Transcript of **Public Hearing**

Date: September 16, 2016

Case: Rockford Memorial Hospital

1   ILLINOIS DEPARTMENT OF PUBLIC HEALTH

2   HEALTH FACILITIES AND SERVICES REVIEW BOARD

3   BEFORE HEARING OFFICER JUAN MORADO, JR.

4   ----------------------------x

5   ROCKFORD MEMORIAL HOSPITAL   :

6   Exemption application for   :

7   the establishment of a   :   No. E-021-016

8   fifty-two bed Neonatal   :

9   Intensive Care Unit (NICU).   :

10   ----------------------------x

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12   PUBLIC HEARING

13   Rockford, Illinois

14   Friday, September 16, 2016

15   11:01 a.m.

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22   Job No.:   121832

23   Pages: 1 - 44

24   Reported by: Paula M. Quetsch, CSR, RPR

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1   Public Hearing held at the location of:

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3   ROCKFORD PUBLIC LIBRARY

4   215 North Wyman Street

5   Rockford, Illinois 61101

6   (815) 965-7606

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10   Before Paula M. Quetsch, a Certified Shorthand

11   Reporter, Registered Professional Reporter, and a

12   Notary Public in and for the State of Illinois.

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 1        PRESENT:

 2               Illinois Health Facilities and Services

 3               Review Board, by

 4               JUAN MORADO, JR., Public Hearing Officer

 5               SENATOR BRAD BURZYNSKI, Board Member

 6               JEANNIE MITCHELL, Assistant General Counsel

 7               COURTNEY AVERY, Administrator

 8               525 West Jefferson Street

 9               Second Floor

10               Springfield, Illinois  62761

11               (217) 782-3516

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P R O C E E D I N G S

MR. MORADO: Good morning everyone. Go
ahead and take a seat if you're going to be
attending the hearing today.

Welcome and good morning again, and thank
you for participating in today's proceedings. My
name is Juan Morado, Jr. I am general counsel and
hearing officer for the Illinois Health Facilities
and Services Review Board.

Present with me today are representatives from
the Health Facilities and Services Review Board. We
have Board Member Brad Burzynski, Courtney Avery,
Board administrator, and Jeannie Mitchell, the
assistant general counsel. On behalf of Health
Facilities and Services Review Board, thank you for
attending this public hearing for the Rockford
Memorial Hospital exemption application.

As per the rules of the Illinois Health
Facilities and Services Review Board, I'd like to
read into the record the previously published legal
notice.

"In accordance with the requirements of the
Illinois Health Facilities Planning Act and 77 Illinois
Admin Code Part 1130, 520, notice is given of a public

1　hearing on an exemption application for the

2　establishment of a 52-bed neonatal intensive care

3　unit, Application E-021-16, Rockford Memorial

4　Hospital. The proposed NICU category of service

5　will be located at 2400 North Rockton Avenue in

6　Rockford, Illinois. The applicants are Mercy Health

7　Corporation and Rockford Memorial Hospital. The

8　approximate cost of the project is $500,000. The

9　operating entity licensee is Rockford Memorial

10　Hospital. The anticipated completion date is

11　October 31st, 2016.

12　　　　"The public hearing is to be held by the

13　staff of the Illinois Health Facilities and Services

14　Review Board pursuant to the Illinois Health

15　Facilities Planning Act. The hearing is open to the

16　public and will afford an opportunity for parties

17　with an interest to present written and/or verbal

18　comment relevant to this project. All allegations

19　or assertions should be relevant to the need for the

20　proposed project and be supported by two copies of

21　documentation or materials that are printed or typed

22　on paper sized 8 1/2 by 11.

23　　　　"The hearing will be held Friday,

24　September 16th. Sign-in for the hearing will begin

1   at 10:30 a.m., with the hearing beginning at 11:01,

2   it seems. It will be conducted at the Rockford

3   Public Library, main library in the lower level,

4   located at 215 Wyman Street, Rockford, Illinois

5   61101. Please use the Mulberry Street entrance.

6   "The exemption application for the

7   establishment of a neonatal intensive care unit was

8   declared complete on July 26th, 2016. The

9   application is scheduled to be heard at the

10   October 25th, 2016, State Board meeting to be held

11   in Bolingbrook, Illinois. Any persons wanting to

12   submit written comments on this exemption must

13   submit those comments by October 5th by letter at

14   the address that will be read off later. No e-mails

15   or faxes will be accepted.

16   "The State Board will post its findings in a

17   State Board staff report, and that report will be made

18   available via the Internet on October 11th, 2016.

19   The public may submit written responses in support

20   of or in opposition to the findings of the Illinois

21   Health Facilities and Services Review Board. The

22   public will have until 9:00 a.m. October 17th,

23   2016." And that is the end of the public notice.

24   Please note that in order to ensure that the

1   Illinois Health Facilities and Services Review

2   Board's public hearings protect the privacy and

3   maintain the confidentiality of an individual's

4   health information, covered entities as defined by

5   the Health Insurance Portability Act of 1996, such

6   as facilities, hospital providers, health plans, and

7   health care clearinghouses submitting oral or

8   written testimony that discloses protected health

9   information of the individuals shall have a valid

10   written authorization from that individual. The

11   authorization shall allow the covered entity to

12   share the individual's protected health information

13   at this hearing.

14   If you have not yet signed in, please make

15   sure you do so before you leave. The yellow sheets

16   were for you to sign in if you were going to give

17   testimony today; the white sheets were going to be

18   if you just wanted to register your attendance.

