ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Javon Bea Hospital - Rockton Avenue Campus (Discontinuation of AMI Category)		
Street Address:	2400 North Rockton Avenue		
City and Zip Code:	Rockford, IL 61103		
County:	Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name:	Javon Bea Hospital
Street Address:	2400 North Rockton Avenue
City and Zip Code:	Rockford, IL 61103
Name of Registered Agent:	Paul Van Den Heuvel
Registered Agent Street Address:	2400 North Rockton Avenue
Registered Agent City and Zip Code:	Rockford, IL 61103
Name of Chief Executive Officer:	Javon R. Bea
CEO Street Address:	2400 North Rockton Avenue
CEO City and Zip Code:	Rockford, IL 61103
CEO Telephone Number:	815-971-1060

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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

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

Name: Juan Morado Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch, Friedlander, Coplan & Aronoff, LLP
Address: 71 South Wacker Drive., 16th Floor, Chicago IL 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com ; msilberman@beneschlaw.com
Fax Number: 312-767-9192

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Javon Bea Hospital - Rockton Avenue Campus (Discontinuation of AMI Category)		
Street Address:	2400 North Rockton Avenue		
City and Zip Code: Rockford, IL 61103			
County:	Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name:	Mercy Health Corporation
Street Address:	2400 North Rockton Avenue
City and Zip Code:	Rockford, IL 61103
Name of Registered Agent:	Paul Van Den Heuvel
Registered Agent Street Address:	2400 North Rockton Avenue
Registered Agent City and Zip Code:	Rockford, IL 61103
Name of Chief Executive Officer:	Javon R. Bea
CEO Street Address:	2400 North Rockton Avenue
CEO City and Zip Code:	Rockford, IL 61103
CEO Telephone Number:	815-971-1060

Type of Ownership of Applicants

☒ Non-profit Corporation
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- 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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

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

Name: Juan Morado Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch, Friedlander, Coplan & Aronoff, LLP
Address: 71 South Wacker Drive., 16th Floor, Chicago IL 60606
Telephone Number: 312-212-4967; 312-212-4952
E-mail Address: jmorado@beneschlaw.com ; msilberman@beneschlaw.com
Fax Number: 312-767-9192

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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Javon Bea Hospital
Address of Site Owner:	2400 North Rockton Avenue, Rockford, IL 61103

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:	Javon Bea Hospital
Address:	2400 North Rockton Avenue, Rockford, IL 61103

☒ 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 the discontinuation of 20 bed Acute Mental Illness inpatient unit at Rockton Avenue Campus of the of Javon Bea Hospital. The facility is located at 2400 North Rockton Avenue, Rockford, Illinois 61103. As the proposed project involves the discontinuation of the Acute Mental Illinois category of service within an existing healthcare facility it is classified as substantive.

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 X No . 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.

- **JBH – Rockton Ave. Campus (Permit #15-38).** The project will be complete when the exemption that is the subject of this application is complete and the preparation of a final cost report will be underway.
- **Mercyhealth Hospital and Medical Center – Medical Office Building (Permit #17-001).** The project will not be complete when the exemption that is the subject of this application is complete.
- **Mercyhealth Hospital and Medical Center – Hospital (Permit #17-002).** The project will not be complete when the exemption that is the subject of this application is complete.
- **JBH- Rockton Avenue Campus (Project # 19-056).**The project will not be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): August 11, 2020 or immediately after approval if after that date.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

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 Javon Bea Hospital.

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.

Javon R Bea
SIGNATURE

Javon R. Bea
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020

Jennifer L Springbrum
Signature of Notary

Seal

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

SIGNATURE

Todd Anderson
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020

Jennifer L Springbrum
Signature of Notary

Seal

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

*Insert the EXACT legal name of the applicant

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 Mercy Health Corporation.

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

Javon R. Bea
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020

Signature of Notary

Seal

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

SIGNATURE

Todd Anderson
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020

Signature of Notary

Seal

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

☒ Discontinuation of a single 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 category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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 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 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)	**2016**	**2017**	**2018**
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	**2033**	**2033**	**2310**
Charity (cost In dollars)			
Inpatient	$731,425	$447,125	$493,290
Outpatient	$591,477	$651,124	$1,245,389
Total	**$1,322,902**	**$1,104,249**	**$1,738,679**
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	3911	4770	4490
Outpatient	43081	46362	49411
Total	46992	51132	53901

Medicaid (revenue)			
Inpatient	$63,808,298	$77,974,985	$72,895,865
Outpatient	$21,971,736	$24,450,551	$24,740,328
Total	$85,780,034	$102,425,536	$97,636,193

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			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	**2033**	**2033**	**2310**
Charity (cost In dollars)			
Inpatient	$731,425	$447,125	$493,290
Outpatient	$591,477	$651,124	$1,245,389
Total	**$1,322,902**	**$1,104,249**	**$1,738,679**

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	16-18
2	Site Ownership	19-20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
5	Discontinuation General Information Requirements	23-25
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9	Safety Net Impact Statement	70-73
10	Charity Care Information	74

ATTACHMENT 1- CERTIFICATE OF GOOD STANDING

Included with this attachment are the following documents:

1. The Illinois Certificate of Good Standing for Javon Bea Hospital.
2. The Illinois Certificate of Good Standing for Mercy Health Corporation.

File Number 0215-546-0

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 2ND *day of* OCTOBER *A.D.* 2019 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 1927502006 verifiable until 10/02/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 6975-235-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

MERCY HEALTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 24, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* NOVEMBER *A.D.* 2019 .

Authentication #: 1931200680 verifiable until 11/08/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE ATTACHMENT 1

ATTACHMENT 2- SITE OWNERSHIP

Included with this attachment is proof of site ownership consisting of letter signed by Chief Financial Officer Todd Anderson attesting to site ownership of Javon Bea Hospital.

ATTACHMENT 2- LETTER ATTESTING TO OWNERSHIP

Mercyhealth™
A passion for making lives better.™

Mercyhealth Rockton Ave. Campus
2400 N. Rockton Ave.
Rockford, IL 61103
MercyHealthSystem.org

June 29, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Attestation of Site Ownership

Dear Ms. Avery,
As representative of Javon R. Bea Hospital, I, Todd Anderson, hereby attest that the site of Javon Bea Hospital-Rockton Avenue Campus, located at 2400 North Rockton Avenue, Rockford, Illinois, is owned by Javon Bea Hospital.

Furthermore, I attest that the Javon Bea Hospital-Rockton Avenue Campus, located at 2400 North Rockton Avenue, Rockford, Illinois, is not located in a flood zone.

Sincerely,

Todd Anderson
Chief Financial Officer
Mercyhealth Corporation

Subscribed and sworn to before me this

29th day of June, 2020.

Cindy J. Rathke
Notary Public

OFFICIAL SEAL
CINDY J. RATHKE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 3, 2023

ATTACHMENT 3- LICENSEE CERTIFICATE OF GOOD STANDING

File Number 0215-546-0

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

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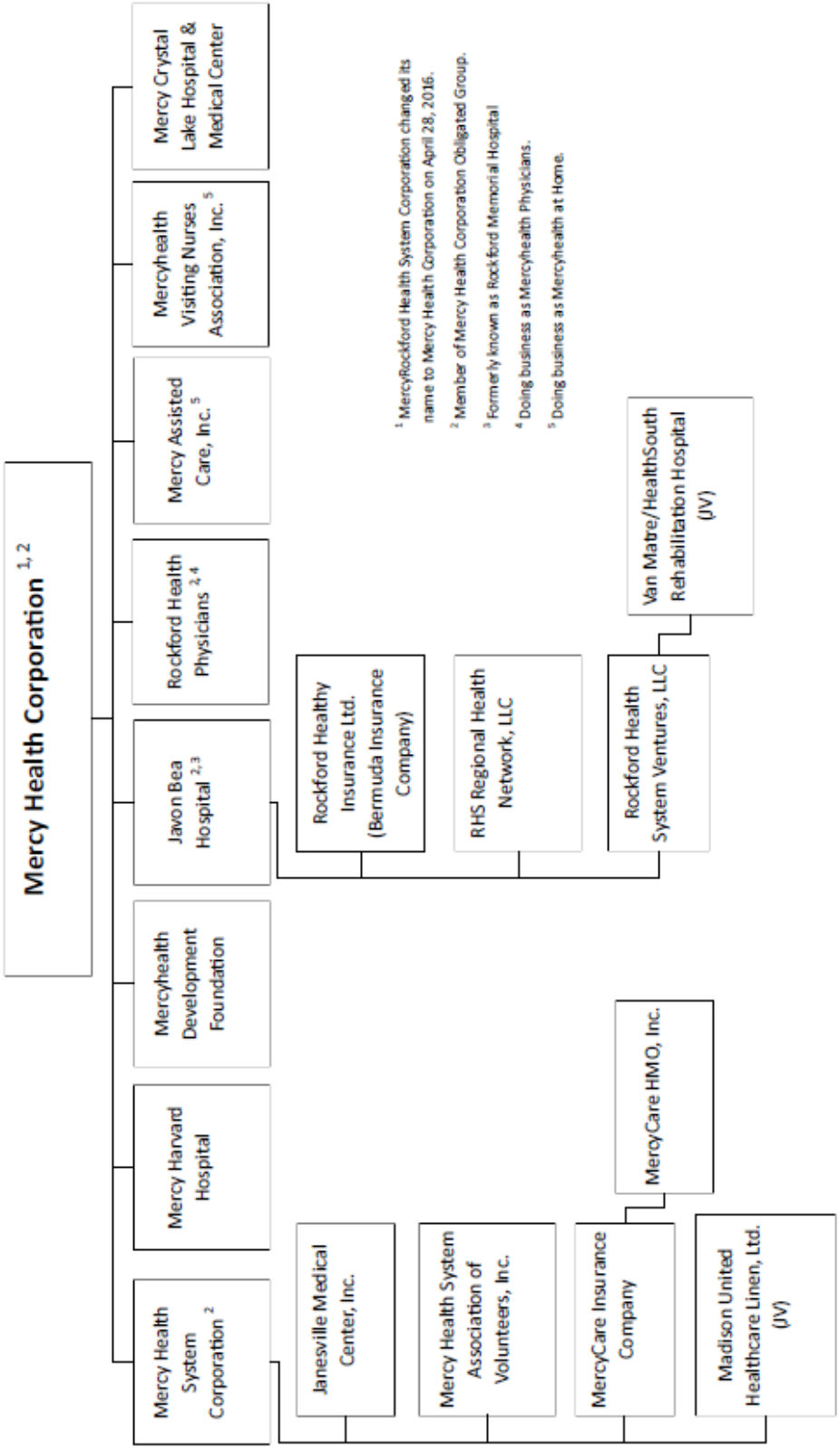
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* OCTOBER *A.D.* 2019 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 1927502006 verifiable until 10/02/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE ATTACHMENT 3

ATTACHMENT 4- ORGANIZATIONAL CHART



ATTACHMENT 5 CRITERION 1130.525 AND 1110.290 DISCONTINUATION OF A CATEGORY OF SERVICE

The applicant proposes to discontinue the Acute Mental Illness category of service currently offered in its 20 bed unit at the Javon Bea Hospital- Rockton Avenue Campus. There will be no other clinical services that are to be discontinued related to this project.

Javon Bea Hospital will maintain its robust outpatient services for patients diagnosed with an acute mental illness. Additionally, the facility will be transitioning their Licensed Clinical Social Workers (LCSW) and Licensed Social Workers (LSW) from the inpatient program to support its Emergency Departments. These LCSWs will work in collaboration with the Emergency Department physicians to assess and provide recommendations for the appropriate disposition of patients. They will assist with referrals for or transfers of patients requiring continuing behavioral care, whether it be on an inpatient, partial hospitalization or outpatient basis. In addition, they will provide discharge planning assistance for the medically complex inpatient population that may require ongoing behavioral health treatment once they are medically stable and ready for discharge.

Behavioral Health Patients in the Rockford area will continue to have outpatient options through the Mercyhealth system. The Glenwood Clinic located near the Rockton Avenue Campus has a thriving Psychiatric practice that offers child, adolescent, and adult programs and services. Mercyhealth Social Workers will also continue to collaborate with payers in order to refer patients to agencies contracted to provide mental health services within the Rockford area. Finally, Mercyhealth will continue to invest in tele-health based psychiatric services to ensure that patients continue to have access to mental health care wherever they may be located.

The applicant proposes to discontinue the category of service by August 11, 2020 or immediately following the approval of this application. The applicant is undergoing an evaluation on the future use of the physical space occupied by the unit and equipment following the discontinuation. The applicant does propose to re-purpose these beds and will comply with the requirement of the Illinois Health Facilities Planning Act governing this issue (20 ILCS 3960/5(c)).

The medical records of acute mental illness patients are maintained in an electronic health records information system that Javon Bea Hospital utilizes. The records will be maintained in compliance with all applicable State and Federal laws pertaining to medical record storage, including the Illinois Hospital Licensing Act (210 ILCS 85/6.17) which generally requires licensed hospitals to preserve medical records for not less than 10 years.

Included with this application is an attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. A copy of that notice is included.

ATTACHMENT 5- ATTESTATION OF NOTICE COMPLIANCE

Mercyhealth
A passion for making lives better.

Javon Bea Hospital and Physician Clinic–Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

June 30, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Attestation of Notice Compliance

Dear Ms. Avery,

As representative of Javon R. Bea Hospital, I, Amy Bradshaw, hereby attest that the facility provided the required notice of the acute mental illness category of service closure to local media that routinely notifies the public about hospital events. A copy of the notice is included in the Certificate of Exemption application.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosure

1

ATTACHMENT 5- COPY OF NOTICE PROVIDED TO LOCAL NEWS OUTLETS

The applicants will publish the notice below in the Rockford Register Star, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on Thursday, July 2, 2020. The Rockford Register Star has a print circulation of 14,505 and an online presence. The Rockford Register Star is a newspaper is of general circulation throughout the Winnebago County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

"Mercy Health Corporation has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board to discontinue inpatient acute mental illness services at the Javon Bea Hospital- Rockton Avenue Campus located at 2400 North Rockton Avenue, Rockford, Illinois in the third quarter of 2020 with anticipated closure date by August 11, 2020. The hospital will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at Javon Bea Hospital-Rockton Avenue Campus or have question about obtaining your medical records, please call 888-396-3729."

