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Transcript of **BOARD MEETING**

Date: January 27, 2015

Case: STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW
BOARD

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
OPEN SESSION

REPORT OF PROCEEDINGS

Bolingbrook, Illinois 60490

January 27, 2015

9:03 a.m.

BOARD MEMBERS PRESENT:

- MS. KATHY OLSON, Chairperson
- MR. JOHN HAYES, Vice Chairman
- MR. PHILLIP BRADLEY
- MR. DALE GALASSI
- MR. RICHARD SEWELL

Job No. 74308

Pages: 1 - 200

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CCP, FAPR

Notary Public, Kane County, Illinois

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EX OFFICIO MEMBERS PRESENT:

MR. MATT HAMMOUDEH, IDHS

MR. MIKE JONES, IDHFS

ALSO PRESENT:

MR. JUAN MORADO, JR., General Counsel

MS. JEANNIE MITCHELL, Assistant General Counsel

MS. COURTNEY AVERY, Administrator

MS. CLAIRE BURMAN, Board Staff

MS. CATHERINE CLARKE, Board Staff

MR. MICHAEL CONSTANTINO, IDPH Staff

MR. BILL DART, IDPH Staff

MR. GEORGE ROATE, IDPH Staff

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P R O C E E D I N G S

CHAIRPERSON OLSON: I'd like to call the meeting to order. Can I have a roll call, please?

MR. ROATE: Thank you, Madam Chair.
Chairwoman Olson.

CHAIRPERSON OLSON: Present.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Present.

MR. ROATE: Mr. Bradley.

MEMBER BRADLEY: Here.

MR. ROATE: Dr. Burden is absent.

Deanna -- Senator Demuzio is absent.

Mr. Galassi.

MEMBER GALASSI: Present.

MR. ROATE: Mr. Greiman is absent.

Mr. Sewell.

MEMBER SEWELL: Present.

MR. ROATE: Five in attendance -- six in attendance, actually -- five.

MS. AVERY: No, five.

MR. ROATE: Five.

CHAIRPERSON OLSON: Thank you, George.

The next order of business is executive session.

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1 We'll be going into executive session pursuant
2 to Section 2(c)(1), 2(c)(5), 2(c)(11), and 2(c)(21) of
3 the Open Meetings Act. I'd ask people to please clear
4 the room for executive session, which we're hoping will
5 last 15 to 20 minutes.

6 Thank you.

7 Oh, may I have a motion to go into executive
8 session.

9 MEMBER GALASSI: So moved.

10 MEMBER SEWELL: Second.

11 CHAIRPERSON OLSON: It's been motioned -- it's
12 moved and seconded. May I have a voice vote.

13 All those in favor of going into executive
14 session please say aye.

15 (Ayes heard.)

16 CHAIRPERSON OLSON: Opposed, like sign.

17 (No response.)

18 CHAIRPERSON OLSON: We are now in executive
19 session.

20 (At 9:04 a.m. the Board adjourned into
21 executive session. Open session proceedings resumed at
22 9:18 a.m., as follows:)

23 CHAIRPERSON OLSON: We are back in open
24 session.

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1 I would like to welcome back Juan Morado.

2 For those of you who remember Juan, he was
3 assistant general counsel a while ago, and we're very
4 pleased to welcome him back as our new general counsel.

5 Welcome back, Juan.

6 MR. MORADO: Thank you.

7 MEMBER GALASSI: Hear, hear.

8 MR. MORADO: Actually, that's a very
9 overwhelming clap.

10 (Laughter.)

11 MEMBER BRADLEY: Let's do it right.

12 (Applause.)

13 MR. MORADO: Thank you.

14 CHAIRPERSON OLSON: Are there compliance
15 issues to come out of executive session?

16 MR. MORADO: Yes, Madam Chair.

17 I'd request the approval of a final order in
18 the Board versus Mercy Hospital Medical Center matter, as
19 well as the Board versus Alden Courts of Shorewood
20 matter.

21 CHAIRPERSON OLSON: May I have a motion to
22 approve the final order for Mercy Hospital and Medical
23 Center, HFSRB 14-17.

24 May I have a motion.

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1 MEMBER SEWELL: So moved.

2 VICE CHAIRMAN HAYES: Second.

3 CHAIRPERSON OLSON: All those in -- do we need
4 a voice --

5 MR. ROATE: Just checking the sound.

6 CHAIRPERSON OLSON: I'll have a roll call vote
7 on that, please.

8 MR. ROATE: Motion made by Mr. Sewell;
9 seconded by Mr. Hayes.

10 Mr. Bradley.

11 MEMBER BRADLEY: Yes.

12 MR. ROATE: Mr. Galassi.

13 MEMBER GALASSI: Yes.

14 MR. ROATE: Mr. Hayes.

15 VICE CHAIRMAN HAYES: Yes.

16 MR. ROATE: Mr. Sewell.

17 MEMBER SEWELL: Yes.

18 MR. ROATE: Chairwoman Olson.

19 CHAIRPERSON OLSON: Yes.

20 MR. ROATE: That's 5 votes in the affirmative.

21 CHAIRPERSON OLSON: Motion passes.

22 May I have a motion to approve the final order
23 for Alden Courts of Shorewood, HFSRB 14-20.

24 MEMBER BRADLEY: So moved.

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1 VICE CHAIRMAN HAYES: Second.

2 MR. ROATE: Motion made by Mr. Bradley;

3 seconded by Mr. Hayes.