19   Those of you who have prepared text of your

20   testimony, please note that you may submit the

21   written text only, which will be entered into

22   today's record and made available for all Board

23   members prior to the October 25th Board meeting.

24   You will notice we also have a court

1   reporter here, so all of the remarks made today will

2   be transcribed and presented to the Board prior to

3   the board meeting. We ask that everyone limit their

4   testimony to three minutes. Participants will be

5   called in numerical order and by their name.

6   Before you begin your remarks, it is very

7   important that you please clearly state and spell

8   your full name for the court reporter. If you have

9   written copies of your remarks, please provide those

10   to me when you're done speaking.

11   I want to reiterate that your comments today

12   should be focused on the application before us.

13   That application is for the addition of six neonatal

14   intensive care unit beds much. As you are well

15   aware, there were other applications that were filed

16   by this applicant, and those applications have been

17   approved, and today's hearing is not for those

18   applications.

19   Today's hearing is for the six neonatal

20   intensive care beds. Because that is what today's

21   hearing is about, I hope you will forgive me in

22   advance if I interrupt you when you come up and

23   you're speaking about a subject that is not focused

24   on this application. I do have another microphone

1   here, and I will have to interrupt you if you begin

2   to lose track. We have a good amount of folks here

3   wanting to speak, and we want to make sure we proceed

4   in a very organized and efficient fashion.

5   So with that said I want to say thank you to

6   everyone for coming here today. We're going to go

7   ahead and begin with a representative from the

8   applicant. I'd like to call Jack Axel up to begin

9   the testimony. Please make sure you spell your full

10   name for the court reporter, and we will be calling

11   folks in to speak as they are -- as they are in order.

12   Thank you.

13   MR. AXEL: Thank you.

14   Good morning. My name is Jack Axel, A-x-e-l,

15   and I'm the president of Axel & Associates, Inc., a

16   health care consulting firm. I've been working with

17   Mercy Health and Rockford Memorial Hospital for over

18   two years, and I anticipate an interesting hearing

19   today.

20   Rockford Memorial Hospital's neonatal

21   intensive care unit cares for the sickest babies in

22   our community. It is the only NICU between the

23   northwest Chicago suburbs and Madison, Wisconsin,

24   and the hospital is the State-designated regional

1 perinatal care center. With the hearing being

2 limited to the testimony relating to the addition of

3 six neonatal intensive care unit stations to

4 Rockford Memorial Hospital's NICU, which cares for

5 the sickest babies, I look forward to hearing the

6 rationale for opposing this project.

7   In support of this project this morning, you

8 will hear clinicians who treat these babies on a

9 daily basis explaining how the need for neonatal

10 intensive care unit stations has increased in recent

11 years and the immediate need to add capacity to the

12 only such program in the area.

13   I don't understand why anyone would oppose

14 the addition of NICU capacity but look forward to

15 learning from the testimony provided today.

16   Thank you.

17   MR. MORADO: Next up we have Pam Allen.

18   Again, if you do have written comments, you

19 can drop them off here when you're complete.

20 Thank you.

21   MS. ALLEN: Good morning. Hi, my name is

22 Pam Allen. I'm the nurse manager of the neonatal

23 intensive care unit at Rockford Memorial Hospital.

24 I'm here today to share information about our NICU.

11

1   For those who aren't familiar, NICU is a neonatal

2   intensive care unit. The NICU is where the newborns

3   will stay for days, weeks, or months depending on

4   the baby's degree of prematurity and illness.

5   Babies who need to go to our unit are often

6   admitted within the first 24 hours after birth and

7   are sent to us because they are born prematurely,

8   have problems during delivery, or show signs of a

9   health issue in the first few days of life.

10   Nurse ratings and hospitals are designated

11   as Level I, Level II, or Level III. Level I is

12   where we hope all of our babies go; it's the nursery

13   for well babies. Level II is the middle, and

14   Level III is an intensive care unit. As a Level III

15   designated NICU, we provide care for babies with the

16   highest level of specialized care for increasing

17   complex health issues. We're the only Level III

18   provider in the Rockford region, and we serve as a

19   referral site for the hospitals in a 15-mile area.

20   If you have a baby anywhere in this area, including

21   the Rockford hospitals, and that baby needs our

22   services that we provide, the baby will likely be

23   transferred to us.

24   Today we are speaking about the addition of

1　six beds to our NICU on Rockton Avenue which

2　currently has a capacity of 47. The simple truth is

3　that we are bursting at the seams. Since 2014 our

4　average census has jumped from 33 babies to 40.

5　What does that mean? It means that on certain days,

6　when we get a call from another hospital saying that

7　they want to send us a baby, we have to say, "Sorry,

8　but we have no room." And what happens then? The

9　baby needs to be admitted to another Level III NICU,

10　meaning that baby needs to be transported either to

11　Madison, Peoria, or the Chicago area.

12　　　Let me tell you what happens when we have to

13　say, "I'm sorry." The physical challenge of moving

14　an infant in such a fragile state is enormous. We're

15　talking about a specially equipped transport

16　ambulance or helicopter. There are many risks. In

17　addition to the physical challenge, the psychological

18　impact it has on parents is terrible. It can be

19　difficult for parents to even comprehend the

20　difficulties and challenges associated with

21　transporting a critically ill newborn from one

22　hospital to another, particularly when that hospital

23　is 100 miles away. Imagine being a new mom and being

24　told that your baby is being transported 100 miles

1   away. The initial trip is difficult enough, but

2   typically this is only the beginning for the parent

3   and child.

