Number: **(310) 356-3492**

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Westlake Property Holdings, LLC**
Address of Site Owner: **898 N. Sepulveda Boulevard, Suite 500, El Seguendo, CA 90245**
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: **PIPELINE-WESTLAKE HOSPITAL, LLC d/b/a WESTLAKE HOSPITAL**
Address: **898 N. Sepulveda Boulevard, Suite 500, El Seguendo, CA 90245**

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

The Applicants propose to discontinue all services at Westlake Hospital ("Westlake"), located at 1225 W. Lake Street, Melrose Park, Illinois.

Westlake is approved to offer the following IDPH-designated categories of service, with the approved number of beds for each category set forth below:

- Medical/Surgical beds (111)
- Pediatric beds (5)
- Intensive Care beds (12)
- Obstetric/Gynecology beds (24)
- AMI beds (50)
- Rehabilitation beds (28)

Other service lines provided by Westlake include emergent care, cardiac care (including cardiac catheterization), surgery, clinical laboratory services, occupational health services, orthopedic services, imaging and radiology, stroke care, and outpatient care.

Although the Applicants propose to discontinue all hospital services at Westlake, the Applicants plan to continue operating a medical office building in Melrose Park (the "MOB"). The MOB is currently located on the Westlake campus. The MOB houses a site of PCC Community Wellness Center ("PCC Wellness"), a Federally Qualified Health Center providing care to the medically underserved community ("FQHC").

In order to ensure that PCC Wellness continues to provide outpatient services to the local community, and to support expansion of prenatal, behavioral health and other outpatient services needed by the community, the Applicants are offering PCC Wellness a grant of $100,000 per year for a five year period, pursuant to a Memorandum of Understanding between the Applicants and PCC Wellness, a copy of which is attached to this Narrative Description as Exhibit I. The Applicants also are committing to an investment of at least $2.5 million over five years for enhanced ambulatory and outpatient care in Melrose Park (which includes the PCC Wellness grant).

Westlake is located approximately four miles from West Suburban Medical Center ("West Suburban"). Westlake and West Suburban are both members of the Pipeline Health ("Pipeline") family of hospitals. Pipeline has experience in managing and operating: (i) an

academic medical center and community hospitals in California and Texas; (ii) a large emergency room management company on the West Coast; and (iii) a hospitalist staffing company. In addition, principals of Pipeline have experience with one of the largest telemedicine platforms in the nation.

Due to West Suburban's close proximity to Westlake and the two facilities' common ownership, West Suburban will consolidate Westlake operations by accepting OB/GYN, medical/surgical, intensive care, outpatient and emergency department patients from the Westlake service area. West Suburban's occupancy rates in these categories of service support its ability to implement this consolidation, as reflected in its 2017 Hospital Profile attached as Exhibit II.

This consolidation will strengthen West Suburban's operations and financial performance. As referenced in ATTACHMENT 6, West Suburban is just within Oak Park and adjacent to the Austin neighborhood within the West Side of Chicago. It draws its largest patient population from the West Side of Chicago. The West Suburban Service Area includes neighborhoods within the West Side of Chicago such as Austin, Humboldt Park, Garfield Park and Lawndale. These neighborhoods are recognized to have significant racial and ethnic minority resident populations, and experience significant disparities on socioeconomic indicators. West Suburban's 2017 Hospital Profile indicates that 71.5% of its patients are Black, and 8.5% are Hispanic or Latino. (By way of comparison, Westlake's 2017 Hospital Profile indicates that 41.6% of its patients are Black, and 28.8% are Hispanic or Latino.)

Many members of the medical staff currently providing services at Westlake are also members of the medical staff of West Suburban. Qualified members of Westlake's medical staff who are not otherwise members of West Suburban's medical staff will be given priority consideration for joining West Suburban's staff.

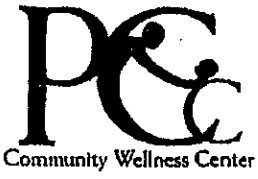
Employees at Westlake who meet position qualifications will be granted priority consideration for employee vacancies to be filled at West Suburban and Louis A. Weiss Memorial Hospital ("Weiss") for at least six months following the discontinuation of services at Westlake. Employee vacancies to be filled at West Suburban and Weiss will be held open until May 1, 2019, to the extent consistent with patient safety, in order to facilitate consideration of Westlake employee candidates. All eligible employees as of the date of discontinuation will receive severance and outplacement support in accordance with Pipeline's current policies.

West Suburban owns and operates the River Forest Medical Campus ("River Forest"), located approximately 2.2 miles from the Westlake campus. River Forest provides outpatient occupational therapy, physical therapy, bariatric care, pain management services, cancer care, and diagnostic services. In 2018, River Forest treated 9,272 patients at its Chicago Health Medical Group Multispecialty Clinic. River Forest accepts patients from the Westlake service area.

In an effort to facilitate the community's utilization of services provided by West Suburban and River Forest, the Applicants will offer shuttle services from the Westlake campus to West Suburban and River Forest for a period of at least two years following the discontinuation of services at Westlake.

Finally, it should be noted that Westlake is not the only hospital in Melrose Park. Gottlieb Memorial Hospital is located 1.6 miles away from Westlake in Melrose Park. As reflected in Exhibit III, Gottlieb operates in the medical/surgical, pediatric, intensive care, long-term care, acute mental illness and rehabilitation categories of service. Moreover, Gottlieb is a Level II Trauma Center, and the Illinois Health Facilities and Services Review Board (the "Board") recently approved a significant renovation of its emergency department.

EXHIBIT I



Administrative Office
14 Lake Street
Oak Park, Illinois 60302
t. 708.383.0113
f. 708.383.1378

February 18, 2019

Luke Tharasri
Chief Operating Officer
Pipeline Health
111 North Sepulveda Boulevard, Suite 210
Manhattan Beach, CA 90266

Dear Luke,

Attached please find a signed Memorandum of Understanding regarding the proposed grant agreement. On behalf of our leadership team and Board of Directors, we appreciate Pipelines' support and commitment to the services PCC provides to the Melrose Park and surrounding community.

Upon learning about the proposed plan to close Westlake Hospital, we reached out to our employees to ensure them that PCC would continue to serve Melrose Park and the surrounding communities and no PCC employees would lose their jobs as a result of this announcement.

Throughout this process, our primary goal is to continue to provide services to our patients and the community.

Sincerely,

Robert Urso
President and CEO

Care Centered Around You
Eleven health centers in Berwyn, Chicago, Melrose Park, and Oak Park

www.pccwellness.org

MEMORANDUM OF UNDERSTANDING

February 15, 2019

Dear Bob:

Per your meeting today with Luke Tharasri and Eric Whitaker, below is an outline of the key terms of a grant ("the **Grant**") to be provided by **SRC HOSPITAL INVESTMENTS II d/b/a PIPELINE HEALTH** ("**Pipeline**") to **PCC COMMUNITY WELLNESS CENTER** ("**PCC**"). Once you have confirmed that we are in agreement on the below proposed terms, we will proceed to promptly negotiate and draft definitive Grant documents (the "**Grant Agreement**").

1. **Amount of Grant; Payment Terms**. The amount of the Grant shall be Five Hundred Thousand and 00/100 US Dollars ($500,000.00). The Grant will be payable in five equal installments of One Hundred Thousand and 00/100 US Dollars ($100,000.00) (each, an "**Installment,**" and collectively the "**Installments**").

2. **Schedule of Payments**. The first Installment shall be due and payable on the date that the Grant Agreement is executed by all parties thereto (the "**Closing Date**"). Each successive installment shall be due and payable on the anniversary of the Closing Date until such time that no additional installments are due.

3. **Use of Grant Funds**. The Grant shall be used by PCC for the purposes of enhancing outpatient healthcare services to the Melrose Park, Illinois community, including: (i) supporting existing clinical services offered by PCC, and (ii) investing and supporting new service lines to be offered by PCC. Pipeline and PCC will mutually agree on these grant-supported services, based on community needs and in coordination with community leaders.

4. **No Clinical/Management Control**. Nothing in this MOU shall be construed as granting Pipeline any (i) clinical oversight of PCC patients, or (ii) administrative oversight of PCC's operations or staff. For the avoidance of doubt, PCC shall have sole and exclusive control over all patient treatment decisions and clinical operations at PCC.

5. **Governing Law**. This Memorandum of Understanding ("MOU") shall be governed in accordance with the laws of the State of Illinois, without regard to its conflict of law provisions.

6. **Contingent on Final Grant Agreement**. The Parties acknowledge that the Grant is contingent upon successful negotiation of a final Grant Agreement.

7. **Amendments**. This MOU shall not be modified, amended, waived, extended, changed, discharged, or terminated, except in a written instrument executed by the Parties.

8. **Assignment**. This MOU shall not be assigned by either Party without the express written consent of the other. Without limiting the foregoing, this MOU shall be binding on and inure to the benefit of the Parties hereto and their respective successors and assigns.

58438409 v2

SRC HOSPITAL INVESTMENTS II d/b/a PIPELINE HEALTH

By: _____
Name: Robert Heinemeier
Its: CFO

PCC WELLNESS COMMUNITY CENTER

By: _____
Name: ROBERT J URSO
Its: PRESIDENT AND CEO

[Signature page to Memorandum of Understanding]

58438409 v2

EXHIBIT II

Hospital Profile - CY 2017 **West Suburban Medical Center** **Oak Park** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-763-2254
OWNERSHIP:	VHS West Suburban Medical Center
OPERATOR:	VHS West Suburban Medical Center
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	3 Erie Ct

CITY: Oak Park **COUNTY:** Suburban Cook County

Patients by Race

White	14.5%
Black	71.5%
American Indian	0.0%
Asian	0.4%
Hawaiian/ Pacific	0.0%
Unknown	13.7%

Patients by Ethnicity

Hispanic or Latino:	8.5%
Not Hispanic or Latino:	86.3%
Unknown:	5.1%

IDPH Number:	5694
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	135	101	101	4,615	19,161	1,438	4.5	56.4	41.8	55.9
0-14 Years				*0*	*0*					
15-44 Years				*845*	*2,948*					
45-64 Years				*1,765*	*6,869*					
65-74 Years				*942*	*4,270*					
75 Years +				*1,063*	*5,074*					
Pediatric	5	5	1	13	25	0	1.9	0.1	1.4	1.4
Intensive Care	24	12	12	1,063	3,346	16	3.2	9.2	38.4	76.8
Direct Admission				*830*	*2,542*					
Transfers				*233*	*804*					
Obstetric/Gynecology	20	20	20	1,543	3,821	58	2.5	10.6	53.1	53.1
Maternity				*1,534*	*3,802*					
Clean Gynecology				*9*	*19*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	50	42	36	622	9,637	0	15.5	26.4	52.8	62.9
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**234**			**7,623**	**35,990**	**1,512**	**4.9**	**102.7**	**43.9**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**27.7%**	**7.3%**	**0.0%**	**61.7%**	**1.3%**	**2.0%**	
	2114	553	0	4700	102	154	7,623
Outpatients	**17.6%**	**4.4%**	**0.0%**	**73.4%**	**2.1%**	**2.4%**	
	25867	6510	0	107879	3112	3585	**146,953**

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**34.2%**	**22.9%**	**0.0%**	**42.8%**	**0.1%**	**100.0%**	
	28,868,631	19,337,144	0	36,119,612	87,215	84,412,603	568,519
Outpatient Revenue ($)	**22.1%**	**1.7%**	**0.0%**	**75.4%**	**0.7%**	**100.0%**	
	9,234,217	722,480	0	31,520,597	310,716	41,788,010	1,479,783

Total Charity Care Expense **2,048,302**

Total Charity Care as % of Net Revenue **1.6%**

Birthing Data

Number of Total Births:	1,443
Number of Live Births:	1,457
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	12
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	371

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	25	8	0
Patient Days	2,663	1,258	0
Total Newborn Patient Days			**3,921**

Laboratory Studies

Inpatient Studies	114,445
Outpatient Studies	145,676
Studies Performed Under Contract	51,454

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	64	81	195	162	357	3.0	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	765	913	1393	1423	2816	1.8	1.6
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	97	356	243	558	801	2.5	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	567	0	687	687	0.0	1.2
Orthopedic	0	0	0	0	174	304	613	656	1269	3.5	2.2
Otolaryngology	0	0	0	0	3	17	4	24	28	1.3	1.4
Plastic Surgery	0	0	0	0	8	63	30	158	188	3.8	2.5
Podiatry	0	0	0	0	2	77	4	130	134	2.0	1.7
Thoracic	0	0	0	0	6	0	18	0	18	3.0	0.0
Urology	0	0	0	0	75	162	170	332	502	2.3	2.0
Totals	**0**	**0**	**8**	**8**	**1194**	**2540**	**2670**	**4130**	**6800**	**2.2**	**1.6**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 16 Stage 2 Recovery Stations 25

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	610	3774	1209	6707	7916	2.0	1.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1**	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		25
Persons Treated by Emergency Services:		44,260
Patients Admitted from Emergency:		7,631
Total ED Visits (Emergency+Trauma):		**44,260**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**146,953**
Outpatient Visits at the Hospital/ Campus:	146,953
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**1**
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**688**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	391
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	223
EP Catheterizations (15+)	74

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**6**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	6
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	15	0	9,097	28,253	0
Nuclear Medicine	3	0	473	665	0
Mammography	3	0	0	19,382	0
Ultrasound	8	0	2,435	12,694	0
Angiography	1	0			
Diagnostic Angiography			318	476	0
Interventional Angiography			60	218	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	3	0	4,159	9,138	0
Magnetic Resonance Imaging	2	0	462	2,907	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

EXHIBIT III

Hospital Profile - CY 2017 **Gottlieb Memorial Hospital** **Melrose Park** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Lori Price
ADMINSTRATOR PHONE	708-450-4949
OWNERSHIP:	Gottlieb Memorial Hospital
OPERATOR:	Gottlieb Memorial Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	701 West North Avenue **CITY:** Melrose Park **COUNTY:** Suburban Cook County

Patients by Race

White	76.2%
Black	19.0%
American Indian	0.1%
Asian	1.7%
Hawaiian/ Pacific	0.2%
Unknown	2.8%

Patients by Ethnicity

Hispanic or Latino:	18.9%
Not Hispanic or Latino:	80.9%
Unknown:	0.3%

IDPH Number:	5793
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	153	83	83	4,490	22,122	2,116	5.4	66.4	43.4	80.0
0-14 Years				*0*	*0*					
15-44 Years				*530*	*1,604*					
45-64 Years				*1,332*	*6,557*					
65-74 Years				*1,062*	*5,839*					
75 Years +				*1,566*	*8,122*					
Pediatric	4	4	2	13	24	2	2.0	0.1	1.8	1.8
Intensive Care	24	16	15	1,013	3,550	27	3.5	9.8	40.8	61.3
Direct Admission				*884*	*2,946*					
Transfers				*129*	*604*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	34	32	30	612	9,119	0	14.9	25.0	73.5	78.1
Swing Beds			0	0	0		0.0	0.0		
Total AMI	12			200	3,012	0	15.1	8.3	68.8	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	200	3,012	0	15.1	8.3		68.8
Rehabilitation	20	20	20	470	5,912	0	12.6	16.2	81.0	81.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**247**			**6,669**	**43,739**	**2,145**	**6.9**	**126.7**	**50.9**	

(includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**66.6%**	**14.0%**	**0.5%**	**18.0%**	**1.8%**	**0.2%**	
	4374	931	32	1202	119	11	6,669
Outpatients	**38.4%**	**20.1%**	**1.1%**	**37.3%**	**2.9%**	**0.1%**	
	29409	15396	832	28565	2246	56	76,504

Financial Year Reported: 7/1/2016 *to* 6/30/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**62.9%**	**19.9%**	**0.2%**	**17.0%**	**0.1%**	**100.0%**	
	46,370,177	14,637,083	117,097	12,532,227	38,547	73,695,131	776,422
Outpatient Revenue ($)	**29.0%**	**16.5%**	**0.2%**	**53.5%**	**0.9%**	**100.0%**	
	12,181,418	6,925,472	87,762	22,497,167	378,265	42,070,084	443,234

Total Charity Care Expense
1,219,656

Total Charity Care as % of Net Revenue
1.1%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			0

Laboratory Studies

Inpatient Studies	163,216
Outpatient Studies	152,614
Studies Performed Under Contract	68,060

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	2	0	0	2	86	24	528	44	572	6.1	1.8
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	470	720	1176	1565	2741	2.5	2.2
Gastroenterology	0	0	0	0	0	2	0	3	3	0.0	1.5
Neurology	0	0	0	0	37	19	140	56	196	3.8	2.9
OB/Gynecology	0	0	0	0	10	112	36	220	256	3.6	2.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	810	0	662	662	0.0	0.8
Orthopedic	0	0	0	0	681	1120	2066	2437	4503	3.0	2.2
Otolaryngology	0	0	0	0	15	88	24	175	199	1.6	2.0
Plastic Surgery	0	0	0	0	6	89	25	221	246	4.2	2.5
Podiatry	0	0	0	0	31	61	43	98	141	1.4	1.6
Thoracic	0	0	0	0	19	3	59	3	62	3.1	1.0
Urology	0	0	1	1	286	557	1138	1005	2143	4.0	1.8
Totals	**2**	**0**	**7**	**9**	**1641**	**3605**	**5235**	**6489**	**11724**	**3.2**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 9 Stage 2 Recovery Stations 20

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	784	2316	698	2078	2776	0.9	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		Yes
Level of Trauma Service	Level 1	**Level 2**
		Adult & Child
Operating Rooms Dedicated for Trauma Care		1
Number of Trauma Visits:		406
Patients Admitted from Trauma		230
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		17
Persons Treated by Emergency Services:		26,383
Patients Admitted from Emergency:		5,540
Total ED Visits (Emergency+Trauma):		**26,789**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**76,504**
Outpatient Visits at the Hospital/ Campus:	76,504
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**2**
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,090**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,548
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	542
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**110**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	110
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	43

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	8	0	7,526	21,418	0
Nuclear Medicine	2	0	569	2,074	0
Mammography	1	0	11	8,544	0
Ultrasound	4	0	4,374	8,756	0
Angiography	2	0			
Diagnostic Angiography			0	489	0
Interventional Angiography			0	977	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	1,960	11,069	0
Magnetic Resonance Imaging	1	0	760	2,388	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): **Within 45 days after Board approval, anticipated to be in the second quarter of 2019.**

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- [X] Cancer Registry
- [X] APORS
- [X] All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- [ ] All reports regarding outstanding permits ***(Note: not applicable)***

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of PIPELINE-WESTLAKE HOSPITAL, LLC

_____

_____*

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Nicholas Orzano PRINTED NAME	PRINTED NAME
On behalf of SRC Hospital Investments II, LLC, as sole Member of Pipeline-Westlake Hospital, LLC PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
See attached Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 13th day of February, 2019, by Nicholas Ortano, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MIN YOUNG PARK
Commission No. 2269455
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires DECEMBER 30, 2022

(Seal) Signature

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of SRC HOSPITAL INVESTMENTS II, LLC

_____

_____*

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Nicholas Orzano	Mark Bell
PRINTED NAME	PRINTED NAME
On behalf of SRC Healthcare Investments I, LLC, Its Member	On behalf of Mokuleia, LLC Its Member
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

See attached

*Insert the EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 13th day of February, 2019, by
Nicholas Orzano,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MIN YOUNG PARK
Commission No. 2269455
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires DECEMBER 30, 2022

(Seal) Signature

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of SRC HOSPITAL INVESTMENTS II, LLC *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Nicholas Orzano	Mark Bell
PRINTED NAME	PRINTED NAME
On behalf of SRC Healthcare Investments I, LLC, Its Member	On behalf of Mokuleia, LLC Its Member
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on this 13 day of February, 20 19, by Mark Bell,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SYNAT FALEFITU
COMM. #2269583
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 4, 2022

(Seal)

Signature

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

Illinois Health Facilities and Services Review Board Discontinuation Application for Exemption - 08/2018 Edition. Certification behalf SRC Hospital Investments II, LLC

containing _____ pages, and dated _____.

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
X form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 1 Entry # 5

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

© Copyright 2007-2018 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved. Item Number 101884. Please contact your Authorized Reseller to purchase copies of this form.

SECTION II. DISCONTINUATION

Type of Discontinuation

- [x] Discontinuation of an Existing Health Care Facility
- [ ] Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

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

Total			

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

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

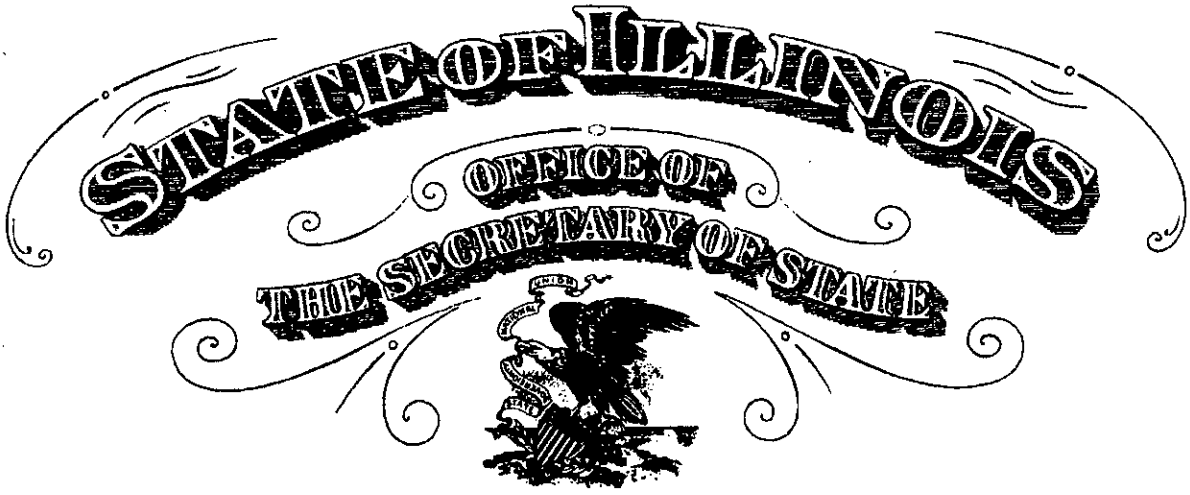
APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	30-31
2	Site Ownership	32-64
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	70
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	71
5	Discontinuation General Information Requirements	72-79
6	Reasons for Discontinuation	80-113
7	Impact on Access	114-238
8	Background of the Applicant	239-243
9	Safety Net Impact Statement	244-245
10	Charity Care Information	246

File Number 0689124-1



To all to whom these Presents Shall Come, Greeting:

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

SRC HOSPITAL INVESTMENTS II, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 09, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

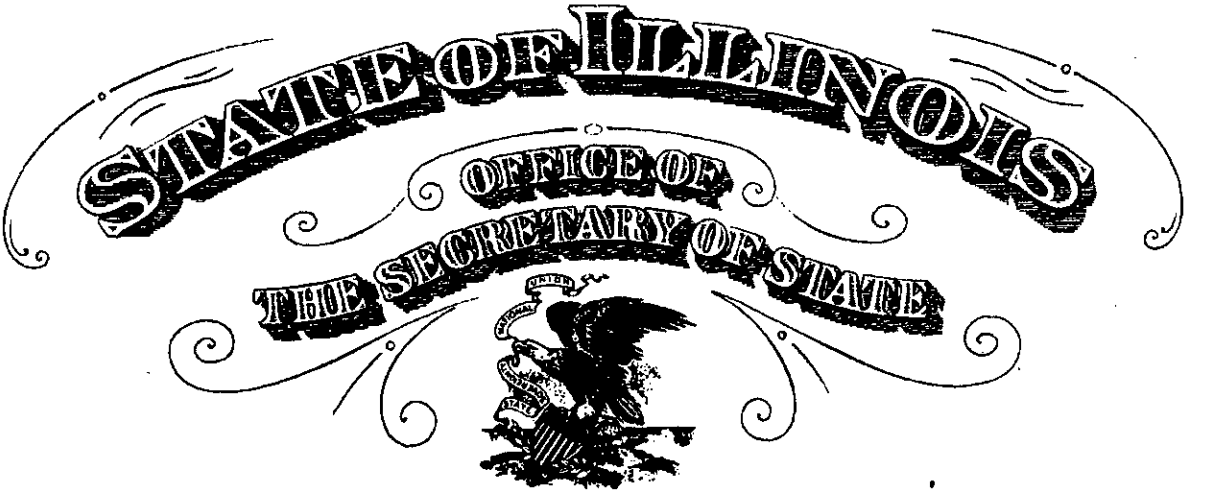
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* FEBRUARY *A.D.* 2019 .

Authentication #: 1904501602 verifiable until 02/14/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0689278-7



To all to whom these Presents Shall Come, Greeting:

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

PIPELINE-WESTLAKE HOSPITAL, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* FEBRUARY *A.D.* 2019 .

Authentication #: 1904501408 verifiable until 02/14/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

Official Receipt for Recording in:

Cook County Recorder of Deeds
118 N. Clark

Chicago, Illinois 60610

Issued To:
DEGRAFF

Recording Fees

Document Description	Number	Book/Page	Recording Amount
RELS	1903206371		$68.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206372		$62.00
RHSPS			$9.00
RPRF			$1.00
RELS	1903206373		$40.00
RELS	1903206374		$50.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206375		$50.00
RHSPS			$9.00
RPRF			$1.00
MISC	1903206376		$90.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206377		$92.00
RHSPS			$9.00
RPRF			$1.00
DEEDAFF	1903206378		$80.00
AFFIDAV			$2.00
RHSPS			$9.00
RPRF			$1.00
MORT	1903206379		$126.00
RHSPS			$9.00
RPRF			$1.00
			$740.00

Collected Amounts

Payment Type		Amount
Check	80812	$740.00
		$740.00

Change Due : $.00

Thank You
EDWARD M. MOODY - Recorder of Deeds

ATTACHMENT 2

mP
2

1903206378

Doc# 1903206378 Fee $80.00

RHSP FEE:$9.00 RPRF FEE: $1.00

AFFIDAVIT FEE: $2.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/01/2019 03:54 PM PG: 1 OF 15

(Space Above for Recorder's Use)

Prepared by:	**Mail recorded document to:**	**Send subsequent tax bills to:**
Alston & Bird LLP 1201 W. Peachtree Street Atlanta, Georgia 30309 Attention: Colony C. Canady	Duane Morris LLP 1075 Peachtree Street NE Suite 2000 Atlanta, GA 30309-3929 Attention: Kirk Domescik	SRC Hospital Investments II, LLC 898 Pacific Coast Hwy., Suite 500 El Segundo, CA 90245 Attn: Nick Orzano

P.I.N.: See "Exhibit A"
Hospital: Westlake Hospital

QUIT-CLAIM DEED

THIS INDENTURE, made as of the 28th day of January, 2019, between **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, party of the first part ("Grantor"), and **WESTLAKE PROPERTY HOLDINGS, LLC**, a Delaware limited liability company, party of the second part ("Grantee").

WITNESSETH, Grantor for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration, cash in hand paid, the receipt of which is hereby acknowledged, has bargained, sold, and does by these presents **BARGAIN, SELL, REMISE, RELEASE, AND FOREVER QUIT-CLAIM** to Grantee all the right, title, interest, claim or demand which Grantor has or may have had in and to all that tract of land described on **Exhibit A**.

Together with all the rights, members and appurtenances to the said described premises in anywise appertaining or belonging.

TO HAVE AND TO HOLD the said described premises unto Grantee, so that neither Grantor nor any other person or persons claiming under Grantor shall at any time, claim or demand any right, title or interest to the aforesaid described premises or its appurtenances.

(The words "Grantor" and "Grantee" include all genders, plural and singular, and their respective heirs, successors and assigns where the context permits.)

REAL ESTATE TRANSFER TAX		01-Feb-2019
	COUNTY:	0.00
	ILLINOIS:	0.00
	TOTAL:	0.00
15-10-202-001-0000	20190101684968	1-732-083-360

S
P 15
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INT

Quitclaim Deed
Westlake Hospital

ATTACHMENT 2

IN WITNESS WHEREOF, said party of the first part has executed and sealed this Deed, the day and year first above written.

VHS WESTLAKE HOSPITAL, INC., a Delaware corporation

By: _____
Name: Michael T. Maloney
Title: Vice President

This Instrument Prepared by:

Alston & Bird LLP
1201 West Peachtree Street
Atlanta, Georgia 30309-3424
Attention: Colony C. Canady

Send Subsequent Tax Bills to:

SRC Hospital Investments II, LLC
898 N. Pacific Coast Hwy., Suite 500
El Segundo, CA 90245
Attn: Nick Orzano

Mail recorded document to:

Duane Morris LLP
1075 Peachtree Street NE, Suite 2000
Atlanta, GA 30309-3929
Attention: Kirk Domescik

STATE OF Texas

COUNTY OF Dallas SS:

I, Gigi Aldrete, a Notary Public in and for said County in the State aforesaid, do hereby certify that Michael T. Maloney, personally known to me to be the Vice President of VHS Westlake Hospital, Inc., a Delaware corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such Vice President, such person signed and delivered the said instrument as such person's free and voluntary act and as the free and voluntary act and deed of said corporation, in such capacity as Vice President for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this 10th day of December, 2018.

Gigi Aldrete

Notary Public

My Commission expires:

4-4-19

GIGI ALDRETE
My Commission Expires
April 04, 2019

ATTACHMENT 2

EXHIBIT A

LEGAL DESCRIPTION

PARCEL 1:

LOTS 1 TO 4, BOTH INCLUSIVE, AND LOTS 15 TO 20 BOTH INCLUSIVE, IN BLOCK 66 IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-202-001-0000 (Affects Lots 1 and 2 of Parcel 1)
Tax ID Number: 15-10-202-002-0000 (Affects Lot 3 of Parcel 1)
Tax ID Number: 15-10-202-003-0000 (Affects Lot 4 of Parcel 1)
Tax ID Number: 15-10-202-008-0000 (Affects Lot 20 of Parcel 1)
Tax ID Number: 15-10-202-009-0000 (Affects Lot 19 of Parcel 1)
Tax ID Number: 15-10-202-010-0000 (Affects Lot 18 of Parcel 1)
Tax ID Number: 15-10-202-011-0000 (Affects Lot 17 of Parcel 1)
Tax ID Number: 15-10-202-012-0000 (Affects Lot 16 of Parcel 1)
Tax ID Number: 15-10-202-013-0000 (Affects Lot 15 of Parcel 1)

PARCEL 2:

LOTS 1 THRU 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE NORTH-SOUTH 14 FOOT VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS 1 THRU 10, BOTH INCLUSIVE, AND LYING WEST OF AND ADJOINING SAID LOTS 11 THRU 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE, AFORESAID.

TOGETHER WITH THAT PART OF 14TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-203-001-0000 (Affects Lots 1, 2 part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-203-002-0000 (Affects Lot 3 & part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-203-003-0000 (Affects Lot 4 & part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-203-006-0000 (Affects Lot 7 & part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-203-007-0000 (Affects Lot 8 & part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-203-008-0000 (Affects Lot 10, part of vacated street & alley of parcel 2 & part of parcel 28)

Tax ID Number: 15-10-203-009-0000 (Affects Lot 20, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-010-0000 (Affects Lot 19, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-011-0000 (Affects Lot 18, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-012-0000 (Affects Lot 17, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-013-0000 (Affects Lots 15, 16, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-014-0000 (Affects Lot 14, part of Lot 13, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-015-0000 (Affects Part Lots 13, 14, part of vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-016-0000 (Affects Lot 11, part Lot 12, part vacated alley of parcel 2 & part of parcels 4 & 28)
Tax ID Number: 15-10-203-017-0000 (Affects Part Lots 5, 6, part of vacated street & alley of parcel 2)
Tax ID Number: 15-10-208-001-0000 (Affects part of vacated street)

PARCEL 3:

LOTS 81, 82, 83 AND 84 IN THE SUBDIVISION OF ALL THAT PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET (EXTENDED EASTERLY) OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-204-006-0000 (Affects Parcel 3 and Part of Parcels 4 and 28)

PARCEL 4:

THAT PART OF VACATED 13TH AVENUE LYING SOUTH OF THE SOUTH LINE OF CHICAGO AVENUE, NORTH OF THE NORTH LINE OF SUPERIOR STREET, EAST OF LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE AFORESAID, AND WEST OF LOTS 81 TO 84, BOTH INCLUSIVE, IN THE SUBDIVISION OF ALL THAT PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET (NOW KNOWN AS SUPERIOR STREET) EXTENDED EASTERLY OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE RECORDED NOVEMBER 24, 1981 AS DOCUMENT 26068295, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-203-009-0000 (Affects Lot 20, part vacated alley of parcel 2 & part of parcel 4)

Tax ID Number: 15-10-203-010-0000 (Affects Lot 19, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-011-0000 (Affects Lot 18, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-012-0000 (Affects Lot 17, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-013-0000 (Affects Lots 15, 16, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-014-0000 (Affects Lot 14, part of Lot 13, part vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-015-0000 (Affects Part Lots 13, 14, part of vacated alley of parcel 2 & part of parcel 4)
Tax ID Number: 15-10-203-016-0000 (Affects Lot 11, part Lot 12, part vacated alley of parcel 2 & part of parcels 4 & 28)
Tax ID Number: 15-10-204-006-0000 (Affects Parcel 3 and Part of Parcels 4 and 28)

PARCEL 5:

LOTS 1, 2, 3 AND 4 IN BLOCK 10 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-204-005-0000 (Affects Parcel 5 and Part of Parcels 27 and 28)

PARCEL 6:

LOTS 1 AND 2 IN KUHLMANN SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 OF MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, ALL IN TOWNSHIP 39 NORTH RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILWAY, GALENA DIVISION, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE WEST 1/2 OF VACATED 13TH AVENUE LYING EAST OF AND ADJOINING SAID PARCEL.

Tax ID Number: 15-10-209-005-0000 (Affects parcel 6)

PARCEL 7:

LOTS 3, 4 AND 5 IN KUHLMANN SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 OF MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, ALL IN TOWNSHIP 39 NORTH RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING

NORTH OF THE CHICAGO AND NORTHWESTERN RAILWAY, GALENA DIVISION, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE EAST 1/2 OF THE VACATED ALLEY LYING WEST OF AND ADJOINING LOT 5 AFORESAID.

Tax ID Number: 15-10-209-002-0000 (Affects Lot 5 & vacated alley of parcel 7)
Tax ID Number: 15-10-209-003-0000 (Affects Lot 4 of parcel 7)
Tax ID Number: 15-10-209-004-0000 (Affects Lot 3 of parcel 7)

PARCEL 8:

LOTS 1, 2 AND 3 TAKEN AS A TRACT, IN BLOCK 48 IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID PARCEL.

Tax ID Number: 15-10-209-006-0000 (Affects parcel 8)
15-10-209-007-0000 (Affects parcel 8)

PARCEL 9:

LOTS 1 TO 8, BOTH INCLUSIVE, AND THE SOUTH 1/2 OF LOT 9, LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THAT PART OF THE NORTH AND SOUTH ALLEY LYING WEST OF AND ADJOINING SAID LOTS 1 TO 7, BOTH INCLUSIVE, AND LYING EAST OF AND ADJOINING SAID LOTS 14 TO 20, BOTH INCLUSIVE, IN BLOCK 9 AFORESAID, AS VACATED BY ORDINANCE RECORDED NOVEMBER 27, 1973 AS DOCUMENT 22554694.

TOGETHER WITH THE NORTH AND SOUTH ALLEY LYING WEST OF AND ADJOINING SAID LOTS 8 AND 9, AND LYING WEST OF AND ADJOINING LOT 10 IN BLOCK 9 AFORESAID, AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-205-018-0000 (Affects Parcel 9)

PARCEL 10:

LOTS 1 TO 10, BOTH INCLUSIVE, IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-206-001-0000 (Affects Lots 9 & 120 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-002-0000 (Affects Lots 7 & 8 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-003-0000 (Affects Lot 6 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-004-0000 (Affects Lot 5 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-005-0000 (Affects Lot 5 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-006-0000 (Affects Lot 3 & part of vacated street of parcel 10)
Tax ID Number: 15-10-206-007-0000 (Affects Lots 1 & 2, part of vacated street of parcel 10 & part of parcel 28)

PARCEL 11:

THAT PART OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING BETWEEN THE NORTH LINE OF ELGIN ROAD (NOW KNOWN AS LAKE STREET) AND THE SOUTH LINE OF NORTH 6TH STREET (NOW KNOWN AS SUPERIOR STREET), SAID LOT "F" BEING OTHERWISE DESCRIBED AS A STRIP OF LAND 42 FEET WIDE LYING EAST AND ABUTTING THE EAST LINE OF 13TH AVENUE, SOUTH OF AND ABUTTING THE SOUTH LINE OF LOT "E" AND NORTH AND ABUTTING THE RIGHT OF WAY OF CHICAGO AND NORTHWESTERN RAILROAD AS SHOWN ON PLAT RECORDED AS DOCUMENT 102939, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE EAST 1/2 OF VACATED 13TH AVENUE LYING WEST OF AND ADJOINING THAT PART OF LOT "F" DESCRIBED ABOVE.

Tax ID Number: 15-10-210-001-0000 (Affects parcel 11)

PARCEL 12:

THE WEST 75 FEET OF LOT 1 (AS MEASURED ON THE NORTH LINE THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-005-0000 (Affects parcel 12)

PARCEL 13:

LOT 1 (EXCEPT THE WEST 75 FEET THEREOF, AS MEASURED ON THE NORTH LINE THEREOF) AND THE SOUTH 24 FEET OF LOT 2 (EXCEPT THE WEST 75 FEET THEREOF, AS MEASURED ON THE SOUTH LINE OF SAID LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-006-0000 (Affects parcel 13)
Tax ID Number: 15-10-210-007-0000 (Affects part of parcels 13 and 27)
Tax ID Number: 15-10-210-008-0000 (Affects parcel 13)
Tax ID Number: 15-10-210-013-0000 (Affects part of parcels 13 and 14)

PARCEL 14:

THE WEST 1/3 OF LOTS 2 AND 3 TAKEN AS A TRACT (EXCEPT THE SOUTH 24 FEET THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE SOUTH 24 FEET OF THE WEST 75 FEET OF LOT 2 IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-013-0000 (Affects part of parcels 13 and 14)

PARCEL 15:

THE WEST 1/2 OF THE EAST 2/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET OF LOT 2) IN BLOCK 5 S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-011-0000 (Affects parcel 15)

PARCEL 16:

THE EAST 1/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-012-0000 (Affects parcel 16 and part of parcel 27)

PARCEL 17:

LOTS 3 THRU 20, BOTH INCLUSIVE, IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THAT PART OF THE VACATED NORTH SOUTH 14 FOOT ALLEY IN SAID BLOCK 6, LYING WEST OF AND ADJOINING LOTS 5 TO 12, BOTH INCLUSIVE, AND LYING EAST OF AND ADJOINING SAID LOTS 13 TO 20, BOTH INCLUSIVE, IN BLOCK 6 AFORESAID; ALSO THE EAST 1/2 OF THAT PART OF SAID VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 3 AND 4 IN BLOCK 6 AFORESAID, AS VACATED BY ORDINANCE RECORDED NOVEMBER 21, 1980 AS DOCUMENT 25676496.

ALSO

THE WEST 38 FEET (AS MEASURED ON THE NORTH LINE) OF LOTS 1 AND 2 IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE EAST 1/2 OF THE VACATED ALLEY LYING WEST AND ADJOINING SAID LOTS 1 AND 2 IN BLOCK 6 AFORESAID, AS VACATED BY ORDINANCE RECORDED NOVEMBER 21, 1980 AS DOCUMENT 25676496.