4 Mr. Bradley.

5 MEMBER BRADLEY: Yes.

6 MR. ROATE: Mr. Galassi.

7 MEMBER GALASSI: Yes.

8 MR. ROATE: Mr. Hayes.

9 VICE CHAIRMAN HAYES: Yes.

10 MR. ROATE: Mr. Sewell.

11 MEMBER SEWELL: Yes.

12 MR. ROATE: Chairwoman Olson.

13 CHAIRPERSON OLSON: Yes.

14 MR. ROATE: That's 5 votes in the affirmative.

15 CHAIRPERSON OLSON: The motion passes.

16 MR. MORADO: And, Madam Chair, I also request

17 that the Board approve an order to vacate the final order

18 against Grand Oaks Surgical Center and to refer the

19 matter back to legal for further investigation.

20 CHAIRPERSON OLSON: May I have a motion to

21 vacate the final order against Grand Oaks Surgical --

22 MEMBER GALASSI: So moved.

23 MEMBER SEWELL: Second.

24 MR. ROATE: Motion made by Mr. Galassi;

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1 seconded by Mr. Sewell.

2 Mr. Bradley.

3 MEMBER BRADLEY: Yes.

4 MR. ROATE: Mr. Galassi.

5 MEMBER GALASSI: Yes.

6 MR. ROATE: Mr. Hayes.

7 VICE CHAIRMAN HAYES: Yes.

8 MR. ROATE: Mr. Sewell.

9 MEMBER SEWELL: Yes.

10 MR. ROATE: Chairwoman Olson.

11 CHAIRPERSON OLSON: Yes.

12 MR. ROATE: 5 votes in the affirmative.

13 CHAIRPERSON OLSON: The motion passes.

14 MEMBER BRADLEY: Madam Chair --

15 CHAIRPERSON OLSON: Yes.

16 MEMBER BRADLEY: -- on that subject,

17 I understand that the State is \$6 billion or more in the
18 hole, and I understand it will take drastic measures to
19 fix that.

20 But I also think that organizations such as
21 ours and throughout State government have an opportunity
22 to show their awareness of that problem and to do small
23 things that symbolize a commitment to trying to fix that
24 problem. So I do not plan to vote for any more

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1 settlements which are moved down from what the fine
2 actually should be if you calculate it according to the
3 rules.

4 We've had -- in the time I've been here, we've
5 had settlement after settlement where they owed this
6 amount of money and we settled it for this amount of
7 money. And, frankly, that's just like giving away State
8 money to people, and I don't think we can do it. It
9 doesn't amount to much in the way of State funds overall,
10 but as far as the funds available to run this operation,
11 it can make a significant difference.

12 So I don't know what the rest of the Board
13 will do, but I'm not inclined to let hospitals with more
14 money in the bank than the State has some on days come in
15 here and get a waiver of 10-, 20-, \$30,000 in fines. So
16 I would hope that the Board would consider that as they
17 move forward with this.

18 CHAIRPERSON OLSON: Thank you, Mr. Bradley.

19 Next is the approval of the agenda, and
20 I would like to make one change to the agenda.

21 I would like to remove the intergovernmental
22 agreement under Item 10 of "Other Business" -- we would
23 like to postpone that until we feel like we're more ready
24 to move on that.

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1 Are there any other corrections or changes to
2 the agenda?

3 (No response.)

4 CHAIRPERSON OLSON: May I have a motion to
5 approve the agenda.

6 MEMBER BRADLEY: So moved.

7 VICE CHAIRMAN HAYES: Second.

8 CHAIRPERSON OLSON: All those in favor say aye.

9 (Ayes heard.)

10 CHAIRPERSON OLSON: Opposed, like sign.

11 (No response.)

12 CHAIRPERSON OLSON: The agenda's approved.

13 May I have an approval of the minutes from the
14 December 16th, 2014, meeting.

15 MEMBER GALASSI: So moved.

16 VICE CHAIRMAN HAYES: Second.

17 CHAIRPERSON OLSON: All those in favor say aye.

18 (Ayes heard.)

19 CHAIRPERSON OLSON: Opposed, like sign.

20 (No response.)

21 CHAIRPERSON OLSON: The motion passes and the
22 December 16th meeting minutes are approved.

23 The next item of business is public
24 participation.

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1 Courtney.

2 Oh, Jeannie's going to take that on.

3 MS. MITCHELL: Forgive me if I butcher your
4 name. It's not on purpose.

5 First, we're going to have speaking on Project
6 Meadowbrook Manor of Geneva, and we're going to have come
7 up Natan Weiss, Lori Konicek, and Ted O'Brien.

8 If you'd please come up and sit over there on
9 the right-hand -- your left.

10 CHAIRPERSON OLSON: If your name is called,
11 please move to the table. I will remind you you will
12 have two minutes and two minutes only. At the end of
13 your two minutes, you will be told to stop your
14 testimony, and we need you to do that.

15 MS. MITCHELL: And please sign in.

16 CHAIRPERSON OLSON: There were three people's
17 names called. Are those three people moving to the
18 table? Please.

19 MS. MITCHELL: Ted O'Brien may not be here.
20 Okay.

21 MS. AVERY: You may start.

22 MR. WEISS: My name is Natan Weiss.

23 I represent Bria of Geneva and Bria Health Services of
24 Illinois. We are a licensed skilled nursing facility in

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1 Geneva, and we're here to oppose the project.

2 This is -- this project was applied for in
3 2008. As you know, it was approved on September 2nd,
4 2009, with the completion date originally of
5 January 2011.