4   MR. MORADO: 30 seconds.

5   MS. ALLEN: These parents then must endure

6   the stressful time of traveling back and forth with

7   their little one, which is an exhausting process and

8   difficult for us to watch. We would much prefer to

9   be able to provide those services here in Rockford

10   close to home for these babies, and it breaks my

11   heart to transfer these patients.

12   The truth is, I'm not sure who can possibly

13   oppose the six-bed addition. It will allow our

14   friends and neighbors with babies in distress access

15   the care they need right here in Rockford. It seems

16   ludicrous anyone would prefer to travel almost

17   100 miles and spend weeks traveling back and forth

18   to receive care.

19   I urge you to think about the parents.

20   Think about those little babies. Put yourself in

21   their shoes. What would you want for your child?

22   I strongly encourage you to allow the

23   opportunity to better serve our community by

24   offering the only solution that makes common sense.

1   Thank you.

2   (Applause.)

3   MR. MORADO: Thank you.

4   Bishop James Dukes.

5   DR. DUKES: Dr. James Dukes from National

6   Action Network of Illinois, and we come here in

7   opposition to the adding on of the six beds

8   primarily because we received numerous calls from

9   residents on the west side of Rockford stating that

10   they do not have a clear understanding of the

11   expansion, one. Two, the conversation about how

12   long are these beds being placed when we all know

13   that there is a plan within the next two years to

14   shut this facility and go to a larger facility.

15   There has not been any contingency plans, no

16   longitude studies; there have not been any impact

17   studies that have been presented to the community as

18   a whole. They have been presented to this Board,

19   but yet the people that they serve have not been

20   involved in this conversation and this dialogue.

21   I've heard since I've been sitting here

22   words like "Common sense, ludicrous; I don't see why

23   there would be any opposition." Well, as you sit

24   here in this room, you can clearly see there is a

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1   racial divide between the people who they say will

2   do the best for us as a community in its oath.

3        So when you talk about how do we come

4   together and why are we in opposition, it's because

5   those who believe that they know the best for our

6   community have not consulted our community.  They

7   have used surrogates to represent us, and we believe

8   that it is just a process of now systematically

9   pulling resources out of the community for the

10  bigger project that is yet to come.

11       So we are appalled at the very nature that

12  people would be calling our opposition ludicrous

13  because they have an economic -- they have an

14  economic interest that they're being masqueraded as

15  health care.

16       There are three primary things that every

17  community is concerned about:  Public education,

18  public health care, and public safety.  This mere

19  project that we now have a chance to be in

20  opposition to because the transparency of all of the

21  other ones were so done in cloak and dagger that

22  this is the only nature of what we can oppose to

23  show our right and our voice as a community to say

24  that we do not want people to dictate what our
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 1    public safety is, what our public health care is,

 2    and what our public education is.

 3            So in the spirit of Mercy saying that

 4    they're all about health care, they're all about

 5    transparency, they're --

 6            MR. MORADO:  30 seconds.

 7            DR. DUKES:  -- all about the betterment of

 8    the community, then why don't you sit down with the

 9    community.  Give a longitude matrix, sit down with the

10    community, tell them what is your long-term objectives.

11    Sit down with the community as opposed to lecturing

12    the community and calling our actions ludicrous that

13    don't make common sense.  What does not make common

14    sense is for an economic interest to come in our

15    community and tell us what is best for us.

16            (Applause.)

17            MR. MORADO:  Angela Laura.

18            MS. LAURA:  Hello everyone.  My name is

19    Angela Laura and I'm from Rockford.  We know lots of

20    people who have used Crusader Clinic and

21    SwedishAmerican Hospital.  Now we hear Crusader

22    won't send patients to SwedishAmerican anymore.  Why

23    not?  Where are the patients going to go when

24    Rockford Memorial closes service on the west side?
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1   Is Crusader going to drive us back and forth to the

2   new hospital?

3   MR. MORADO: Ms. Laura, if you could please

4   keep your comments focused on the addition of the

5   six NICU beds.

6   MS. LAURA: This doesn't make sense, and I

7   wish somebody would explain it to us.

8   (Applause.)

9   MR. MORADO: Willie Kimble.

10   MS. KIMBLE: Good morning. My name is

11   Willie Kimble, and I have lived on the west side of

12   Rockford for 15 years. I heard about the Rockford

13   Memorial plan to build a new hospital, but I did not

14   understand that they would be closing so many

15   important health care services on the west side.

16   Where am I going to go now for these services, and

17   where is my family going to go? Do people understand

18   how hard it is for many of us on the west side to

19   travel? How are we going to get to Rockford's new

20   hospital?

21   I know the hearing today is supposed to be

22   about these six new beds, but won't those beds be

23   closed with the rest of the hospital services? Why

24   hasn't anybody explained this to us? I am very

18

1   concerned about what is happening to health care on

2   the west side. We need more but we seem -- we need

3   more but seem to be getting less and less.

4   Thank you.

5   (Applause.)

6   MR. MORADO: Sheri Jefferson.

7   MS. JEFFERSON: My name is Sheri Jefferson,

8   and I'm from Rockford on the west side. I have seen

9   the letter that the Winnebago County Health Department

10   sent to the Board when Mercy Rockford got approval

11   to close all those important health care services on

12   the west side. What the Department said then also

13   applies to the infant ICU service that this public

14   hearing is about, and I would like to read a few

15   sentences from that letter.