Tax ID Number: 15-10-211-001-0000 (Affects Lot 13 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-002-0000 (Affects Lot 14 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-003-0000 (Affects Lot 15 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-004-0000 (Affects Lot 16 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-005-0000 (Affects Lot 17, part of Lot 18 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-006-0000 (Affects Lot 19, 20 and part of Lot 18 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-009-0000 (Affects Lot 12, part vacated alley of parcel 17 and part parcel 28)
Tax ID Number: 15-10-211-010-0000 (Affects Lot 11 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-011-0000 (Affects Lot 10 and part vacated alley of parcel 17)

Tax ID Number: 15-10-211-012-0000 (Affects Lot 9 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-013-0000 (Affects Lots 7 & 8 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-014-0000 (Affects Lots 5 & 6 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-015-0000 (Affects Lot 6 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-016-0000 (Affects Lot 3 and part vacated alley of parcel 17)
Tax ID Number: 15-10-211-017-0000 (Affects Part of Lots 1 & 2 and part vacated alley of parcel 17)

PARCEL 18:

LOTS 9 TO 14, BOTH INCLUSIVE, IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-212-001-0000 (Affects Lot 14 and part vacated street)
Tax ID Number: 15-10-212-002-0000 (Affects Lot 13 and part vacated street)
Tax ID Number: 15-10-212-003-0000 (Affects Lot 11 & 12 and part vacated street)
Tax ID Number: 15-10-212-004-0000 (Affects Lots 9 & 10 and part vacated street)

PARCEL 19:

LOTS 12 AND 13 (EXCEPT THE EAST 50 FEET THEREOF) AND THE NORTH 1/2 OF LOT 11 (EXCEPT THE EAST 50 FEET THEREOF) LOTS IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-218-002-0000 (Affects part of parcel 19)
Tax ID Number: 15-10-218-003-0000 (Affects part of parcel 19)

PARCEL 20:

THE EAST 50 FEET OF THE NORTH 9 FEET OF LOT 11, AND THE EAST 50 FEET OF LOT 12 AND THE EAST 50 FEET OF LOT 13 (MEASURED ON THE SOUTH LINE THEREOF) IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-218-004-0000 (Affects parcel 20)

PARCEL 21:

THE EAST 110.25 FEET OF LOT 9 (EXCEPT THE NORTH 30 FEET THEREOF) AND THE EAST 110.25 FEET OF THE NORTH 15 FEET OF LOT 8 IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-218-017-0000 (Affects parcel 21 and other Property)

PARCEL 22:

LOTS 21 AND 22 IN BLOCK 6, TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS, IN IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-211-007-0000 (Affects parcel 22)
15-10-211-008-0000 (Affects parcel 22)

PARCEL 23:

LOT 33 IN BLOCK 3 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-219-007-0000 (Affects parcel 23)

PARCEL 24:

LOTS 21 AND 22 (EXCEPT THE EAST 10.24 FEET OF SAID LOT 22 MEASURED ON THE NORTH AND SOUTH LINE OF SAID LOT) IN BLOCK 5 IN A. J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES THEREOF) IN PARTITION OF PARTS OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-221-055-0000 (Affects parcel 24)

PARCEL 25:

THE EAST 10.24 FEET OF LOT 22, ALL OF LOT 23 AND THE WEST 15 FEET OF LOT 24, MEASURED ON THE NORTH AND SOUTH LINES THEREOF, IN BLOCK 5 IN A. J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES

THEREOF) IN PARTITION OF PARTS OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-221-056-0000 (Affects parcel 25)

PARCEL 26:

THAT PART OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF LAKE STREET (FORMERLY ELGIN ROAD) DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF LOT 13 IN BLOCK 4 IN S. R. HAVEN'S SUB (WHICH SAID SUBDIVISION ABUTS ON SAID LOT "F") BEING THE INTERSECTION OF THE SOUTH LINE OF LAKE STREET AND THE EAST LINE OF SAID LOT "F", RUNNING THENCE SOUTH ALONG THE EAST LINE OF LOT "F", 150 FEET; THENCE DUE WEST 42 FEET TO THE WEST LINE OF SAID LOT "F"; THENCE NORTH ALONG THE SOUTH LINE OF SAID LOT "F", 163.5 FEET, MORE OR LESS, TO THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD; THENCE IN A SOUTHEASTERLY DIRECTION ALONG THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD, 43.85 FEET, MORE OR LESS, TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-218-049-0000 (Affects parcel 26)

PARCEL 27:

THAT PART OF 12TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-204-005-0000 (Affects Parcel 5 and Part of Parcels 27 and 28)
Tax ID Number: 15-10-210-012-0000 (Affects parcel 16 and part of parcel 27)
Tax ID Number: 15-10-210-007-0000 (Affects part of parcels 13 and 27)

PARCEL 28:

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 11TH AVENUE AND LYING WEST OF AND ADJOINING THE NORTHERLY EXTENSION OF THE EAST LINE OF LOT 14 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTION 10 LYING NORTH OF RAILROAD;

ALSO

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 12TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 11TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN;

ALSO

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 14TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 12TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN,

ALL AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-203-008-0000 (Affects Lot 10, part of vacated street & alley of parcel 2 & part of parcel 28)
Tax ID Number: 15-10-203-016-0000 (Affects Lot 11, part Lot 12, part vacated alley of parcel 2 & part of parcels 4 & 28)
Tax ID Number: 15-10-204-005-0000 (Affects Parcel 5 and Part of Parcels 27 and 28)
Tax ID Number: 15-10-204-006-0000 (Affects Parcel 3 and Part of Parcels 4 and 28)
Tax ID Number: 15-10-206-007-0000 (Affects Lots 1 & 2, part of vacated street of parcel 10 & part of parcel 28)
Tax ID Number: 15-10-211-009-0000 (Affects Lot 12, part vacated alley of parcel 17 and part parcel 28)

PARCEL 29:

THAT PART OF VACATED 11TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE WESTERLY EXTENSION OF THE NORTH LINE OF LOT 8 IN BLOCK IN 7 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-206-003-0000
Tax ID Number: 15-10-206-004-0000
Tax ID Number: 15-10-206-005-0000
Tax ID Number: 15-10-206-006-0000
Tax ID Number: 15-10-206-007-0000
Tax ID Number: 15-10-212-001-0000
Tax ID Number: 15-10-212-002-0000
Tax ID Number: 15-10-212-003-0000
Tax ID Number: 15-10-212-004-0000

PARK PARCEL:

THE WEST 80.00 FEET OF THE NORTH 1/2 OF LOT 4 AND THE WEST 80.00 FEET OF LOTS 5 AND 6 IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF RAILROAD TOGETHER WITH THE SOUTH 125 FEET OF THAT PART OF LOT 'F' IN MELROSE, LYING WEST OF AND ADJOINING THE NORTH 1/2 OF LOT 4 AND ALL OF LOTS 5 AND 6 IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION AFORESAID, SAID MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO & NORTH WESTERN R. R. GALENA DIVISION, IN COOK COUNTY, ILLINOIS.

Permanent Index Nos.: 15-10-218-034-0000
15-10-218-035-0000
15-10-218-036-0000
15-10-218-037-0000
15-10-218-038-0000
15-10-218-039-0000
15-10-218-040-0000
15-10-218-041-0000
15-10-218-046-0000

619 N 15th Ave Melrose Park 60160

Quitclaim Deed
Westlake Hospital

ATTACHMENT 2

Official Receipt for Recording in:

Cook County Recorder of Deeds
118 N. Clark

Chicago, Illinois 60610

Issued To:
DEGRAFF

Recording Fees

Document Description	Number	Book/Page	Recording Amount
RELS	1903206371		$68.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206372		$62.00
RHSPS			$9.00
RPRF			$1.00
RELS	1903206373		$40.00
RELS	1903206374		$50.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206375		$50.00
RHSPS			$9.00
RPRF			$1.00
MISC	1903206376		$90.00
RHSPS			$9.00
RPRF			$1.00
DEED	1903206377		$92.00
RHSPS			$9.00
RPRF			$1.00
DEEDAFF	1903206378		$80.00
AFFIDAV			$2.00
RHSPS			$9.00
RPRF			$1.00
MORT	1903206379		$126.00
RHSPS			$9.00
RPRF			$1.00
			$740.00

Collected Amounts

Payment Type		Amount
Check	60812	$740.00
		$740.00
Change Due :		$.00

Thank You
EDWARD M. MOODY - Recorder of Deeds

ATTACHMENT 2

WL
1

1903206377D

Doc# 1903206377 Fee $92.00

RHSP FEE:$9.00 RPRF FEE: $1.00
EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 02/01/2019 03:52 PM PG: 1 OF 21

(Space Above for Recorder's Use)

Prepared by:	**Mail recorded document to:**	**Send subsequent tax bills to:**
Alston & Bird LLP 1201 W. Peachtree Street Atlanta, Georgia 30309 Attention: Colony C. Canady	Duane Morris LLP 1075 Peachtree Street NE Suite 2000 Atlanta, GA 30309-3929 Attention: Kirk Domescik	SRC Hospital Investments II, LLC 898 Pacific Coast Hwy., Suite 500 El Segundo, CA 90245 Attn: Nick Orzano

P.I.N.: See "Exhibit A"
Hospital: Westlake Hospital

SPECIAL WARRANTY DEED

THIS INDENTURE, made as of the 28th day of January, 2019, between **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, party of the first part ("Grantor"), and **WESTLAKE PROPERTY HOLDINGS, LLC**, a Delaware limited liability company, party of the second part ("Grantee").

WITNESSETH, that Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration in hand paid, by Grantee, the receipt of which is hereby acknowledged, by these presents does **REMISE, RELEASE, ALIENATE AND CONVEY** unto Grantee, **FOREVER**, all the following described real estate, situated in the County of Cook and State of Illinois, known and described on **Exhibit A** attached hereto and made a part hereof, together with all and singular the hereditaments and appurtenances belonging thereto, or in any way appertaining, and the reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of Grantor, either at law or in equity of, in and to the above-described premises.

TO HAVE AND TO HOLD the said premises as described above, unto Grantee, its successors and assigns, in fee simple, forever.

And the Grantor, for itself and its successors, does covenant, promise and agree to and with Grantee and its successors that it has not done or suffered to be done anything whereby the said premises hereby granted are, or may be, in any manner encumbered or charged, except as herein recited; and that it is lawfully seized of said premises in fee simple; and that it **WILL WARRANT AND DEFEND** said premises against all persons lawfully claiming, or to claim the same, by, through or under Grantor, subject only to the matters set forth on **Exhibit B** attached hereto and made a part hereof, but not otherwise.

[Signature on Following Page]

REAL ESTATE TRANSFER TAX		01-Feb-2019
	COUNTY:	700.00
	ILLINOIS:	1,400.00
	TOTAL:	2,100.00
15-10-202-001-0000	20190101685667	1-733-921-184

S V
P 21
S N
SC
INT

Deed
Westlake Hospital

ATTACHMENT 2

IN WITNESS WHEREOF, said party of the first part has executed and sealed this Deed, the day and year first above written.

VHS WESTLAKE HOSPITAL, INC., a Delaware corporation

By: _____
Name: Michael T. Maloney
Title: Vice President

This Instrument Prepared by:

Alston & Bird LLP
1201 West Peachtree Street
Atlanta, Georgia 30309-3424
Attention: Colony C. Canady

Send Subsequent Tax Bills to:

SRC Hospital Investments II, LLC
898 N. Pacific Coast Hwy., Suite 500
El Segundo, CA 90245
Attn: Nick Orzano

Mail recorded document to:

Duane Morris LLP
1075 Peachtree Street NE, Suite 2000
Atlanta, GA 30309-3929
Attention: Kirk Domescik

ATTACHMENT 2

STATE OF Texas

COUNTY OF Dallas SS:

I, Gigi Aldrete, a Notary Public in and for said County in the State aforesaid, do hereby certify that Michael T. Maloney, personally known to me to be the Vice President of VHS Westlake Hospital, Inc., a Delaware corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such Vice President, such person signed and delivered the said instrument as such person's free and voluntary act and as the free and voluntary act and deed of said corporation, in such capacity as Vice President for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this 10th day of December, 2018.

Gigi Aldrete

Notary Public

My Commission expires:

4-4-19

GIGI ALDRETE
My Commission Expires
April 04, 2019

Deed
Westlake Hospital

ATTACHMENT 2

EXHIBIT A

LEGAL DESCRIPTION

PARCEL 1

PARCEL 9:

LOTS 1 AND 2 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-001-0000

PARCEL 10:

LOTS 3 AND 4 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-002-0000 - Lot 3
15-10-202-003-0000 - Lot 4

PARCEL 13:

LOTS 15 AND 16 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-012-0000 - Lot 16
15-10-202-013-0000 - Lot 15

PARCEL 12:

LOTS 17 AND 18 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-010-0000 - Lot 18
15-10-202-011-0000 - Lot 17

PARCEL 11:

LOTS 19 AND 20 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN

THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-008-0000 - Lot 20
15-10-202-009-0000 - Lot 19

PARCEL 2

PARCEL 15:

LOTS 1 AND 2 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 1 AND 2.

Permanent Index No.: 15-10-203-001-0000

PARCEL 16:

LOTS 3 AND 4 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 3 AND 4.

Permanent Index No.: 15-10-203-002-0000
15-10-203-003-0000

PARCEL 17:

LOTS 5 AND 6 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 5 AND 6.

Permanent Index No.: 15-10-203-017-0000

PARCEL 18:

LOTS 7 AND 8 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 7 AND 8.

Permanent Index No.: 15-10-203-006-0000 - Lot 7
15-10-203-007-0000 - Lot 8

PARCEL 19:

LOTS 9 AND 10 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 9 AND 10.

Permanent Index No.: 15-10-203-008-0000

PARCEL 20-A:

LOTS 11, 12, 13, 14, 15, 16, 17, 18, 19 AND 20 IN THE EAST 1/2 OF BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-203-009-0000
15-10-203-010-0000
15-10-203-011-0000
15-10-203-012-0000
15-10-203-013-0000
15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000

PARCEL 20-G:

THE EAST 1/2 OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY LYING WEST OF AND ADJOINING LOTS 11 TO 20 IN THE EAST 1/2 OF BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD

IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 13, 1981 AS DOCUMENT 26058064, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-203-009-0000
15-10-203-010-0000
15-10-203-011-0000
15-10-203-012-0000
15-10-203-013-0000
15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000

PARCEL 75:

THAT PART OF 14TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-208-001-0000

PARCEL 3

PARCEL 20-C:

LOTS 81, 82, 83 AND 84 IN CHARLES J. WOLF'S SUBDIVISION OF ALL THE PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET EXTENDED EASTERLY OF LOT "F" IN MELROSE, A SUBDIVISION OF LOTS 3, 4, AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No. 15-10-204-006-0000 (Affects Parcel 3 and Part of Parcels 4 and 28)

PARCEL 4

PARCEL 20-B:

THAT PART OF VACATED THIRTEENTH AVENUE (13TH AVENUE), LYING SOUTH OF THE SOUTH LINE OF CHICAGO AVENUE, NORTH OF THE NORTH LINE OF SUPERIOR STREET, EAST OF LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE AFORESAID, AND WEST OF LOTS 81 TO 84, BOTH INCLUSIVE, IN CHARLES J. WOLF'S SUBDIVISION OF ALL THE PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET EXTENDED EASTERLY OF LOT "F" IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39

NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE, A COPY OF WHICH WAS RECORDED NOVEMBER 24, 1981 AS DOCUMENT 26068295, IN COOK COUNTY, ILLINOIS.

Permanent Index No. 15-10-203-009-0000
15-10-203-010-0000
15-10-203-011-0000
15-10-203-012-0000
15-10-203-013-0000
15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000
15-10-204-006-0000

PARCEL 5

PARCEL 20-C:

LOTS 1, 2, 3 AND 4 IN BLOCK 10 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-204-005-0000

PARCEL 6

PARCEL 36:

LOTS 1 AND 2 IN KUHLMANN'S SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 IN MELROSE PARK A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, BEING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD IN COOK COUNTY, ILLINOIS.

ALSO

THE WEST 1/2 VACATED 13TH AVENUE LYING EAST OF AND ADJOINING SAID PARCEL.

Permanent Index No.: 15-10-209-005-0000

PARCEL 7

PARCEL 37:

LOTS 3, 4 AND 5 IN KUHLMANN'S SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 IN "MELROSE" PARK A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, TOWNSHIP 39 NORTH,

RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE EAST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING LOT 5 AFORESAID.

Permanent Index Nos: 15-10-209-002-0000
15-10-209-003-0000
15-10-209-004-0000

PARCEL 8

PARCEL 38:

THE EAST 50 FEET (MEASURED ON THE NORTH LINE OF LOTS 1, 2, AND 3 TAKEN AS A TRACT) IN BLOCK 48 IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART LYING NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE WEST 1/2 OF VACATED ALLEY LYING EAST OF AND ADJOINING SAID PARCEL.

Permanent Index No.: 15-10-209-007-0000

PARCEL 39:

LOTS 1, 2 AND 3, TAKEN AS A TRACT, (EXCEPT THE EAST 50.00 FEET) IN BLOCK 48 IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND PART LYING NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-209-006-0000

PARCEL 9

PARCEL 20-D:

LOTS 1, 2, 3, 4, 5, 6, 7, 8, THE SOUTH 1/2 OF LOT 9, LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-205-018-0000

PARCEL 20-E:

THAT PART OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION, LYING WEST OF AND ADJOINING LOTS 1 TO 7, BOTH INCLUSIVE, AND EAST OF AND ADJOINING LOTS 14 TO 20, BOTH INCLUSIVE, IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 27, 1973 AS DOCUMENT 22554694, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-205-018-0000

PARCEL 10

PARCEL 21:

LOTS 1 AND 2 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-007-0000

PARCEL 22:

LOTS 3 AND 4 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-005-0000 - Lots 4 and 73
15-10-206-006-0000 - Lots 3 and 73

PARCEL 23:

LOTS 5 AND 6 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-003-0000 - Lots 6 and 73
15-10-206-004-0000 - Lots 5 and 73

PARCEL 24:

LOTS 7 AND 8 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-002-0000

PARCEL 25:

LOTS 9 AND 10 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-001-0000

PARCEL 11

PARCEL 35:

THAT PART OF LOT "F" IN MELROSE SUBDIVISION LYING BETWEEN THE NORTH LINE OF ELGIN ROAD, NOW KNOWN AS LAKE STREET, AND THE SOUTH LINE OF NORTH 6TH STREET, NOW KNOWN AS SUPERIOR STREET, SAID LOT "F" BEING OTHERWISE DESCRIBED AS A STRIP OF LAND 42 FEET WIDE LYING EAST AND ABUTTING IN EAST LINE OF 13TH AVENUE SOUTH OF AND ABUTTING IN SOUTH LINE OF LOT "E" AND NORTH AND ABUTTING THE RIGHT OF WAY OF CHICAGO AND NORTHWESTERN RAILROAD AS SHOWN ON PLAT, DOCUMENT 102939, IN COOK COUNTY, ILLINOIS.

ALSO

THE EAST 1/2 OF VACATED 13TH AVENUE LYING WEST OF AND ADJOINING THAT PART OF LOT "F" DESCRIBED ABOVE.

Permanent Index No.: 15-10-210-001-0000

PARCEL 12

PARCEL 33:

THE WEST 75 FEET OF LOT 1 (AS MEASURED ON NORTH LINE THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-005-0000

PARCEL 13

PARCEL 34:

LOT 1 (EXCEPT THE WEST 75 FEET THEREOF, AS MEASURED ON THE NORTH LINE THEREOF) AND THE SOUTH 24 FEET OF LOT 2 (EXCEPT THE WEST 75 FEET THEREOF AS MEASURED ON THE SOUTH LINE OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-006-0000 (Affects parcel 13)
Tax ID Number: 15-10-210-007-0000 (Affects part of parcels 13 and 27)
Tax ID Number: 15-10-210-008-0000 (Affects parcel 13)
Tax ID Number: 15-10-210-013-0000 (Affects part of parcels 13 and 14)

PARCEL 14

PARCEL 32:

THE WEST 1/3 OF LOTS 2 AND 3 TAKEN AS A TRACT (EXCEPT THE SOUTH 24 FEET THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE SOUTH 24 FEET OF THE WEST 75 FEET OF LOT 2 IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-210-013-0000 (Affects part of parcels 13 and 14)

PARCEL 15

PARCEL 31:

THE WEST 1/2 OF THE EAST 2/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,

ILLINOIS.

Permanent Index No.: 15-10-210-011-0000

PARCEL 16

PARCEL 30:

THE EAST 1/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-012-0000

PARCEL 17

PARCEL 20-F:

LOTS 3 TO 20, BOTH INCLUSIVE IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 20-H:

THAT PART OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION LYING WEST OF AND ADJOINING LOTS 5 TO 12, BOTH INCLUSIVE, IN BLOCK 6 AND LYING EAST OF AND ADJOINING LOTS 13 TO 20, BOTH INCLUSIVE, IN BLOCK 6;

TOGETHER WITH THE EAST 1/2 OF THAT PART OF SAID VACATED ALLEY LYING WEST OF AND ADJOINING LOTS 3 AND 4 IN SAID BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 21, 1980 AS DOCUMENT 25676496, IN COOK COUNTY, ILLINOIS.

PARCEL 26:

THE WEST 38 FEET (MEASURED ON NORTH LINE) OF LOTS 1 AND 2 IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE EAST 1/2 OF THE VACATED ALLEY LYING WEST AND ADJOINING SAID LOTS 1 AND 2 IN BLOCK 6.

Tax ID Number:	15-10-211-001-0000 (Affects Lot 13 and part vacated alley Of-parcel 17)
Tax ID Number:	15-10-211-002-0000 (Affects Lot 14 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-003-0000 (Affects Lot 15 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-004-0000 (Affects Lot 16 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-005-0000 (Affects Lot 17, part of Lot 18 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-006-0000 (Affects Lot 19, 20 and part of Lot 18 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-009-0000 (Affects Lot 12, part vacated alley of parcel 17 and part of parcel 28)
Tax ID Number:	15-10-211-010-0000 (Affects Lot 11 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-011-0000 (Affects Lot 10 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-012-0000 (Affects Lot 9 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-013-0000 (Affects Lots 7 & 8 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-014-0000 (Affects Lots 5 & 6 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-015-0000 (Affects Lot 6 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-016-0000 (Affects Lot 3 and part vacated alley of parcel 17)
Tax ID Number:	15-10-211-017-0000 (Affects Part of Lots 1 & 2 and part vacated alley of parcel 17)

PARCEL 18

PARCEL 27:

LOTS 13 AND 14 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-212-001-0000
15-10-212-002-0000

PARCEL 28:

LOTS 11 AND 12 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-212-003-0000

PARCEL 29:

LOTS 9 AND 10 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR

COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-212-001-0000 (Affects Lot 14 and part vacated street of parcel 18)
Tax ID Number: 15-10-212-002-0000 (Affects Lot 13 and part vacated street of parcel 18)
Tax ID Number: 15-10-212-003-0000 (Affects Lot 11 & 12 and part vacated street of parcel 18)
Tax ID Number: 15-10-212-004-0000 (Affects Lots 9 & 10 and part vacated street of parcel 18)

PARCEL 19

PARCEL 53:

LOTS 12 AND 13 AND NORTH 1/2 OF LOT 11 (EXCEPT THE EAST 50 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH, OF THE RIGHT-OF-WAY OF CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-002-0000
15-10-218-003-0000

PARCEL 20

PARCEL 54:

THE EAST 50 FEET OF THE NORTH, 9 FEET OF LOT 11 AND THE EAST 50 FEET OF LOT 12 AND THE EAST 50 FEET OF LOT 13 (MEASURED ON THE SOUTH LINE THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PARTITITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD N TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINICIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-004-0000

PARCEL 21

PARCEL 58:

THE EAST 110.25 FEET OF LOT 9 (EXCEPT THE NORTH 30 FEET THEREOF) AND THE EAST 110.25 FEET OF THE NORTH 15 FEET OF LOT 8 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-017-0000

Deed
Westlake Hospital

ATTACHMENT 2

PARCEL 22

PARCEL 40:

LOTS 21 AND 22 IN BLOCK 6, TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS, IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-007-0000
15-10-211-008-0000

PARCEL 23

PARCEL 66:

LOT 33 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-007-0000

PARCEL 24

PARCEL 70:

LOTS 21 AND 22 (EXCEPT THE EAST 10.24 FEET OF SAID LOT 22 MEASURED ON THE NORTH AND SOUTH LINE OF SAID LOT) IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF THE COMMISSIONER'S PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-055-0000

PARCEL 25

PARCEL 71:

THE EAST 10.24 FEET OF LOT 22, ALL OF LOT 23 AND THE WEST 15 FEET OF LOT 24 MEASURED ON THE NORTH AND SOUTH LINES THEREOF, IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF COMMISSIONER PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART NORTH OF RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-056-0000

PARCEL 26

THAT PART OF LOT "F" IN MELROSE IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF LAKE STREET OR ELGIN ROAD DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF LOT 13 IN BLOCK 4 IN S.R, HAVEN'S SUBDIVISION (WHICH SAID SUBDIVISION ABUTS ON SAID LOT "F") BEING THE INTERSECTION OF THE SOUTH LINE OF LAKE STREET AND THE EAST LINE OF SAID LOT "F", RUNNING THENCE SOUTH ALONG THE EAST LINE OF LOT "F", 150 FEET; THENCE DUE WEST 42 FEET TO THE WEST LINE OF SAID LOT "F"; THENCE NORTH, ALONG THE WEST LINE OF SAID LOT "F", 163.5 FEET, MORE OR LESS, TO THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD; THENCE IN A SOUTHEASTERLY DIRECTION ALONG THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD, 43.85 FEET, MORE OR LESS, TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15 10-218-049-0000 (Affects parcel 26)

PARCEL 27

PARCEL 74:

THAT PART OF 12TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-204-005-0000 (Affects parcel 5 and part of parcels 27 and 28)
Tax ID Number: 15-10-210-012-0000 (Affects parcel 16 and part of parcel 27)
Tax ID Number: 15-10-210-007-0000 (Affects part of parcels 13 and 27)

PARCEL 28

PARCEL 76:

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 11TH AVENUE AND LYING WEST OF AND ADJOINING THE NORTHERLY EXTENSION OF THE EAST LINE OF LOT 14 IN BLOCK 7 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THIRD PRINCIPAL MERIDIAN; ALSO,

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 12TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 11TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN; ALSO,

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 14TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 12TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALL AS VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT 0731315167.

Tax ID Number: 15-10-203-008-0000 (Affects Lot 10, part of vacated street & alley of parcel 2 & part of parcel 28)
Tax ID Number: 15-10-203-016-0000 (Affects Lot 11, part Lot 12, part vacated alley of parcel 2 & part of parcels 4 & 28)
Tax ID Number: 15-10-204-005-0000 (Affects parcel 5 and part of Parcels 27 and 28)
Tax. ID Number: 15-10-204-006-0000 (Affects parcel 3 and part of Parcels 4 and 28)
Tax ID Number: 15-10-206-007-0000 (Affects Lots 1 & 2, part of vacated street of parcel 10 & part of parcel 28)
Tax ID Number: 15-10-211-009-0000 (Affects Lot 12, part vacated alley of parcel 17 and part parcel 28)

PARCEL 29

PARCEL 73:

THAT PART OF 11TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE WESTERLY EXTENSION OF THE NORTH LINE OF LOT 8 IN BLOCK 7 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, BAST OF THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Tax ID Number: 15-10-206-003-0000
Tax ID Number: 15-10-206-004-0000
Tax ID Number: 15-10-206-005-0000
Tax ID Number: 15-10-206-006-0000
Tax ID Number: 15-10-206-007-0000
Tax ID Number: 15-10-212-001-0000
Tax ID Number: 15-10-212-002-0000
Tax ID Number: 15-10-212-003-0000
Tax ID Number: 15-10-212-004-0000

PARK PARCEL

PARCEL 85/RES#125-133/CTIC#008819532:

THE WEST 80 FEET OF THE NORTH 1/2 OF LOT 4 AND THE WEST 80 FEET OF LOTS 5 AND 6 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12,

EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD, TOGETHER WITH THE SOUTH 125 FEET OF THAT PART OF LOT "F" IN MELROSE, LYING WEST OF AND ADJOINING THE NORTH 1/2 OF LOT 4 AND ALL OF LOTS 5 AND 6 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION AFORESAID, SAID MELROSE BEING A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 E.

Permanent Index Nos: 15-10-218-034-0000
15-10-218-035-0000
15-10-218-036-0000
15-10-218-037-0000
15-10-218-038-0000
15-10-218-039-0000
15-10-218-040-0000
15-10-218-041-0000
15-10-218-046-0000

619 N 15th Ave Melrose Park IL 60160

EXHIBIT B

PERMITTED EXCEPTIONS

1. Real Estate Ad Valorem Taxes for second installment for the year 2018 and for the year 2019 and subsequent years, not yet due and payable.

2. All covenants, conditions, restrictions and other matters of record recorded or filed in the applicable records of Cook County, Illinois with respect to the real property conveyed hereby.

3. Rights of tenants (and subtenants) and/or lessees (and sublessees) in possession under any recorded or unrecorded leases or rental agreements.

4. Zoning regulations and building laws, ordinances and regulations, and other similar laws now or hereinafter in effect and applicable to the real property conveyed hereby.

5. All matters as would be shown on a current, accurate survey of the real property conveyed hereby.

ATTACHMENT 3

PERSONS WITH 5% OR GREATER INTEREST IN THE LICENSEE

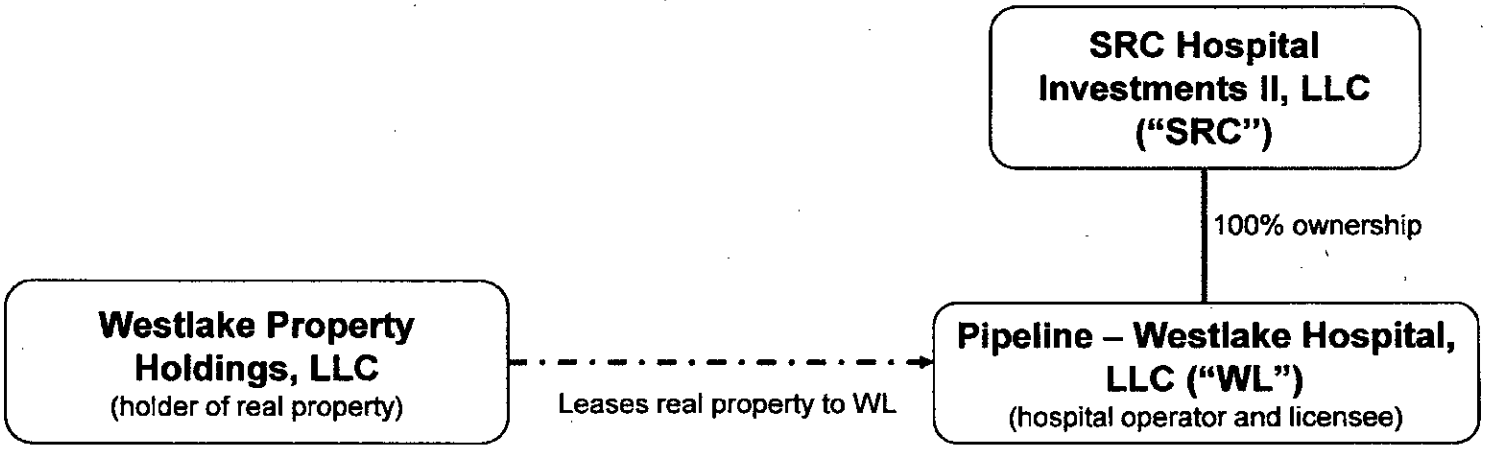
1. The following Persons own a 5% or greater interest in Pipeline-Westlake Hospital, LLC:

Name	Percentage Interest
SRC Hospital Investments II, LLC	100%

2. The following Persons own a 5% or greater interest in SRC Hospital Investments II, LLC:

Name	Percentage Interest
SRC Healthcare Investments I, LLC	27.28%
Mokuleia, LLC	27.28%
TWG Partners, LLC	13.60%
DFP Opco LLC	9.52%
Deerfield Private Design Fund IV, L.P.	9.52%

Organizational Chart: Pipeline-Westlake Hospital, LLC



ATTACHMENT 4

ATTACHMENT 5

DISCONTINUATION DESCRIPTION

The Applicants propose to discontinue all services presently provided by Westlake. Westlake is approved to offer the following categories of service, with the approved number of beds for each category set forth below:

- Medical/Surgical beds (111)
- Pediatric beds (5)
- Intensive Care beds (12)
- Obstetric/Gynecology beds (24)
- AMI beds (50)
- Rehabilitation beds (28)

Other service lines provided by Westlake include emergent care, cardiac care (including cardiac catheterization), surgery, clinical laboratory services, occupational health services, orthopedic services, imaging and radiology, stroke care, and outpatient care. The Applicants plan to discontinue all beds and hospital services.

The Applicants anticipate that all services will be discontinued within 45 days after the Board approves this application. Following discontinuation, the Applicants plan to continue operation of an MOB in Melrose Park. The MOB is presently located on the Westlake campus. The Westlake campus will be marketed for sale. It is possible that some or all of the improvements on the campus will be demolished in connection with such a sale.

The Applicants plan to store all patient medical records at West Suburban, which records will be held by West Suburban in accordance with the Illinois Code of Civil Procedure and other applicable state and federal laws, rules, and regulations.

February 18, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Certification for the Provision of Questionnaires and Data Required by HFSRB or DPH.

Dear Ms. Avery:

The undersigned authorized representative of Pipeline-Westlake Hospital, LLC d/b/a Westlake Hospital ("Westlake") and SRC Hospital Investments I, LLC ("SRC," and together with Westlake, the "Applicants") does hereby certify that the Facility shall provide all questionnaires and data as may be required by the Health Facilities & Services Review Board ("HFSRB") or the Department of Public Health ("DPH") (collectively, the "Required Information") through the date that is forty-five (45) days from the date the Facility's application for discontinuation is approved by HFSRB (the "Discontinuation Date"). The Required Information shall be provided to HFSRB or DPH no later than ninety (90) days following the Discontinuation Date.

Sincerely,

Robert Heinemeier
Chief Financial Officer
Pipeline Health System

Pipeline-Westlake Hospital LLC
d/b/a Westlake Hospital
SRC Hospital Investments II, LLC

SUBSCRIBED AND SWORN
to before me this ___ day
of February, 2019

_____
Notary Public

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 2/18/2019 before me, Synat Falefitu,
(here insert name and title of the officer)

personally appeared Robert Wilhelm Heinemeier,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

SYNAT FALEFITU
COMM. #2269583
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 4, 2022
NRO1

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Certifications for Provision of Questionnaires and Data Required by HFSRB or DPH

containing 1 pages, and dated 2/18/19.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☒ Corporate Officer(s) Chief Financial Officer
  Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other:

representing: Pipeline Health System
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 1 Entry # 6

Notary contact: _____

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐ _____

ATTACHMENT 5

© Copyright 2007-2017 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Righ

contact your Authorized Reseller to purchase copies of this form.

February 18, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Certification Regarding Notice of Facility Closure to Local Media.

Dear Ms. Avery:

The undersigned authorized representative of Pipeline-Westlake Hospital, LLC d/b/a Westlake Hospital ("Westlake") and SRC Hospital Investments I, LLC ("SRC," and together with Westlake, the "Applicants") does hereby certify that the Applicants provided the required notice of Westlake Hospital's (the "Facility") closure to the local media (the "Closure Notice") that the Facility would otherwise routinely notify about Facility events. Attached hereto as Exhibit I are copies of supporting documentation evidencing the Facility's provision of the required Closure Notice.

Sincerely,

Robert Heinemeier
Chief Financial Officer
Pipeline Health System

Pipeline-Westlake Hospital LLC
d/b/a Westlake Hospital
SRC Hospital Investments II, LLC

SUBSCRIBED AND SWORN
to before me this ___ day
of February, 2019

_____
Notary Public

ATTACHMENT 5

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 2/18/19 before me, Synat Falefitu,
(here insert name and title of the officer)

personally appeared Robert Wilhelm Heiremeier,

who proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in his/~~her~~/~~their~~ authorized capacity(~~ies~~), and that by his/~~her~~/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Synat Falefitu

SYNAT FALEFITU
COMM. #2269583
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 4, 2022
NRO1 NRO1

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Certification Regarding Notice of Facility Closure to Local Media

containing 1 pages, and dated 2/18/19.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☒ Corporate Officer(s) Chief Financial System
  Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other:

representing: Pipeline Health System
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 1 Entry # 7

Notary contact:

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐

ATTACHMENT 5

© Copyright 2007-2017 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507.

Please contact your Authorized Reseller to purchase copies of this form.

HINCKLEY ALLEN
WESTLAKE HOSP

ADORDERNUMBER: 0001079734-01
PO NUMBER: WESTLAKE HOSP
AMOUNT: 532.00
NO OF AFFIDAVITS: 1

Pending approval from the Illinois Health Facilities and Services and Review Board (HFSRB), Westlake Hospital will discontinue all hospital services. If approved by HFSRB, the discontinuation will occur in the second quarter of 2019. The hospital intends to submit the required certificate of exemption application in February 2019. A copy of the application and information about this discontinuation will be available on the HFSRB website, at: https://www2.illinois.gov/ sites/hfsrb/Pages/default.aspx. You may also contact Stasia Thompson, Director of Marketing at Westlake Hospital, at (708) 938-7804.
2/18/19 #1079734

Chicago Sun-Times
Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisments in the following secular newspapers. All newspapers meet Illinois Compiled Statue requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PI.
Note: Notice appeared in the following checked positions.
PUBLICATION DATE(S): 02/18/2019

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed

by

Mary Lou Davis
Account Manager - Public Legal Notices

This 18th Day of February 2019 A.D.