6 The extensions have gone through until this
7 coming-up month, and the project is claiming that roughly
8 4 percent is complete. This is an amount that would need
9 to be completed prior to applying for the original CON.
10 It covers basically the initial consultant, land, and
11 architect.

12 At this point they have not started
13 construction, there is no permit, and if the application
14 was put in today, it would be denied based on the lack of
15 bed need.

16 The need in Kane County is an excess of
17 248 beds. That includes the Applicant's 150 requested
18 beds. If the project is not renewed, there will still be
19 an excess of 98 nursing beds. According to the Board's
20 own rules and decision-making process, this project would
21 be denied if applied for today. The nursing homes in the
22 area all have empty beds and can fill the needs of the
23 community we serve.

24 There are currently 22 skilled nursing homes

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1 in Kane County listed on the IDPH website totaling
2 2,412 beds. That does not include the IMRDD facilities
3 with a current census of approximately 1923 after we
4 called all the facilities. That is roughly 80 percent
5 census average in Kane County.

6 This facility will not add to the access or
7 ability of residents to get their care needs met and
8 beyond what is currently being offered in any of the
9 area. In addition, there are staffing issues in the
10 area. And as everybody knows, in Kane County the public
11 transportation is not great, so we cannot bring staffing
12 in easily from other areas.

13 They have requested another 18-month permit
14 renewal. This is their fourth renewal request. We have
15 not seen a fourth renewal request in any meetings we've
16 seen as of late and probably not even earlier than that.
17 The initial fine was done in 2008 --

18 CHAIRPERSON OLSON: That's two minutes. You
19 need to conclude.

20 MR. WEISS: Okay. We ask that the Board not
21 renew this application as there is no need and they would
22 deny it today.

23 CHAIRPERSON OLSON: Thank you.

24 MR. WEISS: Thank you.

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1 MEMBER GALASSI: Madam Chair, what application
2 are we talking about?

3 CHAIRPERSON OLSON: Meadowbrook Manor of
4 Geneva for an 18-month extension.

5 MEMBER GALASSI: Thank you.

6 MS. AVERY: Pull the mic closer to you.

7 CHAIRPERSON OLSON: Thank you. Go ahead.

8 MS. KONICEK: All right. Hi. I'm Lori
9 Konicek. I represent Rosewood Care center of
10 St. Charles, Illinois, a facility -- a skilled nursing
11 facility in HSA 8.

12 I would like to register my opposition to
13 Project 08-099 in Geneva, Meadowbrook Manor. It's
14 seeking its fourth permit renewal for the construction of
15 150 long-term care beds.

16 The project received its original permit
17 nearly 4 1/2 years ago. At the time the original permit
18 was granted, Kane County did have a bed need.
19 Fast-forward to today and it's a vastly different
20 picture, an excess of 248 beds.

21 If this project is granted a fourth permit
22 extension, I believe it may be unprecedented.
23 I respectfully request that the Board deny the
24 Applicant's permit extension request, as construction has

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1 yet to commence. To approve the permit request would be
2 imprudent and show undue favor to the Applicant.

3 For these reasons, I do ask the Board to deny
4 the extension request.

5 CHAIRPERSON OLSON: Thank you.

6 Jeannie, who's next?

7 MS. MITCHELL: Okay. Next we have -- we had
8 some people sign up for Winchester Endoscopy Center, but
9 they did not sign in. They will not have an opportunity
10 to speak.

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1 MS. MITCHELL: Next we have St. Elizabeth's
2 Hospital. And I'll be calling your names five at a time,
3 so please, when your name's called, come up.

4 We have Mark J. Turner, Ruth Holmes,
5 Dr. Adriena Beatty, Dr. Savoy Brummer, and Keith Cook.

6 And please don't forget to sign in.

7 Okay. Go ahead and start, Mr. Turner.

8 MR. TURNER: Yes.

9 Good morning, Chairwoman Olson and the rest of
10 the CON Board. My name is Mark Turner. I'm the
11 president and CEO of Memorial Hospital in Belleville,
12 Illinois.

13 We do support St. Elizabeth's but not this
14 project. We support the renovation of St. E's or the
15 construction of a replacement hospital in downtown
16 Belleville.

17 St. E's move to O'Fallon will substantially
18 diminish access to care for Belleville residents and
19 those to the south. Those residents represent a
20 significant number of the Medicaid and self-pay or
21 uninsured patients in our community.

22 Critical safety net services will be
23 negatively impacted. The St. Clair County Health
24 Department shares this concern in the letter to the Board

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1 on this project.

2 The St. E's project would also have a
3 devastating impact on Memorial Belleville and the
4 patients we care for. Simply said, after the move our
5 hospital is not equipped to absorb the additional
6 emergency room and especially the ICU patient care that
7 would be brought to us as a result of the excess from
8 Belleville.

9 This Board has already addressed access
10 through its unanimous approval of our Memorial Hospital
11 East project located at the same exit and essentially the
12 same location just five minutes or less from the proposed
13 new site. Unnecessary duplication of services would
14 result from an approval of this project. Memorial
15 Hospital East has the great support of our community and
16 because we committed to maintain our inpatient services
17 in Belleville.