ATTACHMENT 6- REASON FOR DISCONTINUATION

There is an insufficient patient census for the continued operation of an inpatient acute mental illness category of service at the Javon Bea Hospital. This is evidenced by graph below which shows the historical utilization data of the unit since 2015 thorough 2018 (the most recently available published utilization data). Utilization at the facility has steadily declined and utilization for 2019 continued to decline with a projected utilization of 45.1%, well below the state's target utilization rate. We are not seeing a shift in that trend this year, thus necessitating this discontinuation.

Mercyhealth's inpatient behavioral health census continues to average 2-3 patients per day. Because of the low census of AMI patients we have not been able to retain psychiatric physician coverage for the inpatient unit. Mercyhealth's only full-time psychiatrist is separating his employment effective July 19, 2020. This will leave the facility with insufficient staff to adequately provide the service.

Mercyhealth will be continue to invest resources and provide outpatient behavioral healthcare services through their Glenwood Clinic. There has been an increased shift in the surrounding community to utilize outpatient mental health programming and services. The Glenwood Clinic offers a variety of child, adolescent, and adult programming and services geared toward treating mental health conditions.

Utilization by Year of AMI Category of Service

	2015	2016	2017	2018
Javon Bea Hospital- Rockton Avenue Campus	53.2%	51%	47.2%	48.2%

Hospital Profile - CY 2015 Rockford Memorial Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE	815-971-6767
OWNERSHIP:	Rockford Memorial Hospital
OPERATOR:	Rockford Memorial Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 North Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	75.8%
Black	16.4%
American Indian	0.1%
Asian	0.4%
Hawaiian/ Pacific	0.1%
Unknown	7.3%

Patients by Ethnicity

Hispanic or Latino:	5.8%
Not Hispanic or Latino:	85.0%
Unknown:	9.2%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	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	154	157	148	7,770	35,138	1,485	4.7	100.3	65.2	63.9
0-14 Years				*0*	*0*					
15-44 Years				*1,428*	*5,359*					
45-64 Years				*2,622*	*11,173*					
65-74 Years				*1,618*	*7,839*					
75 Years +				*2,102*	*10,767*					
Pediatric	12	20	14	944	2,557	797	3.6	9.2	76.6	45.9
Intensive Care	30	29	28	2,273	5,884	22	2.6	16.2	53.9	55.8
Direct Admission				*1,881*	*4,473*					
Transfers				*392*	*1,411*					
Obstetric/Gynecology	20	35	30	1,724	5,085	124	3.0	14.3	71.4	40.8
Maternity				*1,651*	*4,912*					
Clean Gynecology				*73*	*173*					
Neonatal	46	46	46	475	13,319	0	28.0	36.5	79.3	79.3
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		
Acute Mental Illness	20	14	14	570	3,883	0	6.8	10.6	53.2	76.0
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	*16*					*1824*				
Facility Utilization	**282**			**13,364**	**65,866**	**4,252**	**5.2**	**192.1**	**68.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**32.8%**	**30.6%**	**9.1%**	**24.3%**	**0.5%**	**2.6%**	
	4384	4093	1215	3245	72	353	**13,362**
Outpatients	**18.7%**	**41.1%**	**8.0%**	**27.0%**	**3.5%**	**1.7%**	
	18758	41257	8046	27136	3522	1660	**100,379**

Financial Year Reported: 1/1/2015 *to* 12/31/2015

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**22.7%**	**27.8%**	**6.6%**	**42.3%**	**0.6%**	**100.0%**	
	50,175,337	61,385,905	14,681,002	93,408,453	1,232,449	220,883,146	913,147
Outpatient Revenue ($)	**12.8%**	**17.9%**	**5.6%**	**60.8%**	**3.0%**	**100.0%**	
	17,524,221	24,538,106	7,690,969	83,432,460	4,151,293	137,337,049	720,356

Total Charity Care Expense
1,633,503

Total Charity Care as % of Net Revenue
0.5%

Birthing Data

Number of Total Births:	1,505
Number of Live Births:	1,482
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:	580

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	26	0	0
Patient Days	2,577	0	0
Total Newborn Patient Days			**2,577**

Laboratory Studies

Inpatient Studies	544,913
Outpatient Studies	253,977
Studies Performed Under Contract	731,929

Organ Transplantation

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

Hospital Profile - CY 2015 Rockford Memorial Hospital Rockford Page 2

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	1	1	60	0	397	0	397	6.6	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	1374	1829	2762	3692	6454	2.0	2.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	513	216	1921	506	2427	3.7	2.3
OB/Gynecology	0	0	1	1	116	626	231	1113	1344	2.0	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	2072	5	1986	1991	5.0	1.0
Orthopedic	0	0	2	2	1071	770	3239	2031	5270	3.0	2.6
Otolaryngology	0	0	1	1	49	601	71	847	918	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	140	276	400	558	958	2.9	2.0
Totals	**0**	**0**	**14**	**14**	**3324**	**6390**	**9026**	**10733**	**19759**	**2.7**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

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	6	6	806	1836	605	1651	2256	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	29	3815	29	3815	3844	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	38	373	37	461	498	1.0	1.2
Bronchoscopy	0	0	1	1	626	407	939	269	1208	1.5	0.7
	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** h Adult and Pedi: **Level 2** Not Answered
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	10,650
Patients Admitted from Trauma	1,064
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	29
Persons Treated by Emergency Services:	41,525
Patients Admitted from Emergency:	7,930
Total ED Visits (Emergency+Trauma):	**52,175**

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	**289,813**
Outpatient Visits at the Hospital/ Campus:	285,466
Outpatient Visits Offsite/off campus	4,347

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,081**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	780
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	442
EP Catheterizations (15+)	859

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**60**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	60
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	41

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	22,920	20,250	0
Nuclear Medicine	3	0	458	1,183	283
Mammography	4	0	0	12,289	0
Ultrasound	3	0	3,015	7,629	0
Angiography	2	0			
Diagnostic Angiography			3,832	1,969	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	283
Computerized Axial Tomography (CAT)	3	0	7,494	11,077	7
Magnetic Resonance Imaging	3	0	1,729	5,300	9

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	13
Linear Accelerator	1	0	2,017
Image Guided Rad Therapy			676
Intensity Modulated Rad Thrpy			645
High Dose Brachytherapy	1	0	3
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE:	815-971-7202
OWNERSHIP:	Rockford Memorial Hospital
OPERATOR:	Rockford Memorial Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 North Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	73.8%
Black	17.9%
American Indian	0.1%
Asian	0.5%
Hawaiian/ Pacific	0.1%
Unknown	7.7%

Patients by Ethnicity

Hispanic or Latino:	7.6%
Not Hispanic or Latino:	90.5%
Unknown:	1.8%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	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	154	157	157	7,533	34,370	2,508	4.9	100.8	65.4	64.2
0-14 Years				*0*	*0*					
15-44 Years				*1,408*	*5,424*					
45-64 Years				*2,417*	*10,634*					
65-74 Years				*1,654*	*7,898*					
75 Years +				*2,054*	*10,414*					
Pediatric	12	20	13	865	2,199	736	3.4	8.0	66.8	40.1
Intensive Care	30	28	26	1,905	5,353	28	2.8	14.7	49.0	52.5
Direct Admission				*1,525*	*3,481*					
Transfers - Not included in Facility Admissions				*380*	*1,872*					
Obstetric/Gynecology	20	35	31	1,715	5,122	120	3.1	14.3	71.6	40.9
Maternity				*1,621*	*4,954*					
Clean Gynecology				*94*	*168*					
Neonatal	52	52	52	458	13,833	0	30.2	37.8	72.7	72.7
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	20			579	3,733	0	6.4	10.2	51.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	579	3,733	0	6.4	10.2		72.9
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	*16*					*2244*				
Facility Utilization	**288**			**12,675**	**64,610**	**5,636**	**5.5**	**191.9**	**66.6**	

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	31.6%	30.9%	10.9%	23.6%	0.6%	2.5%	
	4000	3911	1379	2990	82	313	**12,675**
Outpatients	19.3%	41.0%	8.7%	26.2%	3.2%	1.6%	
	20262	43081	9086	27491	3340	1720	**104,980**

Financial Year Reported: 7/1/2015 *to* 6/30/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	22.0%	28.3%	7.2%	42.1%	0.3%	100.0%	
	49,691,470	63,808,298	16,261,332	95,015,434	684,660	225,461,194	731,425
Outpatient Revenue ($)	13.6%	15.3%	5.9%	62.2%	3.0%	100.0%	
	19,481,889	21,971,736	8,423,384	89,389,155	4,362,294	143,628,458	591,477

Total Charity Care Expense 1,322,902

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,487
Number of Live Births:	1,480
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:	587

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	26	0	0
Patient Days	2,596	0	0
Total Newborn Patient Days			2,596

Laboratory Studies

Inpatient Studies	530,829
Outpatient Studies	285,412
Studies Performed Under Contract	730,035

Organ Transplantation

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

ATTACHMENT 6

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 2

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	2	2	112	0	673	0	673	6.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1468	1963	3910	4061	7971	2.7	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	467	180	1602	440	2042	3.4	2.4
OB/Gynecology	0	0	1	1	125	562	286	900	1186	2.3	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	3	2059	7	2007	2014	2.3	1.0
Orthopedic	0	0	2	2	1071	798	3227	2034	5261	3.0	2.5
Otolaryngology	0	0	1	1	50	574	85	799	884	1.7	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	146	179	339	558	897	2.3	3.1
Totals	**0**	**0**	**14**	**14**	**3442**	**6315**	**10129**	**10799**	**20928**	**2.9**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

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	3	3	753	2129	564	3777	4341	0.7	1.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	22	8125	22	8125	8147	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	28	306	27	378	405	1.0	1.2
Bronoscopy	0	0	1	1	627	312	941	206	1147	1.5	0.7
	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**
	h Adult and Pedi	Not Answered
Operating Rooms Dedicated for Trauma Care		1
Number of Trauma Visits:		9,222
Patients Admitted from Trauma		1,130
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		41,520
Patients Admitted from Emergency:		7,440
Total ED Visits (Emergency+Trauma):		**50,742**

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	**322,895**
Outpatient Visits at the Hospital/ Campus:	318,052
Outpatient Visits Offsite/off campus	4,843

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,119**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	807
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	543
EP Catheterizations (15+)	769

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**112**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	112
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	76

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	19	0	21,833	21,982	2
Nuclear Medicine	3	0	394	1,314	300
Mammography	1	0	0	12,289	0
Ultrasound	3	0	3,102	8,174	0
Angiography	2	0			
Diagnostic Angiography			3,890	2,229	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	300
Computerized Axial Tomography (CAT)	3	0	7,614	13,354	9
Magnetic Resonance Imaging	3	0	1,751	5,444	8

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	5	5
Linear Accelerator	1	0	2,143
Image Guided Rad Therapy			135
Intensity Modulated Rad Thrpy			1,360
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Hospital Profile - CY 2017 **Mercyhealth Hospital - Rockton Avenue** **Rockford** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE	815-971-7202
OWNERSHIP:	Rockford Memorial Hospital
OPERATOR:	Rockford Memorial Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 N. Rockton Avenue **CITY:** Rockford **COUNTY:** Winnebago County

Patients by Race

White	66.6%
Black	19.9%
American Indian	0.1%
Asian	0.8%
Hawaiian/ Pacific	0.1%
Unknown	12.4%

Patients by Ethnicity

Hispanic or Latino:	11.3%
Not Hispanic or Latino:	86.9%
Unknown:	1.9%

IDPH Number:	2048
HPA	B-01
HSA	1

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	154	157	156	6,755	32,923	2,845	5.3	98.0	63.6	62.4
0-14 Years				*0*	*0*					
15-44 Years				*1,199*	*5,211*					
45-64 Years				*2,222*	*10,339*					
65-74 Years				*1,427*	*7,287*					
75 Years +				*1,907*	*10,086*					
Pediatric	12	20	12	760	2,059	792	3.8	7.8	65.1	39.1
Intensive Care	30	28	26	2,172	4,960	27	2.3	13.7	45.5	48.8
Direct Admission				*1,683*	*3,138*					
Transfers				*489*	*1,822*					
Obstetric/Gynecology	20	35	35	2,531	6,597	140	2.7	18.5	92.3	52.7
Maternity				*2,447*	*6,366*					
Clean Gynecology				*84*	*231*					
Neonatal	52	52	52	548	14,855	0	27.1	40.7	78.3	78.3
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	20			596	3,447	0	5.8	9.4	47.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	596	3,447	0	5.8	9.4		67.5
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	*16*					*1955*				
Facility Utilization	**288**			**12,873**	**64,841**	**5,759**	**5.5**	**193.4**	**67.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**28.6%**	**37.1%**	**11.0%**	**20.1%**	**0.6%**	**2.6%**	
	3684	4770	1411	2593	83	332	**12,873**
Outpatients	**18.0%**	**43.1%**	**9.5%**	**24.7%**	**2.8%**	**1.9%**	
	19416	46362	10235	26643	2994	2038	**107,688**

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 ($)	**22.0%**	**33.3%**	**7.7%**	**36.7%**	**0.3%**	**100.0%**	
	51,664,637	77,974,985	17,974,872	85,989,796	720,705	234,324,995	447,125
Outpatient Revenue ($)	**13.5%**	**16.0%**	**6.4%**	**62.1%**	**2.0%**	**100.0%**	
	20,628,592	24,450,651	9,778,602	95,075,389	3,105,873	153,038,907	657,124

Total Charity Care Expense **1,104,249**

Total Charity Care as % of Net Revenue **0.3%**

Birthing Data

Number of Total Births:	2,321
Number of Live Births:	2,304
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	12
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	806

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	26	0	0
Patient Days	3,701	0	0
Total Newborn Patient Days			**3,701**

Laboratory Studies

Inpatient Studies	524,310
Outpatient Studies	290,644
Studies Performed Under Contract	709,569

Organ Transplantation

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

Hospital Profile - CY 2017 Mercyhealth Hospital - Rockton Avenue Rockford Page 2

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	2	2	62	0	378	0	378	6.1	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	376	148	1226	364	1590	3.3	2.5
OB/Gynecology	0	0	1	1	139	774	369	1181	1550	2.7	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	4	1860	7	1787	1794	1.8	1.0
Orthopedic	0	0	2	2	951	1017	2778	2337	5115	2.9	2.3
Otolaryngology	0	0	1	1	31	437	44	633	677	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	130	143	342	554	896	2.6	3.9
Totals	**0**	**0**	**14**	**14**	**2933**	**6159**	**8286**	**10602**	**18888**	**2.8**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

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	3	3	1315	3418	986	3072	4058	0.7	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	13	9648	13	9648	9661	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pediatric Gastro-Int					21	308	20	380	400	1.0	1.2
Bronchoscopy					305	283	458	187	645	1.5	0.7
	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:		10,147
Patients Admitted from Trauma		984
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		49,788
Patients Admitted from Emergency:		7,174
Total ED Visits (Emergency+Trauma):		**59,935**

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	**325,135**
Outpatient Visits at the Hospital/ Campus:	322,459
Outpatient Visits Offsite/off campus	2,676

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**4,831**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	3,412
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	687
EP Catheterizations (15+)	732

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**62**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	62
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	54

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	20	0	21,072	21,836	0
Nuclear Medicine	3	0	452	1,340	0
Mammography	1	0	0	11,128	0
Ultrasound	4	0	3,239	9,339	0
Angiography	2	0			
Diagnostic Angiography			6,069	4,367	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	268
Computerized Axial Tomography (CAT)	3	0	7,811	14,848	0
Magnetic Resonance Imaging	3	0	1,477	5,202	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	8
Linear Accelerator	1	0	3,327
Image Guided Rad Therapy			817
Intensity Modulated Rad Thrpy			1,374
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.