HINCKLEY ALLEN
28 STATE ST
ATTN: JARED L SHWARTZ
BOSTON, MA 02109-1775

ATTACHMENT 5

CLASSIFIEDS 312.321.2345

Bid Notice

Kiewit Infrastructure Co. invites all firms who are certified as an MBE/WBE/SBE to submit proposals along with a current letter of certification from a state, local government or agency for the following project: NWRD Contract No. 15-830-3D Replacement of Tailrace Stop Logs, Headrace Gates, and Equipment at the Lockport Powerhouse in Lockport, IL. In order to assist certified MBE/WBE/SBE contractors and suppliers, Kiewit will divide total requirements into smaller activities. Proposals are due by March 3, 2019 by 5 PM CST. Kiewit utilizes Smart Bid Net database for vendor communications regarding plans/specs/addenda distribution. Please contact our office if your firm is not in our database or for project information at Kiewit Infrastructure Co., 8501 W. Higgins Rd., Suite 400 Chicago, IL 60631 Phone: 773-454-1250 Fax: 773-456-1942. An Equal Opportunity Employer.
2/18/19 #1079824

Divorce

STATE OF WISCONSIN,
CIRCUIT COURT,
RACINE COUNTY
IN RE: THE MARRIAGE OF
Petitioner
LAURA CHRISTINE ROWAN
7148 MCHENRY STREET
BURLINGTON, WI 53105
and Respondent
SCOTT ALLEN ROWAN
8342 W SUMMERDALE AVE
CHICAGO, IL 60656
Order to Show Cause
Without Minor Children
Divorce - 40101
IT IS ORDERED that the parties Show Cause, in Person:
NOTICE OF HEARING
4-2-2019 9:50 A.M., Racine County Courthouse, 730 Wisconsin Avenue 5th Fl Court/Hearing Room, Racine, WI 53404
Order: 60 day extension to serve permission to publish affidavit of due diligence filed.
2/18, 2/25, 3/4/19 #1079640

Probate

Cook County Probate Notice
State of Illinois
In The Circuit Court of
Cook County, Illinois
Probate Division
In the matter of the Estate of Marilyn A. Zimmerly (Deceased)
Case No. 19 P 249
Notice is hereby given of the death of Marilyn A. Zimmerly of Prospect Heights, Illinois. Letters of office were issued on February 6, 2019 to Elizabeth A. Zimmerly, 910 E. Old Willow Road, #112, Prospect Heights, Illinois 60070, whose attorney is Thrun Tallmen & Conn, Ltd., 401 E. Prospect, #106, Mt. Prospect, Illinois 60056 (847) 255-6355
Notice to Heirs
Notice is given to unknown heirs who are the heirs in the above entitled proceeding and whose name or address is not stated.
Claims against the estate may be filed in the office of the Clerk of the Circuit Court in Room 1202, Richard J. Daley Center, Chicago, Illinois 60602 or with the representative, or both, on or before August 12, 2019, which date is not less than 6 months from the date of the first publication of this notice and any claim not filed within that period is barred. Copies of any claim filed with the Clerk must be mailed or delivered to the representative and to the attorney within 10 days after it has been filed.
2/11, 2/18, 2/25/19 #1079296

Public Notices

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, SIXTH DISTRICT
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA, Plaintiff, v. ROHAN WRIGHT AND SUZETTE WRIGHT, Defendant.
Case No. 2017-M6-002016
PUBLISHED NOTICE
The requisite affidavit for publication having been filed, notice is given to you, ROHAN WRIGHT and SUZETTE WRIGHT, Defendants in the above-entitled action, that the action has been commenced in the Circuit Court of Cook County – Sixth Municipal District, by the Plaintiff against you and the other Defendant, requesting forty-five thousand three hundred twenty-one dollars and sixteen cents ($45,321.16), and for other relief; summons was issued out of the court against you as provided by law, and the action is still pending.
Consequently, unless you, ROHAN WRIGHT and SUZETTE WRIGHT, Defendants in the above-entitled action, file your answer to the complaint in the action or otherwise make your appearance in the Circuit Court of Cook County – Sixth Municipal District, held in the courthouse in 16501 South Kedzie Parkway, Markham, IL 60428, on or before March 1, 2019, default may be entered against you at any time after that day and a judgment entered in accordance with the prayer of the complaint.
Dated: February 1, 2019
2/11, 2/18, 2/25/19 #1079300

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, SIXTH DISTRICT
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA, Plaintiff, v. ROBERT SERRANO, Defendant.
Case No. 2016-M6-008421
PUBLISHED NOTICE
The requisite affidavit for publication having been filed, notice is given to you, ROBERT SERRANO, Defendant in the above-entitled action, that the action has been commenced in the Circuit Court of Cook County – Sixth Municipal District, by the Plaintiff against you, requesting eighty-four thousand nine hundred thirteen dollars and fifteen cents ($84,913.15), and for other relief; summons was issued out of the court against you as provided by law, and the action is still pending.
Consequently, unless you, ROBERT SERRANO, Defendant in the above-entitled action, file your answer to the complaint in the action or otherwise make your appearance in the Circuit Court of Cook County - Sixth Municipal District, held in the courthouse in 16501 South Kedzie Parkway, Markham, IL 60428, on or before March 1, 2019, default may be entered against you at any time after that day and a judgment entered in accordance with the prayer of the complaint.
Dated: February 1, 2019
2/11, 2/18, 2/25/19 #1079260

LIST YOUR RENTAL WITH THE HARDEST-WORKING CLASSIFIEDS IN CHICAGO.
Call 312-321-2345 to place your listing.
SUNTIMES.COM
CS★T

Bid Notice

INVITATION FOR PROPOSALS FOR
2011 West Washington Boulevard
Chicago, Illinois

PUBLIC NOTICE is hereby given by the City of Chicago (the "City"), pursuant to section 5/11-74.4-4 (c) of the Illinois Tax Increment Allocation Redevelopment Act, as amended (65 ILCS 5/11-74.4-1 et seq.), that the City, through its Department of Planning and Development, Real Estate Division (the "Department"), has received an offer from Rufus McGee, of 2007 West Washington Boulevard, Chicago, Illinois 60612, to purchase City-owned property containing a total area of approximately 2,490 square feet, located at the following address:

2011 W. Washington Boulevard P.I.N. 17-07-327-014-0000

The property is located in the Central West Redevelopment Project Area ("Area") established pursuant to an ordinance adopted by the City Council of the City of Chicago on February 16, 2000 published in the Journal of Proceedings of the City Council for such date at pages 25276 through 25432.

Rufus McGee, has proposed to acquire the subject property for the purpose of expanding the availability of open space and has agreed to pay $62,000.00 for the property which is equivalent to the appraised fair market value and is the minimum price acceptable to the Department of Planning and Development, Real Estate Division

Prior to further consideration of the proposed purchase the Department desires to invite proposals from other developers interested in the acquisition and development of the property.

All proposals are required to be submitted in writing to the:

Department of Planning and Development
Real Estate Division
Attention: James Michaels
121 North LaSalle Street, Room 1003
Chicago, Illinois 60602

All proposals must be submitted on or before March 18, 2019 by 4:00 p.m. and must describe the general plan for development of the property, the price offered for the Property, the names of the party or parties making the proposal, evidence of financial qualifications and capacity to complete said development and the timetable for implementation of the proposal.

The City of Chicago reserves the right to reject any or all proposals, or to request additional information in clarification of any proposal. No proposal will be accepted from any person, firm or corporation who is in default on any loan or debt owed to the City of Chicago, either as principal or surety, or is otherwise in breach of any contract or obligation to the City.

The City of Chicago, Department of Planning and Development, is an Equal Employment Opportunity/Affirmative Action Employer. If you need assistance regarding this Invitation, please call the Real Estate Division at (312) 744-5263.

David L. Reifman
Commissioner

Rahm Emanuel
Mayor

2/18, 2/25/19 #1079803

Bid Notice

INVITATION FOR PROPOSALS FOR
1846 West 63rd Street
Chicago, Illinois

PUBLIC NOTICE is hereby given by the City of Chicago (the "City"), pursuant to section 5/11-74.4-4 (c) of the Illinois Tax Increment Allocation Redevelopment Act, as amended (65 ILCS 5/11-74.4-1 et seq.), that the City, through its Department of Planning and Development, Real Estate Division (the "Department"), has received an offer from Wesley Hayden, of 1844 West 63rd Street, Chicago, Illinois 60636, to purchase City-owned property containing a total area of approximately 3,000 square feet, located at the following address:

1846 West 63rd Street P.I.N. 20-18-426-039-0000

The property is located in the 63rd/Ashland Redevelopment Project Area ("Area") established pursuant to an ordinance adopted by the City Council of the City of Chicago on March 29, 2006 published in the Journal of Proceedings of the City Council for such date at pages 72958 through 73124.

Wesley Hayden has proposed to acquire the subject property for the purpose of expanding the availability of open space and has agreed to pay $3,800.00 for the property which is equivalent to the appraised fair market value and is the minimum price acceptable to the Department of Planning and Development, Real Estate Division

Prior to further consideration of the proposed purchase the Department desires to invite proposals from other developers interested in the acquisition and development of the property.

All proposals are required to be submitted in writing to the:

Department of Planning and Development
Real Estate Division
Attention: James Michaels
121 North LaSalle Street, Room 1003
Chicago, Illinois 60602

All proposals must be submitted on or before March 18, 2019 by 4:00 p.m. and must describe the general plan for development of the property, the price offered for the Property, the names of the party or parties making the proposal, evidence of financial qualifications and capacity to complete said development and the timetable for implementation of the proposal.

The City of Chicago reserves the right to reject any or all proposals, or to request additional information in clarification of any proposal. No proposal will be accepted from any person, firm or corporation who is in default on any loan or debt owed to the City of Chicago, either as principal or surety, or is otherwise in breach of any contract or obligation to the City.

The City of Chicago, Department of Planning and Development, is an Equal Employment Opportunity/Affirmative Action Employer. If you need assistance regarding this Invitation, please call the Real Estate Division at (312) 744-5263

David L. Reifman
Commissioner

Rahm Emanuel
Mayor

2/18, 2/25/19 #1079804

Divorce

STATE OF WISCONSIN
CIRCUIT COURT
MILWAUKEE COUNTY
FAMILY COURT BRANCH
In re the Marriage of: Roger E. Jones 6570 N. 60th Street, Apt. 316 Milwaukee, WI 53223 Petitioner and Barbara L. Jones (Unknown last address) (Last known City and State: Chicago, Illinois) Respondent
Case No.: 2019FA000361
Divorce Case Code No.: 40101
SUMMONS (without minor children)
THE STATE OF WISCONSIN, TO THE PERSON NAMED ABOVE AS RESPONDENT:
You are hereby notified that the petitioner named above has filed a lawsuit or other legal action against you. The Petition, which is attached, states the nature and basis of the legal action.
Within 20 days of receiving this Summons, you must respond with a written answer, as that term is used in Wis. Stat. ch. 802, to the Petition. The court may reject or disregard an answer that does not follow the requirements of the statutes. The answer must be sent or delivered to this court, whose address is: Clerk of Circuit Court Milwaukee County Courthouse, 901 N. 9th Street, Milwaukee, Wisconsin 53233
and to the petitioner's attorney, whose address is:
Washington-Franklin Law Offices, S.C. 10425 W. North Avenue, Suite 311 Wauwatosa, Wisconsin 53226
You may have an attorney help or represent you. If you do not provide a proper Answer within twenty (20) days, the Court may grant judgment against you for the award of money or other legal action requested in the Petition, and you may lose your right to object to anything that is or may be incorrect in the Petition. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own or in the future, and may also be entered by garnishment or seizure of property.
You are further hereby notified of the availability of information from the Family Court Commissioner set forth in section 767.105 of the Wisconsin Statutes, which provides as follows:
Wisconsin Statute 767.105 Information from Family Court Commissioner
1. Upon the filing of an action affecting the family, the Family Court Commissioner shall inform the parties of any services, including referral services, offered by the Family Court Commissioner and by the director of family court counseling services under s. 767.405.
2. Upon request of a party to an action affecting the family, including a revision of judgment or order under s. 767.58 or 767.451:
A. The Family Court Commissioner shall, with or without charge, provide the party with written information on the following, as appropriate to the action commenced:
i. The procedure for obtaining a judgment or order in the action.
ii. The major issues usually addressed in such an action.
iii. Community resources and family court counseling services available to assist the parties
B. The Family Court Commissioner shall provide a party, for inspection or purchase, with a copy of the statutory provisions in this chapter generally pertinent to the action.
Dated at Milwaukee, Wisconsin this 18th day of January, 2019.
WASHINGTON-FRANKLIN LAW OFFICES, S.C
Attorneys for the Petitioner, Roger E. Jones
BY: /s/ Tarena W. Franklin, Attorney at Law
State Bar No.: 1031804
PO ADDRESS
10425 W. North Avenue, Ste. 311
Wauwatosa, WI 53226
(414) 444-4280 (phone) (414-444-4270 (fax)
lwfwila@gmail.com
2/11, 2/18, 2/25/19 #1079323

Foreclosures

IN THE CIRCUIT COURT OF DUPAGE COUNTY, Illinois, 18th Judicial Circuit, Chancery Division LVNVINVEST LLC ("LVNVINVEST"), Plaintiff vs. William F. Helwig, Jr., et al., Defendants.
Case No. 2017 CH 001719.
NOTICE OF SALE. PUBLIC NOTICE IS HEREBY GIVEN that pursuant to a Judgment of Foreclosure and Sale and Other Relief entered in the above cause on February 11, 2019, The DuPage County Sheriff will, on March 21, 2019, at 10:00 a.m. at 501 N. County Farm Road, Wheaton, Illinois 60187, sell at public auction to the highest bidder for cash, as set forth below, the following described real estate and the personal property related thereto owned jointly and severally, by defendants 5400 James Building, LLC and James Building, LLC described in the complaint:
LOT 26 IN ELLSWORTH PARK UNIT #5, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 38 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 10, 1962 AS DOCUMENT R62-993, IN DUPAGE COUNTY, ILLINOIS.
Together with all existing or subsequently erected or affixed buildings, improvements and fixtures; all easements, rights of way, and appurtenances; all water, water rights, watercourses and ditch rights (including stock in utilities with ditch or irrigation rights); and all other rights, royalties, and profits relating to the real property, including without limitation all minerals, oil, gas, geothermal and similar matters.
Address of Property: 5400-5408 James Avenue, Downers Grove, Illinois 60515
Tax Identification No.: 08-12-304-008-0000
The real estate is a Commercial Office and Industrial Building.
LVNVINVEST's judgment amount was $2,036,575.70.
Sale shall be under the following terms: 10% down by certified funds balance by certified funds within 24 hours.
Sale shall be subject to general taxes and any prior first mortgages or liens, if any.
Premises will not be open for inspection.
For Information: Thompson Coburn LLP, Attorneys for LVNVINVEST LLC, 55 East Monroe Street, 37th Floor, Chicago, IL 60603, (312) 346-7500.
This is an attempt to collect a debt pursuant to the Fair Debt Collection Practices Act and any information obtained will be used for that purpose.
2/18, 2/25, 3/4/2019 #1079858

Public Notices

Pending approval from the Illinois Health Facilities and Services and Review Board (HFSRB), Westlake Hospital will discontinue all hospital services. If approved by HFSRB, the discontinuation will occur in the second quarter of 2019. The hospital intends to submit the required certificate of exemption application in February 2019. A copy of the application and information about this discontinuation will be available on the HFSRB website, at: https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx. You may also contact Stasia Thompson, Director of Marketing at Westlake Hospital, at (708) 938-7804.
2/18/19 #1079734

CHICAGO TRANSIT AUTHORITY
Office of the Secretary
NOTICE OF CHANGE OF DATE AND TIME
OF
REGULAR BOARD MEETING
Notice is hereby given that the Regular meeting of the Chicago Transit Board previously called for Thursday, November 14, 2019, has been rescheduled. The meeting will be held on **Wednesday, November 20, 2019, at 2:30 p.m., in the afternoon, at the offices of the Chicago Transit Authority, 567 W. Lake Street, Second Floor, Boardroom, Chicago, Illinois.**
GREGORY P. LONGHINI
Assistant Secretary
Chicago Transit Board
2/18/19 #1079805

NOTICE:
Clearcover, Inc. hereby gives notice of its intent to form an Illinois domestic insurer pursuant to Illinois Insurance Code 215§ 5/6. The name of the insurer will be Clearcover Insurance Company.

Clearcover Insurance Company will have the power to transact the kinds of insurance business defined in Clauses (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) and (l) of Class 2 of Section 4 and Clauses (a), (b), (c), (d), (e), (f), (g), (h) and (i) of Class 3 of Section 4 of the Illinois Insurance Code.

Clearcover Insurance Company will have its principal office located at:
33 West Monroe Street
Chicago, IL 60603.
2/4, 2/11, 2/18/19 #1078230

ATTACHMENT 5

000078

Chicago Sun-Times

CHICAGO SUN-TIMES

Publication Name:
Chicago Sun-Times

Publication URL:
suntimes.com (http://suntimes.com)

Publication City and State:
Chicago, IL

Publication County:
Cook

Notice Popular Keyword Category:

Notice Keywords:
westlake

Notice Authentication Number:
20190218093222005319 1
1753304451

Notice URL:

Back (/Search.aspx#searchResults)

Notice Publish Date:
Monday, February 18, 2019

Notice Content

Pending approval from the Illinois Health Facilities and Services and Review Board (HFSRB), Westlake Hospital will discontinue all hospital services. If approved by HFSRB, the discontinuation will occur in the second quarter of 2019. The hospital intends to submit the required certificate of exemption application in February 2019. A copy of the application and information about this discontinuation will be available on the HFSRB website, at: https://www2.illinois.gov/ sites/hfsrb/Pages/default.aspx. You may also contact Stasia Thompson, Director of Marketing at Westlake Hospital, at (708) 938-7804. 2/18/19 #1079734

Back (/Search.aspx#searchResults)

ATTACHMENT 5

ATTACHMENT 6

REASONS FOR DISCONTINUATION

Broad Trends. The Applicants' plan to discontinue services at Westlake reflects a broad national trend over the past 20 years of moving away from inpatient care toward outpatient and ambulatory care. An examination of national statistics relating to hospital care underscores this new reality. In 1990, a patient, on average, remained in a hospital for nine days, compared to six days in 2014.[1,2] During that same period, the number of Medicare-certified inpatient hospital facilities decreased from 6,522 to 6,142, with a 47% decrease in the number of beds per 1,000 people in the United States.[3]

The decrease in hospitals and beds is due, in part, to the rise of value-based care, in which the focus is on delivery of high quality care in a cost-effective manner, and the corresponding emphasis on outpatient and ambulatory service delivery. In 2007, for example, there was an average of 2,000 outpatient visits per 1,000 people, compared to 2,312 such visits in 2016.[4] Coupled with the decreased usage of hospitals is the financial strain felt by many hospitals due to undercompensated or uncompensated care costs by government payors such as Medicare and Medicaid.[5]

Illinois Trends. A review of this paradigm shift in the State of Illinois mirrors the national trend set forth above, and has resulted in the discontinuation of hospital services throughout the state. Between 2012 and 2017, for example, hospitals reportedly discontinued more than 170 pediatric beds.[6] While certain Illinois hospitals have shut down operations altogether due to the increased financial pressures associated with daily operations, other facilities have responded to the growing financial pressures by laying off workers and reducing or eliminating categories of service.[7] Despite these changes, and as reflected in ATTACHMENT 7, Health Planning Area A-

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[1] All supporting documentation referenced in these footnotes is attached hereto
[2] https://www.cdc.gov/nchs/data/hus/2016/082.pdf
[3] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Statistics-Reference-Booklet/Downloads/2015CMSStatistics.pdf#page=26
[4] https://www.kff.org/other/state-indicator/outpatient-visits-by-ownership/?activeTab=graph&currentTimeframe=2&startTimeframe=9&selectedDistributions=total&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[5] https://www.aha.org/system/files/2019-01/underpayment-by-medicare-medicaid-fact-sheet-jan-2019_0.pdf
[6] https://www.chicagotribune.com/business/ct-biz-saint-anthony-pediatric-hospital-1101-story.html
[7] https://abc7chicago.com/politics/328-cook-county-employees-laid-off-due-to-budget-cuts-officials-say/2867105/; https://www.chicagotribune.com/business/ct-biz-roseland-hospital-layoffs-20180104-story.html

06 ("HPA A-06") and Health Service Area 7 ("HSA 7") experience significant overbedding according to the State's own calculations.

Perhaps recognizing the increased challenges hospitals are facing in the State, the Illinois legislature recently passed Public Act 100-581, creating the Hospital Transformation Review Committee (the "Committee"). Pursuant to the Committee's Bylaws, the Committee was created "to assist the Illinois Department of Healthcare and Family Services (HFS) in developing a hospital transformation program (the "Program") to provide financial assistance to hospitals in transforming their services and care models to better align with the needs of the communities they serve." [8]

Finally, as acknowledged below in the discussion regarding Westlake's Financial Distress, the State of Illinois is an especially challenging climate from a reimbursement and government funding perspective.

Westlake Occupancy and Utilization Rates; Overbedding in HPA A-06 and HSA 7. A review of the demand for services at Westlake over the past three years is consistent with the national and local trends discussed above. Inpatient admissions, outpatient treatment, and emergency department visits all have declined at Westlake from 2016-2018, as set forth below:

	2016	**2017**	**2018**
Inpatient Admissions	4,759	4,473	4,162
Outpatient Visits	42,526	42,476	39,697
Emergency Department Visits	19,839	19,589	18,125

The continuously-reducing demand for services at Westlake corresponds with significant overbedding in Westlake's service area. As indicated above, Westlake is located in HPA A-06 and HSA 7. According to the Inventory of Health Care Facilities and Services and Need Determinations published by the Board and the Illinois Department of Public Health, for example, HPA A-06 has 473 excess beds in the medical/surgical and pediatric categories of service, 37 excess beds in the OB/GYN category of service, and 129 excess beds in the acute mental illness category of service. HSA 7 currently has 70 excess beds in the comprehensive physical rehabilitation category of service.

[8] Bylaws Article I: https://www.illinois.gov/hfs/SiteCollectionDocuments/HTRCBylaws82218.pdf

ATTACHMENT 6

A summary of the decline in Westlake patient volumes from 2015-2017, and for categories of service as compared to State target occupancy rates, is set forth below:

INPATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Average Daily Census	CON Occupancy Rate (%)
2017	4,473	24,608	230	71.6	31.1
2016	4,759	27,777	230	80.9	35.2
2015	5,404	30,096	230	85.9	37.4

MEDICAL/SURGICAL PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate (%)	State Target Occupancy Rate (%)
2017	1,884	7,349	111	58	23.8	21.5	85
2016	1,999	8,234	111	57	27.1	24.4	85
2015	2,409	10,912	111	57	33.1	29.8	85

PEDIATRICS PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate (%)	State Target Occupancy Rate (%)
2017	33	57	5	1	0.2	3.1	65
2016	32	84	5	5	0.2	4.6	65
2015	42	100	5	5	2.4	5.5	65

REHABILITATION PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate (%)	State Target Occupancy Rate (%)
2017	234	3,299	28	17	9.0	32.3	85
2016	284	3,554	28	18	9.7	34.7	85
2015	264	3.172	28	18	10.7	38.2	85

INTENSIVE CARE PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate (%)	State Target Occupancy Rate (%)
2017	500	1,782	12	12	4.9	41.1	60
2016	584	2,199	12	12	6.1	50.6	60
2015	663	1,983	12	12	5.5	45.5	60

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OB/GYN PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate	State Target Occupancy Rate (%)
2017	960	2,212	24	20	6.5	27.0	75
2016	937	2,098	24	15	6.1	25.3	75
2015	1,056	2,297	24	15	6.5	27.1	75

ACUTE MENTAL ILLNESS PATIENT VOLUMES AT WESTLAKE HOSPITAL

Year	Admissions	Inpatient Days	Authorized Beds	Peak Census	Average Daily Census	CON Occupancy Rate (%)	State Target Occupancy Rate (%)
2017	952	9,909	50	Unreported	27.1	54.3	85
2016	1,006	11,608	50	Unreported	31.7	63.4	85
2015	1,056	10,907	50	43	29.9	59.8	85

Westlake's Financial Distress. The changing role of hospitals in the provision of healthcare services and decreased demand at Westlake has had a devastating financial impact on Westlake. Stated in plain terms, the hospital is not economically feasible, and continuing operations will impair Pipeline's ability to be successful in the greater Chicago market. As reflected in the attached financial statements, the hospital has operated at a significant loss since at least 2015.[9] In the 48 months spanning from January 2015 through December 2018, Westlake operated at a loss in all but 10 of those months. In the 36 months spanning from January 2016 through December 2018, Westlake operated at a loss in all but four of those months. Keeping with the trend, in the 24 months spanning from January 2017 through December 2018, the Hospital operated at a loss in all but one of those months.

In 2018, operating losses at Westlake exceeded $14 Million, and are projected to grow for as long as the hospital continues to operate. Within 2018, these losses accelerated greatly during the second half of the year. A summary of Westlake's annual net operating losses from 2015-2018 is summarized below:

[9] Income Statements of Westlake Hospital – December 2017 (internally prepared).

ATTACHMENT 6

Year	Net Operating Loss
2015	$2,188,834.00
2016	$3,161,185.00
2017	$8,991,125.00
2018	$14,768,757.00

The worsening financial condition of Westlake is driven, in part, by insufficient demand for services and corresponding low occupancy rates and volumes. Declining demand has impacted Westlake's market share among area hospitals. In a 2018 Market Share Analysis prepared by Insight Analytics, Westlake's market share was ranked last among the ten hospitals in Westlake's primary service area.

A leading cause of Westlake's economic struggles has been the reimbursement and government funding climate in Illinois. In 2018, the General Assembly made significant changes to the Illinois Hospital Assessment Payments & Charity Care Tax Credit program. These changes are anticipated to result in Westlake receiving $4 Million less per year in State funding. This dramatic loss of government funding, when coupled with Illinois Medicaid reimbursement that frequently does not cover costs, practices by some Medicaid managed care entities that result in payment delays and denials, and the prevalence of bad debt among self-pay patients, creates an inhospitable funding environment that has had a crippling effect on Westlake.

Westlake's financial losses are compounded by necessary capital improvements. The original physical plant was constructed in 1925, with its last addition (excluding the MOB) constructed in 1988. Like other hospitals of its age, Westlake has capital needs in order to run as an acute care facility, including a $10 Million investment in a new electronic medical records system.

Time-Urgency of Discontinuation. As indicated above, Westlake incurred net operating losses of $14 Million in 2018, with losses accelerating greatly in the second half of the year. In the assessment of Pipeline leadership, immediate discontinuation of Westlake is critical to ensuring the success of its operations at West Suburban and Weiss—two hospitals that are also experiencing significant market challenges. Pipeline's management team has more than 250 years of collective experience in clinical medicine, finance, and hospital operations. Pipeline executives have engaged in numerous hospital turnarounds, and Pipeline presently operates community-based hospitals in Texas and California.

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Consolidation of Services at West Suburban. While the application is structured as a hospital discontinuation in accordance with the Board's rules, in reality the Applicants intend to consolidate Westlake's underutilized hospital operations at West Suburban. West Suburban is located approximately four miles from the Westlake campus and is within a 14 minute drive time.[10] As shown in the 2017 Hospital Profile attached as Exhibit II and in Attachment 7, West Suburban's occupancy rates in OB/GYN, medical/surgical and intensive care categories of service support its willingness to absorb these patients.

By consolidating services at West Suburban, Pipeline plans to strengthen West Suburban's operations and financial performance. While West Suburban is located just within Oak Park, Illinois, it lies on the border of Oak Park and the Austin community within the West Side of Chicago. In fact, West Suburban draws its largest patient population from the West Side of Chicago. According to West Suburban's 2017 Community Health Needs Assessment Report, the West Suburban service area includes neighborhoods such as Austin, Humboldt Park, Garfield Park and Lawndale. These neighborhoods are recognized to have significant racial and ethnic minority resident populations, and experience significant disparities on socioeconomic indicators such as unemployment rates, income below the poverty level and median household income. West Suburban's 2017 Hospital Profile, attached as Exhibit II, indicates that 71.5% of its patients are Black and 8.5% are Hispanic or Latino.

As discussed further in the Impact on Access narrative set forth in ATTACHMENT 7, there is significant overlap in the categories of services presently provided by Westlake and West Suburban, and in the medical staffs at each hospital. Similarly, Westlake and West Suburban currently share the same Chief Executive Officer, which will further help to facilitate the consolidation of services between the two hospitals. Finally, as referenced in the Narrative Description, Pipeline will provide a shuttle service to West Suburban from the Westlake in an effort to ensure the local community's continued access to care.

West Suburban and Weiss will hold open current employee vacancies until May 1, 2019, to the extent consistent with patient safety, in order to facilitate consideration of Westlake employee

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[10] Google maps.
https://www.google.com/maps/dir/Westlake+Hospital,+West+Lake+Street,+Melrose+Park,+IL/West+Suburban+Hospital+Medical+Center,+Erie+Street,+Oak+Park,+IL/@41.8899094,-87.8290135,14z/data=!3m1!4b1!4m14!4m13!1m5!1m1!1s0x880e3550e0ab1cf9:0x9924fcbe53e19e5a!2m2!1d-87.8485948!2d41.8928897!1m5!1m1!1s0x880e33562713ca2b:0xc916f8e6cc04d884!2m2!1d-87.7763182!2d41.891248!3e0

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candidates. West Suburban will also grant Westlake employees who meet position qualifications priority consideration for all employee vacancies to be filled at West Suburban and Weiss for at least six months following the discontinuation of services at Westlake. Employees of Westlake as of the date of discontinuation will receive severance and outplacement support in accordance with Pipeline's current policies. Qualified members of Westlake's medical staff who are not currently members of West Suburban's medical staff will receive priority consideration for joining to Westlake's staff.

Need for Community-Based Outpatient Services. The Applicants are making a sizeable financial commitment to enhanced outpatient care in Melrose Park. As referenced in the Narrative Description, the Applicants plan to continue operating an MOB in Melrose Park. That MOB is currently situated on the Westlake campus. The Applicants are committing to an investment of at least $2.5 million over five years for enhanced ambulatory and outpatient care in Melrose Park. This expanded outpatient care will be community-based, and will be developed in cooperation with local community leaders and after consideration of community needs assessments produced for the Westlake service area. As described in ATTACHMENT 7, these community needs include outpatient behavioral health and substance use disorder treatment services.

This financial commitment includes a sizeable grant to PCC Wellness, which is an FQHC, in order to enhance its ability to provide expanded outpatient services such as primary care, behavioral health, substance use disorder treatment, prenatal care, diabetes treatment support, and dental care to the Melrose Park community. As reflected in the MOU attached as Exhibit I, the Applicants will provide to PCC Wellness a grant of at least $100,000 per year for five years to support these services.

FOOTNOTE 2

Table 82. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2014

Excel and PDF versions (with more data years and standard errors when available): http://www.cdc.gov/nchs/hus/contents2016.htm#082.

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	2000	2010	2012	2013	2014
Admissions				Number, in thousands				
All hospitals	36,157	38,892	33,774	34,891	36,915	36,156	35,416	34,879
Federal	1,913	2,044	1,759	1,034	911	901	949	936
Nonfederal[1]	34,243	36,848	32,015	33,946	36,004	35,256	34,467	33,943
Community[2]	33,435	36,143	31,181	33,089	35,149	34,422	33,609	33,067
Nonprofit	23,722	25,566	22,878	24,453	25,532	24,751	24,319	23,742
For profit	2,646	3,165	3,066	4,141	4,925	5,224	5,052	5,119
State-local government	7,067	7,413	5,236	4,496	4,693	4,447	4,238	4,206
6–24 beds	174	159	85	141	199	197	189	185
25–49 beds	1,431	1,254	870	995	1,169	1,128	1,087	1,046
50–99 beds	3,675	3,700	2,474	2,355	2,173	2,017	2,021	1,925
100–199 beds	7,017	7,162	5,833	6,735	6,125	5,920	5,754	5,849
200–299 beds	6,174	6,596	6,333	6,702	6,569	6,298	6,156	5,759
300–399 beds	4,739	5,358	5,091	5,135	5,835	5,660	5,344	5,190
400–499 beds	3,689	4,401	3,644	3,617	3,869	3,966	3,750	3,899
500 beds or more	6,537	7,513	6,840	7,410	9,210	9,235	9,307	9,212
Average length of stay[3]				Number of days				
All hospitals	11.4	10.0	9.1	6.8	6.2	6.1	6.1	6.1
Federal	20.3	16.8	14.9	12.8	11.8	9.9	9.6	10.3
Nonfederal[1]	10.8	9.6	8.8	6.6	6.1	6.0	6.0	6.0
Community[2]	7.7	7.6	7.2	5.8	5.4	5.4	5.4	5.5
Nonprofit	7.8	7.7	7.3	5.7	5.3	5.2	5.3	5.3
For profit	6.6	6.5	6.4	5.4	5.3	5.3	5.5	5.5
State-local government	7.6	7.3	7.7	6.7	6.2	6.3	6.3	6.4
6–24 beds	5.6	5.3	5.4	4.3	4.3	4.4	4.6	4.8
25–49 beds	6.0	5.8	6.1	5.1	5.2	5.3	5.5	5.5
50–99 beds	6.8	6.7	7.2	6.5	6.4	6.8	6.7	6.9
100–199 beds	7.1	7.0	7.1	5.7	5.3	5.2	5.2	5.3
200–299 beds	7.5	7.4	6.9	5.7	5.1	5.1	5.1	5.1
300–399 beds	7.8	7.6	7.0	5.5	5.1	5.1	5.1	5.1
400–499 beds	8.1	7.9	7.3	5.6	5.3	5.2	5.3	5.3
500 beds or more	9.1	8.7	8.1	6.3	5.7	5.7	5.7	5.7
Outpatient visits[4]				Number, in thousands				
All hospitals	254,844	262,951	368,184	592,673	750,408	777,961	787,422	802,680
Federal	51,957	50,566	58,527	63,402	90,134	92,891	98,676	100,263
Nonfederal[1]	202,887	212,385	309,657	531,972	660,274	685,070	688,746	702,417
Community[2]	190,672	202,310	301,329	521,405	651,424	674,971	677,951	693,107
Nonprofit	131,435	142,156	221,073	393,168	494,178	512,237	516,162	525,424
For profit	7,713	9,696	20,110	43,378	48,201	53,854	53,191	56,299
State-local government	51,525	50,459	60,146	84,858	109,045	108,880	108,599	111,384
6–24 beds	915	1,155	1,471	4,555	9,934	10,626	10,888	11,314
25–49 beds	5,855	6,227	10,812	27,007	43,099	46,693	47,453	47,871
50–99 beds	16,303	17,976	27,582	49,385	57,701	56,800	58,123	59,361
100–199 beds	35,156	36,453	58,940	114,183	120,902	123,765	123,562	133,742
200–299 beds	32,772	36,073	60,561	99,248	110,661	111,664	112,921	105,764
300–399 beds	29,169	30,495	43,699	73,444	90,515	93,787	89,747	85,585
400–499 beds	22,127	25,501	33,394	52,205	65,543	72,413	71,359	77,947
500 beds or more	48,375	48,430	64,870	101,378	153,067	159,222	163,897	171,523
Outpatient surgery				Percent of total surgeries[5]				
Community hospitals[2]	---	16.3	50.5	62.7	63.6	64.5	65.6	65.9

--- Data not available.

[1] The category of nonfederal hospitals comprises psychiatric hospitals, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See Appendix II, Hospital.

[2] Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. The types of facilities included in the community hospitals category have changed over time. See Appendix II, Hospital.

[3] Average length of stay is the number of inpatient days divided by the number of admissions. See Appendix II, Average length of stay.

[4] Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See Appendix II, Outpatient visit.

[5] Total surgeries is a measure of patients with at least one surgical procedure. Persons with multiple surgical procedures during the same outpatient visit or inpatient stay are counted only once. See Appendix II, Outpatient surgery.

SOURCE: American Hospital Association (AHA). Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–92, 2002, 2012, 2014, 2015, and 2016 editions. Chicago, IL. (Reprinted from AHA Hospital Statistics by permission. Copyright 1976, 1981, 1991–92, 2002, 2012, 2014, 2015, and 2016 editions by Health Forum, LLC, an American Hospital Association Company.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

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FOOTNOTE 3

2015 CMS Statistics

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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Data availability:
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Statistics-Reference-Booklet/index.html

Submit questions on this publication:
https://questions.cms.gov/

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Preface

This reference booklet provides significant summary information about health expenditures and Centers for Medicare & Medicaid Services (CMS) programs. The information presented was the most current available at the time of publication and may not always reflect changes due to recent legislation. Significant time lags may occur between the end of a data year and aggregation of data for that year. Similar reported statistics may differ because of differences in sources and/or methodology.

The data are organized as follows:

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Table II.1
Inpatient Hospitals/Trends

	1990	2000	2010	2014
Total hospitals	6,522	5,985	6,169	6,142
Beds in thousands	1,105	991	928	931
Beds per 1,000 enrollees[1]	32.8	25.3	19.6	17.3
Short-stay	5,549	4,900	3,566	3,466
Beds in thousands	970	873	785	784
Beds per 1,000 enrollees[1]	28.8	22.3	16.6	14.6
Critical access hospitals	NA	NA	1,325	1,334
Beds in thousands	---	---	30	31
Beds per 1,000 enrollees[1]	---	---	0.6	0.6
Other non-short-stay	973	1,085	1,278	1,342
Beds in thousands	135	118	113	116
Beds per 1,000 enrollees[1]	4.0	3.0	2.4	2.2

[1]Based on number of total HI enrollees as of July 1 for years 1990, 2000, and 2010. Based on person-year HI enrollee count for 2014.

NOTES: Facility data are as of December 31 and represent essentially those facilities eligible to participate at the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: CMS, Office of Enterprise Data and Analytics.

Table II.2
Inpatient Hospitals/CMS Region

	Short-stay and CAH hospitals	Beds per 1,000 enrollees	Non Short-stay hospitals	Beds per 1,000 enrollees
All regions	4,800	15.2	1,342	2.2
Boston	178	11.9	64	3.5
New York	300	15.9	73	2.1
Philadelphia	360	13.3	131	2.4
Atlanta	883	15.6	249	1.8
Chicago	857	16.5	204	1.8
Dallas	764	17.9	350	3.8
Kansas City	460	18.9	62	1.8
Denver	312	16.0	50	2.5
San Francisco	475	13.3	130	1.6
Seattle	211	10.8	29	1.4

NOTES: Critical Access Hospitals have been grouped with short stay. Facility data as of December 31, 2014. Rates based on person-year hospital insurance enrollee count for 2014.

SOURCE: CMS, Office of Enterprise Data and Analytics.

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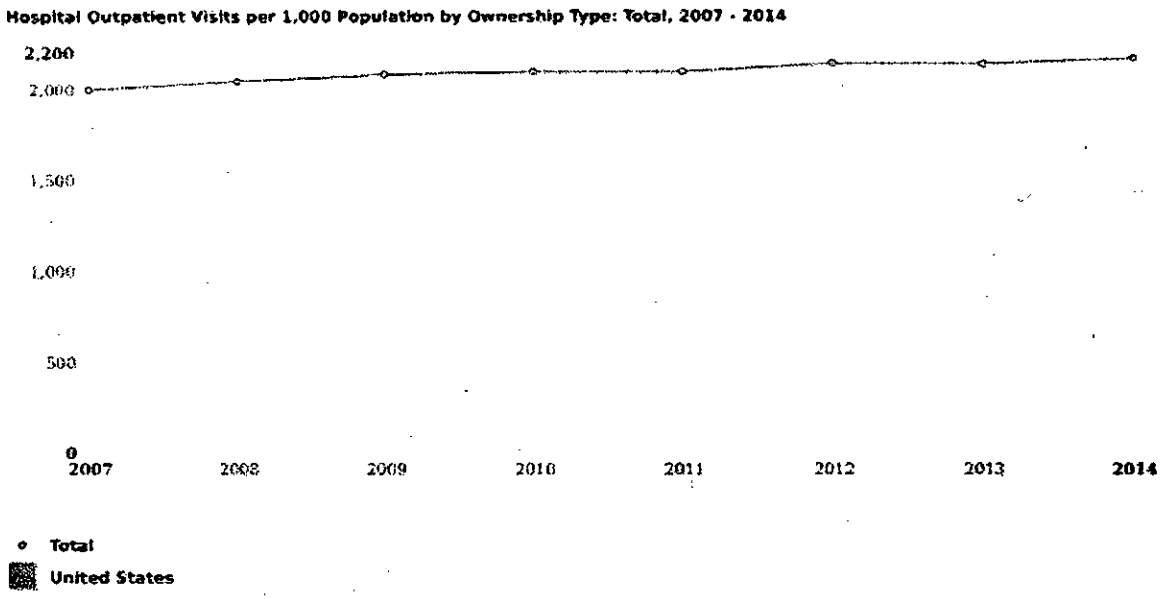
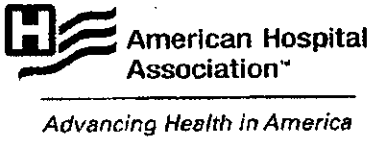


SOURCE: Kaiser Family Foundation's State Health Facts.



AMERICAN HOSPITAL ASSOCIATION
UNDERPAYMENT BY MEDICARE AND MEDICAID FACT SHEET

January 2019

Each year, the American Hospital Association (AHA) collects aggregate information on the payments and costs associated with care delivered to beneficiaries of Medicare and Medicaid by U.S. hospitals. The data used to generate these numbers come from the AHA's Annual Survey of Hospitals, which is the nation's most comprehensive source of hospital financial data. This fact sheet provides the definition of underpayment and technical information on how this figure is calculated on a cost basis for Medicare and Medicaid.

Payment rates for Medicare and Medicaid, with the exception of managed care plans, are set by law rather than through a negotiation process, as with private insurers. These payment rates are currently set below the costs of providing care, resulting in underpayment. Payments made by managed care plans contracting with the Medicare and Medicaid programs are generally negotiated with the hospital.

Hospital participation in Medicare and Medicaid is voluntary. However, as a condition for receiving federal tax exemption for providing health care to the community, not-for-profit hospitals are required to care for Medicare and Medicaid beneficiaries. Also, Medicare and Medicaid account for more than 60 percent of all care provided by hospitals. Consequently, very few hospitals can elect not to participate in Medicare and Medicaid.

Bridging the gaps created by government underpayments from Medicare and Medicaid is only one of the benefits that hospitals provide to their communities. In a separate fact sheet, AHA has calculated the cost of uncompensated hospital care (financial assistance and bad debt), which also are benefits to the community. While these two fact sheets contain important information, they do not account for the many other services and programs that hospitals provide to meet identified community needs.