16   "Populations of highest risk are concentrated

17   in the West Union region of Winnebago County based

18   on data from the most recent I-Plan and health

19   community survey data. Expansions need to ensure

20   that populations at highest risk for poor health

21   outcomes have access to the entire continuum of

22   care, including primary prevention, acute care, and

23   restorative rehabilitative care to achieve equity

24   and also need to focus on accessibility to the care,

1 including proximity if it is going to be used

2 effectively. The Winnebago County Health Board

3 believes that any project for our jurisdiction brought

4 by the Illinois Health Facilities and Services

5 Review Board should support this goal."

6   I don't see how the goals of healthy equity

7 and proximity to acute care are supportive when

8 Mercy Rockford can close its infant ICU service and

9 all of these other services on the west side and

10 just move them to a new hospital on the far east

11 side. The County Health Department wanted this

12 Board to do something about that and so do I.

13   (Applause.)

14   MR. MORADO: Laura Wheeler.

15   MS. WHEELER: I'm Laura Wheeler from Dixon,

16 Illinois. My daughter was born in October 2013 at

17 32 weeks and one day. I arrived at my local provider,

18 CGH Medical Center in Sterling, Illinois. I was

19 having contractions and was already 4 centimeters

20 dilated. The hospital staff knew something was

21 wrong but not exactly what. What they did know was

22 that I needed more specialized care for myself and

23 the baby.

24   I was air lifted to Rockford Memorial

20

1   Hospital. My husband and I were terrified. No one

2   on either side of our families had ever had a

3   premature birth.

4   Once at Rockford Memorial Hospital they

5   discovered my placenta was separating from my uterine

6   wall, forcing an early delivery. I delivered at

7   Rockford Memorial Hospital the next morning. Our

8   daughter Panina was 4 pounds and 17 and 1/4 inch long.

9   She would spend four weeks in the NICU.

10   Before my delivery I didn't know anything

11   about Rockford Memorial Hospital or the services

12   they provide as a Level III NICU. The levels are

13   not something you really know about until you have

14   to, but once you do, once that situation arises, it

15   becomes extremely important.

16   Due to driving distance from Dixon, my

17   husband and I stayed in the Rockford Memorial

18   Hospital guest center for Panina's NICU stay. This

19   allowed us to be with Panina the whole time. This

20   also immersed me into the NICU world 100 percent.

21   To say I was blown away by the care the NICU

22   provided is an understatement. As first-time

23   parents, they made sure we had all the knowledge and

24   tools we needed to succeed during and after our

1   stay. We got to know the NICU inside and out and

2   watched staff in that sacred space work miracles on

3   tiny, innocent patients.

4   They say history repeats itself, so for my

5   next pregnancy I made sure to utilize Rockford

6   Memorial for all of my care. It ended up paying

7   off. In July of this year, I was 33 weeks into my

8   second pregnancy when I started having contractions.

9   It felt exactly the same as my first pregnancy, and

10 that night my husband was not home to drive me to

11 Rockford Memorial Hospital. Fearful, I went to

12 KSB Hospital in Dixon because things were

13 progressing quickly.

14   Once again, my situation was beyond what my

15 local health provider could handle. I was headed to

16 Rockford Memorial Hospital again, but this time by

17 ambulance. Once at Rockford Memorial Hospital, they

18 were able to stabilize me and give me steroid shots

19 to develop the baby's lungs. Unfortunately, I

20 became preeclamptic and had to deliver at 33 weeks

21 and 5 days. Our son Orin was 4 pounds, 7 ounces,

22 17 and 3/4 inches long. We found ourselves in the

23 NICU again.

24   MR. MORADO: 30 seconds.

 1   MS. WHEELER: This time it wasn't as scary

 2   because it felt like we were going to be with family.

 3   In conclusion, I'm pleased with the care we

 4   received both times. I'm glad we switched all our

 5   health care to Rockford Memorial Hospital. Why would

 6   we go anywhere else? The level of care you receive

 7   you just can't get at other facilities. Without

 8   Rockford Memorial Hospital I would not be here

 9   today, and my children would not be here today. I

10   cannot thank everyone enough ever.

11   No one, absolutely no one wants to go to a

12   NICU, but if you have to, Rockford Memorial is the

13   place you want to be. It's the best place for the

14   most critical babies. Please consider this in your

15   decision. We came out today to share our stories so

16   you could see what this really means in real terms.

17   (Applause.)

18   MR. MORADO: Willie Jefferson.

19   MR. JEFFERSON: My name is Willie Jefferson.

20   MR. MORADO: Could you pick the mic up a

21   little bit? Thank you.

22   MR. JEFFERSON: My name is Willie Jefferson.

23   I live on the west side of Rockford. When I learned

24   that Rockford Memorial was going to close its ICU

 1   services and all the other services involving the

 2   west side, I thought at least we can still go to

 3   SwedishAmerican. Now I am hearing that Crusader Clinic

 4   is not going to send patients to SwedishAmerican

 5   anymore. I have to ask why. SwedishAmerican will

 6   still have intensive care services --

 7   MR. MORADO: Mr. Jefferson, if you could

 8   please keep your comments focused to the additional

 9   six NICU beds at Rockford Memorial Hospital.

10   MR. JEFFERSON: -- and cardiac cath and open

11   heart surgery. So why can't Crusader's patients go

12   there? It's bad enough that Mercy Rockford is shutting

13   down services on the west side, but now they won't

14   let Crusader's patients go to SwedishAmerican, either.

15   That's not right.

16   (Applause.)