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE:	815-971-7202
OWNERSHIP:	Javon Bea Hospital
OPERATOR:	Javon Bea Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 N. Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	66.5%
Black	21.4%
American Indian	0.3%
Asian	0.9%
Hawaiian/ Pacific	0.1%
Unknown	10.9%

Patients by Ethnicity

Hispanic or Latino:	11.6%
Not Hispanic or Latino:	86.2%
Unknown:	2.2%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2018	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	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				*0*	*0*					
15-44 Years				*1,150*	*5,114*					
45-64 Years				*2,134*	*10,921*					
65-74 Years				*1,382*	*7,065*					
75 Years +				*1,841*	*9,706*					
Pediatric	12	20	14	803	2,168	975	3.9	8.6	71.8	43.1
Intensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				*1,737*	*3,377*					
Transfers				*894*	*1,740*					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				*2,422*	*6,594*					
Clean Gynecology				*63*	*181*					
Neonatal	52	52	52	577	15,159	0	26.3	41.5	79.9	79.9
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	20			593	3,521	0	5.9	9.6	48.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	593	3,521	0	5.9	9.6		68.9
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	*16*					*1773*				
Facility Utilization	**288**			**12,702**	**65,546**	**6,262**	**5.7**	**196.7**	**68.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**28.1%**	**35.3%**	**12.3%**	**21.7%**	**1.9%**	**0.6%**	
	3571	4490	1567	2757	235	82	**12,702**
Outpatients	**21.9%**	**37.2%**	**13.0%**	**23.6%**	**3.9%**	**0.3%**	
	29121	49411	17265	31372	5123	378	**132,670**

Financial Year Reported: 7/1/2017 *to* 6/30/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**19.3%**	**33.6%**	**8.5%**	**38.4%**	**0.1%**	**100.0%**	
	41,785,393	72,895,865	18,517,089	83,339,031	305,417	216,842,795	493,290
Outpatient Revenue ($)	**13.2%**	**17.5%**	**7.6%**	**61.2%**	**0.5%**	**100.0%**	
	18,564,989	24,740,328	10,666,702	86,339,324	769,483	141,080,826	1,245,389

Total Charity Care Expense 1,738,679

Total Charity Care as % of Net Revenue **0.5%**

Birthing Data

Number of Total Births:	2,274
Number of Live Births:	2,257
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	12
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	859

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	26	0	0
Patient Days	3,549	0	0
Total Newborn Patient Days			**3,549**

Laboratory Studies

Inpatient Studies	536,175
Outpatient Studies	386,143
Studies Performed Under Contract	474,066

Organ Transplantation

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

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 2

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	2	2	56	0	410	0	410	7.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1271	1669	3228	3531	6759	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	325	194	1078	464	1542	3.3	2.4
OB/Gynecology	0	0	1	1	138	892	304	1450	1754	2.2	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	1573	6	1691	1697	6.0	1.1
Orthopedic	0	0	2	2	883	1068	2682	2542	5224	3.0	2.4
Otolaryngology	0	0	1	1	46	424	82	598	680	1.8	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	107	200	284	558	842	2.7	2.8
Totals	**0**	**0**	**14**	**14**	**2827**	**6020**	**8074**	**10834**	**18908**	**2.9**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 22

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	880	3181	660	2859	3519	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	9	9035	9	9035	9044	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Ped GI				1	22	298	23	293	316	1.0	1.0
Bronchoscopy				1	324	274	486	180	666	1.5	0.7
					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:		9,756
Patients Admitted from Trauma		1,063
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		47,208
Patients Admitted from Emergency:		7,033
Total ED Visits (Emergency+Trauma):		**56,962**

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	**315,970**
Outpatient Visits at the Hospital/ Campus:	313,443
Outpatient Visits Offsite/off campus	2,527

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,541**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	658
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	299
EP Catheterizations (15+)	584

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**58**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	58
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	47

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	20	0	21,262	21,340	0
Nuclear Medicine	3	0	377	1,368	0
Mammography	1	0	0	10,978	0
Ultrasound	4	0	3,276	8,563	0
Angiography	2	0			
Diagnostic Angiography			6,422	4,911	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	335
Computerized Axial Tomography (CAT)	3	0	8,398	15,189	0
Magnetic Resonance Imaging	3	0	1,418	5,159	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	14
Linear Accelerator	1	0	1,280
Image Guided Rad Therapy			863
Intensity Modulated Rad Thrpy			722
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- IMPACT ON ACCESS

The discontinuation of the acute mental illness ("AMI") category of service will not have an adverse effect upon access to care for residents of the facility's market area. There are currently two other facilities that provide inpatient AMI services to the facility market area and each inpatient unit is operating below state target utilization for the category. Thus, capacity exists within the marketplace to accommodate any gap in care created by the discontinuation.

Javon Bea Hospital-Rockton Avenue Campus is located within Health Service Area ("HSA") 1 in Rockford, Illinois. Under 77 Illinois Admin. Code Section 1100.510(d)(1) the market area is 10 miles surrounding the facility. Within the market area, Swedish American Hospital operates a 42 bed inpatient AMI unit (including a 12 bed unit dedicated to adolescent inpatient AMI care), and Katherine Shaw Bethea Hospital located in HSA 1 operates a 14 bed inpatient AMI unit.

As reflected below, the inpatient AMI units at both Swedish American Hospital and Kathryn Shaw Bethea Hospital are both underutilized and should be able to accommodate referrals following the closure of the inpatient unit at Javon Bea Hospital- Rockton Avenue Campus. The AMI unit at Swedish American Hospital, which is located 3.1 miles from Javon Bea Hospital- Rockton Avenue Campus has seen steady decreases in utilization, and the most recently available data reflects a 43.5% utilization or 18 available beds. The most recently available historical data for the AMI unit at Javon Bea Hospital-Rockton Avenue Campus was 48.2%, or only 9 beds being utilized on average. In 2019 the utilization percentage is estimated to be 45.1%, and with impending losses in staff, the facility is unable to provide full coverage for even 9 beds. This presents an ample opportunity to better utilize the unit at Swedish American Hospital while the applicant evaluates a more strategic use of the space to improve healthcare delivery to the community. Additionally, Katherine Shaw Bethea Hospital has on average 8 available beds in its inpatient AMI unit.

Utilization by Year of Hospitals in Market Area and HSA 1

	2015	2016	2017	2018
Swedish American Hospital	72.8%	72.6%	62.3%	43.5%
Katherine Shaw Bethea Hospital	62.0%	55.0%	46.0%	39.4%
Javon Bea Hospital-Rockton Avenue Campus	53.20%	51%	47.20%	48.20%

Included with this attachment are notification letters to the other health care facilities that provide the same acute mental illness inpatient services as those proposed for discontinuation. The letters include the anticipated date of discontinuation and the total number of patients that received care during the latest 24 months of reportable data.

Hospital Profile - CY 2015 Katherine Shaw Bethea Hospital Dixon Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	David L. Schreiner, FACHE
ADMINSTRATOR PHONE	(815)285-5501
OWNERSHIP:	Katherine Shaw Bethea Hospital
OPERATOR:	Katherine Shaw Bethea Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	403 East First Street CITY: Dixon COUNTY: Lee County

Patients by Race

White	96.5%
Black	2.3%
American Indian	0.1%
Asian	0.2%
Hawaiian/ Pacific	0.0%
Unknown	0.9%

Patients by Ethnicity

Hispanic or Latino:	97.9%
Not Hispanic or Latino:	2.1%
Unknown:	0.0%

IDPH Number:	0497
HPA	B-03
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	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	43	43	33	1,556	6,129	2,339	5.4	23.2	54.0	54.0
0-14 Years				*0*	*0*					
15-44 Years				*200*	*651*					
45-64 Years				*442*	*1,843*					
65-74 Years				*299*	*1,280*					
75 Years +				*615*	*2,355*					
Pediatric	10	10	3	27	45	96	5.2	0.4	3.9	3.9
Intensive Care	6	6	6	630	1,235	75	2.1	3.6	59.8	59.8
Direct Admission				*445*	*860*					
Transfers				*185*	*375*					
Obstetric/Gynecology	7	7	7	382	798	56	2.2	2.3	33.4	33.4
Maternity				*267*	*545*					
Clean Gynecology				*115*	*253*					
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		
Acute Mental Illness	14	14	13	485	3,166	0	6.5	8.7	62.0	62.0
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	**80**			**2,895**	**11,373**	**2,566**	**4.8**	**38.2**	**47.7**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**38.7%**	**17.5%**	**0.0%**	**21.1%**	**1.4%**	**21.2%**	
	1424	643	0	776	52	781	**3,676**
Outpatients	**37.3%**	**18.2%**	**0.0%**	**39.1%**	**2.8%**	**2.7%**	
	98381	48008	0	103192	7310	7176	**264,067**

Financial Year Reported: 1/1/2015 *to* 12/31/2015

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**22.4%**	**4.8%**	**0.0%**	**72.8%**	**0.0%**	**100.0%**	
	10,543,688	2,242,191	0	34,216,246	13,139	47,015,264	391,070
Outpatient Revenue ($)	**19.4%**	**7.0%**	**0.0%**	**73.0%**	**0.6%**	**100.0%**	
	15,048,130	5,411,840	0	56,573,574	479,246	77,512,790	1,672,644

Total Charity Care Expense **2,063,714**

Total Charity Care as % of Net Revenue **1.7%**

Birthing Data

Number of Total Births:	288
Number of Live Births:	279
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	1
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4
C-Section Rooms:	0
CSections Performed:	78

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	10	4	0
Patient Days	389	201	0
Total Newborn Patient Days			**590**

Laboratory Studies

Inpatient Studies	45,606
Outpatient Studies	192,419
Studies Performed Under Contract	14,380

Organ Transplantation

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

Hospital Profile - CY 2015 Katherine Shaw Bethea Hospital Dixon Page 2

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	30	8	119	25	144	4.0	3.1
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	137	448	402	768	1170	2.9	1.7
Gastroenterology	0	0	0	0	27	5	101	6	107	3.7	1.2
Neurology	0	0	0	0	0	131	0	154	154	0.0	1.2
OB/Gynecology	0	0	0	0	140	374	322	670	992	2.3	1.8
Oral/Maxillofacial	0	0	0	0	1	53	1	69	70	1.0	1.3
Ophthalmology	0	0	0	0	0	333	0	339	339	0.0	1.0
Orthopedic	0	0	0	0	160	309	410	484	894	2.6	1.6
Otolaryngology	0	0	0	0	9	265	19	393	412	2.1	1.5
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	14	237	32	445	477	2.3	1.9
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	5	197	6	209	215	1.2	1.1
Totals	**0**	**0**	**5**	**5**	**523**	**2360**	**1412**	**3562**	**4974**	**2.7**	**1.5**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 6 Stage 2 Recovery Stations 23

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	0	0	0	0	0	0.0	0.0
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	1	1	9	0	26	0	26	2.9	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	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1** (Not Answered)	**Level 2** Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Basic
Number of Emergency Room Stations		0
Persons Treated by Emergency Services:		19,170
Patients Admitted from Emergency:		2,138
Total ED Visits (Emergency+Trauma):		**19,170**

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	**256,891**
Outpatient Visits at the Hospital/ Campus:	103,457
Outpatient Visits Offsite/off campus	153,434

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:	**646**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	414
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	232
EP Catheterizations (15+)	0

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	7	0	1,475	20,260	0
Nuclear Medicine	2	0	99	1,100	0
Mammography	2	0	0	3,914	0
Ultrasound	3	0	400	7,125	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	309	6,576	0
Magnetic Resonance Imaging	1	0	89	2,474	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	21
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: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2016 **Katherine Shaw Bethea Hospital** **Dixon** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	David L. Schreiner, FACHE
ADMINSTRATOR PHONE:	(815)285-5501
OWNERSHIP:	Katherine Shaw Beathea Hospital
OPERATOR:	Katherine Shaw Bethea Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	403 East First Street CITY: Dixon COUNTY: Lee County

Patients by Race

White	95.6%
Black	2.6%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.0%
Unknown	1.5%