DEFINING UNDERPAYMENT

Underpayment is the difference between the costs incurred and the reimbursement received for delivering care to patients. Underpayment occurs when the payment received is less than the *costs* of providing care, i.e., the amount *paid by* hospitals for the personnel, technology and other goods and services required to provide hospital care is more than the amount *paid to* them by Medicare or Medicaid for providing that care. Underpayment is not the same as a contractual allowance, which is the difference between hospital charges and government program payments.

CALCULATING UNDERPAYMENTS

Payments received by hospitals for Medicare and Medicaid services are reported for each hospital in the AHA Annual Survey.[1] Hospitals also report their gross charges for Medicare and Medicaid services provided. Gross charges for these services are then translated into costs. This is done by multiplying each hospital's gross charges by each hospital's overall cost-to-charge ratio, which is the ratio of a hospital's costs (total expenses exclusive of bad debt) to its charges (gross patient and other operating revenue).

- Payment = Amount Received
- Cost-to-charge Ratio = $\frac{\text{Total Expenses Exclusive of Bad Debt}}{\text{Gross Patient Revenue + Other Operating Revenue}}$
- Costs = Gross Charges x Cost-to-Charge Ratio

The resulting payment and cost figures are aggregated across all hospitals for Medicare and Medicaid. Payments are then compared to costs. Underpayment occurs when aggregate payments are less than costs.

- Underpayment = Amount by Which Payment is Less than Costs

FINDINGS

In the aggregate, both Medicare and Medicaid payments fell below costs in 2017:

- Combined underpayments were $76.8 billion in 2017. This includes a shortfall of $53.9 billion for Medicare and $22.9 billion for Medicaid.
- For Medicare, hospitals received payment of only 87 cents for every dollar spent by hospitals caring for Medicare patients in 2017.
- For Medicaid, hospitals received payment of only 87 cents for every dollar spent by hospitals caring for Medicaid patients in 2017.
- In 2017, 66 percent of hospitals received Medicare payments less than cost, while 62 percent of hospitals received Medicaid payments less than cost.

Please refer questions regarding this fact sheet to: Aaron Wesolowski, AHA Policy Division, at awesolowski@aha.org or (202) 626-2356.

[1] Medicare and Medicaid payments include all applicable payment adjustments (Disproportionate Share, Indirect Medical Education, etc.). Payments include both fee-for-service and managed care payments.

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Many Chicago-area hospitals have cut children's care, but this one is doubling down

Saint Anthony Hospital has received an official designation as a children's hospital, one of 17 in the state. Although some Chicago-area community hospitals have moved away from caring for kids, Saint Anthony is moving in the opposite direction. (Saint Anthony Hospital)

Lisa SchenckerContact Reporter Chicago Tribune

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When Corinne Piragine was a child, her family went to Saint Anthony Hospital, on the city's Southwest Side, for medical care.

Now that Piragine is a mother herself, she brings her eight children to the hospital, which is near where she works. They see their pediatrician for issues ranging from asthma to respiratory viruses to heart murmurs.

"It's like a community. It's family," Piragine said recently as she waited for an appointment for her 1-year-old son. "They know everything about my kids, everything about their health. It's important to me to talk to someone who knows them."

Saint Anthony is doubling down on its pediatric care, having recently received an official designation as a children's hospital – one of 17 in the state. Although a number of Chicago-area community hospitals have moved away

from caring for kids, closing their pediatric inpatient units, Saint Anthony, which serves many low-income families, is moving in the opposite direction.

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The hospital, which has 18 pediatric beds, formed a partnership with University of Chicago Medicine Comer Children's Hospital in 2016. As part of that agreement, Comer specialists now offer services at Saint Anthony and are available around the clock to answer questions from Saint Anthony doctors. Comer medical residents are also training at Saint Anthony. Patients in need of more complex services are transferred to Comer and other hospitals.

ATTACHMENT 6

More than one-third of the hospital's emergency patients are children.

"So many community hospitals and even some larger hospitals are closing their pediatric units," said Saint Anthony CEO Guy Medaglia. "I saw the (children's hospital) designation as a way to say to our community, 'Look, we're serious about staying in pediatrics.'"

Nearby Mount Sinai Hospital decided last year to stop offering pediatric trauma and inpatient care, slashing 24 pediatric inpatient beds. Amita Health Alexian Brothers Medical Center in Elk Grove Village and Little Company of Mary Hospital in Evergreen Park also recently decided to close their pediatric inpatient units. In all, area hospitals cut more than 170 pediatric beds between 2012 and late 2017, according to an application Lurie Children's Hospital submitted to the state last year to add more beds.

Many of those hospitals cited weak demand as a reason for scaling back, noting that procedures are increasingly being offered on an outpatient basis.

"Typically, 10 or 15 years ago you would have seen a lot of children who maybe had an acute asthma attack and were admitted for a night or two," said Amy Wimpey Knight, chief operating officer for the Children's Hospital Association. "Asthma management has gotten so much better that most of them are managed in an ambulatory environment."

Hospitals don't want to hold on to empty children's beds when they could convert them for other, more in-demand uses, such as for aging Baby Boomers, she said.

Meanwhile bigger-name hospitals are attracting pediatric patients with conditions serious enough to require overnight care.

Partnerships, such as the one between Saint Anthony and Comer, allow community hospitals to boost their pediatric offerings in a more efficient way than by building their own programs from scratch, Wimpey Knight said.

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"It is fiscally very difficult to run a pediatric unit, especially if you're not a big children's hospital," said Dr. Romeen Lavani, Saint Anthony chairman of pediatrics and medical education and vice president of business development.

The partnership can also benefit a big children's hospital like Comer. Chicago's largest hospitals have, in recent years, been working to expand their reach throughout the city and suburbs, aiming to treat patients closer to where they live.

The partnership could result in more referrals to Comer. It could also free up more of Comer's resources to treat complex cases by allowing more patients to stay at Saint Anthony for care, said Dr. John Cunningham, physician-in-chief of Comer.

It's a partnership that Saint Anthony hopes will help it better serve its community and set it apart.

The hospital, which is slated to move into a new facility in 2021 at 31st Street and Kedzie Avenue, struggled financially in the past. There was even talk about closing it back in 2007, Medaglia said.

Saint Anthony has also worked to prove the quality of its offerings. It earned two out of five stars from the Centers for Medicare & Medicaid Services in that agency's most recent ratings. And the hospital sued The Leapfrog Group in Cook County Circuit Court over its C rating last year, saying the grade was wrong and based on incorrect data. That lawsuit was dismissed earlier this year.

But in recent years, the not-for-profit hospital has been on the ascent, Medaglia said. Last fiscal year, it had a positive operating income of $1.1 million, according to its financial report for the year. And the Illinois Health and Hospital Association recently recognized the hospital for a quality

ATTACHMENT 6

improvement project that cut costs and contributed to a steep decline in rates of hospital-acquired infections.

"To keep your hospital open is not easy," Medaglia said. "When you know what the consumer wants, I think it helps."

Saint Anthony is betting its community wants better care for kids, closer to home.

Nancy Ocasio, of Cicero, brings her three kids to the hospital to see their pediatrician regularly. She cheers any efforts to bolster the hospital's children's services.

"It's one thing when people take care of you," said Ocasio, as she held her smiling, wiggly 10-month-old son on a recent day in a hospital waiting room. "But it's a whole different thing when they take care of your children."

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FOOTNOTE 7

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POLITICS

328 Cook County employees laid off due to budget cuts, officials say

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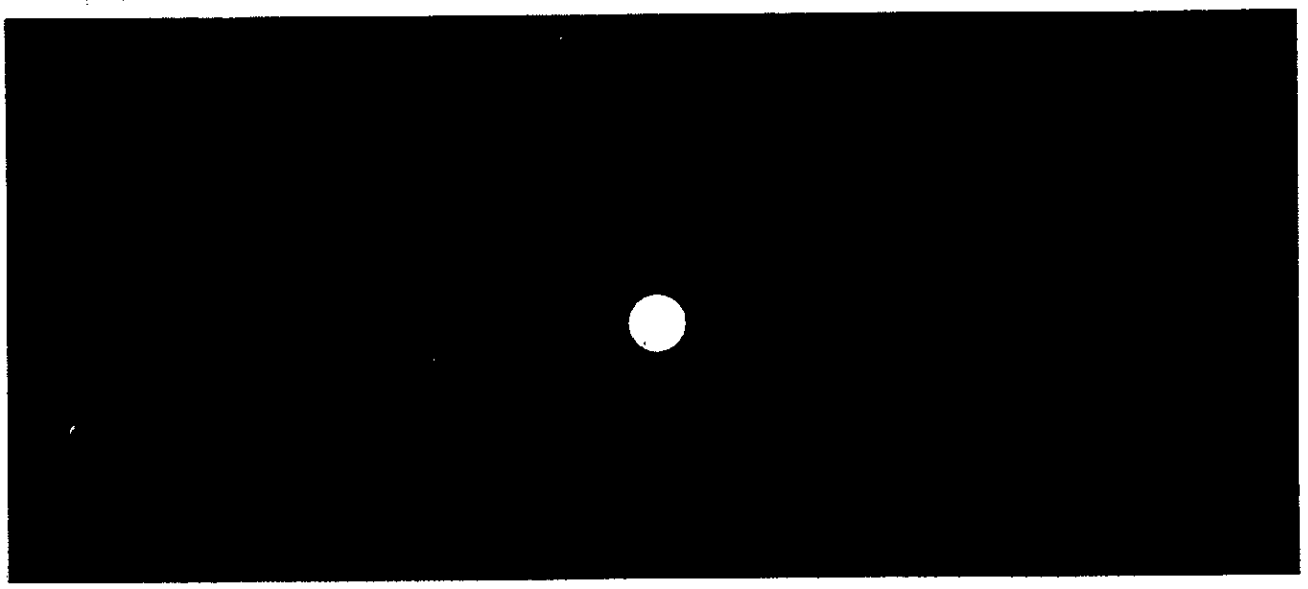

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Over 300 more Cook County employees were laid off Friday due to budget cuts, ABC 7 has learned.

By Leah Hope

Friday, January 05, 2018

CHICAGO (WLS) -- Over 300 more Cook County employees were laid off Friday due to budget cuts, ABC 7 has learned.

Officials with the Cook County Sheriff's Office said 77 people were laid off from the department, including deputies and high ranking department members.

"How devastating it is for anyone to lose their job...we're working with their unions to try and mitigate the effect of these cuts," said Cara Smith of the Cook County Sheriff's Department.

County officials said three people in the Cook County Board President's Office are being let go after choosing not to take other positions they were offered.

Five drug and alcohol counselors at Stroger Hospital also lost their jobs.

"Substance abuse counselors help people get back on their feet and get them back into the community and functioning...there will be

ATTACHMENT 6

nobody at the hospitals to offer substance abuse counseling," said Dian Palmer, of SEIU Local 73.

Over 100 employees with the Cook County Courts are part of the layoff, but a temporary court order has put those layoffs on hold.

In November, the Cook County Board of Commissioners approved a $5.2 billion budget that included the layoffs of 321 people and the elimination of 1,017 vacant positions to make up for the $200 million in revenue lost when the sweetened beverage tax was repealed.

A spokesperson for Cook County Board President Toni Preckwinkle released a statement on Friday:

"When the Board unanimously approved the 2018 budget, it required more than $200 million in spending cuts to make up for repealed revenue and to meet the County's obligation of balancing its budget annually. Because approximately 80 percent of the County's spending is related to personnel costs, losing revenue and balancing the budget unfortunately meant that some County employees would be subject to layoffs this fiscal year."

A total of 328 Cook County employees were given notice on Friday.

"Taxpayers demand that we operate with efficiency and that we operate at our very best. I don't expect that there will be service disruptions, I expect for people to do the work that they've always been accustomed to doing," said Commissioner Richard Boykin.

Report a Typo

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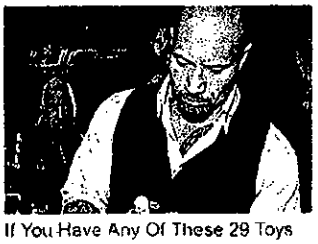

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Roseland Community Hospital lays off 7 percent of staff, cuts pay

Roseland Community Hospital has laid off 35 employees and reduced the pay of all of its nonunion staff in an effort to cut costs at the South Side health facility. (Zbigniew Bzdak / Chicago Tribune)

Samantha BomkampContact Reporter Chicago Tribune

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Roseland Community Hospital has laid off 35 employees and reduced the pay of all of its nonunion staff in an effort to cut costs at the South Side health facility.

"We are in a fight for survival and these austerity measures are designed to get us to a sustainable level," CEO Tim Egan said.

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The layoffs were all administrative positions from the director level and down. The hospital's board of directors suspended Egan's pay for 60 to 90 days, while other senior executives will see a 25 percent salary reduction for the same period. All other nonunion staff took a 10 percent pay reduction for the 60- to 90-day period.

The 35 employees laid off represented about 7 percent of the hospital's total staff. Of the remaining 465 employees, 170 are union members, Egan said. Union jobs at the hospital include support staff such as housekeepers, janitors and kitchen staff. All other positions, including doctors and nurses, are nonunion and took pay reductions.

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"Safety net hospitals in Chicago and Illinois are suffering," he said. "The funds we receive are far less than we need to operate."

Far South Side hospital disputes F grade for safety »

Safety net hospitals, like Roseland, are a major source of medical care for the poor and uninsured. There are 40 in Illinois, according to the Illinois Hospital Association, accounting for about 1 in 5 hospitals in the state.

More than two-thirds of Roseland's revenue comes from Medicaid and Medicare reimbursements. Only a small slice of its patients have private

ATTACHMENT 6

insurance, which is typically used to offset the loss from government reimbursements.

And the reimbursement process has slowed, Egan said. "We do not have the cash reserves to manage those delays," he said, adding that there are also "more denials than ever."

The future financial viability of Roseland and other safety net hospitals is in question as the hospital assessment program is renegotiated in Springfield, Egan said. The program provides financial relief to medical institutions across the state, filling budget shortfalls and allowing hospitals to maintain access to health services, through a combination of state and federal funds.

"Hospitals like Roseland deserve more money and cannot stand to lose one dollar," he said. "I have great faith in our legislators, but more focus needs to be put on this."

Egan said the hospital wants to move forward with its growth plan if the current funding issues can be resolved, including the expansion of its outpatient program, which will allow it to add jobs.

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"My hope is that we can bring some of these employees back," he said. "We know that health care is changing. Roseland needs to change. But we have to have a runway to do that."

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FOOTNOTE 8

HOSPITAL TRANSFORMATION REVIEW COMMITTEE

BYLAWS

Article I – Name and Mandate

Section I- Purpose

The Hospital Transformation Review Committee (HTRC) is created to assist the Illinois Department of Healthcare and Family Services (HFS) in developing a hospital transformation program to provide financial assistance to hospitals in transforming their services and care models to better align with the needs of the communities they serve. In addition, HTRC will consider and make recommendations related to qualifying criteria and payment methodologies related to safety-net hospitals and children's hospitals.

The HTRC will assist in the development of the goals, objectives, policies, standards, payment models, or criteria to be applied when in allocating the hospital transformation funds in Phase 2 of the Hospital Transformation Program enacted pursuant to Public Act 100-581. The goals, objectives, and policies to be considered may include, but are not limited to, achieving unmet needs of a community that a hospital serves such as behavioral health services, outpatient services, or drug rehabilitation services; attaining certain quality or patient safety benchmarks for health care services; or improving the coordination, effectiveness, and efficiency of care delivery.

Section II- Functions

The HTRC will:

A. Review and approve the policies; procedures, and rules for the hospital transformation program;

B. Consider and make recommendations related to qualifying criteria and payment methodologies related to safety-net hospitals and children's hospitals.

C. Approve requests from hospitals participating in the Hospital Transformation Program for
   1. Exemptions from the Health Facilities Planning Act for projects that are part of a hospital's transformation under Section 14-12(d-5)(2)(B) of the Illinois Public Aid Code, and

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2. Requests from qualified hospitals to convert to freestanding emergency center as part of their transformation pursuant to Section 14-12(d-5)(2)(C) of the Illinois Public Aid Code.

D. Consult with appropriate HFS personnel to ensure that HTRC's work is done in a manner consistent with applicable federal laws, regulations or imposed conditions on the Hospital Transformation Program.

Article II – Membership

Section I - Composition

The HTRC shall consist of 14 members. The Speaker of the Illinois House of Representatives, House Minority Leader, President of the Illinois Senate and Senate Minority Leader will each appoint 3 members. The Governor will appoint the Director of Healthcare and Family Services, or his or her designee, as a member; and the Director of Healthcare and Family Services will appoint one member.

Section II – Vacancies

Any vacancy shall be filled by the applicable appointing authority no later than 15 calendar days after its effective date.

Section III – Ethics Commission Jurisdiction

Members of the Committee appointed by The Speaker of the House of Representatives, House Minority Leader, President of the Senate and Senate Minority Leader are subject to the jurisdiction of the Legislative Ethics Commission. Members appointed by the Governor and by the HFS Director are subject to the jurisdiction of the Executive Ethics Commission.

Section VI – Compensation

Members shall serve without compensation and shall not be reimbursed for necessary expenses incurred in the performance of their duties.

Article III – Officers

The officers of the HTRC consist of a Chair and a Vice Chair and will be elected by a majority vote of Committee members for a two year term. The Chair and Vice-Chair cannot be appointed by the same appointing authority and must be from different political parties.

Section I– Chair

The Chair shall have the authority to establish a meeting schedule and convene meetings of the Committee and to preside over meetings in a manner consistent with Robert's Rules of Order unless otherwise directed by Public Act 100-0581 or these Bylaws. Should a member fail to answer the roll call

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for four consecutive meetings, the Chair may request the applicable appointing authority to appoint a replacement.

Section II- Vice Chair

The Vice-Chair shall have the authority to convene meetings in the absence of the Chair.

Article IV – Meeting

Section I – Meeting Schedule and Notice

The HTRC will hold regular meetings at least twice each month, or as often as the Chair deems necessary. Special meetings shall be called by the Chair or upon written request to the Chair by eight (8) members of the HTRC

HFS will post notices of the location, date and time of meetings and special meetings on the HTRC website.

Section II - Agenda

An agenda of business scheduled for deliberation shall be prepared and distributed to the members of the HTRC at least 48 hours prior to a scheduled meeting of the HTRC. The agenda must include review and approval, by simple majority, of previous meeting minutes, and an opportunity for public comment. HFS will publish the agenda at least 48 hours prior to the meeting on the HTRC website.

Under the new business portion of a regular HTRC meeting, any member may bring up an item for discussion that is not on the agenda posted prior to the meeting; however, no action may be taken by the HTRC on such items until a future meeting that has been properly noticed and such items are on the agenda for the meeting during which the HTRC takes action.

No item may be discussed at a special meeting if such item is not on the published agenda.

Section III—Quorum

Eight members must be present at the initial roll call at the commencement of any regular or special meeting and they shall constitute a quorum. Members attending in person or by video teleconference, shall be considered present for purposes of establishing a quorum. Members may participate by telephone when the member's physical attendance is prevented due to: i) personal illness or disability; ii) employment purposes or the business of the public body; or iii) a family or other emergency. Attendance by proxy is not permitted. If a quorum is not present at the scheduled time of the meeting, the Chair may continue a roll call for a reasonable time. Thereafter, if a quorum is not reached, the meeting may continue, provided no official action is taken. If a quorum is subsequently reached, official action may be taken at that time.

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Section IV - Voting and HTRC Action

All meetings of the HTRC and its committees shall be governed by Robert's Rules of Order to the extent not inconsistent with Public Act 100-0581 and these Bylaws. Motions shall be made and seconded by members before being called for a vote. A motion shall not be made and seconded by the same member. Except as otherwise specified herein, the Chair will have the right to call for a vote by voice vote, standing vote, or by leave to adopt a previous roll call vote, in all cases unless there is an objection by one member, in which case a roll call vote shall be taken. The minutes shall reflect the results of each vote.

Unless otherwise required by statute, all other votes will be by simple majority. Voting by proxy is not permitted in any case.

The HTRC will consult with HFS to ensure that any rules or projects approved by the Committee are consistent with applicable federal laws, regulations or imposed conditions on the Hospital Transformation Program.

A minimum of nine (9) members must approve the administrative rules implementing the Hospital Transformation Program and sign a written document indicating their approval. The Department will submit a certified copy of each rule along with such signed written document to the Secretary of State. Votes to approve administrative rules to implement the program will be by roll call in order to accurately capture every vote.

Approval by the HTRC of a Hospital Transformation Project will be determined by a roll call vote and require a simple majority.

Section V - Public Participation

At each meeting, the Chair will provide an opportunity for comment from members of the public. Public comment may be limited, at the Chair's discretion, to three minutes for each individual, or five minutes for a representative spokesperson of a group. The Chair may act to prevent repetition or digression, to maintain decorum, to exclude discussion of matters which have had a previous public hearing, to exclude discussion of matters over which the HTRC has no authority, and to exclude discussion of matters where public comment would interfere with due process of law.

Article V -Subcommittees

Section I - Creation

The HTRC is authorized to create subcommittees and workgroups as it deems appropriate.

Section II - Appointment

The Chair and members of subcommittees and work groups shall be appointed by the Chair of the HTRC in consultation with Department staff. Subcommittee and work group membership may include persons who are not members of the HTRC. Each subcommittee must have a HTRC member serve on the

ATTACHMENT 6

subcommittee and represent the subcommittee at HTRC meetings. HFS will assign staff to provide support to the subcommittees and work groups.

Article VI – Professional Staff

Section I – Department Role

The Department will provide staff and operational support to the HTRC as may be reasonably required to accomplish its functions. Department staff will take minutes at all regular and special meetings of the HTRC.

Article VII—Disclosure of Documents

Section I - Freedom of Information Act Requests

In accordance with Public Act 100-0581, all Freedom of Information Act (FOIA) requests for materials of a member of the General Assembly will be submitted to the applicable FOIA Officer for the General Assembly. All other requests will be directed to the Department of Healthcare and Family Services.

Section II - Disclosure of Documents Provided to Members

In general, meeting materials that are not drafts and that do not contain business records or proprietary information will be posted on the on the HTRC website.

Article VIII – Amendment of Bylaws

Section I

The Bylaws may be amended at any meeting by a majority vote of the members present provided that the proposed amendment(s) have been provided to each member at least ten (10) days before said meeting.

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REVENUE AND LOSS WESTLAKE HOSPITAL JANUARY - DECEMBER 2017	MTD 2017 jan	MTD 2017 feb	MTD 2017 mar	MTD 2017 apr	MTD 2017 may	MTD 2017 jun	MTD 2017 jul	MTD 2017 aug	MTD 2017 sep	MTD 2017 oct	MTD 2017 nov	MTD 2017 dec
GrossRevTot Gross Revenue	24,761,361	25,527,450	25,735,616	23,228,287	30,757,195	27,671,387	26,376,508	25,818,672	28,566,469	30,848,538	27,629,382	31,476,898
Total Deductions from Revenue	20,465,632	20,710,571	20,851,352	18,849,195	25,587,994	21,983,059	21,205,695	21,278,431	23,189,093	25,610,588	23,244,758	26,489,637
Revenue before provision for doubtful accounts	4,295,729	4,816,879	4,884,264	4,379,092	5,169,201	5,688,329	5,170,813	4,540,240	5,377,377	5,237,951	4,384,624	4,987,261
Patient Provision	553,387	194,684	236,992	97,025	78,864	290,811	443,741	299,184	419,835	93,666	61,940	430,369
Net Revenue	3,632,341	4,622,195	4,647,273	4,282,066	5,090,337	5,397,518	4,727,072	4,241,056	4,957,542	5,144,285	4,322,683	4,556,892
OpProft Net Operating Profits	(1,920,048)	(853,526)	(656,870)	(853,930)	(429,204)	820,808	(640,924)	(1,293,421)	(592,579)	(625,932)	(120,965)	(1,712,692)
IntExpTot Total Interest Expense	8,847	8,371	8,067	11,390	8,125	11,751	8,972	8,162	7,169	6,178	8,676	5,324
NetIncTot Net Income(Loss)	(1,928,894)	(861,897)	(664,937)	(875,321)	(438,136)	809,056	(649,897)	(1,301,584)	(599,748)	(632,110)	(129,641)	(1,718,016)
TOTAL 2017 NET INCOME = ($8,991,125.00)												

FOOTNOTE 9

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REVENUE AND LOSS WESTLAKE HOSPITAL JANUARY - DECEMBER 2016	MTD 2016 jan	MTD 2016 feb	MTD 2016 mar	MTD 2016 apr	MTD 2016 may	MTD 2016 jun	MTD 2016 jul	MTD 2016 aug	MTD 2016 sep	MTD 2016 oct	MTD 2016 nov	MTD 2016 dec
GrossRevTot Gross Revenue	27,868,693	26,245,758	28,569,288	27,418,578	26,107,162	29,540,495	25,745,540	26,636,416	26,622,432	25,006,794	25,565,232	25,260,306
Total Deductions from Revenue	21,864,228	21,395,509	23,025,337	21,868,612	21,140,949	22,784,184	20,316,503	20,881,059	21,029,502	19,287,791	20,594,333	19,901,405
Revenue before provision for doubtful accounts	6,004,465	4,850,249	5,543,951	5,549,965	4,966,213	6,756,311	5,429,038	5,755,357	5,592,930	5,719,002	4,970,898	5,358,901
Patient Provision	250,132	272,398	187,886	228,280	278,314	432,061	183,004	423,539	178,218	242,649	133,582	21,468
Net Revenue	5,754,333	4,577,851	5,356,065	5,321,685	4,687,899	6,324,250	5,246,033	5,331,817	5,414,712	5,476,353	4,837,316	5,337,433
OpProfit Net Operating Profits	(216,109)	(945,454)	(324,085)	(511,569)	(1,112,272)	1,508,375	(443,121)	(330,733)	(133,273)	281,183	(864,526)	33,277
IntExpTot Total Interest Expense	7,509	7,822	8,281	9,601	10,165	8,576	8,932	9,236	8,594	7,367	8,018	8,778
NetIncTot Net Income(Loss)	(223,618)	(953,276)	(332,366)	(521,169)	(1,122,437)	1,499,799	(452,053)	(339,969)	(141,867)	273,816	(872,544)	24,499
TOTAL 2016 NET INCOME = ($3,161,185.00)												

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REVENUE AND LOSS WESTLAKE HOSPITAL JANUARY - DECEMBER 2015	MTD 2015 jan	MTD 2015 feb	MTD 2015 mar	MTD 2015 apr	MTD 2015 may	MTD 2015 jun	MTD 2015 jul	MTD 2015 aug	MTD 2015 sep	MTD 2015 oct	MTD 2015 nov	MTD 2015 dec
GrossRevTot Gross Revenue	25,553,688	23,114,048	27,401,106	26,741,987	26,571,056	24,972,082	26,882,025	26,129,731	27,543,565	29,360,622	26,804,655	26,548,610
Total Deductions from Revenue	18,248,816	19,773,553	21,674,095	20,909,812	20,801,538	19,937,670	21,213,378	20,534,406	21,456,671	23,677,900	20,737,397	21,994,611
Revenue before provision for doubtful accounts	7,304,871	3,340,395	5,727,011	5,832,175	5,769,518	5,034,413	5,668,647	5,595,325	6,086,893	5,682,722	6,067,258	4,554,000
Patient Provision	1,164,867	(943,983)	346,859	17,068	123,902	289,035	283,847	176,117	301,610	212,403	277,892	336,974
Net Revenue	6,140,004	4,284,378	5,380,152	5,815,107	5,645,616	4,745,378	5,384,801	5,419,208	5,785,283	5,470,319	5,789,366	4,217,026
OpProfit Net Operating Profits	305,190	(952,233)	(255,876)	25,744	28,768	488,495	(296,398)	(273,557)	(80,613)	121,678	451,563	(1,643,078)
IntExpTot Total Interest Expense	8,353	9,342	7,290	5,978	9,238	5,447	8,151	6,866	5,837	5,983	9,953	6,080
NetIncTot Net Income (Loss)	296,837	(961,575)	(263,166)	19,766	19,530	463,048	(304,548)	(280,424)	(86,450)	115,696	441,610	(1,649,158)
TOTAL 2018 NET INCOME = ($2,188,834.00)												

ATTACHMENT 6

Westlake Hospital to West Suburban Medical Center

Drive 4.0 miles, 14 min

Map data ©2019 Google 1 mi

via Chicago Ave	14 min	
Fastest route, the usual traffic	4.0 miles	
via Lake St and Chicago Ave	16 min	
	4.7 miles	
via I-290 E	17 min	
	7.0 miles	

ATTACHMENT 6

ATTACHMENT 7

IMPACT ON ACCESS

The Applicants do not believe that discontinuing services at Westlake will have an adverse impact on access to care for the Westlake primary service area. As referenced in the Narrative Description, the Applicants plan to continue to operate an MOB in Melrose Park in order to ensure that outpatient service lines are still accessible. The Applicants' proposed grant to PCC Wellness will allow the FQHC to provide expanded primary care, behavioral health, substance abuse treatment, prenatal care, diabetes treatment support, and dental care to the Melrose Park community.

In addition, the Applicants will provide shuttle services from the Westlake campus to West Suburban and River Forest for at least two years following the discontinuation of services at Westlake.

West Suburban has the capacity to absorb medical/surgical, OB/GYN, and intensive care patients from Westlake, as demonstrated by the 2017 occupancy rates for each category at West Suburban:

Category	CON Occupancy Rate (2017) (%)
Medical/Surgical	41.8
Intensive Care	38.4
OB/GYN	53.1

The Applicants also will explore the feasibility of, and seek Board approval as appropriate to move Rehabilitation and Acute Mental Illness inpatient services provided at Westlake to West Suburban.

West Suburban has earned an "A" rating for patient safety from the nonprofit Leapfrog Group in seven of the last eight rating periods, which surveys hospitals for performance in safety, maternity care and more. It also is home to the state's second oldest residency program and a cutting-edge birthing center. It is one of the top non-trauma center hospitals in the area for treating gunshot victims and has a well-regarded opioid treatment facility. West Suburban earned a four-star rating on patient experience from the Centers for Medicare & Medicaid Services in the first quarter of 2019. PCC Wellness also has an FQHC site at West Suburban that provides a range of services to the medically underserved community.

Westlake is located in HPA-06, a health planning area that is currently overbedded in the medical/surgical and pediatric, OB/GYN and acute mental illness categories of service, and in HSA 7 which is overbedded in the comprehensive physical rehabilitation category of service. According to the Board's Inventory of Hospital Services, discontinuing beds at Westlake in these service categories will not result in underbedding, as set forth below:

Category of Service	**Overbedding (incl. Westlake beds)**	**# of beds at Westlake**	**Overbedding post-discontinuation**
Medical/Surgical/Pediatrics	473	111	362
OB/GYN	37	24	13
Acute Mental Illness	129	50	79
Physical Rehabilitation	70	28	42

The Applicants acknowledge that the intensive care category of service is currently underbedded in HPA-06 by 8 beds. Westlake's discontinuation would bring this underbedding to 20 beds. However, an examination of bed occupancy rates at hospitals in close proximity to Westlake indicates that the majority of these facilities, including West Suburban, have the capacity to treat patients in this service category:

Hospital	**# of Beds**	**CON Occupancy Rate – Intensive Care (2017)**
MacNeal Hospital	26	43.2%
Gottlieb Memorial Hospital (Level II Trauma Center)	24	40.8%
Loyola University Medical Center (Level I Trauma Center)	121	74.2%
Rush Oak Park Hospital	14	51.4%
West Suburban	24	38.4%

West Suburban is willing to accept patients from the Westlake service area needing intensive care, and has the capacity to do so.

The impact of discontinuation on access to care is further minimized by trends in hospital inpatient care and value-based purchasing as further described in ATTACHMENT 6.[11] The number of hospitals in the United States is continuing to decline as the average length of patient

[11] https://www.aha.org/system/files/research/reports/tw/tw2017-valuebasedpayments.pdf

visits is reduced. By continuing to support the services provided at River Forest, PCC Wellness, and West Suburban, the Applicants are recognizing the shift away from inpatient facility-centered care provided on a fee-for-service basis to person-centered care provided on a value basis. Westlake is in close proximity to a number of area hospitals, including Gottlieb Memorial Hospital located in Melrose Park, as summarized below:[12]

Facility	Driving Distance (mi.)	Driving Time (min.)
Gottlieb Memorial Hospital	1.6	6
Loyola University Medical Center	3.1	11
Rush Oak Park Hospital	3.4	12
West Suburban Medical Center	4.0	14

The Applicants also do not believe that discontinuation of services at Westlake will adversely impact the regional EMS system. By way of background, there are three main municipal EMS services that transport patients to Westlake. These include Bellwood, Melrose Park, and Maywood, which together transport roughly 1,000 patients to Westlake per year. All patients with traumatic injuries are triaged at the scene of the traumatic injury and are taken to the nearest trauma center. Westlake is not designated as a trauma center; Gottlieb Memorial Hospital is a Level II Trauma Center and Loyola University Medical Center is a Level I Trauma Center. Stroke

[12] Google maps.
https://www.google.com/maps/dir/Westlake+Hospital,+1225+W+Lake+St,+Melrose+Park,+IL+60160/Gottlieb+Memorial+Hospital,+West+North+Avenue,+Melrose+Park,+IL/@41.8765538,-87.8584959,14z/data=!4m14!4m13!1m5!1m1!1s0x880e3550e0ab1cf9:0x9924fcbe53e19e5a!2m2!1d-87.8485948!2d41.8928897!1m5!1m1!1s0x880fcaba62e341eb:0x4a8b085055651365!2m2!1d-87.842769!2d41.9104934!3e0;
https://www.google.com/maps/dir/Westlake+Hospital,+1225+W+Lake+St,+Melrose+Park,+IL+60160/Loyola+University+Medical+Center,+South+1st+Avenue,+Maywood,+IL/@41.8864537,-87.8429931,14z/data=!4m14!4m13!1m5!1m1!1s0x880e3550e0ab1cf9:0x9924fcbe53e19e5a!2m2!1d-87.8485948!2d41.8928897!1m5!1m1!1s0x880e350b62d7bc83:0x6037d31b606563d9!2m2!1d-87.8346346!2d41.8605645!3e0;
https://www.google.com/maps/dir/Westlake+Hospital,+1225+W+Lake+St,+Melrose+Park,+IL+60160/Rush+Oak+Park+Hospital,+520+S+Maple+Ave,+Oak+Park,+IL+60304/@41.8899054,-87.8464822,13z/data=!4m14!4m13!1m5!1m1!1s0x880e3550e0ab1cf9:0x9924fcbe53e19e5a!2m2!1d-87.8485948!2d41.8928897!1m5!1m1!1s0x880e34e9d4ad7507:0x3514ccc4676b4552!2m2!1d-87.803008!2d41.8785243!3e0;
https://www.google.com/maps/dir/Westlake+Hospital,+1225+W+Lake+St,+Melrose+Park,+IL+60160/West+Suburban+Medical+Center,+Erie+Street,+Oak+Park,+IL/@41.8899054,-87.8465664,13z/data=!3m1!4b1!4m14!4m13!1m5!1m1!1s0x880e3550e0ab1cf9:0x9924fcbe53e19e5a!2m2!1d-87.8485948!2d41.8928897!1m5!1m1!1s0x880e33562713ca2b:0xc916f8e6cc04d884!2m2!1d-87.7763182!2d41.891248!3e0

ATTACHMENT 7

patients are typically transported to a certified stroke center. Westlake is not an IDPH designated stroke center, but West Suburban, Gottlieb Memorial Hospital and Loyola University Medical Center are. More generally, West Suburban has the capacity for and willingness to accept additional EMS runs. Further, the Board's recent approval of Gottlieb Memorial Hospital's planned renovation of its Emergency Department will afford the Melrose Park community emergent care in a modernized facility.

As set forth in ATTACHMENT 6, the number of emergency department visits at Westlake has declined on an annual basis from 2016-2018. In addition, the acuity of these patients appears to have reduced over time. In 2018, for example, the Westlake emergency department treated only six patients designated with the critical care CPT code. In addition, the percentage of emergency department visits resulting in a patient admission decreased from 14.7% in 2015, to 10.6% and 9.3% in 2016 and 2017, respectively. The Applicants believe this reduction reflects lower overall acuity levels among Westlake emergency department patients.

Pipeline is exploring a number of opportunities that will further minimize any impact on access. As described in the Narrative Description and ATTACHMENT 6, the Applicants are making a commitment to invest at least $2.5 million over five years for outpatient care in Melrose Park. This will include a six figure grant to PCC Wellness. Services will be developed in coordination with local community leaders, and will take into consideration community needs assessments developed for the Westlake service area.

Pipeline is engaged in discussions with River Forest's Chicago Health Multispecialty Clinic ("CHMG") to develop a Multi-Specialty Outpatient Clinic in Melrose Park (the "MSOC"). The MSOC, if developed, would be staffed by primary care physicians and specialist clinical staff. Services at the MSOC likely would include primary care, OB/GYN care, and behavioral health services. In an effort to expand the availability of services to be provided by the MSOC, Pipeline is exploring the possibility of having extended hours for primary care physicians resident at the MSOC. By extending these hours, Pipeline would be offering care to the community during times that traditional primary care practices are not serving patients.

The services provided by PCC in connection with the grant from Westlake, together with the outpatient services offered by River Forest and to be offered in Melrose Park by Pipeline, will be developed to address demonstrated community needs. A 2017 Community Health Needs Assessment Report published by West Suburban Medical Center lists mental health and addiction

treatment, cancer care, and diabetes care as identified health issues West Suburban Medical Center's service area.[13] Similarly, a Community Health Needs Assessment Implementation Strategy for fiscal years 2017-2019 prepared by Gottlieb Memorial Hospital states that mental and behavioral health is a "significant health need" for area providers. [14]

Pipeline recently acquired twenty-two FECs in Texas. Accordingly, the Applicants are receptive to exploring the potential feasibility of establishing a FEC that would serve the Westlake service area. However, it is not yet clear that there is a need for an FEC in that area, nor is there an immediate means for securing State approval to establish an FEC in that area (although the Hospital Transformation Review Committee referenced in ATTACHMENT 6 may be poised to begin evaluating such proposals).

[13] West Suburban Medical Center: Community Health Needs Assessment Report 2017.
[14] Community Health Needs Assessment Implementation Strategy for fiscal years 2017-2019.

Shwartz, Jared L.

From:	Ottolino, Joseph <jottolin@WestSubMC.com>
Sent:	Monday, February 18, 2019 6:02 PM
To:	Shwartz, Jared L.
Cc:	Sean White; Luke Tharasri; Murphy, Anne M.
Subject:	RE: Westlake - Compiled Notices to Local Health Care Facilities
Attachments:	Notice - MacNeal.pdf; Notice - Sinai.pdf; Notice - Norwegian.pdf; Notice - Riveredge.pdf; Notice - Rush Oak Park.pdf; Notice - LaGrange.pdf; Notice - Community First.pdf; Notice - Hines.pdf; Notice - Lurie.pdf; Notice - Elmhurst.pdf; Notice - Gottlieb.pdf; Notice - AMITA.PDF; Notice - Hinsdale.pdf; Notice - Kindred.pdf; Notice - Loyola.pdf

Jared, attached are the letters that we emailed and sent out today to the local hospitals.