18 Finally, proponents say that there will be an
19 increase of jobs as a result of this project. That is
20 simply not true. Two types of jobs will be affected by
21 this project: Temporary construction jobs, which will be
22 the same whether St. E's proceeds in O'Fallon or builds
23 in downtown Belleville, but, more importantly, permanent,
24 high-paying hospital jobs such as nurses, techs,

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1 et cetera, will suffer a huge loss. This job --

2 CHAIRPERSON OLSON: Please wrap up your
3 remarks.

4 MR. TURNER: Thank you.

5 This job loss has been documented in the
6 McManus report in your record. Memorial Hospital East
7 would be forced to eliminate approximately 200 jobs, and
8 that must not be overlooked.

9 The impact of St. E's move from Belleville
10 would be significant. We respectfully request you deny
11 this project.

12 Thank you.

13 CHAIRPERSON OLSON: Thank you.

14 MS. HOLMES: Good morning. My name is Ruth
15 Holmes. I'm the administrator for Memorial Hospital
16 East. This is located in Shiloh, Illinois.

17 I just want to remind the Board that you
18 unanimously approved Memorial East in June 2011. Just
19 yesterday the BND, which is a local paper, actually gave
20 us a very good article talking about the new facility and
21 how it is beginning to take shape, so currently we are on
22 schedule to open in April of 2016.

23 The St. E's project before you today would
24 result in a direct duplication of services with Memorial

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1 East. As Mr. Turner mentioned, the site is just
2 five minutes apart. It will use the same exit. The
3 med/surg beds, ICU, and obstetrics would be provided at
4 both locations. Another hospital five minutes away from
5 us would have a devastating impact.

6 Memorial's projections used to support the
7 project to the State Board and the Board's staff analysis
8 did not contemplate at the time that a hospital in
9 O'Fallon -- that there would be another hospital in
10 O'Fallon. So, simply put, we would not have met Board
11 rules for approval at that time. More importantly, our
12 project is really not viable as approved if St. E's
13 relocates to O'Fallon. You have a McManus impact
14 report on file with you all. That indicates
15 approximately a 30 percent drop in admissions. We
16 estimate 200 jobs will be lost.

17 Though -- and through Memorial East the Board
18 has already addressed the access issue cited by St. E's
19 as its primary reason for moving to O'Fallon. We also
20 have in our approval the inclusion of closer access for
21 east zip codes St. E's cites when -- the high percentage
22 of residents below poverty, so we feel we've got that
23 covered, as well.

24 CHAIRPERSON OLSON: You have to conclude,

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1 please.

2 MS. HOLMES: I don't know if you all saw the
3 Crain's report, but overbedding continues to be an issue
4 in the state of Illinois. I want you to seriously
5 consider making sure that the success of Memorial East is
6 made whole, and I urge your denial of this project.

7 CHAIRPERSON OLSON: Thank you.

8 DR. BEATTY: Hello. My name is --

9 MS. AVERY: Closer.

10 DR. BEATTY: Hello. My name is Dr. Adriena
11 Beatty.

12 Today St. Elizabeth's would tell you they
13 intend to establish a regional referral center. Nothing
14 could be further from the truth. This proposal has been
15 promoted for something it is not.

16 I've been practicing obstetrics/gynecology for
17 the last eight years. I feel strongly that this proposal
18 is seen for what it is. A regional referral center is a
19 full-service tertiary care hospital providing
20 specialization and expertise not available elsewhere.

21 A regional referral center does not
22 discontinue the inpatient AMI unit, discontinue the
23 inpatient pediatric unit, reduce the number of ICU beds,
24 reduce its number of ER stations, and abandon a city --

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1 a central city's -- excuse me -- population that it has
2 served for several decades.

3 Regional referral centers in our area are
4 Barnes-Jewish Hospital and St. Mary's Hospital, located
5 just across the river in St. Louis. I hope you see this
6 plan for what it is and deny this plan.

7 Thank you.

8 CHAIRPERSON OLSON: Thank you.

9 DR. BRUMMER: Good morning. My name is
10 Savoy Brummer, and I am the immediate past American
11 College of Emergency Physicians medical director of
12 the year.

13 I --

14 MS. AVERY: Closer.

15 DR. BRUMMER: Sorry. You can't hear me?
16 Sorry.

17 My name is Savoy Brummer, and I am the
18 immediate past American College of Emergency Physicians
19 medical director of the year. I oversee the emergency
20 department, hospitalists, and ICU functions within our
21 organization, CEP America.

22 I also am the EMS director for Region 4 of the
23 Edwardsville region for all of Metro East and oversee all
24 of the ambulance services, the medics, and the

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1 communities that we serve.

2 Closure of the St. Elizabeth's emergency
3 department and ICU would have a devastating effect for
4 the local community. Those patients that are in the most
5 need -- those patients that require timely emergent
6 care -- would subsequently have to come to the Memorial
7 emergency department because I direct our ambulance
8 services to take them there. You've got to go to the
9 closest hospitals for strokes, for heart attacks, for
10 traumas.

11 These patients, these needy patients, don't
12 have the luxury of minutes to resolve their complex
13 medical needs, and, unfortunately, our emergency
14 department is not equipped to handle such emergent volume
15 and acuity of a 40,000-volume emergency department over
16 at St. Elizabeth's.

17 In addition, once these patients are admitted
18 to the hospital, they've got to go to an ICU. Right now
19 we're operating at 80 percent capacity, and the State of
20 Illinois really suggests 60 percent. I walk in regularly
21 even now and I've got patients that are on breathing
22 machines and ventilators that have been there for 24 and
23 48 hours. And if there is a closure of this local
24 resource, I can't even imagine the context of patient

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1 care that's there.