Patients by Ethnicity

Hispanic or Latino:	2.5%
Not Hispanic or Latino:	97.5%
Unknown:	0.0%

IDPH Number:	0497
HPA	B-03
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	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	43	43	43	1,431	5,486	2,366	5.5	21.5	49.9	49.9
0-14 Years				*0*	*0*					
15-44 Years				*174*	*569*					
45-64 Years				*409*	*1,617*					
65-74 Years				*290*	*1,166*					
75 Years +				*558*	*2,134*					
Pediatric	10	10	3	38	73	96	4.4	0.5	4.6	4.6
Intensive Care	6	6	6	453	1,357	94	3.2	4.0	66.1	66.1
Direct Admission				*297*	*953*					
Transfers - Not Included in Facility Admissions				*156*	*404*					
Obstetric/Gynecology	7	7	7	393	856	45	2.3	2.5	35.2	35.2
Maternity				*270*	*578*					
Clean Gynecology				*123*	*278*					
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	14			564	2,699	121	5.0	7.7	55.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	13	564	2,699	121	5.0	7.7		55.0
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	**80**			**2,723**	**10,471**	**2,722**	**4.8**	**36.0**	**45.1**	

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**30.1%**	**14.1%**	**0.0%**	**17.2%**	**1.6%**	**37.0%**	
	819	384	0	469	44	1007	**2,723**
Outpatients	**36.9%**	**18.0%**	**0.0%**	**38.5%**	**2.8%**	**3.8%**	
	100589	49188	0	105028	7595	10323	**272,723**

Financial Year Reported: 1/1/2016 *to* 12/31/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**10.0%**	**27.0%**	**0.0%**	**50.0%**	**13.0%**	**100.0%**	
	3,711,587	10,021,285	0	18,557,935	4,825,063	37,115,870	719,198
Outpatient Revenue ($)	**10.0%**	**27.0%**	**0.0%**	**50.0%**	**13.0%**	**100.0%**	
	8,898,017	24,024,646	0	44,490,085	11,567,422	88,980,170	2,823,072

Total Charity Care Expense **3,542,270**

Total Charity Care as % of Net Revenue **2.8%**

Birthing Data

Number of Total Births:	316
Number of Live Births:	309
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	1
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4
C-Section Rooms:	0
CSections Performed:	57

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	4	0
Patient Days	406	209	0
Total Newborn Patient Days			**615**

Laboratory Studies

Inpatient Studies	43,496
Outpatient Studies	194,119
Studies Performed Under Contract	0

Organ Transplantation

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

Hospital Profile - CY 2016 **Katherine Shaw Bethea Hospital** **Dixon** Page 2

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	10	1	48	6	54	4.8	6.0
Dermatology	0	0	0	0	4	2	8	3	11	2.0	1.5
General	0	0	5	5	62	4	128	3	131	2.1	0.8
Gastroenterology	0	0	0	0	83	9	218	21	239	2.6	2.3
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	151	2	288	4	292	1.9	2.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	197	4	392	7	399	2.0	1.8
Otolaryngology	0	0	0	0	2	0	2	0	2	1.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	19	2	26	6	32	1.4	3.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	10	1	13	1	14	1.3	1.0
Totals	**0**	**0**	**5**	**5**	**538**	**25**	**1123**	**51**	**1174**	**2.1**	**2.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 6 Stage 2 Recovery Stations 23

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	204	1971	385	2795	3180	1.9	1.4
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	1	1	50	224	79	224	303	1.6	1.0
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	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
	(Not Answered)	Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Basic
Number of Emergency Room Stations		0
Persons Treated by Emergency Services:		19,217
Patients Admitted from Emergency:		2,169
Total ED Visits (Emergency+Trauma):		**19,217**

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	**262,400**
Outpatient Visits at the Hospital/ Campus:	97,648
Outpatient Visits Offsite/off campus	164,752

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

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

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	10	0	1,381	19,868	0
Nuclear Medicine	2	0	57	1,174	0
Mammography	2	0	0	4,078	0
Ultrasound	1	2	296	7,668	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	296	6,837	0
Magnetic Resonance Imaging	1	0	59	2,328	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	31
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: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2017 **Katherine Shaw Bethea Hospital** **Dixon** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	David L. Schreiner
ADMINSTRATOR PHONE	815-285-5501
OWNERSHIP:	Katherine Shaw Bethea Hospital
OPERATOR:	Katherine Shaw Bethea Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	403 E. First Street

CITY: Dixon COUNTY: Lee County

Patients by Race

White	95.9%
Black	3.1%
American Indian	0.1%
Asian	0.2%
Hawaiian/ Pacific	0.0%
Unknown	0.8%

Patients by Ethnicity

Hispanic or Latino:	3.1%
Not Hispanic or Latino:	96.9%
Unknown:	0.0%

IDPH Number:	0497
HPA	B-03
HSA	1

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	43	43	26	1,607	5,815	2,167	5.0	21.9	50.9	50.9
0-14 Years				*0*	*0*					
15-44 Years				*182*	*510*					
45-64 Years				*417*	*1,559*					
65-74 Years				*372*	*1,388*					
75 Years +				*636*	*2,358*					
Pediatric	10	10	4	29	43	0	1.5	0.1	1.2	1.2
Intensive Care	6	6	6	639	1,381	64	2.3	4.0	66.0	66.0
Direct Admission				*475*	*935*					
Transfers				*164*	*446*					
Obstetric/Gynecology	7	7	6	356	839	35	2.5	2.4	34.2	34.2
Maternity				*244*	*517*					
Clean Gynecology				*112*	*322*					
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	14			686	2,350	0	3.4	6.4	46.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	13	686	2,350	0	3.4	6.4		46.0
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	80			3,153	10,428	2,266	4.0	34.8	43.5	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	37.8%	21.4%	0.0%	32.4%	2.2%	6.2%	
	1192	676	0	1022	70	194	**3,154**
Outpatients	32.1%	17.7%	0.0%	45.0%	2.8%	2.4%	
	82822	45586	0	116266	7308	6150	**258,132**

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 ($)	21.0%	13.0%	0.0%	54.0%	12.0%	100.0%	
	7,520,410	4,655,492	0	19,338,197	4,297,377	35,811,476	912,412
Outpatient Revenue ($)	21.0%	13.0%	0.0%	54.0%	12.0%	100.0%	
	20,773,243	12,859,627	0	53,416,911	11,870,425	98,920,206	2,810,218

Total Charity Care Expense 3,722,630

Total Charity Care as % of Net Revenue 2.8%

Birthing Data

Number of Total Births:	343
Number of Live Births:	338
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	1
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4
C-Section Rooms:	0
CSections Performed:	117

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	4	0
Patient Days	554	38	0
Total Newborn Patient Days			592

Laboratory Studies

Inpatient Studies	45,053
Outpatient Studies	191,871
Studies Performed Under Contract	16,000

Organ Transplantation

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

Hospital Profile - CY 2017 **Katherine Shaw Bethea Hospital** **Dixon** Page 2

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	6	7	20	14	34	3.3	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	292	479	295	710	1005	1.0	1.5
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	144	525	204	620	824	1.4	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	150	0	75	75	0.0	0.5
Orthopedic	0	0	0	0	228	453	256	647	903	1.1	1.4
Otolaryngology	0	0	0	0	0	124	0	70	70	0.0	0.6
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	29	223	187	406	593	6.4	1.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	157	0	50	50	0.0	0.3
Totals	**0**	**0**	**5**	**5**	**699**	**2118**	**962**	**2592**	**3554**	**1.4**	**1.2**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 6 Stage 2 Recovery Stations 23

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	161	1862	170	2141	2311	1.1	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	100	0	50	50	0.0	0.5
Cystoscopy	0	0	1	1	22	200	11	100	111	0.5	0.5
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

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:		Basic
Number of Emergency Room Stations		13
Persons Treated by Emergency Services:		19,652
Patients Admitted from Emergency:		1,799
Total ED Visits (Emergency+Trauma):		**19,652**

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	**258,132**
Outpatient Visits at the Hospital/ Campus:	97,748
Outpatient Visits Offsite/off campus	160,384

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**743**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	390
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	325
EP Catheterizations (15+)	28

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	1	0	1,360	19,907	0
Nuclear Medicine	1	0	0	1,205	0
Mammography	2	0	0	5,099	0
Ultrasound	1	2	355	7,788	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	284	7,126	0
Magnetic Resonance Imaging	1	0	67	2,400	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	35
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.

Hospital Profile - CY 2018 **Katherine Shaw Bethea Hospital** **Dixon** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	David L. Schreiner
ADMINSTRATOR PHONE:	815-285-5501
OWNERSHIP:	Katherine Shaw Bethea Hospital
OPERATOR:	Katherine Shaw Bethea Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	403 E First Street

CITY: Dixon COUNTY: Lee County

Patients by Race

White	95.6%
Black	2.6%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.0%
Unknown	1.5%

Patients by Ethnicity

Hispanic or Latino:	2.0%
Not Hispanic or Latino:	98.0%
Unknown:	0.0%

IDPH Number:	0497
HPA	B-03
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2018	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	43	43	26	1,626	5,569	1,774	4.5	20.1	46.8	46.8
0-14 Years				*0*	*0*					
15-44 Years				*163*	*459*					
45-64 Years				*426*	*1,476*					
65-74 Years				*383*	*1,288*					
75 Years +				*654*	*2,346*					
Pediatric	10	10	5	19	33	0	1.7	0.1	0.9	0.9
Intensive Care	6	6	6	760	1,508	86	2.1	4.4	72.8	72.8
Direct Admission				*563*	*1,026*					
Transfers				*197*	*482*					
Obstetric/Gynecology	7	7	5	385	790	73	2.2	2.4	33.8	33.8
Maternity				*324*	*648*					
Clean Gynecology				*61*	*142*					
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	14			597	2,015	0	3.4	5.5	39.4	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	13	597	2,015	0	3.4	5.5		39.4
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	80			3,190	9,915	1,933	3.7	32.5	40.6	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	23.2%	25.8%	0.0%	0.0%	36.9%	14.1%	
	1632	1814	0	0	2600	995	**7,041**
Outpatients	27.0%	30.0%	0.0%	0.0%	41.8%	1.2%	
	73426	81584	0	0	113605	3333	**271,948**

Financial Year Reported: 1/1/2018 *to* 12/31/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	27.0%	30.0%	0.0%	43.0%	0.0%	100.0%	
	8,142,568	9,047,298	0	12,967,793	0	30,157,659	623,714
Outpatient Revenue ($)	27.0%	30.0%	0.0%	43.0%	0.0%	100.0%	
	27,259,901	30,288,779	0	43,413,917	0	100,962,597	2,088,088

Total Charity Care Expense 2,711,802

Total Charity Care as % of Net Revenue 2.1%

Birthing Data

Number of Total Births:	322
Number of Live Births:	322
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	1
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4
C-Section Rooms:	0
CSections Performed:	111

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	0	0
Patient Days	557	0	0
Total Newborn Patient Days			557

Laboratory Studies

Inpatient Studies	39,645
Outpatient Studies	200,955
Studies Performed Under Contract	32,608

Organ Transplantation

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

Hospital Profile - CY 2018 **Katherine Shaw Bethea Hospital** **Dixon** Page 2

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	132	337	260	479	739	2.0	1.4
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	170	554	321	781	1102	1.9	1.4
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	428	0	241	241	0.0	0.6
Orthopedic	0	0	0	0	145	456	256	511	767	1.8	1.1
Otolaryngology	0	0	0	0	1	89	1	62	63	1.0	0.7
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	32	145	50	235	285	1.6	1.6
Thoracic	0	0	0	0	1	0	1	0	1	1.0	0.0
Urology	0	0	0	0	1	40	1	20	21	1.0	0.5
Totals	**0**	**0**	**5**	**5**	**482**	**2049**	**890**	**2329**	**3219**	**1.8**	**1.1**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 6 Stage 2 Recovery Stations 23

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	108	1881	100	2214	2314	0.9	1.2
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	100	0	0	50	50	0.0	0.0
Cystoscopy	0	0	1	1	6	114	6	99	105	1.0	0.9
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

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		13
Persons Treated by Emergency Services:		19,608
Patients Admitted from Emergency:		1,477
Total ED Visits (Emergency+Trauma):		**19,608**

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	**271,948**
Outpatient Visits at the Hospital/ Campus:	97,333
Outpatient Visits Offsite/off campus	174,615

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**718**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	385
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	316
EP Catheterizations (15+)	17

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	2	0	1,471	22,014	0
Nuclear Medicine	1	0	37	1,134	0
Mammography	2	0	2	6,570	0
Ultrasound	1	2	287	8,351	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	297	7,540	0
Magnetic Resonance Imaging	1	0	77	2,234	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	34
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: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2015 Swedish American Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Ann M Gantzer, PhD, RN
ADMINSTRATOR PHONE	779-696-2030 x64004
OWNERSHIP:	SwedishAmerican Hospital
OPERATOR:	SwedishAmerican Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	1401 E State Street CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	82.0%
Black	15.5%
American Indian	0.1%
Asian	1.3%
Hawaiian/ Pacific	0.0%
Unknown	1.1%

Patients by Ethnicity

Hispanic or Latino:	8.3%
Not Hispanic or Latino:	90.6%
Unknown:	1.1%

IDPH Number:	2725
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	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	209	187	147	9,709	40,681	5,743	4.8	127.2	60.9	68.0
0-14 Years				*0*	*0*					
15-44 Years				*1,468*	*5,387*					
45-64 Years				*3,719*	*14,896*					
65-74 Years				*2,112*	*9,026*					
75 Years +				*2,410*	*11,372*					
Pediatric	28	17	10	200	574	197	3.9	2.1	7.5	12.4
Intensive Care	30	30	24	1,964	5,570	267	3.0	16.0	53.3	53.3
Direct Admission				*580*	*1,756*					
Transfers				*1,384*	*3,814*					
Obstetric/Gynecology	34	34	29	2,792	6,746	158	2.5	18.9	55.6	55.6
Maternity				*2,660*	*6,372*					
Clean Gynecology				*132*	*374*					
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		
Acute Mental Illness	32	32	29	1,334	8,498	0	6.4	23.3	72.8	72.8
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	**333**			**14,615**	**62,069**	**6,365**	**4.7**	**187.5**	**56.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**40.3%**	**29.6%**	**1.1%**	**26.4%**	**0.3%**	**2.2%**	
	5883	4327	168	3864	47	326	**14,615**
Outpatients	**33.5%**	**27.7%**	**1.2%**	**30.8%**	**5.5%**	**1.2%**	
	75281	62186	2797	69093	12388	2800	**224,545**