Joe

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Martin Judd
Regional President & Chief Executive Officer
AMITA Health Saints Mary and Elizabeth Medical Center
1431 N. Claremont Avenue
Chicago, IL 60622
E: martin.judd@amitahealth.org

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Judd:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Ms. Margaret Guerrero
Senior Executive Assistant to the Regional President & CEO
Margaret.guerrero@amitahealth.org

58441209 v1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Sheila Senn, PsyD.
Chief Clinical Officer/Chief Administrative Officer
Community First Medical Center
5645 W. Addison Street
Chicago, IL 60634
E: ssenn@cfmedicalcenter.com

RE: Discontinuation of Services - Westlake Hospital

Dear Dr. Senn:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

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Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

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0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense **1,176,156**

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. Pamela Dunley
Chief Executive Officer
Elmhurst Memorial Hospital
155 East Brush Hill Road
Elmhurst, IL 60126
E: pamela.dunley@EEHealth.org

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Dunley:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Ms. Fabiola Garcia
Executive Assistant to the President & CEO
Fabiola.garcia@eehealth.org

58407225 v5

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	24.7%	9.9%	0.0%	62.1%	1.8%	1.5%	
	1103	443	0	2777	82	68	4,473
Outpatients	11.4%	6.4%	0.0%	75.7%	4.6%	2.0%	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	29.1%	29.1%	0.0%	41.6%	0.1%	100.0%	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	19.4%	3.0%	0.0%	73.8%	3.7%	100.0%	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue 2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. Lori Price, FACHE, MSA, RN
President
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160
E: lori_price@luhs.org

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Price:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Mr. Jon Geise
Regional Director, Strategy & Planning
Jon.geise@luhs.org

58407225 v5

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**76.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue 2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	0	0	6	6	608	1199	824	1196	2020	1.4	1.0

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Steven Braverman, M.D.
Director
Edward J. Hines, Jr. VA Hospital
5000 South 5th Avenue
Hines, IL 60141
E: Shirley.dixon2@va.gov

RE: Discontinuation of Services - Westlake Hospital

Dear Dr. Braverman:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Steven Province
President & CEO
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521
E: steven.province@amitahealth.org

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Province:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

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Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
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Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Ms. Cheryl Trantham
Executive Assistant to the President & CEO
cheryl.trantham@amitahealth.org

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
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15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
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Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense **1,176,156**

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**42,476**
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. Beverly Foster
Kindred Hospital Chicago – Northlake
365 East North Avenue
Northlake, IL 60540
E: beverly.foster@kindred.com

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Foster:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Betty Sewell
betty.sewell@kindred.com

58407225 v5

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race	
White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity	
Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	860	2,212	152	2.5	6.5	27.0	27.0
Maternity				*858*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	24.7%	9.9%	0.0%	62.1%	1.8%	1.5%	
	1103	443	0	2777	82	68	4,473
Outpatients	11.4%	6.4%	0.0%	75.7%	4.6%	2.0%	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	29.1%	29.1%	0.0%	41.6%	0.1%	100.0%	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	19.4%	3.0%	0.0%	73.8%	3.7%	100.0%	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense
1,176,156
Total Charity Care as % of Net Revenue
2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Michael Murrill
President & CEO
Adventist LaGrange Memorial Hospital
5101 S. Willow Springs Road
La Grange, IL 60525
E: michael.murrill@amitahealth.org

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Murrill:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

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Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
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Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race	
White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity	
Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**230**			**4,473**	**24,608**	**1,519**	**5.8**	**71.6**	**31.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**76.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	6
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,354
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Dan Post
Interim President
Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153
E: dpost@lumc.edu

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Post:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

cc: Mr. Jon Geise
Regional Director, Strategy & Planning
jon.geise@luhs.org

Ms. Joanne Pason
Executive Assistant
Joanne_pason@luhs.org

58407225 v5

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	26.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.8	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,619	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	24.7%	9.9%	0.0%	62.1%	1.8%	1.5%	
	1103	443	0	2777	82	68	4,473
Outpatients	11.4%	6.4%	0.0%	75.7%	4.6%	2.0%	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	29.1%	29.1%	0.0%	41.6%	0.1%	100.0%	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	19.4%	3.0%	0.0%	73.8%	3.7%	100.0%	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue 2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	48	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,588	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Patrick M. Magoon
President & CEO
Ann & Robert H. Lurie Children's Hospital Chicago
225 E. Chicago Avenue
Chicago, IL 60611
E: pmagoon@luriechildrens.org

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Magoon:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospial

cc: Ms. Maggie Voit
Manager, Office of the President & CEO
mvoigt@luriechildrens.org

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma).		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. M.E. Cleary
Chief Executive Officer
MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, IL 60402
E: mecleary@macneal.com

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Cleary:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park **COUNTY:** Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	24.7%	9.9%	0.0%	62.1%	1.8%	1.5%	
	1103	443	0	2777	82	68	4,473
Outpatients	11.4%	6.4%	0.0%	75.7%	4.6%	2.0%	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	29.1%	29.1%	0.0%	41.6%	0.1%	100.0%	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	19.4%	3.0%	0.0%	73.8%	3.7%	100.0%	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense
1,176,156

Total Charity Care as % of Net Revenue
2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Jose Sanchez, LMSW, LCSW
President & Chief Executive Officer
Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622
E: jrsanchez@nahospital.org

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Sanchez:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

58407225 v5

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708 681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. Carey Carlock, LCPC
Chief Executive Officer
Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130
E: carey.carlock@uhsinc.com

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Carlock:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	26.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,348	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	230			4,473	24,608	1,519	5.8	71.6	31.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	24.7%	9.9%	0.0%	62.1%	1.8%	1.5%	
	1103	443	0	2777	82	68	4,473
Outpatients	11.4%	6.4%	0.0%	76.7%	4.6%	2.0%	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	29.1%	29.1%	0.0%	41.6%	0.1%	100.0%	
	11,836,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	19.4%	3.0%	0.0%	73.8%	3.7%	100.0%	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense 1,176,156

Total Charity Care as % of Net Revenue 2.2%

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	488	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus.	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Mr. Bruce Elegant
President & CEO
Rush Oak Park Hospital
520 S. Maple Avenue
Oak Park, Illinois 60304
E: bruce_elegant@rush.edu

RE: Discontinuation of Services - Westlake Hospital

Dear Mr. Elegant:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.8	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**230**			**4,473**	**24,608**	**1,519**	**5.8**	**71.6**	**31.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**75.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,636,938	11,616,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense **1,176,156**

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	895
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	264	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**42,476**
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Westlake Hospital

1225 WEST LAKE STREET
MELROSE PARK, IL 60160
708.681.3000

February 18, 2019

VIA EMAIL AND REGULAR MAIL

Ms. Lori Pacura
President
Mt. Sinai Medical Center
15th Street at California Avenue
Chicago, IL 60608
E: lori.pacura@sinai.org

RE: Discontinuation of Services - Westlake Hospital

Dear Ms. Pacura:

Westlake Hospital, located in Melrose Park, Illinois (the "Hospital"), is preparing a Certificate of Exemption application to submit in February 2019 to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The Hospital will discontinue all of these services within forty-five (45) days following the date that HFSRB approves the Certificate of Exemption, which we would expect to occur in the first four (4) months of 2019.

During calendar years 2017 and 2018, the Hospital treated patients in the volumes set forth below:

2017		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,473	42,476	19,640
2018		
Inpatient Admissions	**Outpatients Treated**	**Emergency Department Visits**
4,162	39,697	18,125

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, pediatric, intensive care, obstetrics/gynecology, acute mental illness, and rehabilitation categories of service, as detailed in the Profile.

Westlake Hospital

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MELROSE PARK, IL 60160
708.681.3000

Please advise me in writing within 15 days if you have any concerns about the impact of this proposed discontinuation on your facility.

Thank you for your attention to this matter.

Sincerely,

Joseph Ottolino
Chief Executive Officer
Westlake Hospital

Ownership, Management and General Information

ADMINISTRATOR NAME:	Christopher Frysztak
ADMINSTRATOR PHONE	708-938-7648
OWNERSHIP:	VHS Westlake Hospital
OPERATOR:	VHS Westlake Hospital
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1225 W. Lake St

CITY: Melrose Park COUNTY: Suburban Cook County

Patients by Race

White	25.3%
Black	41.6%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown	32.3%

Patients by Ethnicity

Hispanic or Latino:	28.8%
Not Hispanic or Latino:	67.7%
Unknown:	3.5%

IDPH Number:	5702
HPA	A-06
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	58	1,884	7,349	1,350	4.6	23.6	21.5	39.1
0-14 Years				*0*	*0*					
15-44 Years				*464*	*1,286*					
45-64 Years				*694*	*2,584*					
65-74 Years				*293*	*1,381*					
75 Years +				*433*	*2,098*					
Pediatric	5	5	1	33	57	0	1.7	0.2	3.1	3.1
Intensive Care	12	12	12	500	1,782	17	3.6	4.9	41.1	41.1
Direct Admission				*410*	*1,269*					
Transfers				*90*	*513*					
Obstetric/Gynecology	24	24	20	960	2,212	152	2.5	6.5	27.0	27.0
Maternity				*958*	*2,207*					
Clean Gynecology				*2*	*5*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			952	9,909	0	10.4	27.1	54.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	45	952	9,909	0	10.4	27.1		54.3
Rehabilitation	28	20	17	234	3,299	0	14.1	9.0	32.3	45.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**230**			**4,473**	**24,608**	**1,519**	**5.8**	**71.6**	**31.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**24.7%**	**9.9%**	**0.0%**	**62.1%**	**1.8%**	**1.5%**	
	1103	443	0	2777	82	68	4,473
Outpatients	**11.4%**	**6.4%**	**0.0%**	**76.7%**	**4.6%**	**2.0%**	
	4826	2720	0	32138	1950	842	42,476

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.1%**	**29.1%**	**0.0%**	**41.6%**	**0.1%**	**100.0%**	
	11,636,938	11,816,863	0	16,911,547	55,991	40,621,340	464,315
Outpatient Revenue ($)	**19.4%**	**3.0%**	**0.0%**	**73.8%**	**3.7%**	**100.0%**	
	2,578,526	401,962	0	9,815,716	496,232	13,292,436	711,841

Total Charity Care Expense **1,176,156**

Total Charity Care as % of Net Revenue **2.2%**

Birthing Data

Number of Total Births:	896
Number of Live Births:	910
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms	8
Labor-Delivery-Recovery-Postpartum Rooms.	0
C-Section Rooms:	1
CSections Performed:	330

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	20	6	0
Patient Days	1,548	785	0
Total Newborn Patient Days			2,333

Laboratory Studies

Inpatient Studies	46,364
Outpatient Studies	64,567
Studies Performed Under Contract	24,212

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

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Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	489	609	560	547	1107	1.1	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	5	284	12	282	294	2.4	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	197	0	176	176	0.0	0.9
Orthopedic	0	0	0	0	63	28	192	51	243	3.0	1.8
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	10	17	11	23	34	1.1	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	41	84	49	117	166	1.2	1.4
Totals	**0**	**0**	**6**	**6**	**608**	**1199**	**824**	**1196**	**2020**	**1.4**	**1.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 16

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	177	741	113	489	602	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	28	0	28	28	0.0	1.0
Pain Management	0	0	0	0	0	2	0	2	2	0.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
ECTs					182	0	93	0	93	0.5	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		12
Persons Treated by Emergency Services:		19,640
Patients Admitted from Emergency:		2,145
Total ED Visits (Emergency+Trauma):		19,640

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	42,476
Outpatient Visits at the Hospital/ Campus:	42,476
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	228
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	175
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	52
EP Catheterizations (15+)	1

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	2,688	13,371	0
Nuclear Medicine	3	0	303	225	0
Mammography	3	0	0	2,734	0
Ultrasound	4	0	864	6,449	0
Angiography	2	0			
Diagnostic Angiography			65	34	0
Interventional Angiography			89	41	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	673	4,856	0
Magnetic Resonance Imaging	1	0	292	472	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber Knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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HOSPITALS OWNED BY APPLICANT

A listing of all health care facilities owned or operated by the Applicants, including licensing and certification is as follows:

a. SRC II is the sole member of Pipeline-Weiss Memorial Hospital, LLC ("Weiss LLC"). Weiss LLC is the owner of the operating assets of Louis A. Weiss Memorial Hospital, a licensed hospital located in Chicago, Illinois.

b. SRC II is the sole member of Pipeline-West Suburban Medical Center, LLC ("West Sub LLC"). West Sub LLC is the owner of the operating assets of West Suburban Medical Center, a licensed hospital located in Oak Park, Illinois.

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FOOTNOTE 11

AMERICAN HOSPITAL ASSOCIATION
DECEMBER 2017

Hospitals and Health Systems Prepare for a Value-driven Future

Hospitals and health systems are actively working to serve their communities in numerous ways, including through the adoption of initiatives that control costs, improve outcomes, and enhance patient-centered care. Many are working with payers to establish value-based payment (VBP) arrangements to support these goals. There is a wide range of approaches to VBP, from programs that incentivize public reporting on quality metrics to prospective payments for all of the health care needs of a given population. With no single VBP "destination," hospitals and health systems are evaluating which models may best support their organizational and community goals. The migration from fee-for-service payment to VBP is well underway. While the Centers for Medicare & Medicaid Services (CMS) has recently promoted increased flexibility for providers in VBP models, many states and private payers also are pursuing and expanding VBP arrangements.

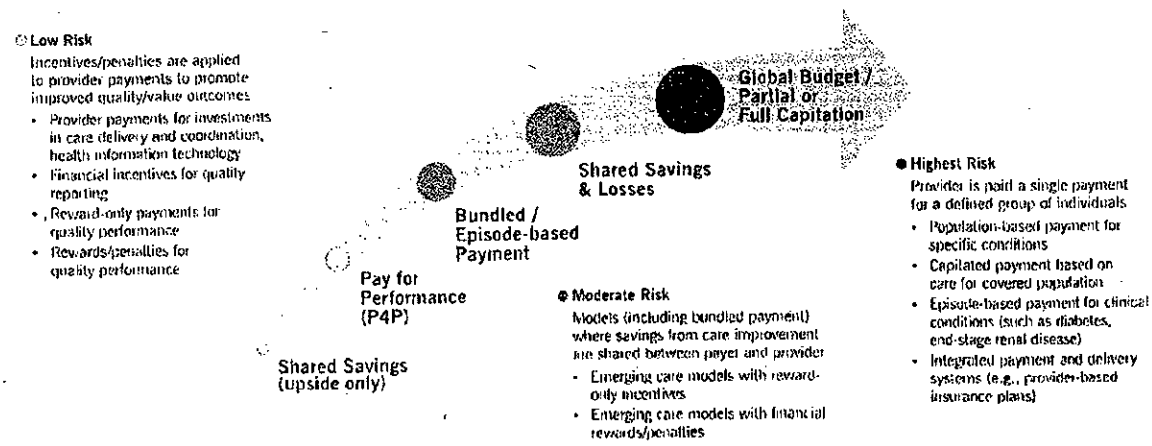
Definition: Value-based Payment

Any payment arrangement that incorporates metrics or factors other than volume of services provided in reimbursement determinations, such as shared savings models or penalties tied to performance metrics. These may include quality, patient experience, cost, utilization and efficiency measures.

"Payment" and "purchasing" are often used interchangeably with regard to value-based services. However, this report uses the "payment" term since hospitals are recipients of this compensation for delivered services.

Hospitals are engaging in a wide range of models along the VBP spectrum; approaches may vary based on community and hospital characteristics.

Chart 1: Spectrum of Value-based Payment Models



American Hospital Association

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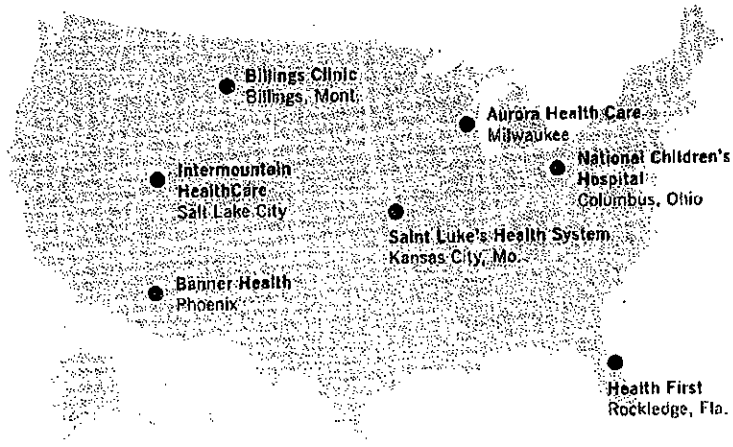
This *TrendWatch* report provides information to help hospitals and health systems evaluate which VBP model(s) may support their organization's goals, and provides insights from seven hospitals and health systems participating in different VBP arrangements. This report examines the drivers and prevalence of VBP arrangements; the conditions and factors that foster, accelerate and — in some cases — stifle VBP transitions; and the tools, capabilities and approaches necessary to succeed. It considers the impact of market dynamics on VBP strategies, as well as the complexities and requirements of transitioning to value. Finally, the report highlights critical issues for hospitals and health systems to consider when evaluating their VBP options. This work is based in part on interviews with hospitals and health systems at different levels of risk adoption. Participating organizations are shown in Chart 2 and listed in the Appendix; profiles of the organizations' VBP experience can be found in a compendium to this report available at www.aha.org.

This TrendWatch report reviews the experience of seven hospitals and health systems that have participated in VBP models.

Chart 2: Profiled Organizations



Key Messages:

- The movement to VBP is being driven by a combination of rising health care expenditures, declining reimbursement for Medicare and Medicaid, federal and state policy, market competition and payer dynamics.
- There is no "one-size" fits all approach to VBP for hospitals and health systems — leaders will need to assess the most appropriate model for their community and organization.
- Past experience with VBP arrangements, organizational capabilities and culture, and market and policy forces influence the ability of hospitals and health systems to succeed in shared savings and population-based VBP models.

Value-based Payment Arrangements: Drivers

Rising expenditures, declining reimbursement for Medicare and Medicaid, federal and state policy, financial stability and access to capital are the key drivers in the movement to a risk-based environment in health care.

Rising Health Care Expenditures

The growth in health care expenditures is driving policymakers, employers and public and private purchasers to explore VBP arrangements that incentivize quality and performance improvements that drive efficient, cost-effective care. Annual health insurance premiums for family coverage more than tripled between 1999 and 2016, while average wages rose by less than 55 percent during this time.[1,2] Annual projected cost growth rates for the nation's two largest purchasers of public insurance, Medicaid and

Definition: Risk-based Environment

A health care market environment in which some or all of providers' payment is based on their ability to deliver high-quality care in a cost-effective manner.

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Medicare, are expected to be nearly 6 percent between 2018–2025 and over 7 percent respectively, between 2016–2025.[3] With hospitals representing 32 percent of total health expenditures, they have become targets for cost reduction initiatives.[4]

Reimbursement from Medicare, Medicaid

Hospitals and health systems are motivated to reduce costs to stem losses from the growing portion of patients that are insured through public programs. Reimbursement for publicly-insured patients is generally lower than for those who are commercially insured and often below provider costs. For example, in 2015, Medicare paid 88 percent and Medicaid paid 90 percent of the cost required to provide patient care.[5] The sizable growth of public insurance populations in recent years, driven by Medicaid expansion authorized by the Affordable Care Act (ACA) and the baby boomer transition into Medicare, increases pressure on providers to lower the cost of care. Medicare enrollment grew to over 58 million as of April 2017 — up from 49 million in 2011 — while Medicaid and Children's Health Insurance Program enrollment increased by more than 17 million to 74.5 million between mid–2013 and April 2017.[6,7]

Federal Policy

Medicare is a major driver of the transition to VBP. The ACA created new Medicare pay-for-performance programs, including the Hospital Value-based Purchasing Program, the Hospital-acquired Condition Reduction Program and the Hospital Readmissions Reduction Program. In addition, the ACA encouraged the development and implementation of new payment and delivery models by authorizing the Medicare Shared Savings Program (MSSP) for accountable care organizations (ACOs) and creating the CMS Center for Medicare & Medicaid Innovation (CMMI), which is tasked with testing "innovative payment and service delivery models to reduce program expenditures… while preserving or enhancing the quality of care" for beneficiaries of federal health care programs, including Medicare.[8]

Building on the foundation set by the ACA, in 2015, the Department of Health & Human Services (HHS) announced new goals to increase the percentage of Medicare payments tied to value and made through alternative payment and delivery models. Specifically, the department's goal was to tie 30 percent of Medicare payments to alternative payment models by the end of 2016 and 50 percent by the end of 2018.[9] In early 2016, HHS announced it had met its first goal via a combination of accountable care models, episode-based payments and primary care initiatives.

Definitions: Emerging Payment Models

Accountable Care Organizations

ACOs are broadly defined as groups of health care providers who voluntarily come together to deliver coordinated care to an attributed patient population, with payment tied to care quality and cost. In 2016, nearly 9 million Medicare beneficiaries were managed within more than 400 Medicare ACOs, representing almost 16 percent of the total Medicare population.

Bundled Payments

CMS has implemented multiple episode-of-care-based bundled payment models. The voluntary Bundled Payments for Care Improvement initiative sets a target price for nearly all services delivered during a single episode-of-care (e.g., congestive heart failure, diabetes, stroke). Provider payment is linked to performance against the target price and on specified performance measures. As of April 2017, 1,295 organizations, including 330 acute care hospitals, participated in one or more episodes through this initiative.

Medicare subsequently launched a separate but parallel, mandatory bundled payment initiative for joint replacements that affects approximately 800 hospitals in 67 select markets. In November 2017, HHS finalized a modification to this initiative that makes participation mandatory in 34 of the original markets and voluntary in the remaining 33 geographic areas.

"Increased adoption of risk resonated with medical staff, as it aligns with the way they want to practice medicine. Clinicians were already asking how do we use our resources to provide the best care possible and keep kids well in the first place."

— Nationwide Children's Hospital

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Most recently, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) mandated a new physician payment system that further advances adoption of value-based payment arrangements by tying a greater percentage of physician payment to performance and encouraging participation in risk-bearing payment models. Beginning in 2019, physicians who provide services to Medicare beneficiaries will be paid under one of two payment tracks. Under the default payment, the Merit-based Incentive Payment System (MIPS), clinicians who outperform their peers based on performance metrics in four categories will receive a bonus while those who do not will face a penalty. Alternatively, MACRA provides incentives for providers who participate in an advanced alternative payment model (APM) that includes downside risk. Both tracks require participants to report on quality, efficiency, information technology use and other measures. Further information regarding MACRA can be found at *www.aha.org/MACRA*.

Medicare's push toward value may encourage some hospitals to consider engaging more rapidly in APMs, including models that require downside risk. For example, Saint Luke's Health System pursued select VBP arrangements, including commercial upside-only shared savings, but had not opted to participate in other APMs that included significant downside risk. However, changes to federal programs have caused Saint Luke's to consider accepting additional financial risk. Saint Luke's became a participant in the Medicare Comprehensive Care for Joint Replacement (CJR) bundled payment model when CMS selected the Kansas City market as one of the initial mandatory participation markets. More recently, Kansas City was selected as a participating region for the voluntary Comprehensive Primary Care Plus (CPC+) program; Saint Luke's also plans to participate in that program. The ability of CPC+ participants to qualify as advanced APMs under MACRA, with additional payment incentives, prompted Saint Luke's to reconsider more aggressive risk-based arrangements and bolstered the strategic decision to join the CPC+ program.[10]

More recently, CMS has signaled that it may provide additional flexibility in the move to VBP. The agency has issued regulations that reduce the number of hospitals and physicians required to participate in VBP models. In September, CMS solicited input on the future direction of the CMMI, and expressed interest in promoting patient-centered care, market-based reforms, price transparency, and increased choice and competition to improve quality and reduce costs. As part of this shift, CMS requested stakeholder input on a range of VBP arrangements, including models impacting physician specialties, prescription drugs, Medicare Advantage, Medicaid, program integrity and behavioral health.[11]

Perspective on Vermont All-Payer ACO Model

Vermont is establishing an all-payer ACO model to accelerate delivery system reform for its residents, limit health care expenditure growth and achieve three public health goals: 1) improve access to primary care, 2) reduce deaths from suicide and drug overdose, and 3) reduce the prevalence and morbidity of chronic disease. The largest payers in the state — Medicare, Medicaid and commercial payers — will apply a common payment structure for the majority of providers throughout Vermont's delivery system. This initiative will set an all-payer-total cost-of-care target as well as a Medicare growth target and seeks to have 70 percent of beneficiaries across all payers and 90 percent of Medicare beneficiaries aligned to an ACO by 2022. To facilitate Medicaid's participation, CMS approved a five-year extension of Vermont's section 1115(a) demonstration in October 2016.

"from the field"

"Our care delivery teams have been major champions for value-driven initiatives, particularly our medical group leadership, who play an important role of building care teams and focusing on total cost of care."

—Banner Health

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State Policy

States have encouraged VBP adoption through a variety of mechanisms related to Medicaid, including State Delivery System Reform Incentive Payment (DSRIP) programs and through contractual requirements with managed care organizations. Through DSRIP programs, states have funded upfront provider investments in transformation infrastructure and tied provider payments to performance metrics.[12] Some states require Medicaid managed care organizations (MCOs) to adopt rigorous incentive payment programs, such as in New York, where Medicaid MCOs are required to enter into up- and down-side VBP arrangements with providers.[13] Sixteen states have passed Medicaid ACO legislation or enacted ACO-like pilot programs.[14] Up to 22 states have implemented Medicaid pay-for-performance or bundled payment programs.[15] Vermont recently partnered with CMS to establish an all-payer ACO model.[16,17]

Financial Stability and Access to Capital

Hospitals and health systems' uptake of VBP is influenced by financial stability and access to capital. VBP arrangements inherently involve a greater level of financial risk, which may discourage hospitals experiencing financial uncertainty from participating. However, as VBP arrangements become more prevalent, hospitals may seek to standardize clinical processes and align financially and/or operationally with other providers to achieve economies of scale, improve financial stability and enhance access to investment capital.

Health systems and aligned provider networks are more likely to seek oversight of a larger portion of health care spending via VBP. These collaborative networks often result in more integrated health care organizations that combine the functions of traditional hospital systems, provider networks and insurers. For example, there are approximately 90 health plans sponsored by hospitals or health systems ("provider-sponsored health plans" or PSHPs) that covered nearly 18 million lives in 2015, including 7 million in commercial plans, 1.6 million in Medicare Advantage products and 8.9 million in Medicaid plans.[18] However, the risk associated with launching a health plan continues to be significant for hospitals and health systems. Of 17 PSHPs started since 2010 and currently active, none made a profit in 2016 and only two plans made a small profit in the first half of 2017. Three of these 17 PSHPs are now in the process of winding down operations.[19]

Perspective on Risk Exposure: Nationwide Children's Hospital (Columbus, Ohio)

In 1994, Nationwide Children's began accepting sub-capitated payments for the Medicaid population through Partners for Kids (PFK), a joint venture physician hospital organization formed with affiliated physicians. Nationwide Children's determined that it was able to accept this level of risk given that it was already responsible for most of the Medicaid-financed pediatric care in the region. By accepting risk, the organization gained the flexibility necessary to implement care delivery reforms, including enhanced care coordination.

Perspective on Payer Collaboration: Aurora Health Care (Milwaukee)

Aurora formed the Wisconsin Collaborative Insurance Company as a joint venture with Anthem Blue Cross and Blue Shield earlier this year to offer a commercial health insurance product that meets employer demand for both cost containment and a national provider network.

Payer Dynamics & Culture

Many commercial payers also have begun to implement VBP arrangements similar to those being developed by federal and state governments. For example, following Medicare's lead, more than 300 ACOs now manage approximately 20 million individuals with commercial insurance or Medicaid.[20,21]

However, payers differ in their interest and pursuit of VBP arrangements. In some markets, providers may need to initiate discussions with payers on new payment models. Alternatively, in other markets, some large employers are bypassing the traditional insurer intermediary and establishing VBP arrangements directly with providers. Examples include Boeing contracting with providers to offer a Preferred Partnership ACO to 50,000 employees in target markets, Marriott International contracting with local hospitals to provide primary and urgent care through outpatient clinics, and Lowe's and other employers establishing bundled payment arrangements with Centers of Excellence programs for high-volume procedures such as joint replacement and spine surgery.[22]

Value-based Payment Arrangements: Prevalence

VBP arrangements vary in their structure and the amount of financial risk attributable to providers. Chart 3 highlights the prevalence of various VBP arrangements by the associated level of risk and payer type. This information is aggregated at the national level; individual geographies and market segments may experience VBP differently.

The prevalence of each type of VBP arrangement varies by payer and patient population.

Chart 3. Spectrum of Value-based Payment Arrangements

VBP Model & Definition	Prevalence by Payer		
	Commercial	Medicare	Medicaid

Shared Savings (Upside-Only Risk)
Upside-only payments comprised of a percentage of any net savings for providers that successfully reduce spending for a defined population
(Lowest Risk)
	• 2% of payments are fee for service (FFS) plus shared savings (2014)[23]
	• 0.2% of payments are non-FFS shared savings (2014)[24]
		• 11.8% of traditional Medicare payments paid through shared savings arrangements as of 2013[25]
		• MSSP ACOs:
		  • 91% are one-sided shared savings only as of January 2017[26]
		  • Cover 9 million lives, or 15.5% of the entire Medicare population as of 2017[27,28]
		• 53% of surveyed Medicare Advantage (MA) health plans report having ACOs with shared savings in 2015[29,30]
			• Of 43 states surveyed:
			  • 5, or 11%, have implemented ACOs or shared savings
			  • 3, or 7%, are currently implementing shared savings
			  • 20, or 46%, are planning or studying how to implement shared savings (2015)[31]

Pay for Performance (P4P)
Financial bonuses and penalties to align payment in areas such as quality, patient experience, or cost; typically tied to existing fee-for-service structure
(Low Risk)
	• 12.8% of in-network payments are FFS-based pay plus P4P (2014)[32]	• 32.8% of traditional Medicare payments are FFS plus P4P via the Hospital Value-based Purchasing and End-stage Renal Disease programs as of 2013[33]
		• Other P4P arrangements include Hospital Readmissions Reduction, Value-based Payment Modifier, Oncology Care Model and Hospital-acquired Condition Reduction Programs[34,35]
			• Of 43 states surveyed:
			  • 15, or 35%, have implemented P4P in their MCOs
			  • 5, or 11%, are in the process of implementing P4P in MCOs
			  • 11, or 25%, are planning or studying how to implement P4P programs in MCOs (2015)[36]

Bundled / Episode-Based Payment
Single payment to providers for the expected costs of treating a clinically-defined episode of care
(Medium Risk)
	• 0.1% of in-network payments are bundled with quality incentives (2014)[37]
	• 34 commercial bundled payment plans across the country (2013)[38]
		• 1,244 providers currently participating in the Bundled Payments for Care Improvement Initiative as of July 2017[39]
		• Approximately 800 hospitals required to participate in the Comprehensive Care for Joint Replacement (CJR) model across 67 designated geographic areas. In November 2017, HHS modified CJR by making participation mandatory in 34 of the designated areas and voluntary in the remaining 33 areas[40]
		• 33% of surveyed MA health plans report having bundled payment arrangements in 2015[41]
			• Of 43 states surveyed:
			  • 7, or 16%, have implemented bundled payments
			  • 3, or 7%, are currently implementing bundled plans
			  • 21, or 29%, are planning or studying how to implement bundled payments (2015)[42]

Shared Savings & Losses (Up- & Downside Risk)
Financial bonuses or penalties comprised of a percentage of any net savings or losses in providers' spending for a defined population
(Medium-High Risk)
	• 1% of in-network payments are shared risk (2014)[43]	• 1.9% of traditional Medicare payments are shared risk as of 2013[44]
		• 121 of the 562 Medicare ACOs are in a risk-bearing track as of January 2017.[45] This includes:
		  • 95% of MSSP ACOs as of January 2017[46]
		  • 8 Pioneer ACOs as of December 2016, down from 19 in April 2015[47,48]
		  • 6, or 50%, of the 12 participating Pioneer ACOs in Performance Year 4 earned shared savings[49]
		  • 45 Next Generation ACOs as of June 2017[50]
		  • A subset of the 37 Comprehensive End-stage Renal Disease Care Model programs as of April 2017[51]
		  • 43% of surveyed MA health plans report having ACOs with shared risk in 2015[52]
			(See Shared Savings row above)

Global Budget / Partial or Full Capitation Fixed payment to providers for each assigned patient over a defined period of time (Highest Risk)	• Of all in-network payments paid to providers, 15% are fully capitated with quality incentives and 1.6% are partially or condition-specific capitated with quality incentives (2014)[53]	• 40% of surveyed MA health plans report having global capitation arrangements with some network providers as of 2015[54] • In Performance Year 2, Next Generation ACOs have the option to participate in a capitated payment model[55]	• Capitation payments are paid to Medicaid MCOs, but MCOs may pay providers on a FFS basis

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Organizational Experience with VBP

The timing and process of transitioning to VBP is complex. It requires consideration of both the external factors described above and the organization's internal readiness. The following sections consider critical requirements, reflecting on the challenges and lessons shared by interviewed hospitals related to clinical, technical, financial and organizational domains. In addition to these requirements, one of the most significant success factors relates to experience: providers with more experience tend to perform better in advanced VBP models, including ACOs and health plans.[57,58]

Provider Alignment

Value-based arrangements require buy-in from physicians, as well as alignment of hospitals' clinical leadership and the broader care delivery team.

Some systems seeking to align leadership and engage clinical leaders in finance and risk decisions establish either a dual reporting structure or a dyad management model. In a dual reporting structure, physician leadership reports to both the system's clinical lines and the medical group. In a dyad model, a clinical leader and an administrator are paired to jointly oversee a service line or clinical area.[59] Both models are structured to enable physician leadership to participate in setting the course for strategic direction as well as clinical care.

Aurora Health Care adopted the dual reporting structure and as a result experienced many benefits. For example, Aurora's contracting leaders are better versed in population health and value-based care as a result of their close working relationship with their clinician colleagues. This first-hand experience enables them to negotiate performance metrics with payers that are actionable by their clinicians and effective in measuring the quality of patient care. The Billings Clinic, in addition to having a physician CEO and physician representation on internal and community governing boards, uses a tightly integrated, physician-led and professionally managed dyad model. These management models actively include clinicians, and creates staff champions across the organization that fosters collaboration among administrators and physicians.

While clinical alignment is critical, determinations on operational configuration vary. Ownership of the entire continuum of care is not always necessary, but can produce efficiencies in many cases. Systems use both internal capacity and affiliations to offer the full care continuum — sometimes varying their approach in different markets. Aurora is building a single provider network that includes its visiting nurses agency, pharmacies, behavioral health program, and family service programs, while Saint Luke's is establishing a preferred network of non-owned post-acute care provider partners. Another interviewed organization recently underwent a process to determine whether to build, buy or partner within each area of the care continuum. The Billings Clinic, with half of its hospital patients coming from outside of its flagship hospital in Yellowstone County, is working to closely affiliate with critical access hospitals, invested in telehealth capabilities and utilizes swing beds to meet post-acute care needs closer to patients' homes.

Perspective on Alignment Through Varied Physician Arrangements: Intermountain Healthcare (Salt Lake City)

Intermountain Healthcare is an example of how some organizations may align both employed and affiliated physicians. Intermountain physicians — whether contract or employed — are expected to care for all patients in a consistent way. This consistency is supported by clinical standards that have been adopted across 10 service lines. These standards are based on best practices that are reviewed, discussed and approved by physician leaders, formalized in practice models, and reinforced by Intermountain's clinical information and reporting systems. Physicians who choose alternate care pathways must provide documented justification. All physicians — whether employed or affiliated — must follow these standards.

Furthermore, both contract and employed physicians within Intermountain who participate in small panel shared savings/losses sign a contract, or "citizen agreement," that defines 18 requirements, including complying with evidence-based practices, linking electronic health records (EHRs) to Intermountain, treating other clinicians with respect and providing equal access to all patients, regardless of their payer source.

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Technical Capabilities

As providers accept increasing levels of financial risk, they must invest substantial time and resources to develop new capabilities. The technical requirements associated with VBP expand as hospitals and health systems increase their exposure to financial risk. Chart 4 examines major areas of required capabilities across the spectrum of VBP arrangements.

Perspective on Technology Partners: Banner Health (Phoenix)

Banner Health previously sought to develop its own customer-centric care management infrastructure, data analytics and electronic tools (e.g., EHR, registries) but now collaborates with partners — including population health vendors and health plans — for more rapid technical development. This approach allows Banner to focus on quality and outcomes, member satisfaction and affordability. Banner believes it is important to seek partners that offer interoperable approaches, pursue alignment of capabilities and serve as allies in co-developing solutions.

An expanded set of skills and capabilities is needed to be successful under VBP models to effectively manage additional financial risk.

Chart 4: Spectrum of Required Capabilities

*Upside-only shared savings arrangements do not require the same level of capabilities as up- and downside shared savings arrangements.

Low Risk ——— VBP arrangements at higher levels of risk require increasing provider capabilities ——— *High Risk*

Capabilities	Pay for Performance (P4P)	Bundled Payments & Upside Shared Savings	Up- and Downside Shared Savings	Global Budget/Capitation
Contracting & Provider Network Management	• Contracting with payers • Provider agreements with quality commitment and P4P funds distribution terms/approach	• Contracting with payers • Affiliation and participation agreements with providers • Provisions requiring adoption of protocols, standards of care, shared savings distribution terms/approach		• Payer, provider and group contracts • Fulfillment of network adequacy, division of financial responsibility (DOFR) and provider payment terms
Clinical and Care Management	• Develop and engage patients in quality improvement and disease management programs • Develop registries and performance dashboards, identify and repair quality targets with provider network participants	• Care coordination capabilities, including discharge planning • Development of quality and utilization benchmarks and standards, clinical protocols and coordinated work flow processes	• Care management capabilities, including high-risk case management • Clinical integration with affiliated provider network • Targeted disease management programs	• Utilization management and utilization review • Post-acute care management and coordination • Pharmacy benefits management • Prevention and wellness programs
Analytics	• Clinical, financial and patient experience performance reporting • Clinical and administrative data integration • Disease registries; reporting and analysis • Data security infrastructure	• Robust population health capabilities, including: ◦ Risk stratification, identification of high-cost patients (hot-spotting, frequent flyers) ◦ Systems to track utilization, adherence to protocols and guidelines, variations in care and outliers ◦ Identification and connection of high-risk patients to care management ◦ Reporting and analysis of quality, utilization and financial metrics		• Actuarial analytics • Predictive modeling
Financial Management	• Financial and payment modeling of P4P measures • Performance-based funds distribution to affiliated providers	• Financial and payment modeling of P4P measures • Management of funds for distribution to affiliated providers and downside payments (losses) to payers		• Payment processing and claims adjudication capabilities • Underwriting • Reinsurance • Maintenance of reserves
Governance and Organization	• Medical direction and oversight of quality improvement (QI) programs • Provider engagement in QI program development • Change management expertise	• Medical oversight of and provider engagement in quality, care coordination, protocol and standards development programs and processes	• Medical oversight of care and disease management programs • Clinical integration governance • Legal and antitrust evaluation	• Corporate governance with clear role for board, executive, medical direction, state regulatory reporting, compliance, management and operations

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Financial Requirements

Organizations meet the requirements described in Chart 4 by building internal capabilities, establishing partnerships with others or procuring services from vendors. The financial investments to build new competencies can be significant. For example, ACO start-up costs, much of which are attributable to information technology and other systems infrastructure, were estimated to be $4 million in 2013 while provider-sponsored plan start-up costs were estimated to be $9 million in 2014.[60,61] A majority of interviewed organizations funded their own investments, opting not to seek capital from external sources. However, a 2016 survey of hospital executives found that small hospitals, defined as those having fewer than 200 beds, were five times less likely than larger hospitals or systems to have sufficient capital to build the infrastructure necessary to succeed in risk-based contracting.[62] Acknowledging these limitations in accessing capital for small and rural hospitals, CMS announced the ACO Investment Model in March, which provides pre-paid shared savings to participating hospitals to support investment in ACO operations.[63]

Systems can complement their own operations by leveraging partners' capabilities. For example, in its new joint venture insurance company, Aurora provides strong risk management proficiency and leverages Anthem's predictive modeling and service center capabilities, which enables Aurora to focus on customers and enhancing responsiveness to patients.

Perspective on Organizational Change: Health First (Rockledge, Fla.)

Health First has undergone a comprehensive, multi-year effort to transition from a siloed holding company with internally competing interests to a fully integrated health system in which the health plan functions as the organizer of care. Health First applied integration science lessons from the aerospace and defense industries, specifically using Capability Maturity Model Integration which is an approach to performance management [that]...helps integrate traditionally separate organizational functions, set process improvement goals and priorities, provide guidance for quality processes, and provide a point of reference for appraising current processes. Through this approach, Health First developed new feedback loops across the organization by forming overlapping governing councils (strategic, operating, clinical, etc.) to compensate for the loss of immediate — yet siloed — feedback that it experienced in its linear reporting model.