17   MR. MORADO: William Cunningham.

18   DR. CUNNINGHAM: Good morning. My name is

19   Dr. William Cunningham. I am a physician specializing

20   in obstetrics and gynecology and have practiced at

21   SwedishAmerican Hospital, a division of UW Health, for

22   10 years. I am also the department chairman, as well

23   as the second vice president of the medical staff.

24   Recently there's been said and announced

1   regarding returning services in our community. In

2   my opinion, whether intentional or not, my department

3   and professional colleagues have been misrepresented,

4   and I'm taking this opportunity to provide additional

5   perspective.

6   SwedishAmerican has served the west side and

7   the south side of Rockford for over 100 years and

8   continues to provide acute care and emergency

9   services at its current State Street location.

10   SwedishAmerican served Crusader Clinic and its

11   patients for four decades. Last year we delivered

12   over 1,000 babies from patients referred to us from

13   Crusader Clinic. Virtually all Crusader Clinic

14   babies were delivered at SwedishAmerican.

15   To accommodate Crusader patients we have

16   invested millions of dollars over the years in

17   obstetrical facilities as well as neonatal facilities.

18   We have an excellent facility and medical staff and

19   are the only hospital to have received Healthgrades

20   awards in labor and delivery services, ranking us

21   among the top 5 percent of hospitals in the country.

22   SwedishAmerican received this review in 2015 and 2016.

23   We are deeply disappointed and troubled by

24   Crusader Clinic's decision to end our relationship,

25

1   and we plan to continue to provide excellent service

2   to those patients as we go forward. We are sorry

3   that Crusader Clinic no longer will being using

4   women's and children's services at SwedishAmerican,

5   and we'll miss those patients in the coming years.

6   SwedishAmerican is not going anywhere. We

7   will continue to serve Rockford, west side and south

8   side, and provide them excellent health care and

9   compassionate services.

10   Thank you.

11   (Applause.)

12   MR. MORADO: Melissa Ramsey.

13   MS. RAMSEY: Hi. My name is Melissa Ramsey.

14   Our daughter McKenzie was born prematurely at

15   SwedishAmerican Hospital via emergency C-section.

16   She weighed 1 pound, 8 ounces. She was immediately

17   put on a ventilator, and talking about it brings

18   back many memories.

19   I was not prepared. I was really worried

20   about our little girl. She was so tiny. It was

21   unthinkable that she might not make it, and we had

22   no idea what to expect then. Once McKenzie was

23   stable they put her into a transport vest and drove

24   across town by ambulance to the NICU at Rockford

1 Memorial. I use the term stable lightly here, as

2 she was in critical condition and was quite bruised

3 from being delivered at just 24 weeks. It was

4 heartbreaking.

5   Once she was transported from SwedishAmerican,

6 I was unable to see her for more than 48 hours until

7 I was discharged. I missed the first 48 hours of

8 her life. I can't imagine what might have happened

9 if Rockford NICU had not been able to save her.

10   Knowing we needed to move McKenzie across

11 town in order to give her the best possible chance

12 for a positive outcome was stressful. Then we

13 learned that had she been born one day later, there

14 would not have been any room for her at Rockford

15 Memorial, and they would have had to airlift her to

16 Chicago. I can't imagine what it would have been

17 like had Chicago been our only option. We felt so

18 fortunate that Rockford Memorial was an easy drive

19 our home Winnebago. We relied so much on friends,

20 family, and our church during her 110-day stay at

21 the NICU.

22   The doctors and nurses at Rockford Memorial

23 were remarkable. From the moment we arrived we felt

24 at ease. They gave us hope and confidence. During

1   the nearly four months we spent in the NICU, they

2   continuously surpassed our expectations. They became

3   family. We always felt included in her care, and we

4   loved being able to hold our baby anytime we could.

5   We loved being close enough to be with her every

6   possible moment.

7   McKenzie has long-lasting effects from her

8   prematurity. She has cerebral palsy and uses a

9   walker to walk short distances or a wheelchair for

10   longer distances. She is such a smart little girl

11   who brings us so much joy, and I firmly believe she

12   would not be here without the doctors and nurses at

13   Rockford Memorial.

14   We still see many of the NICU nurses. It

15   makes my husband Nick and I very proud parents when

16   they tell us that McKenzie is where she is today

17   because of all the love and support she has received

18   her entire life, and for us that includes her

19   110-day stay in the Rockford Memorial NICU. I can't

20   imagine how her life would have been if we would not

21   have been able to be in such a great hospital just

22   15 minutes from home. We feel so fortunate to have

23   this level care available in Rockford.

24   MR. MORADO: 30 seconds.

1   MS. RAMSEY: I came here today because I can't

2   imagine being one of the parents who were turned away.

3   I wanted to share my story so hopefully we can offer

4   more Rockford parents an easier road if they should

5   ever face a premature birth or other emergency

6   situation. It really made a difference to us.

7   Without access to a NICU, McKenzie wouldn't be here.

8   It's as simple as that.

9   Thank you.

10   MR. MORADO: Tawanda Jones.

11   (No response.)

12   MR. MORADO: Brittney Person.

13   MS. PERSON: Hi. My name is Brittney Person.

14   I'm from Rockford, Illinois.

15   Mercy has said they want to add six new

16   rooms in a Rockford west-side hospital. It doesn't

17   include that they're going to also possibly take

18   away 300 beds in the near future when the east side

19   hospital is available.

20   I had a daughter in 2006, and she was at the

21   NICU hospital at Rockford Memorial Hospital. I

22   didn't know anything about NICU. I didn't know that

23   when you got a kid that is premature they stay over.