Financial Year Reported: 6/1/2014 *to* 6/30/2015

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**40.0%**	**16.4%**	**2.0%**	**40.7%**	**0.9%**	**100.0%**	
	59,383,730	24,282,665	2,907,942	60,420,550	1,281,139	148,276,026	2,437,654
Outpatient Revenue ($)	**18.4%**	**15.3%**	**1.9%**	**58.7%**	**5.8%**	**100.0%**	
	38,683,157	32,209,142	3,957,240	123,411,127	12,140,572	210,401,238	1,640,292

Total Charity Care Expense
4,077,946

Total Charity Care as % of Net Revenue
1.1%

Birthing Data

Number of Total Births:	2,528
Number of Live Births:	2,518
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	9
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	807

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	36	0	14
Patient Days	4,368	0	2,466
Total Newborn Patient Days			**6,834**

Laboratory Studies

Inpatient Studies	321,605
Outpatient Studies	964,299
Studies Performed Under Contract	147,309

Organ Transplantation

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

Hospital Profile - CY 2015 Swedish American Hospital Rockford Page 2

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	2	2	285	134	1362	230	1592	4.8	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	409	1343	840	2087	2927	2.1	1.6
Gastroenterology	0	0	0	0	293	362	784	582	1366	2.7	1.6
Neurology	0	0	0	0	384	230	1170	432	1602	3.0	1.9
OB/Gynecology	0	0	0	0	178	1179	454	1796	2250	2.6	1.5
Oral/Maxillofacial	0	0	0	0	9	140	17	183	200	1.9	1.3
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	1	1	1151	1063	2674	1406	4080	2.3	1.3
Otolaryngology	0	0	0	0	9	231	11	231	242	1.2	1.0
Plastic Surgery	0	0	0	0	7	181	24	224	248	3.4	1.2
Podiatry	0	0	0	0	25	42	27	47	74	1.1	1.1
Thoracic	0	0	0	0	26	2	80	4	84	3.1	2.0
Urology	0	0	1	1	186	1076	314	1160	1474	1.7	1.1
Totals	**0**	**0**	**13**	**13**	**2962**	**5983**	**7757**	**8382**	**16139**	**2.6**	**1.4**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 35

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	6	6	632	1381	253	524	777	0.4	0.4
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											
Minor Procedure Roo	0	0	1	1	2	205	1	127	128	0.5	0.6
CDU Procedure Room	0	0	2	2	0	180	0	343	343	0.0	1.9
	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**
	(Not Answered)	Adult
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		18,502
Patients Admitted from Trauma		1,982
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		41
Persons Treated by Emergency Services:		52,240
Patients Admitted from Emergency:		7,109
Total ED Visits (Emergency+Trauma):		**70,742**

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	**774,970**
Outpatient Visits at the Hospital/ Campus:	233,546
Outpatient Visits Offsite/off campus	541,424

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**4**
Cath Labs used for Angiography procedures	3
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,445**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,522
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	591
EP Catheterizations (15+)	332

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**168**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	168
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	112

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	25	0	19,540	43,285	0
Nuclear Medicine	3	0	832	3,505	0
Mammography	5	0	5	18,232	0
Ultrasound	24	2	7,680	24,492	0
Angiography	4	0			
Diagnostic Angiography			777	745	0
Interventional Angiography			347	244	0
Positron Emission Tomography (PET)	1	0	0	397	0
Computerized Axial Tomography (CAT)	5	0	7,186	26,039	0
Magnetic Resonance Imaging	2	0	1,505	6,248	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	232
Linear Accelerator	2	0	8,419
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			2,031
High Dose Brachytherapy	1	0	30
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2016 **Swedish American Hospital** **Rockford** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	ANN GANTZER, PHD
ADMINSTRATOR PHONE:	815-961-2030
OWNERSHIP:	SWEDISHAMERICAN HOSPITAL
OPERATOR:	SWEDISHAMERICAN HOSPITAL
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	1401 E State Street CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	82.4%
Black	15.1%
American Indian	0.0%
Asian	1.3%
Hawaiian/ Pacific	0.0%
Unknown	1.1%

Patients by Ethnicity

Hispanic or Latino:	8.2%
Not Hispanic or Latino:	90.7%
Unknown:	1.1%

IDPH Number:	2725
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	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	209	181	148	9,997	41,232	6,750	4.8	131.1	62.7	72.4
0-14 Years				*0*	*0*					
15-44 Years				*1,471*	*5,287*					
45-64 Years				*3,849*	*15,487*					
65-74 Years				*2,260*	*9,331*					
75 Years +				*2,417*	*11,127*					
Pediatric	28	16	9	198	462	191	3.3	1.8	6.4	11.2
Intensive Care	30	30	22	2,094	5,976	259	3.0	17.0	56.8	56.8
Direct Admission				*612*	*1,744*					
Transfers - Not Included in Facility Admissions				*1,482*	*4,232*					
Obstetric/Gynecology	34	34	28	2,807	6,735	109	2.4	18.7	55.0	55.0
Maternity				*2,660*	*6,371*					
Clean Gynecology				*147*	*364*					
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	32			1,449	8,508	0	5.9	23.2	72.6	
Adolescent AMI		12	12	346	2,517	0	7.3	6.9		57.3
Adult AMI		20	20	1,103	5,991	0	5.4	16.4		81.8
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	333			15,063	62,913	7,309	4.7	191.9	57.6	

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	39.9%	29.1%	1.0%	28.0%	0.3%	1.8%	
	6005	4380	151	4212	43	275	**15,066**
Outpatients	33.5%	25.8%	1.1%	30.6%	7.6%	1.4%	
	81165	62477	2616	74263	18445	3388	**242,354**

Financial Year Reported: 7/1/2015 *to* 6/30/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	36.5%	21.2%	2.3%	38.5%	1.4%	100.0%	
	59,829,087	34,798,849	3,828,541	63,089,639	2,371,754	163,917,870	1,281,198
Outpatient Revenue ($)	21.8%	16.8%	1.3%	53.8%	6.3%	100.0%	
	51,862,221	39,921,124	2,981,529	127,795,333	14,869,341	237,429,548	1,205,515

Total Charity Care Expense 2,486,713

Total Charity Care as % of Net Revenue 0.6%

Birthing Data

Number of Total Births:	2,551
Number of Live Births:	2,541
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	9
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	798

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	36	0	14
Patient Days	4,421	0	2,238
Total Newborn Patient Days			6,659

Laboratory Studies

Inpatient Studies	295,267
Outpatient Studies	836,425
Studies Performed Under Contract	58,029

Organ Transplantation

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

Hospital Profile - CY 2016 **Swedish American Hospital** **Rockford** Page 2

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	318	80	1497	137	1634	4.7	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	448	1107	975	1732	2707	2.2	1.6
Gastroenterology	0	0	0	0	241	221	592	315	907	2.5	1.4
Neurology	0	0	0	0	418	218	1422	428	1850	3.4	2.0
OB/Gynecology	0	0	0	0	158	1220	413	1854	2267	2.6	1.5
Oral/Maxillofacial	0	0	0	0	7	135	10	177	187	1.4	1.3
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	1	1	1343	1157	3059	1504	4563	2.3	1.3
Otolaryngology	0	0	0	0	16	281	20	366	386	1.3	1.3
Plastic Surgery	0	0	0	0	13	123	36	185	221	2.8	1.5
Podiatry	0	0	0	0	18	56	20	64	84	1.1	1.1
Thoracic	0	0	0	0	31	1	102	2	104	3.3	2.0
Urology	0	0	1	1	236	1029	439	1056	1495	1.9	1.0
Totals	**0**	**0**	**13**	**13**	**3247**	**5628**	**8585**	**7820**	**16405**	**2.6**	**1.4**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 40

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	6	6	623	1492	213	550	763	0.3	0.4
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											
MINOR PROCEDURE	0	0	1	1	1	306	1	204	205	1.0	0.7
CDU	0	0	2	2	0	235	0	304	304	0.0	1.3
	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**
	(Not Answered)	Adult
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		13,588
Patients Admitted from Trauma		864
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		41
Persons Treated by Emergency Services:		57,577
Patients Admitted from Emergency:		8,619
Total ED Visits (Emergency+Trauma):		**71,165**

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	**780,029**
Outpatient Visits at the Hospital/ Campus:	235,686
Outpatient Visits Offsite/off campus	544,343

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**4**
Cath Labs used for Angiography procedures	3
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,291**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,489
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	533
EP Catheterizations (15+)	269

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**171**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	171
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	118

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	24	0	20,390	41,895	0
Nuclear Medicine	3	0	906	3,638	0
Mammography	5	0	8	17,393	0
Ultrasound	34	2	8,155	24,488	0
Angiography	4	0			
Diagnostic Angiography			880	609	0
Interventional Angiography			361	172	0
Positron Emission Tomography (PET)	1	0	0	592	0
Computerized Axial Tomography (CAT)	4	0	7,249	21,962	0
Magnetic Resonance Imaging	2	0	1,688	6,708	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	246
Linear Accelerator	2	0	5,510
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			4,341
High Dose Brachytherapy	1	0	34
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2017 **SwedishAmerican Hospital** **Rockford** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Ann Gantzer, PhD
ADMINSTRATOR PHONE	815-961-2030
OWNERSHIP:	SwedishAmerican Hospital
OPERATOR:	SwedishAmerican Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	1401 East State Street

CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	83.6%
Black	14.1%
American Indian	0.1%
Asian	1.1%
Hawaiian/ Pacific	0.0%
Unknown	1.2%

Patients by Ethnicity

Hispanic or Latino:	6.8%
Not Hispanic or Latino:	92.0%
Unknown:	1.2%

IDPH Number:	2725
HPA	B-01
HSA	1

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	209	201	198	9,687	39,704	9,544	5.1	134.9	64.6	67.1
0-14 Years				*0*	*0*					
15-44 Years				*1,260*	*4,011*					
45-64 Years				*3,522*	*14,441*					
65-74 Years				*2,401*	*9,817*					
75 Years +				*2,504*	*10,835*					
Pediatric	28	16	13	175	393	283	3.9	1.9	6.6	11.6
Intensive Care	30	24	24	2,121	5,976	61	2.8	16.5	55.1	68.9
Direct Admission				*864*	*2,445*					
Transfers				*1,257*	*3,531*					
Obstetric/Gynecology	34	25	23	1,843	4,491	292	2.6	13.1	38.5	52.4
Maternity				*1,745*	*4,226*					
Clean Gynecology				*98*	*265*					
Neonatal	10	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	32			1,361	7,271	0	5.3	19.9	62.3	
Adolescent AMI		12	12	349	2,184	0	6.3	6.0		49.9
Adult AMI		20	20	1,012	5,087	0	5.0	13.9		69.7
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	**343**			**13,930**	**57,835**	**10,180**	**4.9**	**186.3**	**54.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**43.7%**	**23.6%**	**1.2%**	**26.7%**	**1.6%**	**3.2%**	
	6081	3286	174	3721	227	441	**13,930**
Outpatients	**32.5%**	**23.5%**	**1.2%**	**30.9%**	**9.5%**	**2.5%**	
	78144	56477	2827	74209	22925	5943	**240,525**

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 ($)	**37.9%**	**21.9%**	**2.2%**	**38.0%**	**0.1%**	**100.0%**	
	62,388,783	36,011,639	3,548,799	62,665,040	122,709	164,736,970	1,714,202
Outpatient Revenue ($)	**24.9%**	**19.4%**	**1.8%**	**53.6%**	**0.3%**	**100.0%**	
	44,171,731	34,444,534	3,122,980	95,023,836	474,728	177,237,809	1,525,840

Total Charity Care Expense 3,240,042

Total Charity Care as % of Net Revenue 0.9%

Birthing Data

Number of Total Births:	1,654
Number of Live Births:	1,643
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:	528

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	2,842	0	1,593
Total Newborn Patient Days			**4,435**

Laboratory Studies

Inpatient Studies	291,150
Outpatient Studies	949,087
Studies Performed Under Contract	62,689

Organ Transplantation

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

Hospital Profile - CY 2017 **SwedishAmerican Hospital** **Rockford** Page 2

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	361	195	1478	311	1789	4.1	1.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	373	1088	746	1681	2427	2.0	1.5
Gastroenterology		0	0		221	321	506	438	944	2.3	1.4
Neurology	0	0	0	0	419	326	1382	605	1987	3.3	1.9
OB/Gynecology	0	0	0	0	111	1129	244	1616	1860	2.2	1.4
Oral/Maxillofacial	0	0	0	0	5	98	6	123	129	1.2	1.3
Ophthalmology	0	0	0	0	0	1	0	2	2	0.0	2.0
Orthopedic	0	0	1	1	1354	1150	2750	1390	4140	2.0	1.2
Otolaryngology	0	0	0	0	20	366	23	430	453	1.2	1.2
Plastic Surgery	0	0	0	0	4	85	8	141	149	2.0	1.7
Podiatry	0	0	0	0	15	66	16	68	84	1.1	1.0
Thoracic	0	0	0	0	34	3	110	5	115	3.2	1.7
Urology	0	0	1	1	203	990	346	821	1167	1.7	0.8
Totals		**0**	**13**		**3120**	**5819**	**7615**	**7631**	**15246**	**2.4**	**1.3**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 40

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	6	0	6	769	1511	208	476	684	0.3	0.3
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											
MINOR PROCEDURE					1	276	1	184	185	1.0	0.7
CDU					0	388	0	504	504	0.0	1.3
	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
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		12,566
Patients Admitted from Trauma		918
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		41
Persons Treated by Emergency Services:		56,345
Patients Admitted from Emergency:		8,560
Total ED Visits (Emergency+Trauma):		**68,911**

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	**812,486**
Outpatient Visits at the Hospital/ Campus:	233,203
Outpatient Visits Offsite/off campus	579,283

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**4**
Cath Labs used for Angiography procedures	4
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,627**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,671
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	630
EP Catheterizations (15+)	326

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**128**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	128
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	96

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	24	0	18,965	44,432	0
Nuclear Medicine	3	0	794	3,790	0
Mammography	5	0	1	17,203	0
Ultrasound	35	2	7,820	24,619	0
Angiography	4	0			
Diagnostic Angiography			970	701	0
Interventional Angiography			403	227	0
Positron Emission Tomography (PET)	1	0	0	463	0
Computerized Axial Tomography (CAT)	4	0	7,481	24,897	0
Magnetic Resonance Imaging	2	0	1,490	6,448	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	224
Linear Accelerator	2	0	4,252
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			5,808
High Dose Brachytherapy	1	0	17
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.