2 CHAIRPERSON OLSON: Please conclude your
3 remarks.

4 DR. BRUMMER: All right. I just want to
5 thank you for your time.

6 I think that, for me, this is more about the
7 social contract that we have with our community. And
8 I appreciate your time.

9 CHAIRPERSON OLSON: Thank you.

10 MR. COOK: Good morning. My name is Keith
11 Cook.

12 I serve on the Memorial Group board of
13 directors. I am here today as a representative of that
14 board, which is the parent of Memorial Belleville and
15 Memorial East.

16 Your Board unanimously approved the
17 construction of Memorial East in 2011, and we are
18 scheduled to begin admitting our first patients in less
19 than 16 months. Memorial East is located in Shiloh, less
20 than five minutes' driving time from St. E's proposed new
21 hospital. I cannot overstate the devastating impact that
22 St. E's proposed hospital in O'Fallon would have on
23 Memorial East.

24 Because this proposed hospital would result in

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1 unnecessary duplication of services, McManus Consulting
2 estimates that Memorial East's admissions will decline by
3 29 percent and result in a decreased annual net revenue
4 by \$30 million. The economic harm to Memorial East would
5 not be sustainable.

6 As you know, Memorial Group approved the
7 expenditure of over \$125 million to build our new
8 hospital. That commitment would likely never have been
9 made if we had contemplated that this Board would allow
10 the construction of another hospital right down the road.

11 We understand that the purpose of this agency
12 is to prevent unnecessary duplication of services, and we
13 can think of no better example of a project that should
14 be turned down than this proposed new hospital. It is
15 unneeded and it is an egregious example of what the
16 certificate of need process was intended to prevent.

17 Thank you.

18 CHAIRPERSON OLSON: Thank you.

19 Next, Jeannie.

20 MS. MITCHELL: The next five, also for
21 St. Elizabeth's Hospital, are Al Wunderlich, David
22 Stephens, Honorable Mayor Mark Eckert, and Honorable
23 Mayor Alvin Parks, Jr.

24 Also -- and Police Chief William Clay.

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1 THE COURT REPORTER: Please print your names.

2 CHAIRPERSON OLSON: Mr. Wunderlich, as soon as
3 you're ready, you can start.

4 MR. WUNDERLICH: My name is Al Wunderlich.
5 I'm the director of the Franklin Neighborhood Community
6 Association, our FNCA.

7 My opposition to this proposal is largely
8 based upon my 20 years' experience with FNCA, which is
9 less than one-half mile from St. Elizabeth's Hospital.
10 We provide community and educational support to
11 low-income families and to students in the Franklin
12 neighborhood. Many neighborhood residents face the daily
13 challenges of poverty and don't have the support or
14 resources to travel the longer distance to the new
15 location in O'Fallon.

16 The first survey was conducted using the FNCA
17 summer camp enrollees. Based on this sample survey,
18 87 percent or 80 people who currently go to
19 St. Elizabeth's will go to Memorial.

20 A second survey was conducted for the older
21 generation in the Franklin neighborhood. Based on this
22 sample survey, 81 percent or 42 individuals who currently
23 go to St. E's will go to Memorial. These are the
24 families living near St. Elizabeth's.

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1 And while this is a sample, a small sampling
2 of Belleville's low-income families, it strongly
3 contradicts St. Elizabeth's repeated statements that
4 their patients will follow them.

5 Thank you very much.

6 CHAIRPERSON OLSON: Thank you.

7 Next.

8 MS. MITCHELL: David Stephens.

9 MR. STEPHENS: Thank you.

10 Good morning. My name is David Stephens. I'm
11 a principal with McManus Consulting. We are a national
12 health care research and consulting firm. We've
13 conducted a detailed market analysis looking at the
14 impact of the proposed St. Elizabeth's relocation.

15 We looked at market dynamics, access to care,
16 and forecast utilization on a zip code-by-zip code basis,
17 looking at 60 zip codes all across the market and how
18 those patterns would change.

19 Our analysis reflects this is a fundamental
20 shift between two markets. The proposed location
21 reflects an annual median household income that is
22 50 percent higher than the current location, percentage
23 of families in poverty that is 50 percent lower than the
24 current location, and the percentage of Medicaid,

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1 charity, and self-paying patients is over 40 percent
2 lower. Again, a substantial shift.

3 In our experience, a shift of even 10 miles
4 produces dramatically different impacts in terms of
5 access, particularly for Medicaid, charity, and self-pay
6 patients.

7 St. E's will be leaving a densely populated
8 area with high health care needs, including emergency
9 service and inpatient care. A key part of our study was
10 looking at, again, that impact on Memorial. A relocation
11 would substantially reduce Memorial East's patient load
12 and significantly impair Memorial East's ability to
13 operate, specifically 29 percent reduction in admissions,
14 over 2,000 admissions that will no longer come to
15 Memorial, over a \$30 million financial impact annually,
16 and over 200 permanent jobs would be lost.

17 Thank you.

18 CHAIRPERSON OLSON: Next, please.

19 MS. MITCHELL: Honorable Mayor Mark Eckert.

20 MAYOR ECKERT: Good morning.

21 My name is Mark Eckert, and I have the
22 privilege of serving as mayor of Belleville since 2004.
23 Exploring a modern St. Elizabeth's Hospital in Belleville
24 has been a priority for myself and the City Council since

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1 that time. Many discussions were held for several years,
2 and there was a time prior to 2009 when St. Elizabeth's
3 was actively discussing with us about rebuilding in
4 Belleville.