24   Well, Rockford Memorial helped save my daughter and

1   also helped me.

2   Despite all the accusations that I heard

3   today, I just hope that with this Mercy Health

4   hospital that you guys are going to open is going to

5   benefit the whole community and also expand

6   nationwide for the needs of anyone's care and make

7   the best care as possible there.

8   And I just hope that everybody has the

9   correct and proper access that they need. Just as

10   they have it at SwedishAmerican, Rockford Memorial,

11   I hope that they will be happy and comfortable at

12   Mercy and that the transportation will be available

13   for everyone regardless the care and the need of

14   anybody.

15   I hope that sooner or later I get a better

16   understanding from both sides and that everything

17   turns outs the best for us people here in this world.

18   (Applause.)

19   MR. MORADO: Gillian Headley.

20   DR. HEADLEY: Good morning everyone. My

21   name is Dr. Gillian Headley. I'm a neonatologist,

22   the director of the neonatal intensive care unit and

23   the codirector of the Northwest Regional Perinatal

24   Center at Rockford Memorial Hospital. Today I'm

30

1   here to discuss the simple request to add six NICU

2   beds at the Rockford Memorial Hospital NICU.

3   Rockford Memorial Hospital is the best

4   equipped hospital in our region for obstetrical and

5   newborn care. That's a strong statement to make,

6   but it happens to be true. We are a State-designated

7   perinatal center with Level III capabilities. Our

8   Level III designation, the highest available in

9   Illinois, means that we are equipped with the ability

10   and expertise to care for the smallest, sickest, and

11   most fragile newborns and infants in the northwest

12   Illinois area 24 hours a day.

13   Our NICU is staffed by a multidisciplinary

14   care team of neonatologists, neonatal nurse

15   practitioners, registered nurses, respiratory

16   therapists, pediatric therapy services, and a wide

17   range of subspecialty consulting physicians. All of

18   the above have extensive training in the care of

19   premature and/or seriously ill patients. In our

20   NICU neonatologists provide 24-hour in-house

21   coverage, and registered nurses must complete a

22   comprehensive orientation program in order for them

23   to be able to take care of our infants.

24   From a clinical perspective infants who are

1   delivered at the appropriate levels of service are

2   more likely to have better outcomes. In addition,

3   there is increase in morbidity and mortality in

4   infants who are out-born or those who are born in

5   lower-level care facilities who subsequently require

6   specialized neonatal care. Neonatal morbidity and

7   mortality for the most part are associated with

8   gestational age low birth weight and the complications

9   of prematurity such as intracranial hemophage or

10   bleeding into the brain, necrotizing enterocolitis

11   which is a problem of the intestine in premature

12   babies, chronic lung disease, and sepsis or infection.

13   Our Level III facility is particularly able

14   to manage preterm infants in a way that can decrease

15   the incidence of these potentially dangerous events,

16   and that is because we have QI initiatives that are

17   ongoing and that relate to our commitment to

18   providing the best care for these infants.

19   MR. MORADO: 30 seconds.

20   DR. HEADLEY: We are admitting close to

21   500 babies who are severely compromised and at high

22   risk not only from SwedishAmerican and St. Anthony's

23   but from all other hospitals in the area and in the

24   region that we serve.

32

1   I am a clinician, not a regulator. To me

2   this is very much a clinical decision and is in the

3   best interest of area patients and families. The

4   patients we serve can't speak for themselves, so

5   it's up to us to make the best possible decisions

6   for them to give them the best chance for a long and

7   healthy life. I can't imagine a society where

8   anyone would be opposed to this. I truly hope you

9   agree. It's not just the people in this room who

10   are counting on that. Thank you.

11   MR. MORADO: Thank you.

12   Alderman Linda McNeely.

13   MS. MC NEELY: Good morning. First of all,

14   I'd like to say that I'm very pleased to see so many

15   residents and so many individuals from that particular

16   area of the city here. I want to thank you for coming.

17   Secondly, I would like to thank Bishop Dukes

18   for his comments and for being present. I also would

19   like to thank the representatives from SwedishAmerican

20   Hospital for being present.

21   And I know that as a moderator for the State

22   your job is to keep the conversation based upon what's

23   before us, the question that's before us. However,

24   as I sat listening to the individuals speaking, some

1   of their comments were as relevant to the issue that

2   you're here for today as the issue is.

3   The ladies that spoke about their incidents

4   with their babies and the benefit that they received

5   from Rockford Memorial Hospital certainly is inspiring,

6   and certainly we can understand that they would want

7   to make sure that not just for them but for anyone

8   else that that care is available.

9   The individuals that wanted to speak regarding

10   the closing, their comments and their stories would

11   be just as significant as the ones shared by the

12   ladies regarding their babies because the effect of

13   moving a hospital for that community is significant.

14   Not having the six beds for babies that are in need,

15   whether they're from that community or any other

16   part of the city, is significant.

17   So the individuals that make a comment you

18   don't -- you can't imagine anyone not supporting

19   this, it's mainly because you don't -- you can't

20   imagine being in that community and living those

21   lives and seeing the desperation for medical

22   necessity within that community.

23   So I don't -- I don't belittle the

24   individuals, the ladies that came here and spoke

1   about what they went through with their babies --

2   MR. MORADO: 30 seconds.

3   MS. MC NEELY: -- and I would ask that the

4   hospital reconsider what they're proposing to do to

5   that part of the city.