Hospital Profile - CY 2018 **SwedishAmerican Hospital** **Rockford** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Ann Gantzer, PhD
ADMINSTRATOR PHONE:	815-961-2030
OWNERSHIP:	SwedishAmerican Hospital
OPERATOR:	Swedishamerican Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	1401 East State Street

CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	84.0%
Black	13.5%
American Indian	0.1%
Asian	1.4%
Hawaiian/ Pacific	0.0%
Unknown	1.0%

Patients by Ethnicity

Hispanic or Latino:	7.0%
Not Hispanic or Latino:	91.6%
Unknown:	1.4%

IDPH Number:	2725
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2018	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	199	190	143	9,608	38,473	9,686	5.0	131.9	66.3	69.4
0-14 Years				*0*	*0*					
15-44 Years				*1,579*	*4,952*					
45-64 Years				*3,397*	*13,550*					
65-74 Years				*2,264*	*9,629*					
75 Years +				*2,368*	*10,342*					
Pediatric	10	10	6	132	330	393	5.5	2.0	19.8	19.8
Intensive Care	30	30	30	1,541	4,105	79	2.7	11.5	38.2	38.2
Direct Admission				*900*	*2,358*					
Transfers				*641*	*1,747*					
Obstetric/Gynecology	34	25	20	1,462	3,239	68	2.3	9.1	26.6	36.2
Maternity				*1,392*	*3,054*					
Clean Gynecology				*70*	*185*					
Neonatal	10	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	42			1,335	6,667	0	5.0	18.3	43.5	
Adolescent AMI		12	12	344	1,957	0	5.7	5.4		44.7
Adult AMI		20	20	991	4,710	0	4.8	12.9		64.5
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	**325**			**13,437**	**52,814**	**10,226**	**4.7**	**172.7**	**53.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.9%	22.1%	2.5%	28.0%	1.8%	0.7%	
	6027	2971	335	3763	248	93	**13,437**
Outpatients	35.4%	20.0%	1.6%	39.8%	2.5%	0.6%	
	129863	73530	5862	146059	9323	2261	**366,998**

Financial Year Reported: 7/1/2017 *to* 6/30/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	38.0%	18.5%	1.7%	41.2%	0.6%	100.0%	
	64,718,427	31,497,117	2,904,908	70,311,302	1,063,576	170,495,330	1,308,772
Outpatient Revenue ($)	24.5%	13.1%	1.8%	60.2%	0.4%	100.0%	
	57,111,750	30,645,178	4,223,771	140,642,762	896,743	233,520,204	1,230,091

Total Charity Care Expense 2,538,863

Total Charity Care as % of Net Revenue 0.6%

Birthing Data

Number of Total Births:	1,593
Number of Live Births:	1,582
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	9
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	524

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	2,766	1,747	0
Total Newborn Patient Days			4,513

Laboratory Studies

Inpatient Studies	286,260
Outpatient Studies	1,036,726
Studies Performed Under Contract	97,855

Organ Transplantation

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

Hospital Profile - CY 2018 **SwedishAmerican Hospital** **Rockford** Page 2

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	296	164	1205	369	1574	4.1	2.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	490	1426	980	2899	3879	2.0	2.0
Gastroenterology	0	0	0	0	156	225	357	420	777	2.3	1.9
Neurology	0	0	0	0	463	360	1527	726	2253	3.3	2.0
OB/Gynecology	0	0	0	0	90	911	198	1503	1701	2.2	1.6
Oral/Maxillofacial	0	0	0	0	7	133	8	163	171	1.1	1.2
Ophthalmology	0	0	0	0	0	1	0	1	1	0.0	1.0
Orthopedic	0	0	1	1	1385	1176	2813	1696	4509	2.0	1.4
Otolaryngology	0	0	0	0	21	370	24	476	500	1.1	1.3
Plastic Surgery	0	0	0	0	4	82	8	232	240	2.0	2.8
Podiatry	0	0	0	0	18	79	19	96	115	1.1	1.2
Thoracic	0	0	0	0	13	1	42	3	45	3.2	3.0
Urology	0	0	1	1	192	934	327	862	1189	1.7	0.9
Totals	**0**	**0**	**13**	**13**	**3135**	**5862**	**7508**	**9446**	**16954**	**2.4**	**1.6**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 40

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	6	0	6	755	1483	755	1292	2047	1.0	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											
Minor Procedure Roo				1	0	222	0	160	160	0.0	0.7
CDU (Broncs, Lumbar				1	0	358	0	465	465	0.0	1.3
					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
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		9,354
Patients Admitted from Trauma		665
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		41
Persons Treated by Emergency Services:		56,575
Patients Admitted from Emergency:		10,897
Total ED Visits (Emergency+Trauma):		**65,929**

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	**805,444**
Outpatient Visits at the Hospital/ Campus:	419,309
Outpatient Visits Offsite/off campus	386,135

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**4**
Cath Labs used for Angiography procedures	4
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,743**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,657
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	899
EP Catheterizations (15+)	187

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**669**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	669
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	62

Diagnostic/Interventional Equipment / **Examinations**

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	28	0	16,766	47,772	0
Nuclear Medicine	3	0	704	3,922	0
Mammography	5	0	0	16,910	0
Ultrasound	58	0	7,620	27,847	0
Angiography	4	0			
Diagnostic Angiography			1,240	899	0
Interventional Angiography			1,629	918	0
Positron Emission Tomography (PET)	1	0	0	610	0
Computerized Axial Tomography (CAT)	3	0	9,400	29,023	0
Magnetic Resonance Imaging	2	0	1,399	6,420	0

Therapeutic Equipment / **Therapies/ Treatments**

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	250
Linear Accelerator	2	0	3,372
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			5,776
High Dose Brachytherapy	1	0	30
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER

Mercyhealth
A passion for making lives better.

Javon Bea Hospital and Physician Clinic–Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

July 1, 2020

Swedish American Hospital
Jennifer Maher, President and CEO
1401 E State Street
Rockford, IL 61104

Re: Discontinuation of Acute Mental Illness Category of Service

Dear Ms. Maher,

The Javon Bea Hospital, located at 2400 North Rockton Avenue, Rockford, Illinois 61103, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation of the acute mental illness category of service at the hospital. The discontinuation relates to the existing 20 bed inpatient unit at the Rockton Avenue Campus. The discontinuation of the acute mental illness category of service is anticipated by August 11, 2020 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

During calendar years 2015 through 2018, the facility treated patients in the volumes set forth below:

Number of Patients by Year and Utilization Percentage

Javon Bea Hospital-Rockton Avenue Campus	2015	2016	2017	2018
	570 Inpatients admitted.	579 Inpatients admitted.	596 Inpatients admitted.	593 Inpatients admitted.
Acute Mental Illness	53.2%	51%	47.2%	48.2%

A copy of the facility's 2015 through 2018 Annual Hospital Questionnaire Profiles, which are maintained by the HFSRB on their website is enclosed for your reference. Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosures

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER

Mercyhealth
A passion for making lives better.

Javon Bea Hospital and Physician Clinic–Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

July 1, 2020

Katherine Shaw Bethea Hospital
Dave Schriener, President and CEO
403 E 1st Street
Dixon, IL 61021

Re: Discontinuation of Acute Mental Illness Category of Service

Dear Mr. Schriener,

The Javon Bea Hospital, located at 2400 North Rockton Avenue, Rockford, Illinois 61103, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation of the acute mental illness category of service at the hospital. The discontinuation relates to the existing 20 bed inpatient unit at the Rockton Avenue Campus. The discontinuation of the acute mental illness category of service is anticipated by August 11, 2020 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

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Acute Mental Illness	53.2%	51%	47.2%	48.2%

A copy of the facility's 2015 through 2018 Annual Hospital Questionnaire Profiles, which are maintained by the HFSRB on their website is enclosed for your reference. Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosures

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER CERTIFIED MAIL RECEIPTS

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Katherine Shaw Bethea Hosp. Dave Schreener, CEO
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403 E. 1st Street
City, State, ZIP+4®
Dixon, IL 61021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1401 E. State Street
City, State, ZIP+4®
Rockford, IL 61104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Hospital Profile - CY 2015 Rockford Memorial Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE	815-971-6767
OWNERSHIP:	Rockford Memorial Hospital
OPERATOR:	Rockford Memorial Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 North Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	75.8%
Black	16.4%
American Indian	0.1%
Asian	0.4%
Hawaiian/ Pacific	0.1%
Unknown	7.3%

Patients by Ethnicity

Hispanic or Latino:	5.8%
Not Hispanic or La n :	85.0%
Unknown:	9.2%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	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	154	157	148	7,770	35,138	1,485	4.7	100.3	65.2	63.9
0-14 Years				*0*	*0*					
15-44 Years				*1,428*	*5,359*					
45-64 Years				*2,622*	*11,173*					
65-74 Years				*1,618*	*7,839*					
75 Years +				*2,102*	*10,767*					
Pediatric	12	20	14	944	2,557	797	3.6	9.2	76.6	45.9
Intensive Care	30	29	28	2,273	5,884	22	2.6	16.2	53.9	55.8
Direct Admission				*1,881*	*4,473*					
Transfers				*392*	*1,411*					
Obstetric/Gynecology	20	35	30	1,724	5,085	124	3.0	14.3	71.4	40.8
Maternity				*1,651*	*4,912*					
Clean Gynecology				*73*	*173*					
Neonatal	46	46	46	475	13,319	0	28.0	36.5	79.3	79.3
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		
Acute Mental Illness	20	14	14	570	3,883	0	6.8	10.6	53.2	76.0
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	*16*					*1824*				
Facility Utilization	**282**			**13,364**	**65,866**	**4,252**	**5.2**	**192.1**	**68.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**32.8%**	**30.6%**	**9.1%**	**24.3%**	**0.5%**	**2.6%**	
	4384	4093	1215	3245	72	353	**13,362**
Outpatients	**18.7%**	**41.1%**	**8.0%**	**27.0%**	**3.5%**	**1.7%**	
	18758	41257	8046	27136	3522	1660	**100,379**

Financial Year Reported: 1/1/2015 *to* 12/31/2015

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**22.7%**	**27.8%**	**6.6%**	**42.3%**	**0.6%**	**100.0%**	
	50,175,337	61,385,905	14,681,002	93,408,453	1,232,449	220,883,146	913,147
Outpatient Revenue ($)	**12.8%**	**17.9%**	**5.6%**	**60.8%**	**3.0%**	**100.0%**	
	17,524,221	24,538,106	7,690,969	83,432,460	4,151,293	137,337,049	720,356

Total Charity Care Expense **1,633,503**

Total Charity Care as % of Net Revenue **0.5%**

Birthing Data

Number of Total Births:	1,505
Number of Live Births:	1,482
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:	580

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	26	0	0
Patient Days	2,577	0	0
Total Newborn Patient Days			**2,577**

Laboratory Studies

Inpatient Studies	544,913
Outpatient Studies	253,977
Studies Performed Under Contract	731,929

Organ Transplantation

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

Hospital Profile - CY 2015 Rockford Memorial Hospital Rockford Page 2

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	1	1	60	0	397	0	397	6.6	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	1374	1829	2762	3692	6454	2.0	2.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	513	216	1921	506	2427	3.7	2.3
OB/Gynecology	0	0	1	1	116	626	231	1113	1344	2.0	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	2072	5	1986	1991	5.0	1.0
Orthopedic	0	0	2	2	1071	770	3239	2031	5270	3.0	2.6
Otolaryngology	0	0	1	1	49	601	71	847	918	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	140	276	400	558	958	2.9	2.0
Totals	**0**	**0**	**14**	**14**	**3324**	**6390**	**9026**	**10733**	**19759**	**2.7**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

Dedicated and Non-Dedicated Procedure Room Utilzation

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	6	6	806	1836	605	1651	2256	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	29	3815	29	3815	3844	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	38	373	37	461	498	1.0	1.2
Bronchoscopy	0	0	1	1	626	407	939	269	1208	1.5	0.7
	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**
	1 Adult and Pedi	Not Answered
Operating Rooms Dedicated for Trauma Care		1
Number of Trauma Visits:		10,650
Patients Admitted from Trauma		1,064
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		41,525
Patients Admitted from Emergency:		7,930
Total ED Visits (Emergency+Trauma):		**52,175**

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	**289,813**
Outpatient Visits at the Hospital/ Campus:	285,466
Outpatient Visits Offsite/off campus	4,347

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,081**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	780
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	442
EP Catheterizations (15+)	859

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**60**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	60
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	41

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	13	0	22,920	20,250	0
Nuclear Medicine	3	0	458	1,183	283
Mammography	4	0	0	12,289	0
Ultrasound	3	0	3,015	7,629	0
Angiography	2	0			
Diagnostic Angiography			3,832	1,969	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	283
Computerized Axial Tomography (CAT)	3	0	7,494	11,077	7
Magnetic Resonance Imaging	3	0	1,729	5,300	9

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	13
Linear Accelerator	1	0	2,017
Image Guided Rad Therapy			676
Intensity Modulated Rad Thrpy			645
High Dose Brachytherapy	1	0	3
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE:	815-971-7202
OWNERSHIP:	Rockford Memorial Hospital
OPERATOR:	Rockford Memorial Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 North Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	73.8%
Black	17.9%
American Indian	0.1%
Asian	0.5%
Hawaiian/Pacific	0.1%
Unknown	7.7%