5 Then suddenly something happened. Discussions
6 stopped. I asked why and I was told in no uncertain
7 terms by executives in my office from St. Elizabeth's
8 they needed to get out to the interstate and O'Fallon to
9 get to a better payer mix.

10 Everyone wants a new St. Elizabeth's, but it
11 should not be done at the expense but, rather, the
12 support of the community that has hosted this hospital
13 for 140 years. We have a paid fire department and a paid
14 police department that has served this hospital all
15 those years.

16 Belleville has struggled to weather the
17 economic storms like many communities, and we're
18 unwilling to be one of those cities that withers on the
19 vine. We have worked incredibly hard to rebuild our
20 downtown, our central corridor, our Route 15 corridor.
21 Many, many wonderful things have occurred in Belleville
22 in the last 10 years.

23 Having the hospital of St. Elizabeth's be one
24 of our larger employers moving out to O'Fallon would

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1 undermine all this hard work. It's not only the
2 immediate jobs lost but the loss to all the businesses,
3 the small businesses downtown that rely on the hospital,
4 its staff, and its visitors. Building this hospital
5 somewhere else would be devastating to Belleville, and
6 myself and the City Council oppose this move.

7 CHAIRPERSON OLSON: Thank you.

8 Next.

9 MS. MITCHELL: Honorable Mayor Alvin Parks, Jr.

10 MAYOR PARKS: Good morning. My name is Alvin
11 Parks, mayor of the City of East St. Louis, Illinois, and
12 I stand in opposition of St. Elizabeth's Hospital leaving
13 the city of Belleville.

14 St. Elizabeth's argues that its proposed
15 location on I-64 is going to improve access to health
16 care for many of the residents of my community. That's
17 simply not true.

18 Many of the residents of my community, first
19 of all, have an average household income of \$22,000 for
20 the entire household. Many do not own cars or they own
21 cars that are not reliable and good enough to put on the
22 highway, Highway 64, to get to O'Fallon on a regular
23 basis.

24 There is no public transportation system that

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1 gets people on a regular basis back and forth between
2 East St. Louis and O'Fallon. There's no long-range plan
3 for a transit system to get people back and forth between
4 East St. Louis and O'Fallon.

5 This would basically eliminate access or
6 greatly reduce access to St. Elizabeth's Hospital for
7 employment as well as visiting patients or even accessing
8 the health care themselves. And since we lost
9 Kenneth Hall Hospital back in 2008, one of the things
10 that we were promised is that we would actually see an
11 increase in health care services to take up the space or
12 the gap that was lost when we lost Kenneth Hall. That
13 simply hasn't happened, and the last thing that our
14 residents need in a city like East St. Louis and the
15 other communities that are right around East St. Louis is
16 a reduction in services once again.

17 So we stand with the City of Belleville in
18 asking to not allow St. Elizabeth's Hospital to leave
19 Belleville. The concerns that have been expressed by me
20 this morning have been encapsulated in a resolution
21 passed by our City Council back in November of 2014, and
22 my personal opposition is voiced this morning.

23 Thank you very much.

24 CHAIRPERSON OLSON: Thank you, Mr. Mayor.

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1 MS. MITCHELL: Police Chief William Clay.

2 CHIEF CLAY: Good morning. My name is William
3 Clay, and I am the police chief in Belleville.

4 From a public safety perspective, moving the
5 hospital from Belleville would be a terrible idea. Being
6 the county seat, Belleville hosts the county jail with a
7 population of over 400 inmates, the juvenile detention
8 center, and the entire court system. All of these yield
9 unexpected and immediate health care needs. The hospital
10 needs to be nearby.

11 We have dozens of festivals, parades, and
12 other events, all of which carry the potential need for
13 immediate and unexpected health care. The hospital needs
14 to be nearby.

15 We have 13 institutions of higher learning
16 and school districts with enrollments of more than
17 22,000 students, none of which can afford for
18 St. Elizabeth's to move 7 miles away. The central
19 location of the hospital just makes sense. It
20 immediately affects first responders and impacts
21 survivability in a crisis.

22 That is what we learned firsthand when one of
23 our officers, while taking a homicide suspect into
24 custody, was shot in the face. If it was not for

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1 St. Elizabeth's and their quality staff being two blocks
2 away, I don't believe he would have survived.

3 I hear St. Elizabeth's claiming that the
4 downtown location creates access problems for emergency
5 care. To the contrary, I think the location is
6 essential, and I would ask this Board to vote against the
7 moving out to O'Fallon.

8 Thank you.

9 CHAIRPERSON OLSON: Thank you.

10 MS. MITCHELL: The next five are John
11 Langerman, Robert Hilgenbrink, Stephanie Dorris, Garrett
12 Hoerner, and Geri E. Boyer.

13 And please don't forget to sign in.

14 (An off-the-record discussion was held.)

15 MS. MITCHELL: John Langerman.

16 MR. LANGERMAN: Good morning.

17 My name is John Langerman, and I thank you for
18 this opportunity to be here this morning. I am the
19 executive director of the Greater Belleville Chamber of
20 Commerce.

21 If you look at the support of this project,
22 almost all of which is from St. Elizabeth's employees,
23 the support centers on the benefits of a new hospital.
24 All of those benefits can be accomplished at a new

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1 hospital in Belleville, downtown Belleville.

2 The technology is available in Belleville; the
3 hospital can be built with union labor in Belleville; the
4 modern accommodations can exist in Belleville. The land
5 to build is already there, and St. E's already owns it.
6 O'Fallon does not need this hospital to survive.
7 Belleville does.