6   I don't oppose the use of the six beds. I

7   oppose the thought of this hospital moving in the

8   future and taking those six beds with them.

9   Thank you.

10   (Applause.)

11   MR. MORADO: Shirley -- I apologize,

12   Shirley, I can't read your handwriting. Is there a

13   Shirley here signed up to speak?

14   (No response.)

15   MR. MORADO: Tony Kettleson.

16   MR. KETTLESON: My name is Tony Kettleson.

17   You are hearing from many moms today, and I wanted

18   to provide a father's perspective.

19   My wife Kara and I are so deeply grateful

20   for the Rockford Memorial Hospital NICU. My wife

21   spent five weeks in the high-risk unit for mothers

22   while one of our twins was in Rockford Memorial

23   NICU. We can't imagine what might have happened if

24   I had been one of the unlucky parents turned away.

 1   We just don't know what we would have done.

 2   Our situation was, well, a bit unique. To

 3   give you a little background, Kara had a fantastic

 4   pregnancy, and everything was going as planned.

 5   Because she was having twins, we knew it was very

 6   possible that she might go into labor early, but we

 7   had no idea that there was the potential to deliver

 8   our twin babies at radically different times.

 9   Last year our son Luke was born at 26 weeks

10   on April 6th. Five weeks later Kara gave birth to

11   our other son Liam at 31 weeks on May 10 via

12   induction.

13   When Kara's water broke, we went to

14   SwedishAmerican where her physician planned to

15   deliver. When they realized the urgency of the

16   situation, we were immediately transferred by

17   ambulance to Rockford Memorial because it is the

18   only Level III NICU in the area.

19   Since Baby Luke's water broke but Liam's had

20   not, the best course of action was to deliver Luke

21   and allow Liam to continue developing. This is

22   called a delayed interval birth. It's actually pretty

23   uncommon that our boys are here with us today because

24   most twins don't survive delayed interval births; it

1   is very common to lose one or both.

2   Kara stayed in the Rockford Memorial Hospital

3   high-risk unit after Luke was born and until Liam was

4   ready. Having been born so much earlier than Liam,

5   Luke had health complications and required services

6   only a Level III NICU could provide. He had eye and

7   lung problems and underwent a number of delicate

8   surgeries.

9   Because Rockford Memorial has a Level III

10   NICU, care was able to -- we were actually able to

11   be with Luke while we waited for Liam and still

12   getting the high-risk care she needed. We were both

13   able to be with him through everything for the full

14   five weeks. This was such a blessing. The staff

15   was so attentive and supportive and helpful, it was

16   just amazing.

17   MR. MORADO: 30 seconds.

18   MR. KETTLESON: We have a very happy ending

19   thanks to Rockford Memorial, and when we found out

20   our twins were going to have -- sorry -- and when we

21   found out our twins -- out about our twins, we were

22   going to have another surprise baby. After we went

23   through, we knew we wanted Rockford Memorial's team

24   for our primary care knowing that that level of care

1   cannot be provided by anyone else in the area. Our

2   baby was born April 28th, 2016, right between our

3   twins birthdays, ironically.

4   (Applause.)

5   MR. MORADO: Happy birthday.

6   Shelton Kay.

7   MR. KAY: Good morning. Shelton Kay;

8   S-h-e-l-t-o-n, K-a-y.

9   Let me first start out by saying I have

10   nothing prepared because I really wasn't expecting

11   to come to this. I saw a flyer from a staff member

12   and thought that Crusader needed to be represented.

13   First thing I would like to say is we are in

14   support of adding the six beds. As most of you may

15   know or may not, Crusader does deliver a quarter of

16   the babies that are born in the Rockford area. We

17   also have quite a few high-risk babies that we

18   deliver. High risk means NICU. We need to have

19   that connection immediately, and so that's why we

20   are in support of that.

21   Beginning in January Crusader will be

22   delivering babies at Mercy here on the west side,

23   and we will continue to do that as they expand just

24   like Crusader will continue to stay on the west

1   side, deliver primary care services on the west

2   side, and refer to all three hospitals because that

3   is what we do.

4   The only service we are changing is our

5   obstetrics service to Mercy because we do not have a

6   staff that can deliver babies at all hospitals, and

7   because we find that that connection is what will be

8   best for the majority of our patients, that is what

9   we have chosen to do.

10   We are going to be remaining on the west

11   side and making sure that we provide access to the

12   patients who are on the west side to see an

13   obstetrician either en route or back into the new

14   facility when it is built.

15   To me it is much more important that we

16   provide our women with access to a state-of-the-art

17   facility no matter where it is, no matter what we

18   have to do to help you get there and we support that.

19   So let me say that to begin with. But I

20   would also like to say, even though it's off topic,

21   that I'm offended by the fact that someone came here

22   and gave some of my patients scripts to read speaking

23   against Crusader and what we do. They're not even

24   sure of what you're telling them. You're telling

1   folks that we're not referring to Swedes. That's

2   not true and it's not fair to come into a community,

3   take people because of what they look like, give them

4   a script and have them stand up here and say that.

5   I'm offended by that and I'm bothered by the

6   fact that some of these folks come up here who have

7   personal relationships with me saying they know nothing

8   about this when they could come and talk about it.

9   One of the things I've also heard is there's

10   been no input from the community. Crusader as a

11   Federally qualified community health center has

12   client and patient representation on our board. Our

13   board did have to approve of this move.

14   So we feel that this is something that the

15   community supports. We look out for all the citizens

16   of the community. We don't believe in west side/

17   east side. That doesn't work for us. This is a

18   community; we all need to be working at this together.