Culture and Organization

Ensuring that an organization's culture and institutional supports align with delivering value is essential for success in VBP models. Hospital executives surveyed in 2016 reported that cultural alignment on quality was key to impacting value-based care success, second only to analytics.[64] Integrating the network of providers and care sites to deliver coordinated services to patients across the care continuum requires particular consideration. The organizational transition to become a truly integrated delivery system can be challenging.

Strong leadership and consistent incentives across management, operation, and clinicians along the care continuum is critical. Leaders must establish clear definitions and measurements of success that apply throughout the organization. Health First no longer tracks net operating performance of individual units and, instead, established a single system-wide bottom line with rigorous attention to key performance indicators. It also migrated away from an annual budgeting processes toward financial forecasting. These changes stimulated a cultural shift among Health First's executive leaders from silos independently seeking to drive change to an effective and cooperative team. Banner Health also maintains common performance metrics across all areas of institutional leadership, combining annual short-term measures and longer term measures that rotate on three-year cycles.

from the field

"We learned a lot through participation in bundled payments, leading us to re-evaluate our post-acute care strategy, increase coordination with critical access hospitals and expand our social service capabilities."

— Billings Clinic

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Conclusion

Hospitals and health systems — influenced by both policy and market forces — are increasingly moving away from fee-for-service payments towards value-based arrangements. There is no single model that will work for every organization. Hospital and health system leaders should assess the personnel, infrastructure and other capabilities required for success in each model when considering the most appropriate path for their organization.

The breadth of competencies necessary to succeed at VBP increases as a hospital or health system moves up the risk spectrum. Depending on the model, organizations will need skills and infrastructure to support provider contracting and network management, clinical and care management, analytics, and risk/financial management. Organizations need to decide whether to partner, purchase or develop these capabilities in-house. Such decisions depend on available resources, timing issues, and existing internal and external capabilities. Some have found that success in VBP models has required an intense and focused effort on evolving the culture of the organization to align with new incentives. These efforts may include changing the organization's governance and reporting structures and ensuring that clinicians are engaged and represented in leadership roles.

Hospitals and health systems may find that their value-based "destination" evolves over time as policy, market and organizational forces change. Leaders will want to frequently revisit their vision and objectives to assess which model may best help them achieve organizational goals and understand the tools, information, resources and delivery network required to succeed in a particular model.

POLICY QUESTIONS

1. How can federal and state policies drive alignment across public and private VBP efforts to reduce challenges associated with managing many different forms of value-based payment?
2. What financial mechanisms should the federal and state governments make available to support providers in the transition to VBP?
3. Are there instances — for example, in sparsely populated regions — in which VBP is not appropriate?

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Appendix A: Hospital and Health System Interviewed

Institution	Interviewee Name & Title	Position on VBP Spectrum & Relevant Activities
Aurora Health Care *Milwaukee*	Richard G. Klein *Executive Vice President, Enterprise Business Group*	Shared Savings & Losses: • Partnering with national health plans to establish Medicare Advantage ACOs • Created joint-venture insurance company with payer partner
Banner Health *Phoenix*	Chuck Lehn *President, Banner Health Network*	Shared Savings & Losses / Capitation: • Partnering with national health plans to establish ACOs across all market segments
Billings Clinic *Billings, Mont.*	Nicholas Wolter, M.D. *Former Chief Executive Officer*	Bundles / Shared Savings: • Discontinued Medicare bundles and Medicare Advantage health plan • Positioning for commercial ACOs
Intermountain Healthcare *Salt Lake City*	Gregory P. Poulsen *Senior Vice President & Chief Strategy Officer*	Capitation: • Formed health plan that offers commercial, Medicare Advantage, Medicaid and exchange products
Health First *Rockledge, Fla.*	Steven P. Johnson, PhD President & Chief Executive Officer	Capitation: • Developing a fully integrated delivery system and health plan
Nationwide Children's Hospital *Columbus, Ohio*	Timothy C. Robinson *Executive Vice President, Chief Financial Administrative Officer*	Capitation: • Accepts full risk sub-capitation from Medicaid managed care plans as part of a joint-venture physician hospital organization formed with affiliated physicians
Saint Luke's Health System *Kansas City, Mo.*	Leonardo J. Lozada, M.D., MBA *Chief Physician Executive*	Bundles: • Participates in Medicare bundles arrangements • Considering participation in CPC+ program after Kansas City was selected as target region

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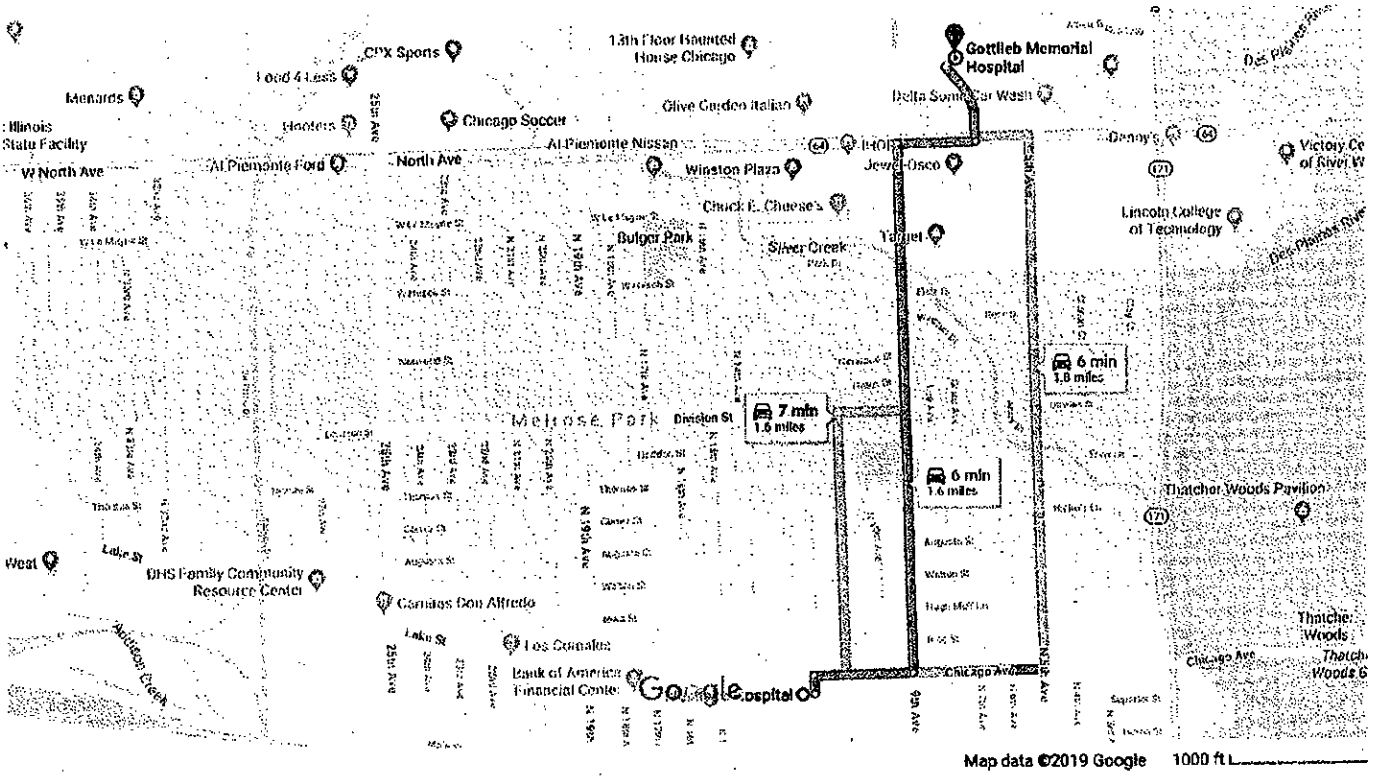
FOOTNOTE 12

Google Maps **Westlake Hospital to Gottlieb Memorial Hospital** Drive 1.6 miles, 6 min



via N 9th Ave Fastest route, the usual traffic	6 min 1.6 miles
via Chicago Ave and N 5th Ave	6 min 1.8 miles
via N 11th Ave and 9th Ave	7 min 1.6 miles

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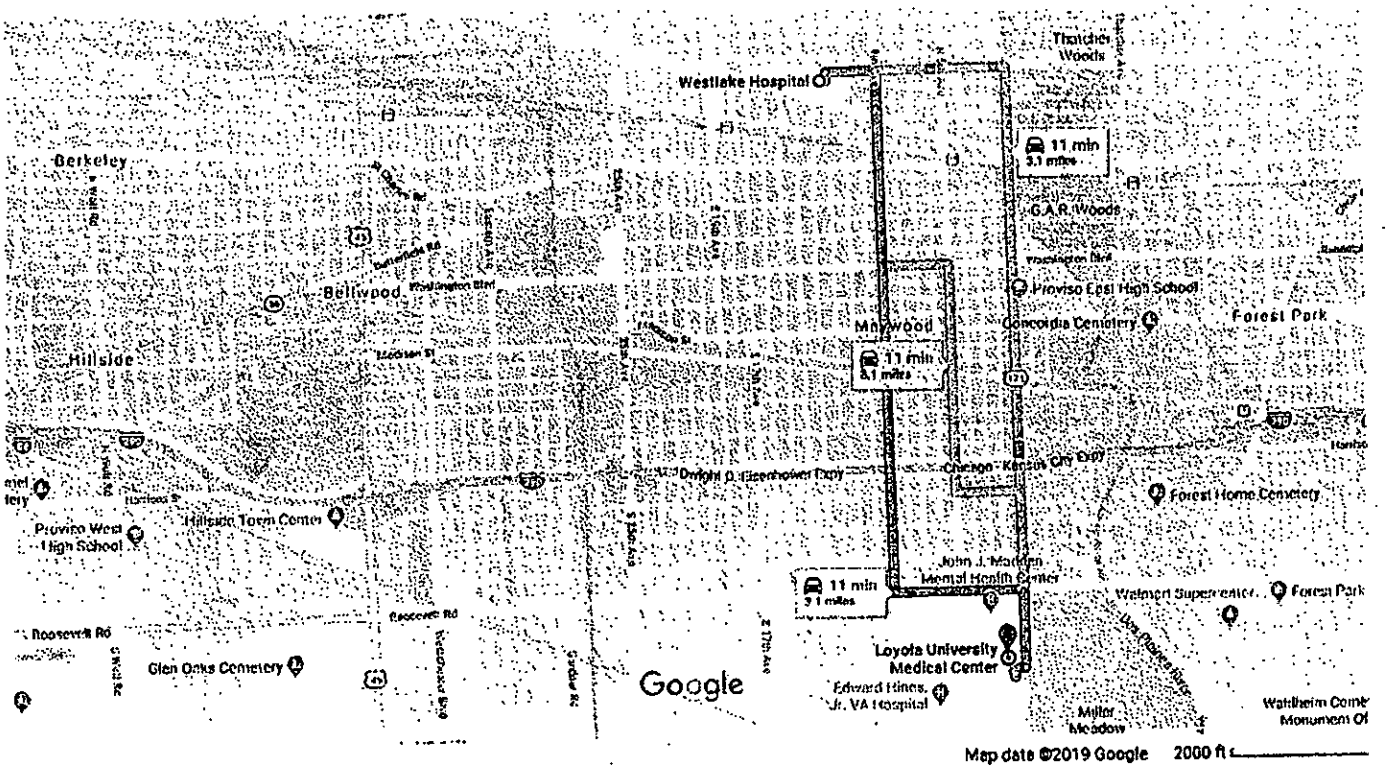
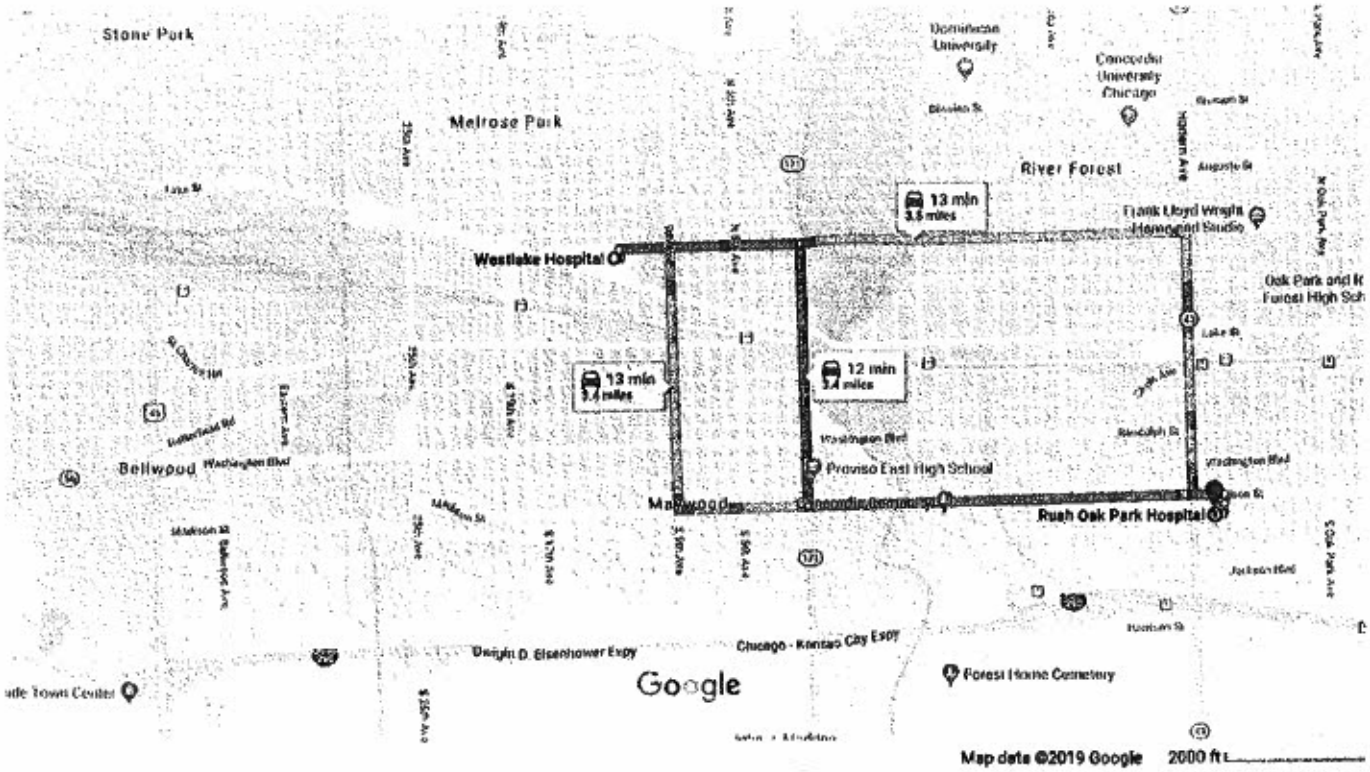
Google Maps Westlake Hospital to Loyola University Medical Center Drive 3.1 miles, 11 min



via N 9th Ave Fastest route, the usual traffic	11 min 3.1 miles	
via N 1st Ave	11 min 3.1 miles	
via S 5th Ave	11 min 3.1 miles	

ATTACHMENT 7

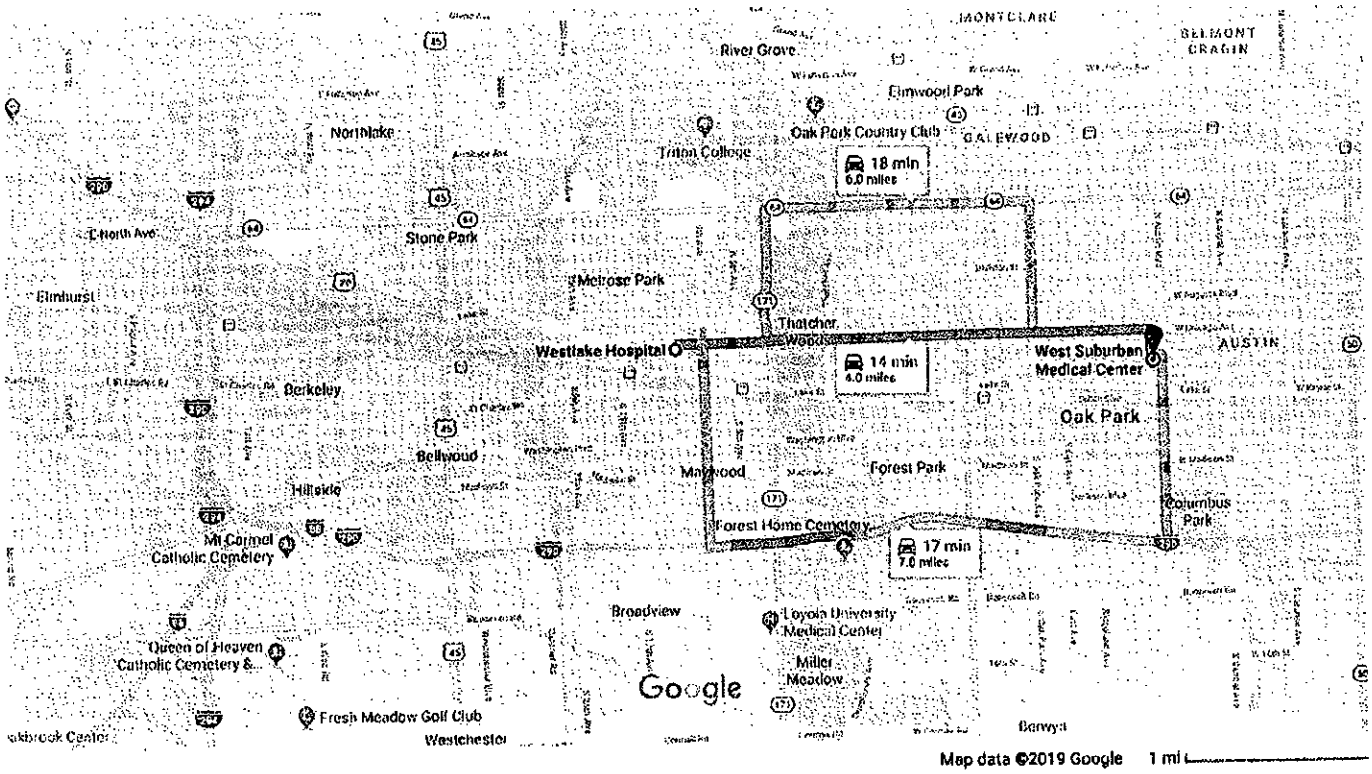
Google Maps **Westlake Hospital to Rush Oak Park Hospital** Drive 3.4 miles, 12 min



via IL-171 S/N 1st Ave and Madison St Fastest route, the usual traffic	12 min 3.4 miles
via Chicago Ave and IL-43 S/Harlem Ave	13 min 3.5 miles
via N 9th Ave and Madison St	13 min 3.4 miles

ATTACHMENT 7

Google Maps **Westlake Hospital to West Suburban Medical Center** Drive 4.0 miles, 14 min



via Chicago Ave Fastest route, the usual traffic	14 min 4.0 miles
via I-290 E	17 min 7.0 miles
via IL-64 E/W North Ave and Chicago Ave	18 min 6.0 miles

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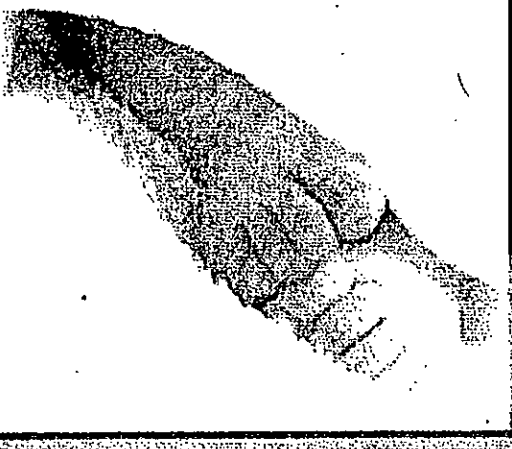

West Suburban Medical Center

Community Health Needs Assessment Report 2017

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West Suburban Medical Center would like to extend a special thank you to everyone who participated in the Community Health Needs Assessment process. The collaboration of many people allowed WSMC to develop a broad understanding of the community surrounding the hospital and its health needs and prepare for dynamic community outreach.

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Established in 1914, West Suburban Medical Center (WSMC) is a trusted teaching hospital staffed with more than 550 physicians, offering a comprehensive array advanced inpatient, outpatient and surgical services. Our experienced, long-term doctors and clinical staff provide clinical care in a number of specialties, with truly collaborative treatment that is based on mutual respect and responsiveness to our patients' needs.

Licensed Beds	234
Outpatients 2016	152,886
ER visits 2016	52,950
Inpatients 2016	7,867
Deliveries 2016	1,510

WSMC's long-standing commitment to the community spans more than 100 years. In 2017, WSMC led a comprehensive Community Health Needs Assessment (CHNA), which is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the West Suburban Medical Center service area.

The developmental charge of the CHNA

The WSMC CHNA will describe the health and prevention needs of WSMC's defined community by efficiently using data and accessible information to produce a high-level plan of action that is consistent with the mission and values of the organization. The resulting "high level plan of action" will include priorities, objectives and key strategies. The CHNA will provide a structure to develop and implement, under a coordinated plan, programs to address the priority health issues and barriers identified within the community health needs assessment report.

Our Mission

Our mission is to help people lives happier, healthier lives.

Our Vision

The leading community resource for health and healthcare, WSMC creates life-long relationships focused on excellent quality, exceptional service and compassionate care.

Our Values

As we seek to improve the quality of our patients' lives, to serve our communities, to provide an exceptional environment for our employees we are guided by five core values:

Quality. Quality is at the core of everything we do and every decision we make.

Integrity. We manage our business with integrity and the highest ethical standards.

Service. We have a culture of service that values teamwork and focuses on the needs of others.

Innovation. We have a culture of innovation that creates new solutions for our patients, physicians and employees.

Transparency. We operate with transparency by measuring our results and sharing them with others.

WSMC is committed to our neighborhoods and we understand and support the local nature of health care.

West Suburban Medical Center (WSMC) is committed to serving all the neighborhoods in its service area and recognizes the importance of keeping a local focus in effectively meeting community needs. In 2017, WSMC led a comprehensive Community Health Needs Assessment (CHNA), which is a methodical, data-driven approach to determining the health status, behaviors and needs of residents in the West Suburban Medical Center service area. Its purpose is to identify the health needs of the communities served by WSMC and meet the requirements for community benefit planning as set forth in state and federal laws.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. The development of this assessment brings together information from community health leaders and providers along with local residents for the purposes of researching, prioritizing and documenting the community health needs for the geographies served by WSMC. This health assessment will serve as the foundation for community health improvement efforts for next three years.

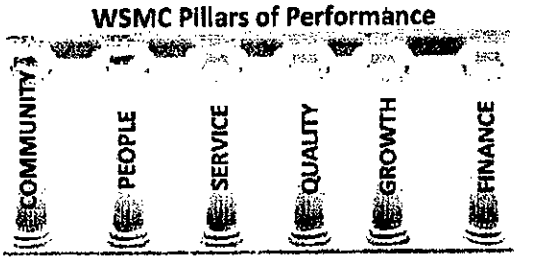
The communities assessed included a zip code area determined to be WSMC's primary and secondary service areas (defined in Community Service Area section.) WSMC is set in a very diverse community with many unique opportunities. The hospital sits on Austin Ave, the dividing line between Oak Park and the West side of Chicago, including a few different neighborhoods of Chicago. As seen in the graphs on the following pages, the racial, financial and cultural diversity is staggering.

The summons to serve these different populations at one facility has not been overlooked and the WMSC CHNA will seek to develop appropriate solutions to these ever growing challenges.

The CHNA report is a valuable community resource. It will be made widely available for use by all local and regional organizations, agencies and interested individuals to develop their own programs and initiatives to address the health issues and barriers impacting the health and well-being of vulnerable populations, the underinsured and the underserved.

Over the next year, WSMC will build on the work of this CHNA process and will develop a strategic implementation plan that will be used by WSMC to target activities for investment and action. This CHNA process marks the beginning of a formal process to continually assess and seek opportunities to improve the health needs of our community. As WSMC moves into the action-planning and implementation stages, gathering further community input will help WSMC to better understand community-specific needs, barriers and assets, and it will be essential to the goal of leveraging community benefit activities for community-building. Furthermore, on-going analysis of demographic trends, health status and health disparities will help to inform effective strategies to address the priority issues discovered in this assessment. WSMC looks forward to building on the momentum generated through this process, working in partnership with diverse community stakeholders to foster improved community health in the West Suburban primary service area.

WSMC Pillars of Performance



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Per guidance from Tenet Health and from the Internal Revenue Service on Community Health Needs Assessment, WSMC pursued two avenues of data collection for this assessment: (1) compilation and analysis of secondary data to create a Community Health Profile and (2) gathering community input through surveys, focus groups and other methods.

For the profile on the health of the community, WSMC collected data from a range of secondary sources. As defined in PHI Best Practice for Community Health Needs Assessment, data collected for health indicators and social indicators are based on United States City Data and County Health Rankings. WSMC was also fortunate to be able to access data from The National Center for Health Statistics and US Health Data for many demographic and health status indicators.

An important theme in the project is the opportunity for collaboration between hospitals and local public health agencies in conducting community health needs assessments and the development of community health improvement strategies.

Community Survey

WSMC distributed surveys in a variety of different ways in order to get the best picture of the felt needs and health interests of our primary service area. The survey was distributed at multiple community events held both by the hospital and by various local organizations and village/city events and it was set out around the hospital in the various lobby's and waiting rooms.

While this assessment is comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that information gaps might, in some ways, limit WSMC's ability to assess all of the community's health needs. For example, as seen in the demographics of the respondents a majority were older, Caucasian and from Oak Park. Those from lower income and younger patients did not take an interest in joining the survey.

Secondary Sources

Existing data sources were consulted to complement CHNA'S research quality. This data included demographics, social and health indicators, health information regarding identified health issues and mortality statistics. Additionally, Appendix A, a list of various health resources in WSMC's service area, has been included to identify the existing health care facilities and other resources within the community which are available to meet the needs identified through this CHNA. All resources are listed in Appendix B at the end of this CHNA and include helpful organizations such as:

- American Cancer Society
- American Heart Association
- American Diabetes Association
- Center for Disease Control and Prevention
- The CHNA Steering Committee
- Illinois Department of Public Health
- Illinois Department of Healthcare and Family Services
- NAMI
- National Center for Health Statistics
- Oak Park Department of Public Health
- U.S. Census Bureau and city-data
- WSMC Internal Records

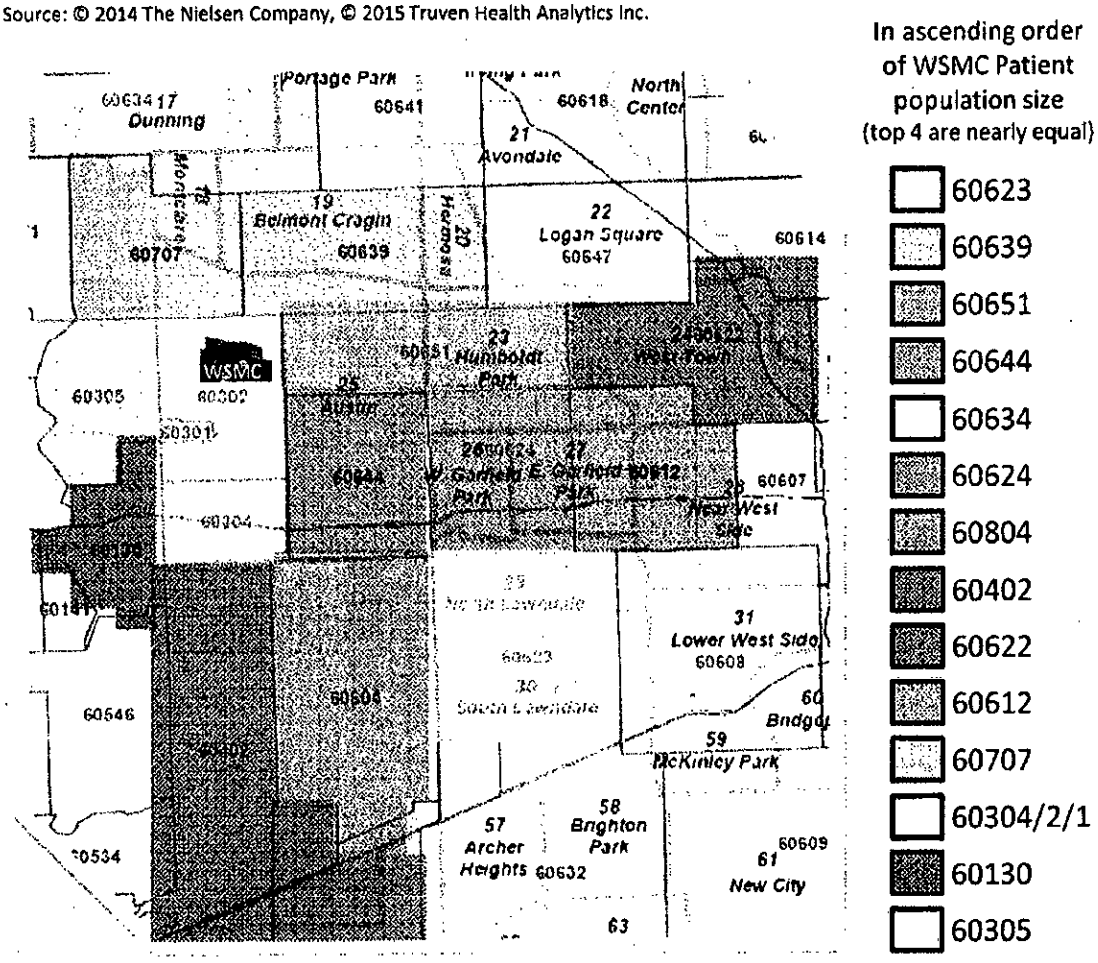
Sources are cited throughout the report at the bottom, left hand corner of the page, listed by number in order of use on the page.

Source: 23

The study area for the survey effort attempted to include the residential ZIP Codes comprising the primary service area(PSA) for West Suburban Medical Center.
A geographic description is illustrated in Figure 1 below.

Figure 1. West Suburban Medical Center Service Area Map
By Zip Code surrounding the hospital, noting size of patient population

Source: © 2014 The Nielsen Company, © 2015 Truven Health Analytics Inc.



Oak Park

WSMC is located in Oak Park, a village adjacent to the West Side of the city of Chicago in Cook County. It is the 29th largest municipality in Illinois as measured by population, and has easy access to downtown Chicago. In the 1960s Oak Parkers began a concerted effort to avoid the destructive racial housing practices occurring in nearby communities. Racial steering and block-by-block panic peddling caused rapid racial change on Chicago's west side, including the Austin Community area adjacent to Oak Park. Whites left west side neighborhoods based on concerns of property value losses and crime increases, and some businesses left as well. The Village of Oak Park passed a fair housing ordinance in 1968 (in the same year as the federal Fair Housing Act) to ensure equal access to housing in the

Source: 20

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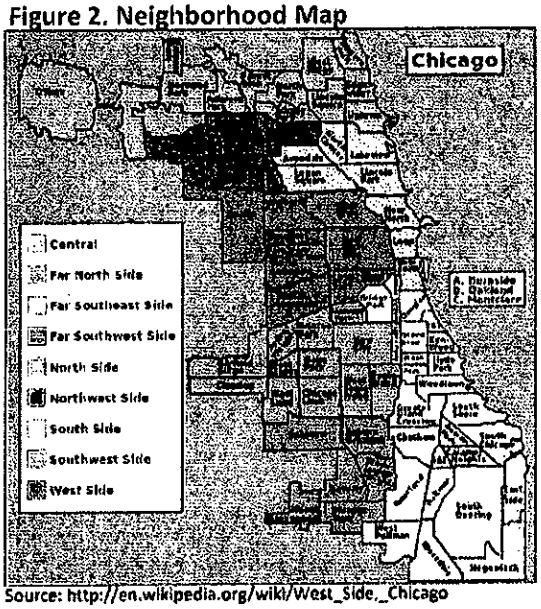
community. Today it is one of the most affluent multi-cultural municipalities in the United States. Combating crime and providing safety programs in the community, Oak Park's police department is the third largest in the state. In 2011, crime had dropped 16 percent on average in Oak Park, according to data released at a community forum.

West Side of Chicago

While WSMC resides in Oak Park, it lies on the border of Oak Park and the Austin Community, located on the West Side of Chicago, which is the largest (by population) of the city's 77 officially defined community areas (see Figure 2 below). The Neighborhood is part of Chicago's West Side which consists of Austin, East and West Garfield Park, Humboldt Park, North and South Lawndale and Near, Lower, and West Side. The West side is where WSMC draws it's largest patient population.

Figure 2. Neighborhood Map



Source: http://en.wikipedia.org/wiki/West_Side,_Chicago

Often referenced by the media as a largely poor, crime-ridden area of the city, the West Side has gone through many transitions in its ethnic and socioeconomic makeup due to its historic role as a gateway for immigrants and migrants as well as it's role for funneling poorer residents away from the wealthier lakeside neighborhoods and central business district. Today, the West Side consists of large communities of widely working class, low-income residents.

In Relation to Illinois

A rapid population rise seen in Chicago in the late 1800s meant that a large proportion of the state's population was concentrated in cities from a relatively early date. Thus, by 1895, 50% of Illinoisans lived in urban areas, whereas the entire country reached that point only in 1920. By 1990, 83% of the population lived in metropolitan areas, compared with 75.2% nationally. With an estimated population of 8,885,919 in 1999, the state's other major metropolitan areas, with their estimated 1999 populations, were Peoria, 346,480, and Rockford, 358,640. The largest city proper in 2002 was Chicago, with an estimated 2,886,251 residents, followed by Aurora, 156,974; Rockford, 151,068; Naperville, 135,389; Joliet, 118,423; Peoria, 112,670; and Springfield, 111,834.

The Challenge

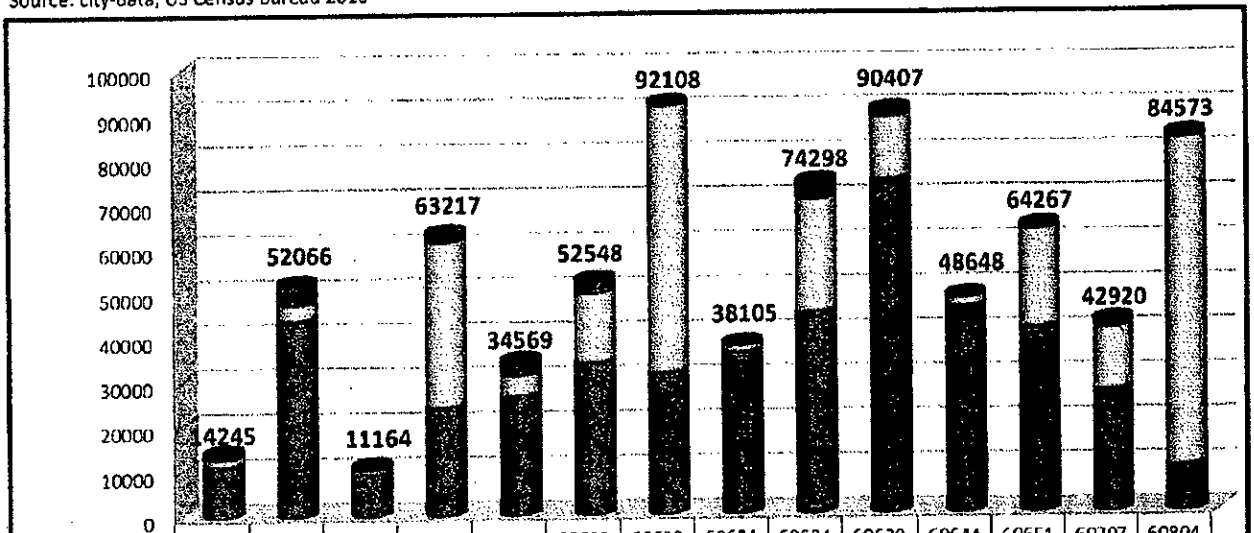
The known challenge set before West Suburban Medical Center has become even more evident throughout the research and creation of this CHNA: to reach a very diverse community with different cultures, expectations and needs with one set of values and vision within one institution.

Source: 20, 11

Illinois ranked 5th in population in the US with an estimated total of 12,600,620 in 2002, an increase of 1.5% since 2000. Between 1990 and 2000, Illinois's population grew from 11,430,602 to 12,419,293, an increase of 8.6%. The population is projected to reach 13.4 million by 2025. In 2000, population density was 223.4 per sq. mi, the 10th-highest in the US. Greater Chicago was the 3rd-largest metropolitan area in the nation, and alone accounted for over 70% of the total state population.

The total population within WSMC service area is 763,135 ; 271,106 Hispanic (36%), 270, 852 African American (36%), and 195,451 Caucasian (26%).

Figure 3. Population and Race by Zip Code
Source: city-data, US Census Bureau 2010



	60130	60301 02 04	60305	60402	60612	60622	60623	60624	60634	60639	60644	60651	60707	60804
Other	1295	4714	711	1958	3322	3032	648	449	3993	1614	645	769	1668	908
Hispanic	1398	3277	670	36734	4319	15289	59438	1160	24912	13712	1583	21756	13658	73200
Caucasion	7048	33447	9050	21027	6513	30367	1653	509	44648	6442	861	1769	24360	7757
African Amrcn	4504	10628	733	3498	20415	3860	30369	35987	745	68639	45559	39973	3234	2708

WSMC defined a service area for the CHNA made up of the communities surrounding the hospital with residents who are patients of WSMC. The service area was based on patient zip code analysis and includes 16 zip codes in West Suburban Cook County. The service area covers the municipalities of Oak Park, River Forest, Elmwood Park, Forest Park, Berwyn, Cicero, as well as a few different neighborhoods in Chicago including: Austin, East and West Garfield Park, Humboldt Park, Irving Park, North and South Lawndale, Logan Square, Near Lower, and West Side, and West Town.

Zip Code Key

60130 Forest Park
60301,2,4 Oak Park
60305 River Forest
60402 Berwyn
60612 Chicago-Lower & Near West Side
60622 Chicago-West Town
60623 Chicago-Lawndale
60624 Chicago-Humboldt Park &Garfield Park
60634 Chicago-Irving Park
60639 Chicago-Logan Square
60644 Chicago-Austin
60651 Chicago-Austin & Humboldt Park
60707 Elmwood Park
60804 Cicero

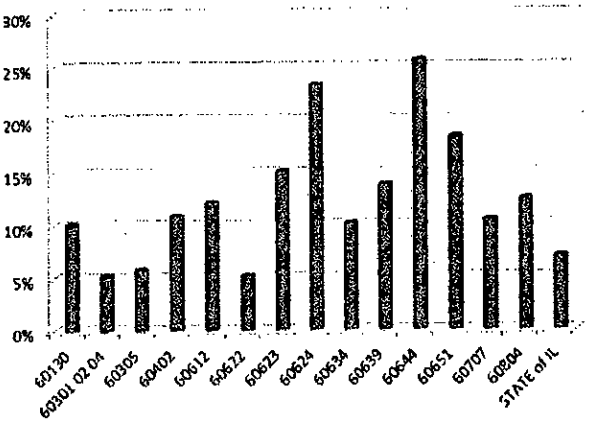
Source: 21, 22

Socioeconomic Issues

With a very diverse service area, we see a wide range of data in every area. The Chicago neighborhoods have higher unemployment rates, lower income and less education while we see the opposite in the suburbs.

Unemployment is at 7.1% for the state of IL. Among our top 4 patient populated zip codes there is a range between 14.0%-25.8% as seen in Figure 4 below.