8 They asked us to trust them, that they will
9 leave health care in downtown Belleville, but I'm
10 reminded that these are the same people who, when before
11 your Board in September of 2013, swore under oath that
12 the closing of their mental health services was not a
13 first step in closing the Belleville hospital, yet here
14 we are today seeking permission to close the Belleville
15 hospital.

16 We all want a new St. Elizabeth's, but we want
17 it in Belleville. It would be better for access to
18 health care, better for the health of this community. It
19 can be done and it should be done. And when
20 St. Elizabeth's is ready to plan its future here in
21 Belleville, we will be there, ready to support them.
22 Until then, I must oppose this project.

23 Thank you.

24 CHAIRPERSON OLSON: Thank you.

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1 MS. MITCHELL: Robert Hilgenbrink.

2 MR. HILGENBRINK: Thank you.

3 Good morning. My name is Robert Hilgenbrink,
4 and I'm a former member of the Health Facilities and
5 Services Review Board.

6 I'm used to Applicants providing much more
7 documentation. This application has lots of claims but
8 very little in the way of documentation backing up those
9 claims. They dismissed rebuilding in Belleville without
10 any site or architectural studies. They suggest that
11 this project will have no impact on other hospitals
12 without any basis for that claim.

13 This is more -- this is about more than
14 Belleville. It's about the entire community. I live in
15 Shiloh. The Board already approved a new hospital in
16 Shiloh-O'Fallon.

17 To approve another hospital in this same area
18 and allow St. Elizabeth's to close in downtown Belleville
19 will literally be redesigning 150 years of health care
20 delivery and infrastructure overnight. I can't imagine
21 doing that without having meaningful studies of how that
22 will affect health care in the community. Accordingly,
23 I oppose this project, No. 14-043.

24 One last point: As a former Board member, I'm

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1 bothered that an Applicant seems to have concluded on its
2 own that it's okay for Illinois residents to leave the
3 state to get quality OB and pediatric care. They seem
4 okay with the explanation that Illinois residents are
5 going to St. Louis to get that type of care. That is
6 contrary to the CON concept and not for them but, rather,
7 this Board to decide.

8 Thank you.

9 CHAIRPERSON OLSON: Thank you.

10 Next, please.

11 Who's next, Jeannie?

12 MS. MITCHELL: Sorry. Stephanie Dorris.

13 MS. DORRIS: Thank you.

14 Thank you. Good morning. I'm Stephanie
15 Dorris from Belleville.

16 I've read almost everything about this
17 project, including news articles, the entire application,
18 all letters of support and opposition, and anything else
19 that was posted on your website. From those thousands
20 and thousands of pages, I cannot find one good reason why
21 St. E's should abandon Belleville.

22 They make the claims about access to care for
23 others. St. E's has been in Belleville for 140 years,
24 serving the community and its neighbors to the south and

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1 west, 10 of which passed resolutions in opposition. What
2 about their care?

3 Only 51 beds will be left for all the
4 residents of those communities. St. E's claims there is
5 a population shift to the north, although all those
6 residents will soon be cared for by the new Memorial
7 Hospital. Where is the need? Nearly 1500 beds exist in
8 the region St. E's would like to build.

9 And let's look at who supports this project.
10 You heard from St. E's staff, board members, volunteers,
11 and HSHS management. Labor workers also sent in letters.
12 They're hopeful for a big project to work on. If St. E's
13 redevelops in Belleville, they can still look forward to
14 that new work and opportunity.

15 The opposition showed up in force. Over a
16 thousand citizens attended the two public hearings. It
17 was the largest turnout this Board has ever seen.
18 Hundreds of opposition letters were submitted, and
19 thousands of people signed an opposition petition, all of
20 it because we rely on St. E's.

21 Help us create something that Belleville, its
22 neighboring communities, and everyone involved can be
23 proud of. As the project stands now, we cannot.

24 MS. MITCHELL: Garrett Hoerner.

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1 MR. HOERNER: Good morning. My name is
2 Garrett Hoerner. I'm the City Attorney for Belleville,
3 and I, too, oppose this project.

4 St. E's has publicly questioned the basis for
5 two of Belleville's biggest concerns, the belief that
6 this is about payer mix and that it is going to harm
7 Belleville. I would like to put both to rest.

8 The basis for believing that this is about
9 St. Elizabeth's wanting to obtain a better payer mix
10 comes from St. Elizabeth's own leadership. Mayor Eckert
11 already told you that St. Elizabeth's executives informed
12 him the reason they were unwilling to explore a new
13 hospital in Belleville is that they wanted to obtain a
14 better payer mix out on I-64.

15 The same statement was made by St. Elizabeth's
16 leaders to the St. Clair County Board Chairman, whose
17 assistant, Dorothy Meyer, submitted a letter to this
18 Board recounting that meeting, and that letter is in your
19 materials.

20 They also question our claims that closing the
21 hospital would have an adverse impact -- effect on
22 Belleville. Again, that information came directly from
23 St. Elizabeth's.

24 St. Elizabeth's and the Illinois Hospital

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1 Association performed an economic impact study in 2010
2 describing the many benefits the hospital had upon the
3 community, including the creation of 2,000 jobs and
4 adding over \$300 million in economic impact to the
5 community. Of course, that's common sense.
6 St. Elizabeth's may not like these answers, but all the
7 information came directly from them.