Patients by Ethnicity

Hispanic or Latino:	7.6%
Not Hispanic or Latino:	90.5%
Unknown:	1.8%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	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	154	157	157	7,533	34,370	2,508	4.9	100.8	65.4	64.2
0-14 Years				*0*	*0*					
15-44 Years				*1,408*	*5,424*					
45-64 Years				*2,417*	*10,634*					
65-74 Years				*1,654*	*7,898*					
75 Years +				*2,054*	*10,414*					
Pediatric	12	20	13	865	2,199	736	3.4	8.0	66.8	40.1
Intensive Care	30	28	26	1,905	5,353	28	2.8	14.7	49.0	52.5
Direct Admission				*1,525*	*3,481*					
Transfers - Not included in Facility Admissions				*380*	*1,872*					
Obstetric/Gynecology	20	35	31	1,715	5,122	120	3.1	14.3	71.6	40.9
Maternity				*1,621*	*4,954*					
Clean Gynecology				*94*	*168*					
Neonatal	52	52	52	458	13,833	0	30.2	37.8	72.7	72.7
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	20			579	3,733	0	6.4	10.2	51.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	579	3,733	0	6.4	10.2		72.9
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	*16*					*2244*				
Facility Utilization	**288**			**12,675**	**64,610**	**5,636**	**5.5**	**191.9**	**66.6**	

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**31.6%**	**30.9%**	**10.9%**	**23.6%**	**0.6%**	**2.5%**	
	4000	3911	1379	2990	82	313	**12,675**
Outpatients	**19.3%**	**41.0%**	**8.7%**	**26.2%**	**3.2%**	**1.6%**	
	20262	43081	9086	27491	3340	1720	**104,980**

Financial Year Reported: 7/1/2015 to 6/30/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**22.0%**	**28.3%**	**7.2%**	**42.1%**	**0.3%**	**100.0%**	
	49,691,470	63,808,298	16,261,332	95,015,434	684,660	225,461,194	731,425
Outpatient Revenue ($)	**13.6%**	**15.3%**	**5.9%**	**62.2%**	**3.0%**	**100.0%**	
	19,481,889	21,971,736	8,423,384	89,389,155	4,362,294	143,628,458	591,477

Total Charity Care Expense
1,322,902

Total Charity Care as % of Net Revenue
0.4%

Birthing Data

Number of Total Births:	1,487
Number of Live Births:	1,480
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:	587

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	26	0	0
Patient Days	2,596	0	0
Total Newborn Patient Days			**2,596**

Laboratory Studies

Inpatient Studies	530,829
Outpatient Studies	285,412
Studies Performed Under Contract	730,035

Organ Transplantation

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

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 2

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	2	2	112	0	673	0	673	6.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1468	1963	3910	4061	7971	2.7	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	467	180	1602	440	2042	3.4	2.4
OB/Gynecology	0	0	1	1	125	562	286	900	1186	2.3	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	3	2059	7	2007	2014	2.3	1.0
Orthopedic	0	0	2	2	1071	798	3227	2034	5261	3.0	2.5
Otolaryngology	0	0	1	1	50	574	85	799	884	1.7	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	146	179	339	558	897	2.3	3.1
Totals	**0**	**0**	**14**	**14**	**3442**	**6315**	**10129**	**10799**	**20928**	**2.9**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

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	3	3	753	2129	564	3777	4341	0.7	1.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	22	8125	22	8125	8147	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	28	306	27	378	405	1.0	1.2
Bronoscopy	0	0	1	1	627	312	941	206	1147	1.5	0.7
	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 and Pedi	Not Answered
Operating Rooms Dedicated for Trauma Care		1
Number of Trauma Visits:		9,222
Patients Admitted from Trauma		1,130
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		41,520
Patients Admitted from Emergency:		7,440
Total ED Visits (Emergency+Trauma):		**50,742**

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	**322,895**
Outpatient Visits at the Hospital/ Campus:	318,052
Outpatient Visits Offsite/off campus	4,843

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,119**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	807
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	543
EP Catheterizations (15+)	769

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**112**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	112
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	76

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	19	0	21,833	21,982	2
Nuclear Medicine	3	0	394	1,314	300
Mammography	1	0	0	12,289	0
Ultrasound	3	0	3,102	8,174	0
Angiography	2	0			
Diagnostic Angiography			3,890	2,229	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	300
Computerized Axial Tomography (CAT)	3	0	7,614	13,354	9
Magnetic Resonance Imaging	3	0	1,751	5,444	8

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	5	5
Linear Accelerator	1	0	2,143
Image Guided Rad Therapy			135
Intensity Modulated Rad Thrpy			1,360
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ADMINISTRATOR NAME:	Sue Ripsch	White	66.6%	Hispanic or Latino:	11.3%
ADMINSTRATOR PHONE	815-971-7202	Black	19.9%	Not Hispanic or Latino:	86.9%
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	1.9%
OPERATOR:	Rockford Memorial Hospital	Asian	0.8%		
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.1%	IDPH Number:	2048
CERTIFICATION:		Unknown	12.4%	HPA	B-01
FACILITY DESIGNATION:	General Hospital			HSA	1
ADDRESS	2400 N. Rockton Avenue	**CITY:** Rockford		**COUNTY:** Winnebago County	

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	154	157	156	6,755	32,923	2,845	5.3	98.0	63.6	62.4
0-14 Years				*0*	*0*					
15-44 Years				*1,199*	*5,211*					
45-64 Years				*2,222*	*10,339*					
65-74 Years				*1,427*	*7,287*					
75 Years +				*1,907*	*10,086*					
Pediatric	12	20	12	760	2,059	792	3.8	7.8	65.1	39.1
Intensive Care	30	28	26	2,172	4,960	27	2.3	13.7	45.5	48.8
Direct Admission				*1,683*	*3,138*					
Transfers				*489*	*1,822*					
Obstetric/Gynecology	20	35	35	2,531	6,597	140	2.7	18.5	92.3	52.7
Maternity				*2,447*	*6,366*					
Clean Gynecology				*84*	*231*					
Neonatal	52	52	52	548	14,855	0	27.1	40.7	78.3	78.3
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	20			596	3,447	0	5.8	9.4	47.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	596	3,447	0	5.8	9.4		67.5
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	*16*					*1955*				
Facility Utilization	**288**			**12,873**	**64,841**	**5,759**	**5.5**	**193.4**	**67.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**28.6%**	**37.1%**	**11.0%**	**20.1%**	**0.6%**	**2.6%**	
	3684	4770	1411	2593	83	332	**12,873**
Outpatients	**18.0%**	**43.1%**	**9.5%**	**24.7%**	**2.8%**	**1.9%**	
	19416	46362	10235	26643	2994	2038	**107,688**

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 ($)	**22.0%**	**33.3%**	**7.7%**	**36.7%**	**0.3%**	**100.0%**	
	51,664,637	77,974,985	17,974,872	85,989,796	720,705	234,324,995	447,125
Outpatient Revenue ($)	**13.5%**	**16.0%**	**6.4%**	**62.1%**	**2.0%**	**100.0%**	
	20,628,592	24,450,651	9,778,602	95,075,389	3,105,673	153,038,907	657,124

Total Charity Care Expense
1,104,249

Total Charity Care as % of Net Revenue
0.3%

Birthing Data

Number of Total Births:	2,321
Number of Live Births:	2,304
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	12
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	806

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	26	0	0
Patient Days	3,701	0	0
Total Newborn Patient Days			**3,701**

Laboratory Studies

Inpatient Studies	524,310
Outpatient Studies	290,644
Studies Performed Under Contract	709,569

Organ Transplantation

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

Hospital Profile - CY 2017 Mercyhealth Hospital - Rockton Avenue Rockford Page 2

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	2	2	62	0	378	0	378	6.1	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	376	148	1226	364	1590	3.3	2.5
OB/Gynecology	0	0	1	1	139	774	369	1181	1550	2.7	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	4	1860	7	1787	1794	1.8	1.0
Orthopedic	0	0	2	2	951	1017	2778	2337	5115	2.9	2.3
Otolaryngology	0	0	1	1	31	437	44	633	677	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	130	143	342	554	896	2.6	3.9
Totals	**0**	**0**	**14**	**14**	**2933**	**6159**	**8286**	**10602**	**18888**	**2.8**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 18

Dedicated and Non-Dedicated Procedure Room Utilzation

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	3	3	1315	3418	986	3072	4058	0.7	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	13	9648	13	9648	9661	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pediatric Gastro-Int					21	308	20	380	400	1.0	1.2
Bronchoscopy					305	283	458	187	645	1.5	0.7
	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:		10,147
Patients Admitted from Trauma		984
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		49,788
Patients Admitted from Emergency:		7,174
Total ED Visits (Emergency+Trauma):		**59,935**

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	**325,135**
Outpatient Visits at the Hospital/ Campus:	322,459
Outpatient Visits Offsite/off campus	2,676

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**4,831**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	3,412
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	687
EP Catheterizations (15+)	732

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**62**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	62
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	54

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	20	0	21,072	21,836	0
Nuclear Medicine	3	0	452	1,340	0
Mammography	1	0	0	11,128	0
Ultrasound	4	0	3,239	9,339	0
Angiography	2	0			
Diagnostic Angiography			6,069	4,367	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	268
Computerized Axial Tomography (CAT)	3	0	7,811	14,848	0
Magnetic Resonance Imaging	3	0	1,477	5,202	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	8
Linear Accelerator	1	0	3,327
Image Guided Rad Therapy			817
Intensity Modulated Rad Thrpy			1,374
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.

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Sue Ripsch
ADMINSTRATOR PHONE:	815-971-7202
OWNERSHIP:	Javon Bea Hospital
OPERATOR:	Javon Bea Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2400 N. Rockton Avenue CITY: Rockford COUNTY: Winnebago County

Patients by Race

White	66.5%
Black	21.4%
American Indian	0.3%
Asian	0.9%
Hawaiian/Pacific	0.1%
Unknown	10.9%

Patients by Ethnicity

Hispanic or Latino:	11.6%
Not Hispanic or Latino:	86.2%
Unknown:	2.2%

IDPH Number:	2048
HPA	B-01
HSA	1

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2018	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	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				*0*	*0*					
15-44 Years				*1,150*	*5,114*					
45-64 Years				*2,134*	*10,921*					
65-74 Years				*1,382*	*7,065*					
75 Years +				*1,841*	*9,706*					
Pediatric	12	20	14	803	2,168	975	3.9	8.6	71.8	43.1
Intensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				*1,737*	*3,377*					
Transfers				*894*	*1,740*					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				*2,422*	*6,594*					
Clean Gynecology				*63*	*181*					
Neonatal	52	52	52	577	15,159	0	26.3	41.5	79.9	79.9
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	20			593	3,521	0	5.9	9.6	48.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	593	3,521	0	5.9	9.6		68.9
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	*16*					*1773*				
Facility Utilization	**288**			**12,702**	**65,546**	**6,262**	**5.7**	**196.7**	**68.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**28.1%**	**35.3%**	**12.3%**	**21.7%**	**1.9%**	**0.6%**	
	3571	4490	1567	2757	235	82	**12,702**
Outpatients	**21.9%**	**37.2%**	**13.0%**	**23.6%**	**3.9%**	**0.3%**	
	29121	49411	17265	31372	5123	378	**132,670**

Financial Year Reported: 7/1/2017 *to* 6/30/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**19.3%**	**33.6%**	**8.5%**	**38.4%**	**0.1%**	**100.0%**	
	41,785,393	72,895,865	18,517,089	83,339,031	305,417	216,842,795	493,290
Outpatient Revenue ($)	**13.2%**	**17.5%**	**7.6%**	**61.2%**	**0.5%**	**100.0%**	
	18,564,989	24,740,328	10,666,702	86,339,324	769,483	141,080,826	1,245,389

Total Charity Care Expense
1,738,679

Total Charity Care as % of Net Revenue
0.5%

Birthing Data

Number of Total Births:	2,274
Number of Live Births:	2,257
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	12
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	859

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	26	0	0
Patient Days	3,549	0	0
Total Newborn Patient Days			**3,549**

Laboratory Studies

Inpatient Studies	536,175
Outpatient Studies	386,143
Studies Performed Under Contract	474,066

Organ Transplantation

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

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 2

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	2	2	56	0	410	0	410	7.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1271	1669	3228	3531	6759	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	325	194	1078	464	1542	3.3	2.4
OB/Gynecology	0	0	1	1	138	892	304	1450	1754	2.2	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	1573	6	1691	1697	6.0	1.1
Orthopedic	0	0	2	2	883	1068	2682	2542	5224	3.0	2.4
Otolaryngology	0	0	1	1	46	424	82	598	680	1.8	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	107	200	284	558	842	2.7	2.8
Totals	**0**	**0**	**14**	**14**	**2827**	**6020**	**8074**	**10834**	**18908**	**2.9**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 22

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	880	3181	660	2859	3519	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	9	9035	9	9035	9044	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Ped GI				1	22	298	23	293	316	1.0	1.0
Bronchoscopy				1	324	274	486	180	666	1.5	0.7
					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:		9,756
Patients Admitted from Trauma		1,063
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		29
Persons Treated by Emergency Services:		47,206
Patients Admitted from Emergency:		7,033
Total ED Visits (Emergency+Trauma):		**56,962**

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	**315,970**
Outpatient Visits at the Hospital/ Campus:	313,443
Outpatient Visits Offsite/off campus	2,527

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,541**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	658
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	299
EP Catheterizations (15+)	584

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**58**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	58
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	47