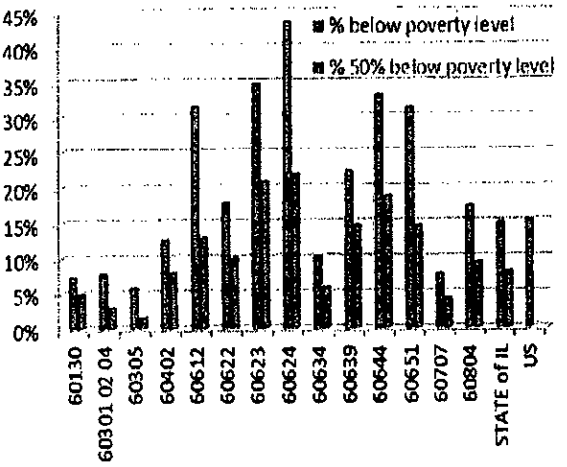
Figure 4. Unemployment Rates
Source: city-data, US Census Bureau 2010



15% of both the US and State of IL populations are below the poverty level, with 8% of IL population 50% below the poverty level. WSMC service area ranges from 6% in River Forest to 44% in Humboldt Park and Garfield Park of Chicago below poverty level and 2%-21% in the same neighborhoods, respectively, who are 50% below the poverty level as seen in Figure 5.

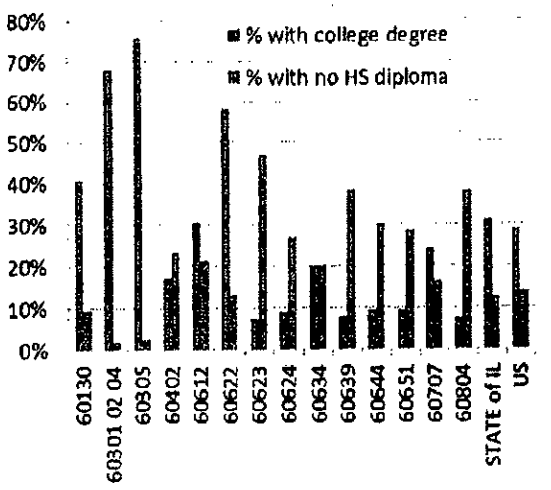
These wide ranges show an extreme disparity in the financial situations of the patients of WSMC.

Figure 5. Poverty Level
Source: city-data, US Census Bureau 2010



In the United States, 28.8% of the population over the age of 25 have a college degree and 31.4% in Illinois. As seen in Figure 6 below, WSMC's service area ranges from 7.5% in the Lawndale neighborhood of Chicago to 75.6% in River Forest. In the US 14% of the population does not have a high school diploma and 12.7% in Illinois. There is a range of 2.1% in Oak Park to 47.1% in the Lawndale neighborhood of Chicago in WSMC's service area.

Figure 6. Education
Source: city-data, US Census Bureau 2010



Source: 21, 22

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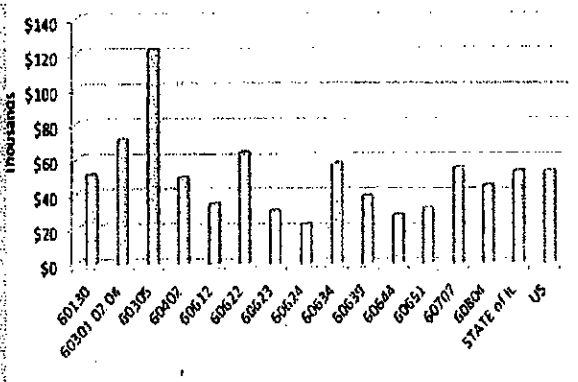
The US and State of IL both have a median household income around $53,000, while WSMC service area ranges from $22,982 in Humboldt Park and Garfield Park of Chicago to $122,854 in River Forest.

Figure 7. Median Household Income

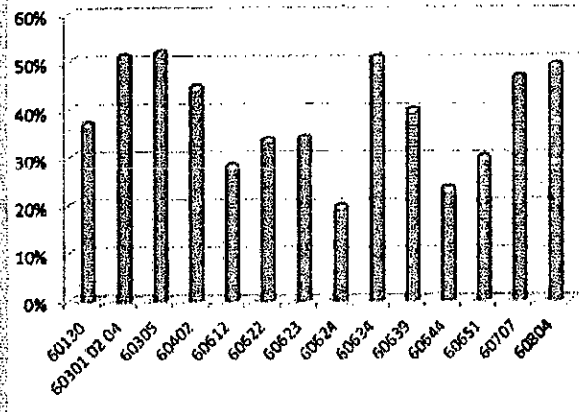
Source: city-data, US Census Bureau 2010



The percent of the population over the age of 15 that are married ranges from 20% in Humboldt Park and Garfield Park of Chicago to 53% in River Forest as seen in Figure 8 below.

Figure 8. Percent of Population Married

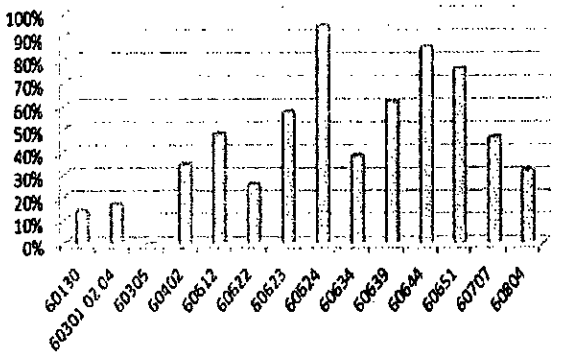
Source: city-data, US Census Bureau 2010



The percent of the population of mothers that are single ranges from 0% in River Forest to 95% in Humboldt Park and Garfield Park of Chicago as seen in Figure 9 below.

Figure 9. Percent of Births by Single Mothers

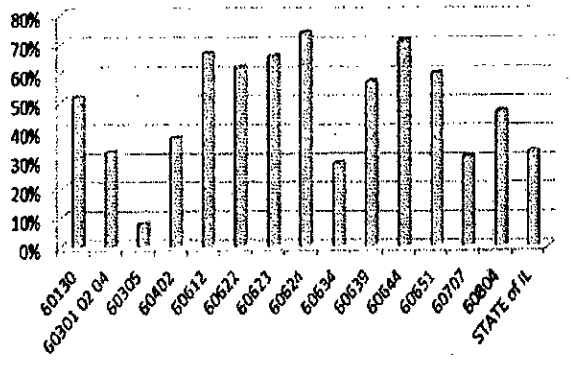
Source: city-data, US Census Bureau 2010



The percent of the population over the age of 18 that rent a home/apartment/condo as opposed to owning ranges from 8% in River Forest to 74 % in Humboldt Park and Garfield Park of Chicago as seen in Figure 10 below.

Figure 10. Percent of Population Renters

Source: city-data, US Census Bureau 2010



Source: 21, 22

ATTACHMENT 7

A community health needs survey was distributed at major community events in both the Austin and suburban communities. There were a total of 188 respondents. The breakdown by zip code areas is below.

Source: WSMC Survey Results 2017

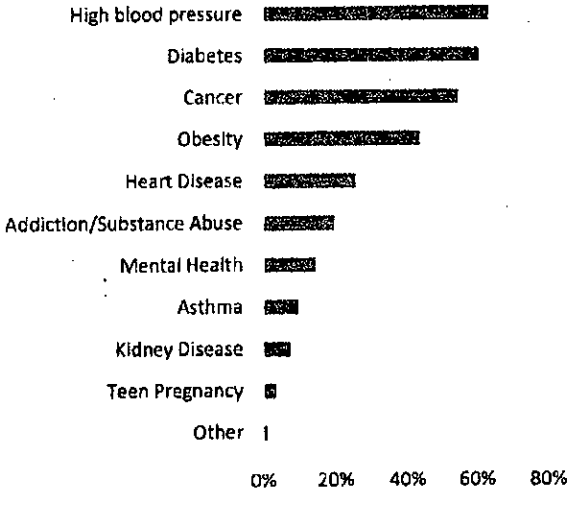
Figure 11. Breakdown of survey respondents by Zip Code

- Chicago Primary Service Area Zip Codes (60624, 60639, 60644, 60651)
- Oak Park/ River Forest Zip Codes
- Other Chicago Zip Codes
- Other Suburban Zip Codes

When asked "What do you feel are the three biggest health issues in this community, respondents answered the following:.

Figure 12. Three (3) biggest health issues in this community

Source: WSMC Survey Results 2017



High blood pressure, Diabetes, and Cancer were the top three health concerns when all responses were analyzed. However, the ranking of these differs based on the community. Three communities had high blood pressure as the major health concern. However, the Chicago Primary Service Area chose Diabetes as the major health concern. While the Oak Park River Forest respondents indicated that Obesity was the second greatest health risk, the other three communities have obesity as the third or fourth greatest health risk. Cancer was the third highest for all but the Chicago communities outside of the Primary Service Area.

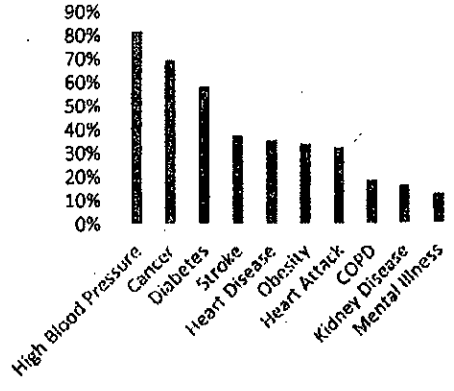
Source: WSMC Survey Results 2017

Figure 13. Biggest health issues by community

	Oak Park River Forest	Chicago PSA	Other Suburban	Other Chicago
High blood pressure	51%	69%	65%	64%
Diabetes	47%	71%	53%	64%
Cancer	47%	60%	60%	44%
Obesity	49%	38%	44%	52%

Source: WSMC Survey Results 2017

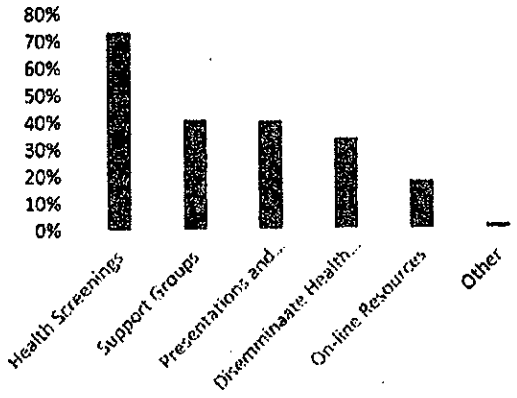
Figure 14. Have you or your family experienced any of the following?:



All four communities indicate the same ranking for the health conditions experienced by themselves or their family members: High blood pressure, Cancer, Diabetes.

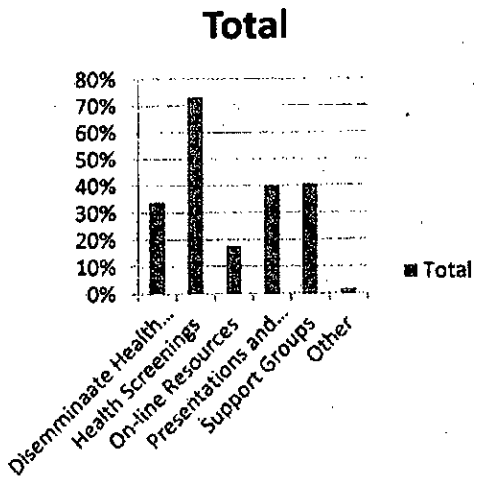
Source: WSMC Survey Results 2017

Figure 15: What do you think can be done to address these health issues?:



Source: WSMC Survey Results 2017

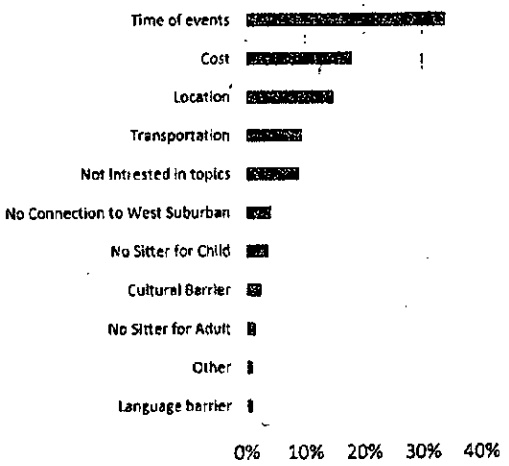
Figure 16: What do you think can be done to address these issues?:



Responses to the remaining questions on the survey will be helpful in designing programs and services to meet the needs of the community. The areas questions related to the following: barriers to attendance at health education events, location, time and day..

Source: WSMC Survey Results 2017

Figure 17: Do any of the issues listed below keep you from attending a health education class at West Suburban Medical Center?:

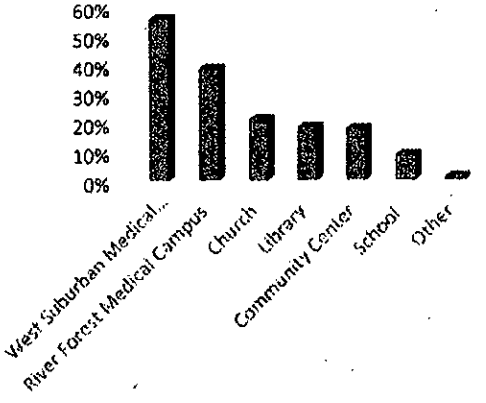


It is interesting to note that the second highest barrier to attending health education events was cost and yet all health education events held at West Suburban Medical Center as well as at the River Forest Medical Campus are free. It may be that this fact needs to be advertised more widely. The greatest barriers were time of events and location.

ATTACHMENT 7

Source: WSMC Survey Results 2017

Figure 18: Where would you and your family most likely attend a health education program?:

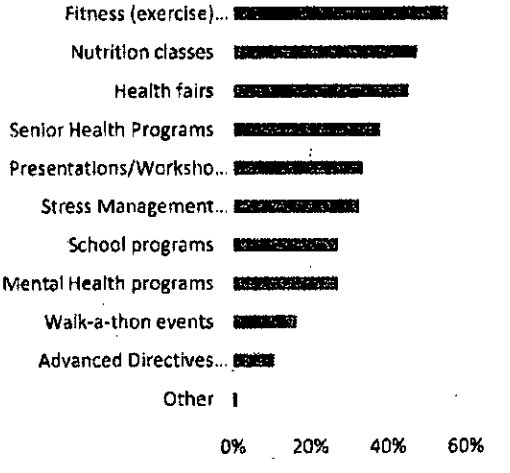


The location that received the most responses for the presentation of health education events was West Suburban Medical Center followed by the River Forest Medical campus. There was one significant difference in responses when examined by the various communities, those from River Forest or Oak Park tended to prefer events located at the River Forest Medical campus.

Fifty-five percent of the respondents indicated that West Suburban can contribute to a healthier community by providing Fitness (exercise) programs; 47% responded Nutrition classes; and 45% responded providing health fairs with, presumably, free health screenings. Thirty-eight percent indicated that senior health programs should also be offered. West Suburban has been offering senior health programs for about six years. So, it is unclear whether individuals are not aware of these programs or if they are endorsing what is already being offered.

Source: WSMC Survey Results 2017

Figure 19: What can West Suburban Medical Center do to contribute towards a healthier community?:



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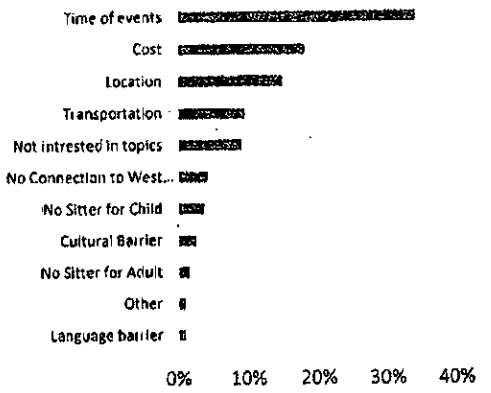
Source: WSMC Survey Results 2017

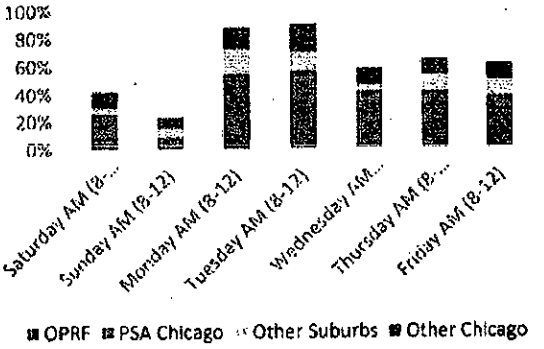
Figure 20: Do any of the issues listed below keep you from attending a health education class at West Suburban Medical Center?:



What asked what would be the most convenient day and time, almost all groups Monday and Tuesday mornings were the most convenient time.

Source: WSMC Survey Results 2017

Figure 21: What would be the most convenient day and time?: -- AM (8-12)

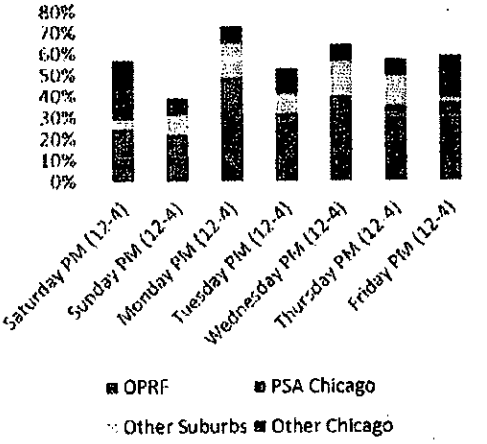


For the Oak Park River Forest and the other suburban zip code respondents, two other times that had a significant number of responses were Monday and Wednesday afternoon (12-4).

The Chicago Primary Service area respondents had a significant number preferring Monday or Wednesdays after 6 pm, though this number was not as great as the morning times. The other Chicago zip code areas had the greatest number preferring Wednesday, Thursday, and Friday evenings (after 6) or Friday and Saturday afternoon (12-4)

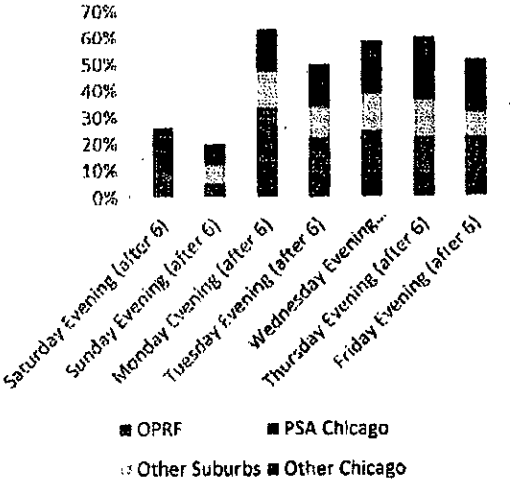
Source: WSMC Survey Results 2017

Figure 22: What would be the most convenient day and time?: -- PM (12=4)



Source: WSMC Survey Results 2017

Figure 23: What would be the most convenient day and time?: -- PM (12=4)

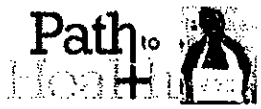


ATTACHMENT 7

Demographic Findings Summary

WSMC's primary service area encompasses an incredibly diverse group of people as seen in the previous pages throughout many different graphs and charts. The racial make-up is an equal mix of African American, Caucasian, and Hispanic, yet clearly divided within neighborhood boundaries.

Oak Park and River Forest were on the high end of the financial statistics with the West Side neighborhoods of Chicago on the low end. There are more married families and less single moms as well as high education levels in Oak Park and River Forest with a sharp difference in the West Side neighborhoods.



HELPING PEOPLE GET COVERED

You probably know about the Affordable Care Act (ACA) that was passed in March 2010 to increase access to healthcare for people who previously could not get medical insurance. But you may not know that Tenet WSMC is playing an important role in getting members of our communities signed up for coverage.

Last year, Tenet Healthcare established Path to Health, a community education and outreach campaign to raise awareness and understanding of the ACA and the insurance options available for those currently without insurance or looking to change plans. Nationwide, hospitals partnered with 449 community organizations, participated in over 1,000 education, outreach and enrollment events, held 334 additional enrollment events and helped 18,000 people sign up for health insurance.

The hospitals in the region are partnering with community organizations to offer onsite enrollment assistance, organizing enrollment events and providing help for patients who are unaware of their options.

The Path to Health website, **pathtohealth.com**.

ATTACHMENT 7

Access and Barriers to Healthcare Services

As shown in Table 2 below, a significant percentage (11.4%) of the patient population of WSMC are uninsured.

Table 2. PSA Insurance Coverage

2014 Insurance Coverage: West Sub PSA					
ZIP Code	ZIP City	Uninsured	Medicaid	Medicare	Private
60130	Forest Park	8.9%	27.3%	12.7%	51.0%
60301	Oak Park	6.7%	19.6%	17.9%	55.8%
60302	Oak Park	7.8%	23.5%	13.0%	55.7%
60304	Oak Park	6.4%	19.1%	10.2%	64.3%
60305	River Forest	5.0%	14.6%	15.3%	65.1%
60402	Berwyn	8.1%	24.5%	10.1%	57.4%
60612	Chicago	15.5%	55.1%	8.8%	20.6%
60622	Chicago	8.3%	26.6%	6.5%	58.7%
60623	Chicago	14.6%	50.7%	6.4%	28.2%
60624	Chicago	18.4%	69.3%	10.2%	2.1%
60634	Chicago	8.8%	26.9%	14.0%	50.2%
60639	Chicago	10.4%	33.4%	7.3%	48.9%
60644	Chicago	16.6%	58.6%	11.7%	13.1%
60651	Chicago	15.2%	52.8%	9.7%	22.3%
60707	Elmwood Park	9.1%	28.1%	13.4%	49.4%
60804	Cicero	9.6%	30.0%	6.3%	54.0%
	TOTAL	11.4%	37.9%	9.5%	41.3%

Insurance Coverage Estimates 1.1
ICE0001.SQP
© 2014 The Nielsen Company, © 2015 Truven Health Analytics Inc.

The 2010 Patient Protection and Affordable Care Act highlighted the importance of health care access as a national public health issue. Access is an important determinant of health status, critical to eliminating health disparities and increases years of healthy life.

As part of the Affordable Care Act (ACA), uninsured Illinoisans have new options for health coverage either through the state's Medicaid program or through the Federal Health Insurance Marketplace (the Marketplace). These options make it more affordable to get health coverage and meet the federal requirement that all individuals have health coverage starting in 2014.

Source: 13, 12, 9

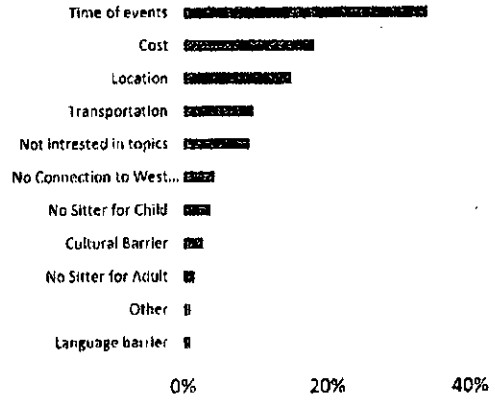
Health insurance estimates from selected states using 2017 National Health Interview Survey data are reported:

- 28.8 million (9.0%) persons of all ages were uninsured at the time of interview – not significantly different from 2016, but 19.8 million fewer persons than in 2010.
- Among adults aged 18–64, 12.5% were uninsured at the time of interview, 19.2% had public coverage, and 69.6% had private health insurance coverage .
- Among children aged 0-17 years, 5.0% were uninsured, 42.6% had public coverage, and 54.0% had private health insurance coverage.
- Among adults aged 19-64, 69.6% (137.2 million) were covered by private health insurance plans at the time of interview, This includes 4.5% (8.8 million) covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based exchanges.

The below figure is from the community survey, addressing barriers to Health Education at WSMC.

Figure 20: Do any of the issues listed below keep you from attending a health education class at West Suburban Medical Center?:

Source: WSMC Survey Results 2017



ATTACHMENT 7

Obesity

Obesity was chosen as one of the largest health concerns of residents in our primary service area and it is the first health issue discussed because, as the CDC explains, "Research has shown that as people become "overweight" and "obese," (Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher) their risk for developing the following conditions increases:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, & colon)
- Hypertension (high blood pressure)
- Dyslipidemia (i.e., high total cholesterol)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and breathing problems
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Gynecological problems (abnormal periods, infertility)

Obesity and Diabetes

The condition most strongly influenced by body weight is type 2 diabetes. Fat cells, especially those stored around the waist, secrete hormones and other substances that fire inflammation. Although inflammation is an essential component of the immune system and part of the healing process, inappropriate inflammation causes a variety of health problems. Inflammation can make the body less responsive to insulin and change the way the body metabolizes fats and carbohydrates, leading to higher blood sugar levels and, eventually, to diabetes and its many complications.

Obesity and Cardiovascular Disease

Body weight is directly associated with various cardiovascular risk factors. As BMI increases, so do blood pressure, low-density lipoprotein (LDL, or "bad") cholesterol, triglycerides, blood sugar, and inflammation. These changes translate into increased risk for coronary heart disease and cardiovascular death. The good news is that weight loss of 5 to 10 percent of body weight can lower blood pressure, LDL cholesterol, and triglycerides, and improve other cardiovascular risk factors.

Obesity and Mental Health/Addiction

Although a biological link between obesity and depression has not yet been definitively identified, possible mechanisms include activation of inflammation, changes in the hypothalamic-pituitary-adrenal axis, insulin resistance, and social or cultural factors.

WSMC and Obesity

As seen in Figure 12, 43.6% of survey respondents noted that obesity is a health issue in the community.

The Chicago Center for Bariatric Surgery & Medical Weight Loss located at Westlake Hospital (WSMC sister hospital) provides patients suffering from morbid obesity with the treatment and support they need to lose excess weight and keep it off. The website www.livelightertoday.com provides many resources, links, online seminars, support, and information regarding on site services that are provided.

Summary

Obesity harms virtually every aspect of health but it isn't necessarily a permanent condition. Diet, exercise, medications and even surgery can lead to weight loss, yet it is much harder to lose weight than it is to gain it. Prevention of obesity, beginning at an early age and extending across a lifespan could vastly improve individual and public health, reduce suffering, and save billions of dollars each year in health care costs.

Source: 8, 16, 17

ATTACHMENT 7

American Diabetes Association.

KEY FACTS

- 29.1 million Americans, 9.3% of the population, have diabetes
- 21 million Americans have diagnosed diabetes
- 8.1 million Americans have undiagnosed diabetes (27.8% of diabetes is undiagnosed)
- 86 million Americans have pre-diabetes (a condition in which blood glucose levels are high but not high enough to warrant a diabetes diagnosis)
- 1.4 million Americans aged 20 years or older are newly diagnosed with diabetes each year, 3,835/day, one every 23 seconds
- Age 20 years or older: 12.3% of all people in this age group have diabetes
- Age 65 years or older: 11.2 million, or 25.9% of all people in this age group, have diabetes

Diabetes is becoming more common in the United States. From 1980 through 2011, the number of Americans with diagnosed diabetes has more than tripled. The CDC reports an estimated $322 billion total economic burden in 2012 in the U.S. of the cost of diagnosed diabetes, undiagnosed diabetes, prediabetes, and gestational diabetes.

Diabetes was the seventh leading cause of death in the United States in 2015. This finding is based on 79,535 death certificates in which diabetes was listed as the underlying cause of death.

Diabetes and the WSMC PSA

According to the CDC, in 2012, Cook County had an 8.5% diabetes prevalence rate, a little less than the 9.3% national average. In the WSMC service area, that would mean an estimated 8,029 people diagnosed with diabetes. As resulted from the community survey, 73% of the respondents noted either self or a family member were living with diabetes.

Source: 2, 5, 16, 6

Diabetes can be treated and managed by healthful eating, regular physical activity, and medications to lower blood glucose levels. Another critical part of diabetes management is reducing cardiovascular disease risk factors, such as high blood pressure, high lipid levels, and tobacco use. Here again, is seen a connection to other health issues identified as facing our community.

Patient education and self-care practices also are important aspects of disease management that help people with diabetes stay healthy. WSMC offers and sponsors many different educational resources to the community including but not limited to:

- Diabetes Screenings
- Diabetes Lectures
- Diabetes Educational Seminars
- Smoking Cessation Classes
- Healthy Cooking Classes
- Makin Tracks 5K Sponsor
- Health Coaching for employees
- Health Education speakers at community events

CDC National Diabetes Statistics

Connection to Other Health Issues

- In 2011–2014, of adults aged 21 years or older with diagnosed diabetes, 58.2% who were eligible for statin therapy were on lipid-lowering medications and 73.6% had blood pressure greater than or equal to 140/90 millimeters of mercury or used prescription medications to lower high blood pressure.
- In 2014, a total of 14.2 million emergency department visits were reported with diabetes as any listed diagnosis among adults aged 18 years or older including 245,000 for hypoglycemia and 207,000 for hyperglycemic crisis.
- In 2014, hospitalization rates were 1.5 million for major cardiovascular diseases including 400,000 for ischemic heart disease and 251,000 for stroke.

ATTACHMENT 7

Heart Disease

Heart disease is the leading cause of death in the United States, reaching people of all ages and backgrounds. The term "heart disease" refers to several types of heart conditions. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias.

American Heart Association.

AHA Heart Disease Statistics -2017 Update

•Cardiovascular disease, listed as the underlying cause of death, accounts for nearly 801,000 deaths in the US. That's about 1 of every 3 deaths in the US.

•About 2,200 Americans die of cardiovascular disease each day, an average of 1 death every 40 seconds.

• Cardiovascular diseases claim more lives each year than all forms of cancer and Chronic Lower Respiratory Disease combined.

• Heart disease accounts for 1 in 7 deaths in the U.S.

• About 790,000 people in the US have heart attacks each year. Of those, about 114,000 will die.

• From 2004 to 2014, the annual death rate attributable to coronary heart disease declined 35.5 percent – but the burden and risk factors remain alarmingly high.

• Nearly half of all NH black adults have some form of cardiovascular disease, 47.7 percent of females and 46.0 percent of males

Heart Disease and WSMC PSA

As resulted from the community survey, 35.6% of the respondents noted either self or a family member were living with heart disease.

West Suburban Medical Center provides a wide range of cardiac services.

Source: 16, 3, 7,24, 14

West Suburban Medical Center provides a wide range of cardiac services.

Non-Invasive Cardiac Diagnostics Testing

- Electrocardiograms
- Echocardiograms
- Holter and Event Monitoring
- Stress testing with and without Imaging

Invasive Diagnostic Procedures

- Implanted Loop Recorder – Pacemaker Program
- Transesophageal Echocardiogram

Cardiovascular Interventions

- Coronary artery angioplasty and stent insertion
- Vascular angioplasty and stent Insertion
- Pacemaker and Defibrillator implantation
- Coronary and peripheral chronic total occlusion interventions
- 24 STEMI coverage

Cardiac Rehabilitation

- Phase II
- Phase III

WSMC has received the Mission: Lifeline® Non ST–Elevation-Acute Coronary Syndrome Bronze Award for implementing specific quality improvement measures outlined by the American Heart Association

BRONZE AWARD 2017 Mission: Lifeline

ATTACHMENT 7

HealthyPeople.gov Healthy People 2020

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake. – Healthy People 2020 (www.healthypeople.gov).

Early Heart Attack Care

ACC Accreditation Services is dedicated to improving the care and outcomes of patients worldwide with suspected Acute Coronary Syndrome, Heart Failure, and Atrial Fibrillation through innovative cross-disciplinary processes. As an accredited chest pain center, WSMC is committed to early heart attack care and along with all the staff, encourages our patients to take the pledge:

West Suburban has been an accredited Chest Pain Center since 2009 by the ACC Accreditation Services (formerly Society of Cardiovascular Patient Care) Patient Care.

Outside of providing great care for patients with heart disease, community and patient education is a vital part of serving the area. The WSMC website offers a health library for cardiovascular information as well as offering numerous education events such as, but not limited to:

- Hands Only CPR Class
- Early Heart Attack Care brochure distribution at events and New Employee Orientation
- Chest Pain & Heart Health Events
- Phase Three Cardiac Rehab
- Blood Pressure Screenings
- Healthy Living for Prevention of Cardiac Disease classes
- Electronic Heart Health and Risk Assessment Campaigns

EHAC Pledge™

I understand that heart attacks have beginnings that may include chest discomfort, shortness of breath, shoulder and/or arm pain, and weakness. These may occur hours or weeks before the actual heart attack.

I solemnly pledge that if it happens to me or anyone I know, I will call 9-1-1 or activate our Emergency Medical Services.

Name _____ Date _____

Visit us at www.deputyheartattack.org for more information about heart disease and prevention.

ACC Accreditation Services

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ATTACHMENT 7

High Blood Pressure

High blood pressure is a common and dangerous condition. Having high blood pressure means the pressure of the blood in your blood vessels is higher than it should be and it is a direct connection to heart disease as discussed on the previous page.

American Heart Association

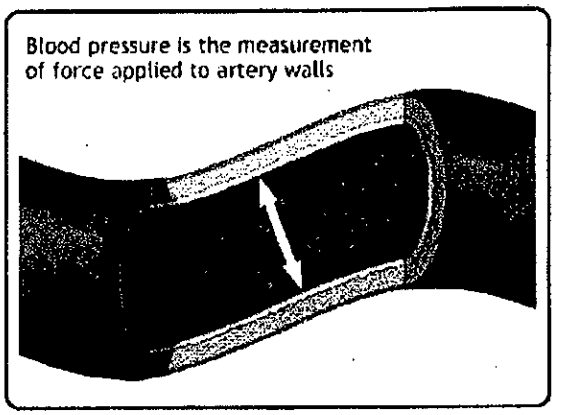
AHA HBP Statistics

- About 80 million U.S. adults have high blood pressure. That's about 33 percent. About 77 percent of those are using antihypertensive medication, but only 54 percent of those have their condition controlled.
- About 69 percent of people who have a first heart attack, 77 percent of people who have a first stroke and 74 percent who have congestive heart failure have blood pressure higher than 140/90mmHg.
- Nearly half of people with high blood pressure (46 percent) do not have it under control.
- Hypertension is projected to increase about 8 percent between 2013 and 2030.
- Rates of high blood pressure among African-Americans is among the highest of any population in the world. Here is the U.S. breakdown by race and gender.
    - 46 percent of African-American women
    - 45 percent of African-American men
    - 33 percent of white men
    - 30 percent of white women
    - 30 percent of Hispanic men
    - 30 percent of Hispanic women
- In 2000, it was estimated that 972 million adults worldwide had hypertension.

Education on the effects of high blood pressure is an important part of fighting against its harsh affects, as are blood pressure screenings because hypertension often has silent signs and symptoms.

Source: 4, 10, 3

Figure 16. Blood Pressure
Source: Center for Disease Control: HBP



High Blood Pressure and WSMC PSA

As resulted from the community survey, 81.9% of the respondents noted either self or a family member were living with high blood pressure. Those responding also noted that they were very interested in the following (all of which play a key role in lowering blood pressure):

- Workshops on Health Topics
- Nutrition Classes
- Health Fairs
- Exercise/Fitness Programs

ATTACHMENT 7

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by external factors, such as tobacco, infectious organisms, an unhealthy diet, and internal factors, such as inherited genetic mutations, hormones, and immune conditions. These factors may act together or in sequence to cause cancer. Ten or more years often pass between exposure to external factors and detectable cancer. Treatments include surgery, radiation, chemotherapy, hormone therapy, immune therapy, and targeted therapy (drugs that specifically interfere with cancer cell growth).

Nearly 15.5 million Americans with a history of cancer were alive on January 1, 2016. Some of these individuals were diagnosed recently and are actively undergoing treatment, while others were diagnosed many years ago with no current evidence of cancer.

Cancer and WSMC PSA

As resulted from the community survey, 69.7% of the respondents noted either self or a family member experienced cancer, which is a very high percentage pointing to the fact that while cancer is a world wide issue, it is also an issue for the residents within WSMC's service area.

The Oncology Program at West Suburban Medical Center offers specialized cancer treatment for the various cancers. Chemotherapy is given at the Cancer Center located on the River Forest Medical Campus with Radiation Therapy patients referred to an accredited center for treatment. The following page gives more details on all WSMC is doing to battle cancer with our community.

Figure 18. Leading Sites of New Cancer Cases and Deaths – 2017 Estimates

Estimated New Cases

Male			Female		
Prostate	161,360	19%	Breast	252,710	30%
Lung & bronchus	116,990	14%	Lung & bronchus	105,510	12%
Colon & rectum	71,420	9%	Colon & rectum	64,010	8%
Urinary bladder	60,490	7%	Uterine corpus	61,380	7%
Melanoma of the skin	52,170	6%	Thyroid	42,470	5%
Kidney & renal pelvis	40,610	5%	Melanoma of the skin	34,940	4%
Non-Hodgkin lymphoma	40,080	5%	Non-Hodgkin lymphoma	32,160	4%
Leukemia	36,290	4%	Leukemia	25,840	3%
Oral cavity & pharynx	35,720	4%	Pancreas	25,700	3%
Liver & intrahepatic bile duct	29,200	3%	Kidney & renal pelvis	23,380	3%
All sites	836,150	100%	All sites	852,630	100%

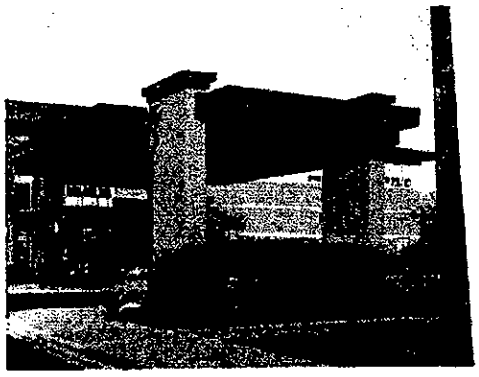
Estimated Deaths

Male			Female		
Lung & bronchus	84,590	27%	Lung & bronchus	71,280	25%
Colon & rectum	27,150	9%	Breast	40,610	14%
Prostate	26,730	8%	Colon & rectum	23,110	8%
Pancreas	22,300	7%	Pancreas	20,790	7%
Liver & intrahepatic bile duct	19,610	6%	Ovary	14,080	5%
Leukemia	14,300	4%	Uterine corpus	10,920	4%
Esophagus	12,720	4%	Leukemia	10,200	4%
Urinary bladder	12,240	4%	Liver & intrahepatic bile duct	9,310	3%
Non-Hodgkin lymphoma	11,450	4%	Non-Hodgkin lymphoma	8,690	3%
Brain & other nervous system	9,620	3%	Brain & other nervous system	7,080	3%
All sites	318,420	100%	All sites	282,500	100%

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

©2017, American Cancer Society, Inc., Surveillance Research

Source: 1, 16, 14



The Cancer Center
at River Forest Medical Campus

Advanced, compassionate cancer care - right next door.

The Oncology Program

The West Suburban Medical Center Oncology Program seeks to provide guidance, support and compassion at every stage of a patient's journey through diagnosis, treatment and recovery, ensuring quality of care and quality of life. Whether assessing risks for cancer, performing screenings and examinations or treating patients who have cancer and assisting them on their path to recovery, the West Suburban Medical Center oncology team is dedicated to making a difference by providing committed, comprehensive and compassionate care to every individual.

We understand that cancer affects the whole person, including one's emotional life; therefore, we seek to offer care that is not only state-of-the-art, but also sensitive to the needs of our patients. We work hard to make it as easy as possible for our patients to get the care they need. Patient navigation aims to empower patients throughout their cancer diagnosis, treatment, and survivorship. We provide a full range of support services and clinical trials as well as diagnostic and treatment services, including biopsies, chemotherapy, surgery and interventional treatments, to confront a wide range of cancers.

- Breast cancers
- Gastrointestinal cancers
- Gynecologic cancers
- Head and Neck malignancies
- Leukemia, Lymphoma, Myeloma and other blood disorders
- Melanoma
- Prostate
- Sarcoma
- Thoracic oncology

Accredited Program

The Cancer Center is accredited by the Commission on Cancer (COC) and the Breast Care Center is accredited by the National Accreditation Program for Breast Centers (NAPBC). Accreditation is granted only to those facilities that have voluntarily committed to provide the best in breast care and cancer diagnosis and treatment respectively and are able to comply with established COC/NAPBC standards. Receiving care at a COC/NAPBC Accredited program hospital or facility ensures that you will receive:

- Comprehensive care including a complete range of state-of-the-art services and equipment.
- A team approach to coordinate the best available treatment options.
- Information about ongoing cancer clinical trials and new treatment options.
- Access to prevention and early detection programs, cancer education, and support services.
- A cancer registry that offers lifelong patient follow-up.
- Ongoing monitoring and improvements in cancer care.
- Quality care that is close to home.