19   We provide access to all hospitals because that's

20   what's important. We are not going to make our

21   patients make a choice as to where they're getting

22   their health care. The whole point is we want to

23   help you get it wherever you are comfortable so

24   you'll be successful.

1   Thank you.

2   (Applause.)

3   MR. MORADO: Before I have the applicant

4   come up to make their closing comments, is there

5   anyone who hasn't been given an opportunity to speak

6   yet that would like to make comments?

7   (No response.)

8   MR. MORADO: Is there anyone else that would

9   like to give comments who hasn't had an opportunity?

10   (No response.)

11   MR. MORADO: With that I'm going to call up

12 Paul Van Den Heuvel.

13   MR. VAN DEN HEUVEL: Paul Van Den Heuvel;

14 P-a-u-l, V-a-n D-e-n H-e-u-v-e-l, and I apologize

15 for that.

16   Thank you for the opportunity to speak on

17 behalf of Mercy Health today. I think we just had

18 our Crusader correct a lot of the misinformation

19 that's been sent around the community with regard to

20 our application.

21   This is a very simple application. We're

22 adding six NICU beds to the current Rockford Memorial

23 Hospital facility. That is simply what we are

24 asking permission for, nothing more than that.

1   The comments from the opposition here, which

2   appear in some cases perhaps to be from people out

3   of town -- but I could be wrong about that -- just

4   simply are not relevant to this application.

5   We have had NICU increase in terms of our

6   average daily census from 33 patients -- and we're

7   talking -- you know, a lot of times in health care

8   we can lose sight of what we're doing, what we're

9   talking about. We're talking about babies here.

10   Okay? So we've had an increase from 33 in 2014 to

11   40 in 2016. This growth has come from enhanced

12   needs here in the Rockford region and referrals from

13   outside of the Rockford region, including in the

14   Wisconsin area across the state border for kids who

15   need the type of care that Rockford Memorial develops

16   and provides here. We have at times in 2016 hit our

17   license capacity, and that means we have to turn these

18   very precious infants away, these at-risk infants.

19   The plans we communicated to the board

20   previously and that were approved in 2015 are

21   bearing significant fruit. As I've noted, referrals

22   are coming from Mercy's Wisconsin operations into

23   the Rockford region, great for the economy.

24   Development of our new I90 and Riverside campus is

1   proceeding in earnest, and just as importantly for

2   the west side, investment in and redevelopment of

3   the current Rockford Memorial Hospital campus is

4   occurring. As we speak, we're spending $10 million

5   to develop orthopedic services that will be

6   delivered at that campus. Oncology care will stay

7   at that campus, an emergency room, surgical beds,

8   and the like will stay at this campus. So it's

9   important for us to all note that.

10   As noted by our prior speakers, the parents

11   of our precious children who need care in our NICU,

12   it's just hard to imagine why anyone would oppose

13   adding six NICU beds. The misinformation, we

14   respectfully request, just simply needs to stop.

15   MR. MORADO: 30 seconds.

16   MR. VAN DEN HEUVEL: We'd appreciate approval

17   of this very basic certificate of need request.

18   Thank you.

19   (Applause.)

20   MR. MORADO: Is there anyone who wishes to

21   testify who has not yet had an opportunity?

22   (No response.)

23   MR. MORADO: Please note that this project

24   is tentatively scheduled for consideration by the

43

1   Board at its October 25th meeting. The meeting will

2   be held in the city of Bolingbrook at the Bolingbrook

3   Golf Club located at 2001 Rodeo Drive, Bolingbrook,

4   Illinois. Please refer to the Health Facilities and

5   Services Review Board website, www.HFSRB.Illinois.gov

6   for more details and important agenda changes.

7   I ask that you please prepare to take note

8   of the following times and dates. The State Board

9   staff report will be posted online at

10 www.HFSRB.Illinois.gov/sars.hcm on October 11th.

11 The deadline to submit written responses to the

12 State Board staff report is 9:00 a.m. on October 17th.

13 Written comments and responses should be sent to the

14 Health Facilities and Services Review Board, attention

15 Courtney Avery, Administrator, 525 West Jefferson

16 Street, Second Floor, Springfield, Illinois 62761.

17   MR. AXEL: 30 seconds.

18   MR. MORADO: The Board staff will be sticking

19 around to answer any further questions if you should

20 have any. Hearing that there are no additional

21 questions at this time or comments, I deem this

22 public hearing adjourned. Again, we thank you all

23 for coming out today and your participation.

24   (Off the record at 11:55 a.m.)

44

1   CERTIFICATE OF SHORTHAND REPORTER

2

3   I, Paula M. Quetsch, Certified Shorthand

4   Reporter No. 084-003733, CSR, RPR, and a Notary Public

5   in and for the County of Kane, State of Illinois, the

6   officer before whom the foregoing proceedings were

7   taken, do certify that the foregoing transcript is a

8   true and correct record of the proceedings, that

9   said proceedings were taken by me stenographically

10   and thereafter reduced to typewriting under my

11   supervision, and that I am neither counsel for,

12   related to, nor employed by any of the parties to

13   this case and have no interest, financial or

14   otherwise, in its outcome.

15

16   IN WITNESS WHEREOF, I have hereunto set my

17   hand and affixed my notarial seal this 20th day of

18   September, 2016.

19

20   My commission expires: October 16, 2017

21

22   _____

23   Notary Public in and for the

24   State of Illinois

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