Diagnostic/Interventional Equipment

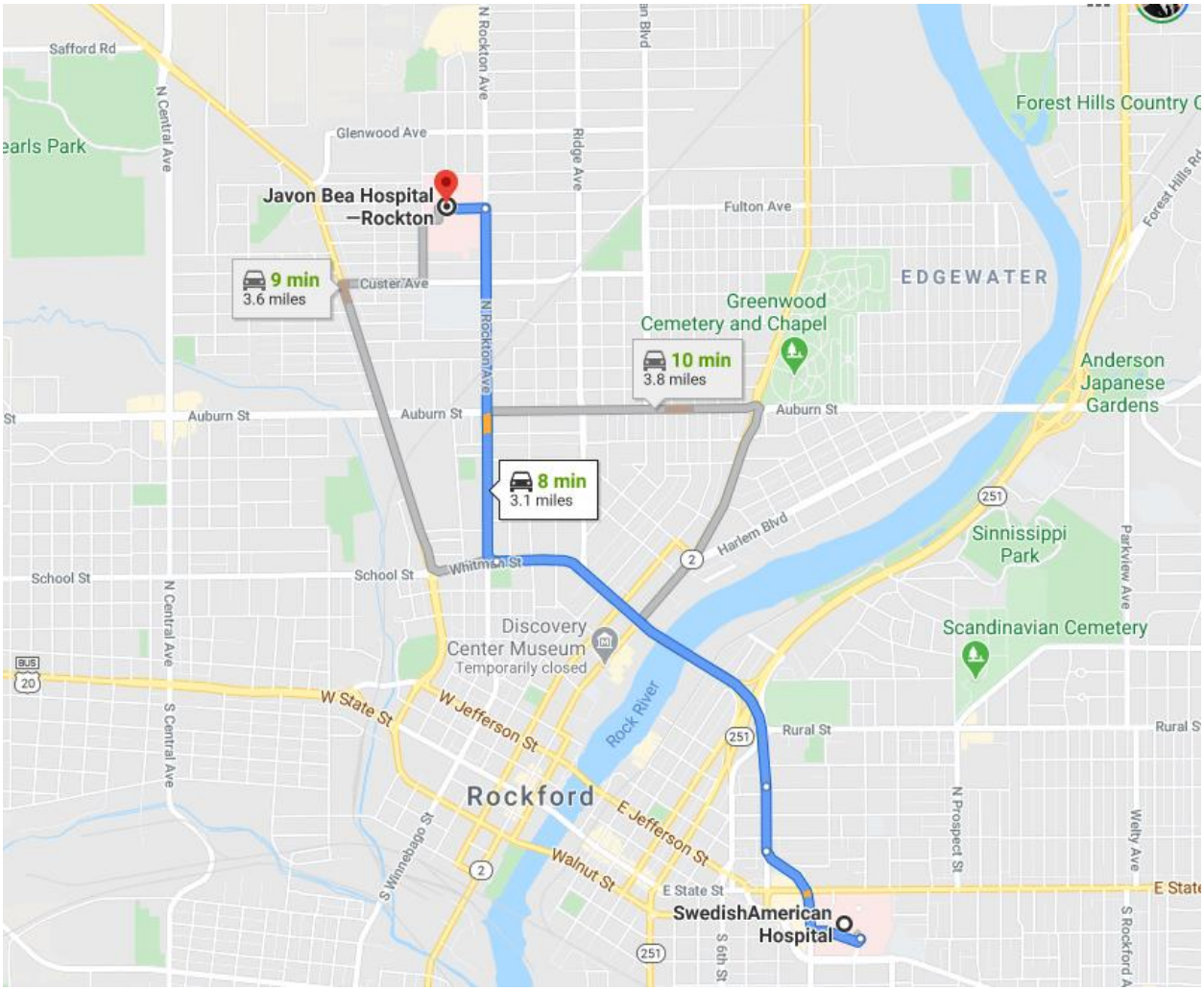
	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	20	0	21,262	21,340	0
Nuclear Medicine	3	0	377	1,368	0
Mammography	1	0	0	10,978	0
Ultrasound	4	0	3,276	8,563	0
Angiography	2	0			
Diagnostic Angiography			6,422	4,911	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	335
Computerized Axial Tomography (CAT)	3	0	8,398	15,189	0
Magnetic Resonance Imaging	3	0	1,418	5,159	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	14
Linear Accelerator	1	0	1,280
Image Guided Rad Therapy			863
Intensity Modulated Rad Thrpy			722
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

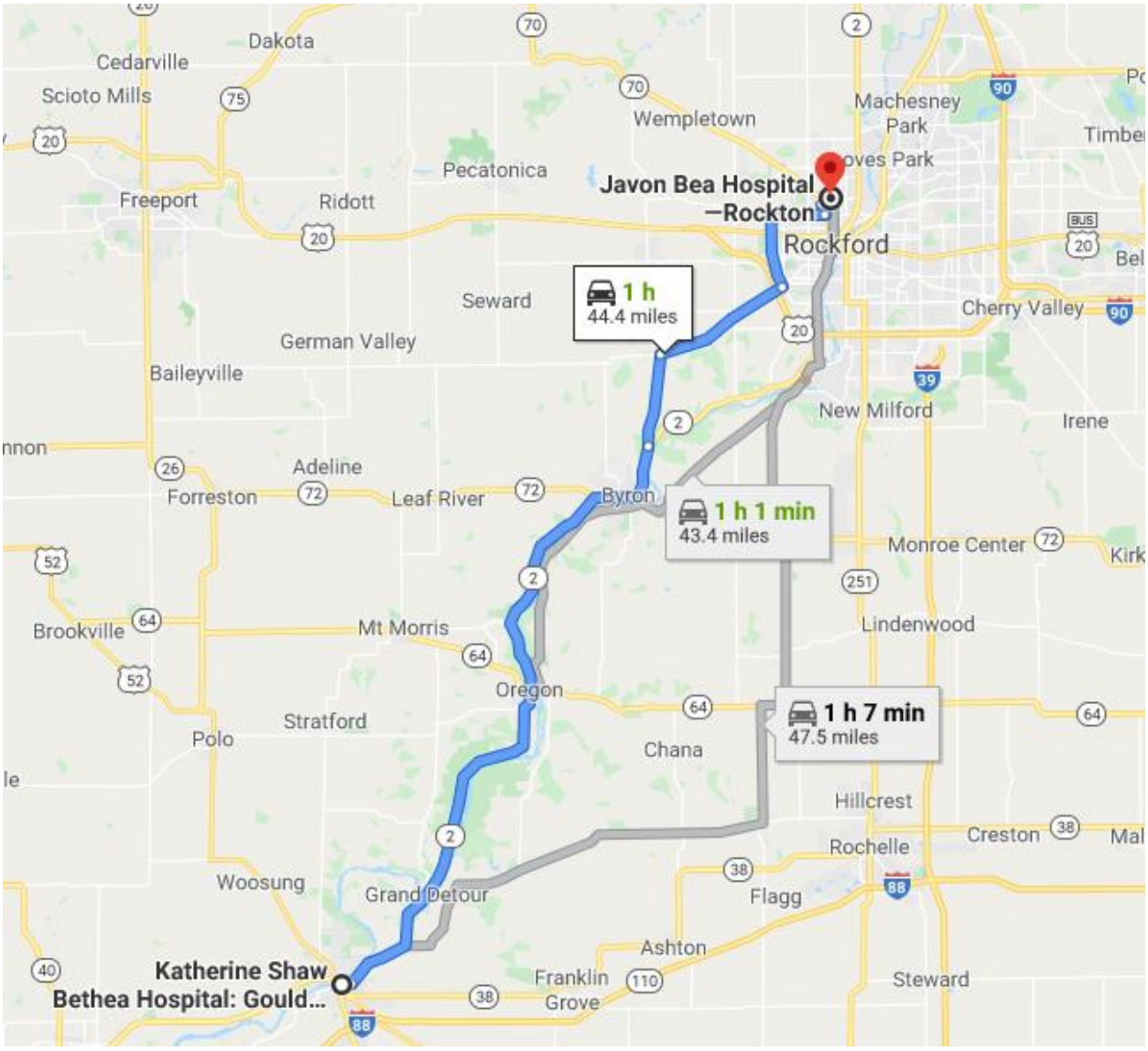
Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- MAP REFLECTING DISTANCE OF AREA PROVIDERS



Source: Google Maps

ATTACHMENT 7- MAP REFLECTING DISTANCE OF AREA PROVIDERS



Source: Google Maps

ATTACHMENT 8- BACKGROUND OF THE APPLICANT

Javon Bea Hospital is a joint venture partner in Van Matre Rehabilitation Hospital.

Mercy Health corporation owns the following Illinois healthcare facilities:

- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

A copy of the licenses for each facility is included with this attachment.

A copy of a letter certifying that no adverse action has been taken against any of the aforementioned facilities in the three year prior to the filing of the application.

Additionally, a copy of a letter providing authorization to HFSRB and IDPH to 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.

ATTACHMENT 8- JAVON BEA HOSPITAL LICENSE

Illinois Department of PUBLIC HEALTH HF 119064

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0002048

General Hospital

Effective: 01/01/2020

Javon Bea Hospital
dba Mercyhealth Hospital-Rockton Avenue
2400 N Rockton Avenue and 8201 East Riverside Boulevar

Rockford, IL 61103

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2020
Lic Number 0002048

Date Printed 10/17/2019

Javon Bea Hospital
dba Mercyhealth Hospital-Rockton Ave
2400 N Rockton Avenue and 8201 Eas
Rockford, IL 61103

FEE RECEIPT NO.

#0002048

CEO
MERCYHEALTH HOSPITAL ROCKTON
2400 N ROCKTON AVE
ROCKFORD IL 61103-3655

ATTACHMENT 8- VAN MATRE REHABILITATION HOSPITAL

Illinois Department of PUBLIC HEALTH HF 118892

DISPLAY THIS PART IN A CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/26/2020		0005215

Rehabilitation Hospital

Effective: 10/27/2019

Van Matre Encompass Health Rehabilitation Hospital LLC
dba Van Matre Encompass Health Rehabilitation Hospital
950 S Mulford Road

Rockford, IL 61108

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

Exp. Date 10/26/2020
Lic Number 0005215

Date Printed 9/12/2019

Van Matre Encompass Health Rehabili
dba Van Matre Encompass Health Re
950 S Mulford Road
Rockford, IL 61108

FEE RECEIPT NO.

ATTACHMENT 8- MERCY HARVARD HOSPITAL LICENSE

Illinois Department of PUBLIC HEALTH

HF 119188

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations, and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0004911

Critical Access Hospital

Effective: 01/01/2020

Mercy Harvard Hospital, Inc.
901 S Grant Street
PO Box 850
Harvard, IL 60033

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001-10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2020

Lic Number 0004911

Date Printed 10/29/2019

Mercy Harvard Hospital, Inc.

901 S Grant Street
PO Box 850
Harvard, IL 60033

FEE RECEIPT NO.

ATTACHMENT 8- CERTIFICATION AND AUTHORIZATION LETTER

Mercyhealth
A passion for making lives better.

Javon Bea Hospital and Physician Clinic–Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

June 30, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization

Dear Ms. Avery,

As representative of Mercy Health Corporation, I, Amy Bradshaw, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Mercy Health Corporation has ownership interest in the following Illinois healthcare facilities:

- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

Additionally, none of the health care facilities listed above have been cited for an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Subscribed and sworn to before me this

30 day of June, 2020.

Jennifer L Springbrum
Notary Public

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

Seal

ATTACHMENT 9- SAFETY NET IMPACT STATEMENT

In accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/5.4), the applicant provides the following safety net impact statement addressing the following questions presented in the Certificate of Exemption application.

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.

This proposed modification is designed to reflect the evolving healthcare delivery preferences of the community. As is evidenced by the most recent hospital profile data, the utilization reported at Javon Bea Hospital was below 50% for its Acute Mental Illness ("AMI") category of service. This is, in part, due to the availability of other quality providers in the community (including Swedish American who recently expanded its services to provide a juvenile AMI component) but also reflects the availability of other quality community options such as Rosecrance and Mathers. Accordingly, we are confident that the impact upon any essential safety net services will be minimal.

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.

As the HFSRB is designed to promote, the more effective and efficient utilization of existing facilities results in improved healthcare delivery. This discontinuation should help address challenges other providers have faced, both with regards to availability of staff and census and, could improve the overall ability to provide care.

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

As noted above, there is the potential that this discontinuation will result in a more natural distribution of patients and staff among other area providers, it will allow the Javon Bea Hospital to better meet the needs of the community in areas in which this hospital has become a preferred destination for care, and it could also make the community a more attractive location for an independent provider of specialty AMI services to establish a freestanding AMI hospital (a line of services that has been evidenced to the HFSRB to meaningfully add to the availability of services in a community). Such a project would be more attractive if existing facilities were better utilized.

ATTACHMENT 9- SAFETY NET IMPACT

Javon Bea Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	**2033**	**2033**	**2310**
Charity (cost In dollars)			
Inpatient	$731,425	$447,125	$493,290
Outpatient	$591,477	$651,124	$1,245,389
Total	**$1,322,902**	**$1,104,249**	**$1,738,679**
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	3911	4770	4490
Outpatient	43081	46362	49411
Total	46992	51132	53901
Medicaid (revenue)			
Inpatient	$63,808,298	$77,974,985	$72,895,865
Outpatient	$21,971,736	$24,450,551	$24,740,328
Total	$85,780,034	$102,425,536	$97,636,193

ATTACHMENT 9- SAFETY NET IMPACT

Van Matre Rehabilitation Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Total	**0**	**0**	**0**
Charity (cost In dollars)			
Total	**N/A**	**N/A**	**N/A**
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	183	193	181
Outpatient	6	415	313
Total	189	608	494
Medicaid (revenue)			
Inpatient	$2,526,595	$2,357,875	$2,818,451
Outpatient	$100,547	$29,581	$33,478
Total	$2,627,142	$2,387,456	$2,851,929

ATTACHMENT 9- SAFETY NET IMPACT

Mercy Harvard Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	2	9	12
Outpatient	16	51	75
Total	**18**	**60**	**87**
Charity (cost In dollars)			
Inpatient	$15,899	$8,137	$21,721
Outpatient	$36,642	$85,086	$96,641
Total	**$52,541**	**$93,223**	**$118,362**
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	40	46	45
Outpatient	3732	3442	3298
Total	3763	3488	3343
Medicaid (revenue)			
Inpatient	$1,176,482	$992,465	$900,863
Outpatient	$3,431,195	$3,080,813	$2,475,799
Total	$4,607,677	$4,073,278	$3,376,662

ATTACHMENT 10 - CHARITY CARE

Javon Bea Hospital

CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	**2033**	**2033**	**2310**
Charity (cost In dollars)			
Inpatient	$731,425	$447,125	$493,290
Outpatient	$591,477	$651,124	$1,245,389
Total	**$1,322,902**	**$1,104,249**	**$1,738,679**

Van Matre Rehabilitation Hospital

CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Total	**0**	**0**	**0**
Charity (cost In dollars)			
Total	**N/A**	**N/A**	**N/A**

Mercy Harvard Hospital

CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	2	9	12
Outpatient	16	51	75
Total	**18**	**60**	**87**
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Total	**$52,541**	**$93,223**	**$118,362**

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

INDEX OF ATTACHMENTS

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