ATTACHMENT 7

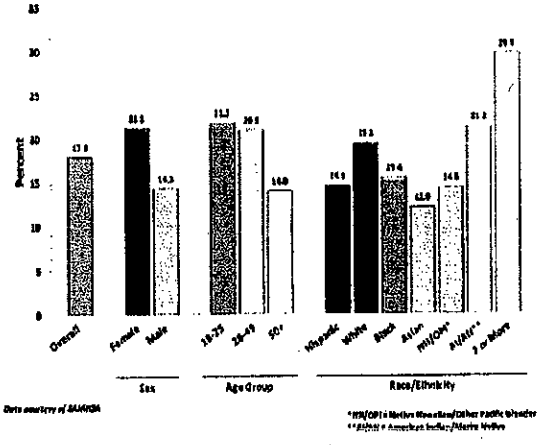
Mental Health

Mental illnesses are common in the United States. The National Institute of Mental Health defines any mental illness (AMI) as:

- A mental, behavioral, or emotional disorder (excluding developmental and substance use disorders);
- Diagnosable currently or within the past year; and,
- Of sufficient duration to meet diagnostic criteria

In 2015, there were an estimated 43.4 million adults aged 18 or older in the U.S. with AMI in the past year. This represented 17.9 percent of all U.S. adults.

Figure 19. Prevalence of Any Mental Illness among US Adults, 2015
Source: NIMH



Mental Illness and WSMC PSA

While mental illness was not an option to select for the question described in Figure 13 on page 13, many chose to handwrite "mental health" as a family/self condition under the "other" option, which highlights this issue as one of great concern.

According to the National Alliance on Mental Illness, one in five adults (approximately 43.8 million Americans) experiences mental illness in a given year. One in 25 (about 10 million) live with a serious mental illness such as schizophrenia, major depression or bipolar disorder.

Addiction

Abuse of tobacco, alcohol, and illicit drugs is costly to the United States, exacting more than $740 billion annually in costs related to crime, lost work productivity and health care.

Figure 20. Costs of Substance Abuse, 2017
Source: NIDA

	Health Care	Overall	Year Estimate Based On
Tobacco[1,2]	$168 billion	$300 billion	2010
Alcohol[3]	$27 billion	$249 billion	2010
Illicit Drugs[4,5]	$11 billion	$193 billion	2007
Prescription Opioids[6]	$26 billion	$78.5 billion	2013

Because of its geographic location and multifaceted transportation infrastructure, Chicago is a major hub for the distribution of illegal drugs throughout the Midwest. The West Side of Chicago, where the majority of the WSMC patient population comes from, has been nicknamed the "Heroin Highway."

In response to an increase in overdose deaths, Illinois enacted a "Good Samaritan" law in June 2012, which provides limited protections from prosecution for drug possession for persons seeking emergency medical assistance for themselves or other persons in response to a drug overdose.

Source: 18, 15, 19

ATTACHMENT 7

The development of the CHNA has enabled us to strengthen our commitment to the diverse communities surrounding our facility. We believe the CHNA process offers an exciting opportunity for our hospital, local health departments and other dedicated organizations improve health care. We will continue to work with current and future partners to develop a collaborative approach to addressing the community's health needs.

With a more accurate picture of the community in hand, WSMC can better address the needs of the people seeking healthcare in our neighborhood. Echoing throughout this report is the importance of education in the prevention of pressing health issues. While WSMC offers a lot of health education to the community there is always room to grow, and this CHNA allows the hospital to pinpoint those in greatest need and realize the barriers that stand in the way of achieving that goal.

WSMC will be developing a comprehensive implementation plan to address priority health needs in our primary service area as made clear through the CHNA results. This plan will lay out how we will continue to contribute to be a solution for the health needs of our community. We are focused on fostering programs and partnerships that promote health education and build strategic partnerships.

Once again, we would like to thank everyone for their time and contributions to this report.

Healthy People 2020

Healthy People 2020 is the federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The vision of Healthy People 2020 is to have a society in which all people live long, healthy lives. The overarching goals of Healthy People 2020 are to:

- attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- achieve health equity, eliminate disparities, and improve the health of all groups;
- create social and physical environments that promote good health for all;
- promote quality of life, healthy development, and healthy behaviors across all life stages.

The plan contains 42 topic areas, including 13 new topic areas. There are 24 objectives regarding heart disease and stroke specifically, and more in related areas that are relevant to heart disease and stroke. More information is available at healthypeople.gov

ATTACHMENT 7

Supportive Living Facilities

Name	*Address*	*City*	*Zip*	*Phone*
Beth-Anne Place	1143 N Lavergne	Chicago	60651	773.287.2711
Concord Place	401 W Lake St	Northlake	60164	708.562.9000
Victory Centre of Riverwoods	1800 Riverwoods Dr	Melrose Park	60160	708.547.5800
Victory Centre of Galewood	2370 N Newcastle Ave	Chicago	60707	773.385.5002
Bishop Edwin Conway Residence	1900 N Karlov	Chicago	60639	773.252.8578
Jackson Park SLF	1448 E 75th Street	Chicago	60649	773.667.6500
Barton Senior Residences of Chicago	1245 S Wood	Chicago	60608	312.421.5220
Greenview Place	1501 W Melrose	Chicago	60657	773.525.1501
Heritage Woods of Chicago	2800 W Fulton	Chicago	60612	773.722.2900
Churchview Supportive Living	2626 W 63rd St	Chicago	60629	773.471.444
Coles Supportive Living	7419 S Exchange	Chicago	60649	773.721.6600
Covenant Home of Chicago	2720 W Foster	Chicago	60625	773.506.6900
The Ivy	2437 N Southport	Chicago	60614	773.472.8400
Eden Supportive Living	940 W Gordon Terrace	Chicago	60613	773.472.1020

Outpatient Substance Abuse Treatment Programs

Name	*Address*	*Phone*
Cathedral Shelter of Chicago	1668 W. Ogden, Chicago	312.997.2222
Annie B Jones Community Services Inc.	1750 E. 71st Street, Chicago, 60649	773.667.2100
HealthCare Alternatives Systems, Inc.	1942 N. California, Chicago, 60647	773.292.4242
HealthCare Alternatives Systems, Inc.	2755 W. Armitage Ave, Chicago, 60647	773.252.3100
HealthCare Alternatives Systems, Inc.	5005 W. Fullerton Ave, Chicago	773.745.7107
Pilsen Wellness	3113 W. Cermak, Chicago, 60608	773.277.3413
Concerned Citizens Inc / Mother's House	321 N. Mason Ave, Chicago 60644	773.287.8393
Gateway Foundation Inc. (Chicago River North)	444 N. Orleans St, Ste 400, Chicago, 60654	312.464.9451
HealthCare Alternatives Systems, Inc.	4534 S. Western, Chicago, 60609	773.254.5141
Haymarket Center	4753 N. Broadway Ave. Ste 612, Chicago	312.226.7984
Haymarket Center	120 N. Sangamon, Chicago 60607	312.226.7984
Haymarket Center	4910 S. King Drive, Chicago 60607	312.226.7984
Haymarket Center	932 W. Washington, Chicago 60607	312.226.7984
Chicago Lakeshore Hospital Chemical Dependence Prgrm	4840 N. Marine Drive, Chicago 60640	773.878.9700
Community Counseling Cntrs Chicago (C4) Recovery Pnt	5691 N. Ridge, Chicago	773.303.3000
Southwood	5701 S. Wood, Chicago, Il 60636	773.737.4600
Behavioral Health Services - Belmont	5825 W. Belmont, Chicago, 60634	773.637.0487
Loretto Hospital Addiction Center	645 S. Central, Chicago, 60644	773.854.5445
Human Resources Development Institute (HRDI)	8000 S. Racine Ave, Chicago 60620	773.966.0255
Hazelden	867 N. Dearborn Street, Chicago, 60610	312.943.3534
Bobby E. Wright Comprehensive Behavioral Health Cntr	9 S. Kedzie Ave., Chicago, 60612	773.722.7900

ATTACHMENT 7

Psychiatric/Behavioral Health Resources

Name	*Address*	*City*	*Phone*
Loretto Hospital– Outpatient Behavioral Health	5524 W Harrison St.	Chicago	773.854.5290
Hartgrove Hospital	5730 W Roosevelt Rd.	Chicago	773.413.1700
Austin Family Counseling Center	4909 W Division St. #404	Chicago	773.921.7805
Thresholds			773.572.5400
Circle Family Health Care	1633 N Hamlin Ave	Chicago	773.276.1200
NAMI	816 Harrison St	Oak Park	708.524.2582
In-Home Counseling for Seniors			847.903.5604
			773.420.3481
Cathedral Counseling	50 E Washington St. Ste 301	Chicago	312.252.9500
Catholic Charities	651 W Lake St	Chicago	312.655.7700
Thrive Counseling Center	120 S Marion St	Oak Park	708.383.7500
Presence Behavioral Health ProCare	1414 W Main St.	Melrose Pk	708.410.0615
Macneal Hospital	3249 S. Oak Park Ave	Berwyn	708.783.3605
Loyola Hospital	2160 S. 1st Ave	Maywood	708.216.9000
St. Mary's	2233 W Division	Chicago	312.633.5873
St. Elizabeth's	2233 W Division	Chicago	312.770.3300
Dr. Richard Goldberg - Psychiatrist	8311 W Roosevelt Rd	Forest Pk	708.814.6600
Dr. John Lim - Psychiatrist	1405 S. Harlem	Berwyn	708.484.8861

ATTACHMENT 7

1. **American Cancer Society Inc.** *Cancer Facts and Figures 2017* http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf

2. **American Diabetes Association** *Diabetes* Retrieved from http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/Fast_Facts_3-2015.pdf

3. **American Heart Association** *Heart Disease and Stroke Statistics* Retrieved from http://www.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470704.pdf

Center for Disease Control and Prevention

4. *High Blood Pressure* Retrieved from: http://www.cdc.gov/bloodpressure/

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6. *Diabetes and It's Burden in the United States* Retrieved from: http://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf

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13. **Illinois Department of Health and Family Services** *Affordable Care Act* Retrieved from: https://www2.illinois.gov/hfs/PublicInvolvement/AffordableCareAct/Pages/default.aspx

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16. **National Center for Health Statistics.** *Health, United States, 2010: With Special Feature on Death and Dying.* Hyattsville, MD. 2011.

17. **National Heart, Lung, and Blood Institute.** *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.* 2002.

18. **The National Institute of Mental Health** *Any Mental Illness Among Adults* Retrieved from: http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml

19. **National Institute on Drug Abuse** *Area Report: Chicago* Retrieved from: http://www.drugabuse.gov/sites/default/files/chicago2014.pdf

20. **Oak Park, IL** *History* Retrieved from: http://www.oprfhistory.org/

21. **United States City Data** City Data Retrieved from: http://www.city-data.com/

22. **US Census Bureau** *2010 Census Data* Retrieved from: http://quickfacts.census.gov/qfd/states/

23. **Public Health Institute** *Best Practice for Community Health Needs Assessment* Retrieved from: http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf

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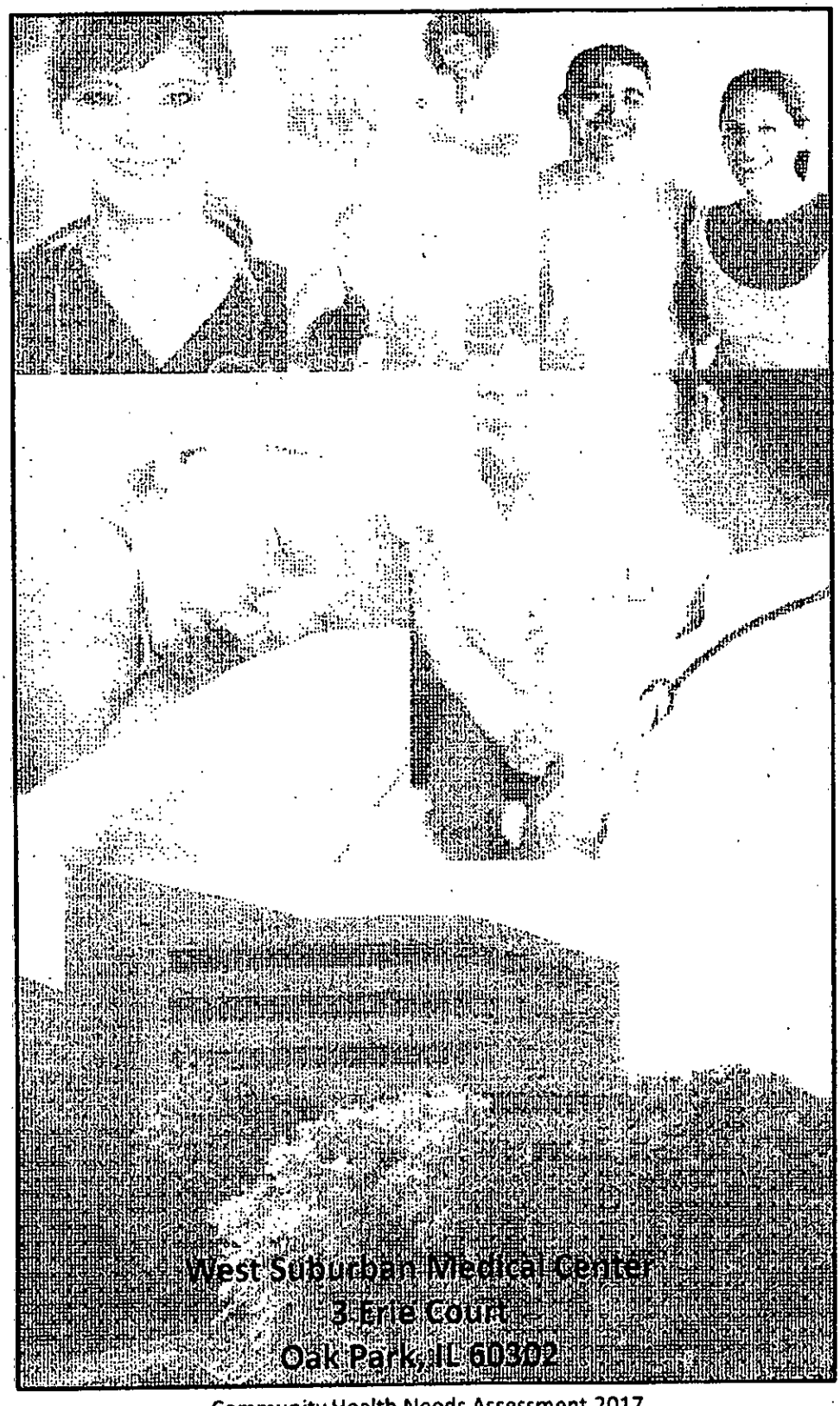
ATTACHMENT 7



Community Health Needs Assessment 2017

ATTACHMENT 7

Gottlieb Memorial Hospital
Community Health Needs Assessment Implementation Strategy
Fiscal years 2017-2019

Gottlieb Memorial Hospital (GMH) and Loyola University Medical Center (LUMC) which form the Loyola University Health System completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in June 2016. GMH performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically http://www.gottliebhospital.org or printed copies are available at Gottlieb Memorial Hospital.

Hospital Information and Mission Statement

Loyola University Health System (LUHS), a not-for-profit, mission-based, Catholic organization, is a nationally recognized leader in providing specialty and primary healthcare services. LUHS is comprised of two hospitals located in Chicago's western suburbs, Loyola University Medical Center (LUMC) in Maywood, IL, and Gottlieb Memorial Hospital (GMH) in Melrose Park, IL; over 30 specialty and primary care centers predominately located in Chicago's western and southwestern suburbs; and nearly 1,200 medical staff members. LUHS also is a major referral center for the Chicago metropolitan area, providing care for some of the most critically ill and injured patients in Cook, DuPage and Will counties, and across the region and nation. LUHS is a member of Trinity Health, one of the largest Catholic health systems in the country, serving patients in 21 states. Trinity Health returns almost $1 billion to its communities annually in the form of charity care and other community benefit programs.

Founded in 1969, LUMC is a leader in specialty care for heart disease, cancer, trauma, burns, solid organ transplantation and neurological disorders, along with primary care services. In addition, LUMC has more than 60 clinical affiliations with other healthcare providers to extend Loyola's specialty care expertise beyond its facility and into the surrounding communities. On July 1, 2008, GMH joined LUHS, an affiliation that further

enhances patient care in Chicago's near west suburbs. GMH has provided five decades of comprehensive healthcare services to its community.

The LUHS CHNA area (highlighted in the map below) is centered around the two campuses of LUMC (Maywood) and GMH (Melrose Park) in the western suburbs of Chicago.
This area is composed of a diverse population of about 540,000. Hispanics make up the largest race/ethnic groups with 41.1% of the population. White non-Hispanic is the second largest group with 33.7% and African-Americans represent 21.5% of the CHNA population.

Mission

Gottlieb Memorial Hospital is committed to excellence in patient care and the education of health professionals. We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve. We believe that thoughtful stewardship, learning and constant reflection on experience improve all we do as we strive to provide the highest quality health care.

We believe in God's presence in all our work. Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other. To fulfill our mission we foster an environment that encourages innovation, embraces diversity, respects life, and values human dignity.

We are committed to going beyond the treatment of disease. We also treat the human spirit.

Health Needs of the Community

Gottlieb Memorial Hospital is committed to improving the health of the communities it serves through the delivery of a broad range of programs and services in collaboration with community and health system partners. LUHS is a participating member of a hospital collaborative effort composed of seven public health departments, more than 25 hospitals and many community organizations. Through the joint efforts of this collaborative this community health needs assessment (CHNA) report was made possible.

Beginning in March 2015, Gottlieb Memorial Hospital through Loyola University Health System has been part of a collaborative of hospitals in Chicago and suburban Cook County to conduct their community health needs assessment. Known as the Health Impact Collaborative of Cook County, this collaborative of hospitals, community organizations and public health departments gathered data and gathered input from the community through a community survey and a series of focus groups. The collaborative divided Cook County into three regions of which the LUHS' CHNA area (west suburban Cook County) was included under the Central region.

Based on the data and feedback gathered through the CHNA process, the Health Impact Collaborative came to a consensus on four focus areas that touch and cut across the three regions in Cook County.

1. Improving Social, Economic, and Structural Determinants of Health
   Reducing Social and Economic Inequities
2. Improving Mental and Behavioral Health Services
3. Preventing and Reducing Chronic Disease,
   with a focus on risk factors – nutrition, physical activity and tobacco
4. Increasing Access to Care and Community Services

The recommendation of the Collaborative is that all participating hospitals include Focus Area #1 as a priority within their specific CHNA area. Hospitals will continue to collaborate on county-wide work on addressing this priority, as well as select at least one additional focus area as a priority.

After review and consultation with its community partners, LUMC is committed to working to develop strategies and programs that address:

- Improving social and economic determinants of health;
- Preventing/reducing chronic disease; and
- Increasing access to care and community services

Through collaboration with its community partners as well as with other health providers, GMH will support initiatives that address the underlying issues that cut across these focus areas.

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Hospital Implementation Strategy

GMH's previous implementation plan included activities to address the priority issues of access to care and childhood obesity. In the last three years, significant progress has been made in these two areas since the last implementation strategy plan, as detailed below:

Impacting the Rising Rate of Obesity:

Pediatric Weight Management Program (PWMP)
LUMC and Gottlieb Memorial Hospital jointly established a pediatric weight management program focused on children ages 5 to 18 within targeted disadvantaged communities. The Program focused on three components: specialty care, pediatric provider education, and community outreach.

Specialty care:

LUMC, GMH and the Pediatric Department leadership created of the only specialty child obesity clinic in the Chicago area for a disadvantaged population. The clinic is focused on the poor and disadvantaged and more than 87.2% of clinic patients were covered by Medicaid or managed care. Since launched in 2014, 190 obese children have been evaluated through the clinic, and 15% of them completed the full 14-week program. On average, children achieved a weight loss of 9.14% and body fat reduction of 1.43%.

Pediatric Provider Education:

All LUMC Pediatric physicians and residents have been trained and educated on AAP recommended protocols for screening and treatment of obesity. LUMC also updated its EPIC EMR system with childhood obesity tools for primary care physicians. In a survey, 67% of physicians were aware of EPIC tools regarding obesity, 53% have used the "smart set" of protocols for childhood obesity, and 80% have used the patient handouts on obesity. In addition, LUMC has held educational presentations to Pediatric and Medicine-Pediatric residents and ambulatory leaders on the pediatric weight management program, and has provided physicians with a pocket guide with obesity evaluation criteria.

Community Outreach:

Proviso Partners for Health (PP4H)

In partnership with Loyola University of Chicago Stritch School of Medicine, the Pediatric Weight Management Program founded a community coalition (Proviso Partners for Health or PP4H) composed of more than 30 groups representing faith-based organizations, businesses, government, social welfare agencies and community residents all focused on developing strategies to reduce obesity in the community. In 2015, the coalition was awarded a grant from the Institute for Healthcare Improvement (part of the Robert Wood Johnson Foundation's 100 Million Healthier Lives). PP4H has been a community partner in increasing access to healthy foods at schools and in the community. In addition, PP4H is working to expand and improve physical activity options and remove barriers to healthy lifestyle behaviors by improving the built environment.

Access to Care

Transportation van:

GMH provided a subsidized transportation van service for persons who cannot afford to pay transportation to hospital diagnostic testing or ancillary services. More than 300 persons are served through this service yearly.

Medicaid enrollment:

GMH engaged in a variety of community outreach activities to increase Medicaid enrollment in the LUHS service area. GMH representatives attended community health/job fairs and provided space for one-on-one enrollment events facilitated by Proviso Township Mental Health Commission. Through these efforts, nearly 20,000 community members were engaged, and 13,758 Medicaid applications were completed.

Pediatric Mobile Health Unit:

The Loyola Pediatric Mobile Health Program (PMHP) was created in 1998 to provide cost-effective clinical services and education to uninsured, underinsured, and at-risk children enduring poverty, unemployment, and infant mortality in the Chicago metropolitan area. After the last CHNA, a major focus of the PMHP was to maximize activity inside of the CHNA service area. Service area visits by the PMHP have continued to trend upwards. In FY13, 34.4% of PMHP visits were to the CHNA service area, and by FY15, more than 50% of PMHP visits were inside the CHNA service area. Additionally, PMHP has grown its unique patient base by 12.7% since FY14.

Health alert to community:

GMH and its staff allergist provided daily allergy count (from April through October) for the entire Chicagoland region. The count is provided, at no cost, to news outlets and all Chicago meteorologists. The count also is available on GMH's Web site, via Twitter and by a telephone hotline each weekday morning during allergy season. It is a relied-upon resource by people in the Chicago area who need to determine whether to take allergy mediation before stepping out the door in the morning.

GMH resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

GMH will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care & Community Resources** – Detailed need specific Implementation Strategy on [page 7]

ATTACHMENT 7

- **Social, Economic and Structural Determinants of Health**– Detailed need specific Implementation Strategy on [page 9]
- **Chronic Disease** – Detailed need specific Implementation Strategy on [page 11]

Significant health needs that will not be addressed

Gottlieb Memorial Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed and within its ability to influence. GMH will not take action on the following health need:

- **Mental and Behavioral Health** - GMH does not have significant resources focused on mental and behavioral health issues. LUMC will continue to work with area providers and support initiatives by the Health Impact Collaborative of Cook County as appropriate to GMH's mission and resources.

This implementation strategy specifies community health needs that GMH has determined to meet in whole or in part and that are consistent with its mission. Gottlieb Memorial Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that LUMC then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Gottlieb Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Access to care and community resources		
CHNA REFERENCE PAGE:	90-95	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: Findings from the CHNA data clearly point to interrelated access issues, with similar communities facing challenges in terms of access to healthcare and access to community based social services and access to community resources for wellness such as accessible and affordable parks and recreation and healthy food access. These are many of the same communities that are also being most impacted by social, economic and environmental inequities, so lack of access to education, housing, transportation and jobs are also underlying root cause of inequities that affect access to care and community resources.

Specific needs related to access are:

Lack of insurance is a major barrier to accessing primary care, specialty care and other health services. In the post-Affordable Care Act landscape, the size and makeup of the uninsured population is shifting rapidly. Aggregated rates from 2009-2013 show that 25.5% of the adult population age 18-64 in the Central region reported being uninsured, compared to 18.8% in Illinois and 20.6% in the U.S. Men in Cook County are more likely to be uninsured (18.2%) compared to women (13.8%). In addition, African Americans, Latinos, and diverse immigrants are much more likely to be uninsured compared non-Hispanic whites. It is estimated that 40% of undocumented immigrants are uninsured compared to 10% of U.S.-born and naturalized citizens.

Lack of insurance may impact access to lifesaving cancer screenings, immunizations, and other preventive care. Routine cancer screening may help prevent premature death from cancer and it may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than treatment for more advanced-stage cancers. Overall rates of self-reported cancer screenings vary greatly across Chicago and suburban Cook County compared to the rates for Illinois and the U.S. This could represent differences in access to preventative services or difference in knowledge about the need for preventative screenings.

A large percentage of adults reported that they do not have at least one person that they consider to be their personal doctor or health care provider. Regular visits with a primary care provider improve chronic disease management and reduce illness and death. As a result it is

an important form of prevention.
GOAL: Improve access to care and community resources for those who are disadvantage or undeserved
OBJECTIVE: Provide access to health care services to uninsured and underinsured within the CHNA
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Provide subsidized transportation service for persons to access health services who cannot afford to pay for transportation to diagnostic testing. 2. Offer to the general public, family care-giver education and training support sessions 3. Provide warehouse space to Mission Outreach for the collection, storage and distribution of excess medical supplies to foreign mission clinics.
ANTICIPATED IMPACT OF THESE ACTIONS: 1. The transport van service will serve more than 300 persons annually. 2. Work with Aging Care Connections in offering monthly educational and support sessions for family care-givers. 3. Increase the collection of Chicago area donated excess medical supplies to be used for mission clinics.
PLAN TO EVALUATE THE IMPACT: Count the number of persons served by the transportation van; review number of home care support/educational sessions held and review amount of excess medical supplies collected.
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: It is estimated that the total cost for staffing and other expenditures for these four initiatives would be approximately $55,000 annually.
COLLABORATIVE PARTNERS: 1. Mission Outreach, a non-profit, charitable organization that works with hospital national wide in the collection of unused medical supplies for use at mission clinics. 2. Aging Care Connections is a local social service organization that offers educational training and speakers for family care-givers.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Gottlieb Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Social, Economic and Structural Determinants of Health		
CHNA REFERENCE PAGE:	49-68	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: As summarized within the CHNA report, there are many health disparities that relate to racial inequities and income inequities. These societal inequities have profound effects on life expectancy. In both Chicago and suburban Cook County, life expectancy varies widely between communities with high economic opportunities and communities with low economic opportunities. In suburban Cook County, life expectancy is approximately 79.7 years. The 2012 citywide life expectancy for residents in Chicago is 77.8 years. Overall in Chicago, life expectancy for people in areas of high economic hardship is five years lower than those living in communities with better economic conditions. The Chicago community areas and suburban municipalities in the Central region with the highest and lowest life expectancies include communities within the CHNA area including Maywood, Melrose Park and Austin.

GOAL: Improving social, economic, and structural determinants of health / Reducing social and economic inequities

OBJECTIVE: Support governmental and organizational policy changes that affect the lives of the 500,000 persons living within the CHNA area.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Work closely with the Health Impact Collaborative of Cook County to advocate and support policy changes that impact poverty, housing, transportation, food access.
2. Support and advocate legislation implementing Tobacco 21 and other related initiatives such as clean indoor air act, smoke free movies, healthy option vending machines.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. The adoption of new and revised policies that impact economic growth, improved food access, transportation options will positively impact the health of all residents in the area.
2. Adoption by smoking cessation policies will help reduce smoking among youth and improve the rates of lung cancer and other healthy lifestyle policies.

ATTACHMENT 7

PLAN TO EVALUATE THE IMPACT: Document public advocacy efforts, monitor process and status of policy adoption.
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: It is estimated that annual LUHS staffing, promotion and material expenses of approximately will total $25,000.
COLLABORATIVE PARTNERS: 1. Proviso Partners for Health, a community-based coalition serving the Proviso Township area; local churches and other local social service agencies. 2. Health Impact Collaborative of Cook County, made up of Cook County hospitals and health departments. 3. Illinois Hospital Association in support of policy initiatives on the state level.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Gottlieb Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Chronic Disease		
CHNA REFERENCE PAGE:	81-89	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: Chronic disease conditions—including type 2 diabetes, obesity, heart disease, stroke, cancer, arthritis and HIV/AIDs—are among the most common and preventable of all health issues, and chronic disease is also extremely costly to individuals and to society. The CHNA findings emphasize that preventing chronic disease requires a focus on risk factors such as nutrition and healthy eating, physical activity and active living, and tobacco use. The findings from the assessment emphasize that chronic disease is an issue that affects population groups across income levels and race and ethnic groups. Social and economic inequities also have profound impacts on which individuals and communities are most affected by chronic disease. Priority populations for chronic disease prevention include: children and adolescents, low-income families, immigrants, diverse racial and ethnic groups, older adults and caregivers, uninsured individuals & those insured through Medicaid, individuals living with mental illness, individuals living in residential facilities and incarcerated or formerly incarcerated individuals.

GOAL: Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity, and tobacco.

OBJECTIVE: Reduce by 2% the number of obese children ages 18 and below living in the CHNA area.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Support PP4H urban garden project through in-kind and financial donations in maintaining and expanding the program to other disadvantaged communities.
2. Offer free community fitness center memberships working with Proviso Partners for Health to support child obesity in the community.
3. Meet and discuss with local communities on the benefits of adopting a Complete Streets program to improve and promote physical activity and transportation of its residents.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. The number of urban garden projects will expand to other communities offering high school students project-management experience, part-time employment and greater awareness of healthy foods.
2. Free memberships in the Gottlieb Fitness Center will supplement community efforts to support physical activity and healthy lifestyles.
3. The increase in communities' implementation of Complete Streets will improve public access and reduce barriers to physical activity.

PLAN TO EVALUATE THE IMPACT:

1. Collect and review level of awareness of healthy food options of participating high school students in the urban garden program.
2. Track number of participating communities in the Complete Street program and level of implementation.
3. Track number of free memberships distributed and geographic origin of new members to include disadvantaged areas.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

It is estimated that annual LUHS staffing, promotion and material expenses of approximately will total $65,000.

COLLABORATIVE PARTNERS:

1. Access to Care a non-profit, primary health care organization for low-income, uninsured and underinsured individuals living in suburban Cook County.
2. Proviso Partners for Health, a community-based coalition serving the Proviso Township area; local churches and other local social service agencies.
3. Health Impact Collaborative of Cook County, made up of Cook County hospitals and health departments.

February 18, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Actions Certification (Westlake Hospital Certificate of Exemption).

Dear Ms. Avery:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1 – 109, and pursuant to 77 Ill. Admin. Code §§1110.230 and 1130.520(b)(1)(B), as follows:

1. Nicholas Orzano is the President of SRC II Hospital Investments, LLC ("SRC II"), and indirectly own 12.96% of SRC II. SRC II is a co-applicant to this Application.

2. On January 28, 2019, certain wholly-owned subsidiaries of SRC II, including co-applicant Pipeline-Westlake Hospital, LLC ("Pipeline-Westlake"), acquired each of the following Illinois hospitals: (i) Louis A. Weiss Memorial Hospital, (ii) West Suburban Medical Center, and (iii) Westlake Hospital.

3. There have been no adverse actions taken against any Illinois facility owned or operated by SRC II or Pipeline-Westlake during the three (3) years prior to the filing of this Certificate of Exemption. In making this certification, I am relying on information previously furnished to the Illinois Health Facilities & Services Review Board by the previous owner of Westlake Hospital (attached).

4. In December 2018, (i) Avanti Hospitals, LLC ("Avanti"), certain entities affiliated with Avanti (the "Avanti Affiliates"), and certain individuals and entities that own Avanti (the "Individual Avanti Owners") entered into two settlement agreements with the Department of Justice ("DOJ") and the State of California, and (ii) Avanti and Gardena Hospital L.P. d/b/a Memorial Hospital of Gardena entered into a Corporate Integrity Agreement ("CIA") with the Office of Inspector General of the Department of Health and Human Services, to resolve allegations of civil violations of the Federal False Claims Act and the California False Claims Act. These allegations related to operation of Gardena Hospital, located in Gardena, California. Avanti, the Avanti Entities and the Individual Avanti Owners strongly denied the allegations, and settled the claim without any admission of wrongdoing, without any Medicare or Medicaid exclusion or debarment, and without any criminal findings. The Relator complaints giving rise to

the Settlement Agreements and the CIA are under partial seal until February 27, 2019. A copy of the DOJ press release regarding this matter, dated January 28, 2019, is attached for your information. Mr. Orzano is one of the Individual Avanti Owners who entered into the Settlement Agreements.

5. Nicholas Orzano is a 3.09% owner of Avanti, and has no involvement in clinical services at any Avanti facility.

Sincerely,

Robert Heinemeier
Chief Financial Officer
Pipeline Health System

Pipeline-Westlake Hospital, LLC
d/b/a Westlake Hospital
SRC Hospital Investments II, LLC

SUBSCRIBED AND SWORN
to before me this _____ day
of February, 2019

_____
Notary Public

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 2/18/19 before me, Synat Falefitu, (here insert name and title of the officer)

personally appeared Robert Wilhelm Heinemeier,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Synat Falefitu

SYNAT FALEFITU
COMM. #2269583
Notary Public · California
Los Angeles County
My Comm. Expires Dec. 4, 2022

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of No Adverse Actions Certification (Westlake Hospital Certificate of Exemption

containing 2 pages, and dated 2/18/19.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☒ Corporate Officer(s) Chief Financial Officer (Title(s))
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other:

representing: Pipeline Health System (Name(s) of Person(s) or Entity(ies) Signer is Representing)

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence: ☒ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on: Page # 3 Entry # 1

Notary contact:

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

ATTACHMENT 8

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Please contact your Authorized Reseller to purchase copies of this form.

February 18, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Certification for Access to Information by HFSRB or DPH.

Dear Ms. Avery:

The undersigned authorized representative of Pipeline-Westlake Hospital, LLC d/b/a Westlake Hospital ("Westlake") and SRC Hospital Investments I, LLC ("SRC," and together with Westlake, the "Applicants") does hereby permit the Health Facilities & Services Review Board ("HFSRB") and the Department of Public Health ("DPH") access to any documents necessary to verify the information submitted in the Applicants' Discontinuation Exemption Application. Such documents may include, but are not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Sincerely,

Robert Heinemeier
Chief Financial Officer
Pipeline Health System

Pipeline-Westlake Hospital LLC
d/b/a Westlake Hospital
SRC Hospital Investments II, LLC

SUBSCRIBED AND SWORN
to before me this ___ day
of February, 2019

_____
Notary Public

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 2/18/19 before me, Synat Falefitu,
(here insert name and title of the officer)

personally appeared Robert Wilhelm Heinemeier,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

SYNAT FALEFITU
COMM. #2269583
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 4, 2022
NRO1 NRO1

WITNESS my hand and official seal.

Signature: Synat Falefitu

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Certification for Access to Information by HFSRB or DPH,

containing 1 pages, and dated 2/18/19.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☒ Corporate Officer(s) Chief Financial Officer
  Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other:

representing: Pipeline Health System
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of Identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 1 Entry # 8

Notary contact:

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐

ATTACHMENT 8

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ATTACHMENT 9

SAFETY NET IMPACT STATEMENT*

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2016**	**Year 2017**	**Year 2018**
Inpatient	50	68	105
Outpatient	785	842	774
Total	**835**	**910**	**879**
Charity (cost in dollars)			
Inpatient	290,316	464,315	766,910
Outpatient	611,700	711,841	792,043
Total	**902,016**	**1,176,156**	**1,558,953**
MEDICAID			
Medicaid (# of patients)	**Year 2016**	**Year 2017**	**Year 2018**
Inpatient	551	443	10,321
Outpatient	2,840	2,720	18,060
Total	**3,391**	**3,163**	**28,381**
Medicaid (revenue)			
Inpatient	7,112,986	11,816,863	15,909,006
Outpatient	1,275,221	401,962	3,823,185
Total	**8,388,207**	**12,218,825**	**19,732,191**
MANAGED MEDICAID			
Managed Medicaid (# of patients)	**Year 2016**	**Year 2017**	**Year 2018**
Inpatient	1,847	1,795	1,529
Outpatient	18,340	17,873	15,700
Total	**20,187**	**19,668**	**17,229**
Managed Medicaid (revenue)			
Inpatient	8,402,542	7,528,816	6,292,533
Outpatient	3,680,742	2,996,485	3,357,622
Total	**12,083,284**	**10,525,301**	**9,650,155**

*Note: The Applicants recalculated previously reported Medicaid volume for 2016 and 2017, and calculated this information for 2018, to include Medicaid Managed Care.

ATTACHMENT 9

SAFETY NET IMPACT STATEMENT

The discontinuation of services at Westlake will have no known adverse impact on essential safety net services to the community. Due to the proximity of PCC Wellness to Westlake, medically underserved individuals in the Melrose Park community will continue to receive needed outpatient services. Similarly, Westlake is in close proximity (1.7 miles) to the North Avenue location of ACCESS Community Health Network, a system of FQHCs providing a range of services such as OB/GYN, family medicine, midwifery, breast and cervical cancer screenings, lost-cost family planning, immunization services, and HIV universal testing and services to over 183,000 individuals and families, including over 30,000 uninsured patients. As further described in ATTACHMENT 6, consolidating Westlake's under-utilized hospital operations at West Suburban will lessen any impact of the discontinuation on safety net services.

The discontinuation will not adversely impact the ability of another provider or health care system to cross-subsidize safety net services. As discussed in ATTACHMENT 7, HPA-06 is overbedded in the medical/surgical and pediatric, OB/GYN and acute mental illness categories of service, and HSA 7 is overbedded in the physical rehabilitation category of service. Discontinuation of beds at Westlake in these service categories will not result in underbedding. While HPA-06 is presently underbedded in the intensive care service category, the Applicants have demonstrated in ATTACHMENT 7 the manner in which West Suburban and other local facilities have the capacity to absorb intensive care needs of the local community. The services provided by PCC Wellness, ACCESS, and River Forest, coupled with the Applicant's commitment to make a sizeable investment in outpatient care delivery in Melrose Park, will also minimize the impact of the discontinuation on other providers or health care systems to cross-subsidize safety net services.

The discontinuation will not adversely impact the remaining safety net providers in the community or in HPA-06. As discussed in the Narrative Description, the Applicants have agreed to provide PCC Wellness with a significant five-year grant to expand the range of services that PCC Wellness offers to the Melrose Park community. Further, Pipeline is open to exploring a relationship with ACCESS to support safety net service delivery.

ATTACHMENT 10

CHARITY CARE INFORMATION

CHARITY CARE			
	Year 2016	Year 2017	Year 2018
Net Patient Revenue ($)	**62,009,902**	**53,913,776**	**52,210,640**
Amount of Charity Care (charges)	1.5% of net patient revenue	2.2% of net patient revenue	3.0% of net patient revenue
Cost of Charity Care ($)	902,016	1,176,156	1,558,953

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Anne M. Murphy
amurphy@hinckleyallen.com
Direct Dial: 617-378-4368

February 20, 2019

VIA EMAIL and FEDERAL EXPRESS

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761-0001

Dear Ms. Avery:

Enclosed please find two (2) copies of a Certificate of Exemption (COE) application addressing the proposed discontinuation of Westlake Hospital in Melrose Park, Illinois.

This application is accompanied with a check, in the amount of $2,500.00, as a filing fee.

With the submission of this COE application, and on behalf of the applicants, I request that a Public Hearing be held on this COE application, consistent with Illinois Health Facilities and Service Review Board procedures.

Should any additional information be required, please do not hesitate to contact me.

Very truly yours,

Anne M. Murphy

AMM:rmc

cc: Mike Constantino