8 I respectfully request that this Board deny
9 St. Elizabeth's application.

10 Thank you.

11 CHAIRPERSON OLSON: Thank you.

12 MS. MITCHELL: Geri E. Boyer.

13 MS. BOYER: Hi. My name is Geri Boyer, and
14 I'm the president of Belleville's Downtown Main Street
15 Association, and I'm a professional civil engineer. I'd
16 like to discuss St. E's claim that this project won't
17 work in downtown Belleville as well.

18 I looked at their CON and the design of the
19 hospital and office buildings that they want to build.
20 I looked at the land that St. Elizabeth's already owns
21 downtown and the adjacent land that is available to the
22 hospital's use at their current site.

23 In the materials already submitted to this
24 Board is a document I created illustrating that -- and

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1 proves that they could pursue this project in downtown
2 Belleville. Any claim that they cannot is untrue.

3 The alternatives for building downtown they
4 presented were all slanted to cost more. They described
5 rebuilding on the same site in phases because it would
6 cost more to do it in phases, but St. Elizabeth's never
7 evaluated rebuilding a brand-new hospital downtown
8 utilizing their current site and the property adjacent
9 to it.

10 As an engineer, I know that it would not cost
11 more to rebuild downtown, to build on undeveloped land,
12 to buy that land and to put in the infrastructure -- and,
13 also, it's undermined, so the cost to stabilize that
14 undermined property is extensive. St. E's provides no
15 explanation in their documentation to support that this
16 hospital really would cost more if they built it
17 downtown.

18 As a Catholic, I also oppose this plan because
19 St. E's seems to have put their business plan ahead of
20 its charitable mission. This proposal forsakes the poor
21 in pursuit of profits.

22 I've seen St. E's own analysis. It shows they
23 selected the option that was better for their business
24 plan even though it was less consistent with their

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1 Franciscan mission. When the Catholic church built its
2 senior cottages directly across the street --

3 CHAIRPERSON OLSON: Please conclude.

4 MS. BEYER: -- from St. Elizabeth's current
5 hospital, they were bargaining for health care next door,
6 not 7 miles away. St. E's hospital would be supported if
7 it was built downtown by myself and by the entire
8 community.

9 Thank you.

10 CHAIRPERSON OLSON: Thank you.

11 Next, Jeannie.

12 MS. MITCHELL: If Reverend Monsignor John T.
13 Myler is here and wishes to speak, please come up.

14 UNIDENTIFIED MALE: He's not available.

15 MS. MITCHELL: Then the next five are
16 Susan Beeler, Don DeGonia, Father Dieters, Tom Ferguson,
17 and Francisco Garza.

18 Please remember to sign in.

19 CHAIRPERSON OLSON: Whoever's ready can just
20 start. You don't have to be in any order, so please just
21 grab a microphone and start.

22 Are you ready?

23 MS. BEELER: Yes.

24 CHAIRPERSON OLSON: Identify yourself.

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1 MS. BEELER: My name is Susan Beeler. I've
2 read every letter and was responsible for much of the CON
3 documentation in this project.

4 UNIDENTIFIED FEMALE: We can't hear you.

5 UNIDENTIFIED FEMALE: Can't hear you.

6 MS. BEELER: In summary, our community is
7 overwhelmingly in favor of a replacement hospital along
8 I-64. There are over a thousand letters of support.
9 There are only 155 letters of opposition. Many of those
10 letters of support come from Belleville residents,
11 East St. Louis, Smithton, and Millstadt.

12 I want to clarify a few misrepresentations by
13 the opposition.

14 Memorial has stated that their current
15 Belleville facility does not have enough ED capacity to
16 care for additional patients. There is no reason to
17 believe and no documentation to support that our patients
18 will not follow us to O'Fallon.

19 St. Elizabeth's believes all of our patients
20 will follow us to O'Fallon. Even if patients choose to
21 go to Belleville Memorial, they have the capacity based
22 on its 2013 AHQ submission.

23 (Member Bradley left the proceedings.)

24 CHAIRPERSON OLSON: Excuse me. I'm going to

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1 have to ask you to stop. We don't have a quorum, so
2 we can't continue.

3 MEMBER GALASSI: You can continue without a
4 quorum. You just can't take action.

5 (An off-the-record discussion was held.)

6 MS. AVERY: We have to have a quorum for the
7 Open Meetings Act.

8 MEMBER GALASSI: I respectfully disagree. You
9 only have one member at public hearings and you have a
10 thousand people show up.

11 MS. AVERY: This is the Open Meetings Act,
12 though. We need five people for the open meetings.

13 MEMBER GALASSI: To take action.

14 MR. MORADO: To do anything.

15 MEMBER GALASSI: Okay.

16 MS. AVERY: Excuse me.

17 We're off the record.

18 (A recess was taken from 10:01 a.m. to
19 10:06 a.m. Member Bradley returned to the proceedings.)

20 CHAIRPERSON OLSON: Okay. As soon as
21 everybody is back in the room, I'm going to allow you to
22 start again. I don't think it's fair to interrupt you in
23 the middle of that.

24 So please start again.

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1 MS. BEELER: My name is Susan Beeler. I have
2 read all the letters for this project and was responsible
3 for submitting much of the documentation.

4 In summary, the community has spoken and they
5 are overwhelmingly in favor of this hospital, replacement
6 hospital, along I-64.

7 There are over a thousand letters of support
8 spanning the entire region, including the communities of
9 Belleville, East St. Louis, Smithton, and Millstadt.
10 There are only 155 letters of in opposition, and I want
11 to clarify a few misrepresentations that the opposition
12 letters have stated.

13 Memorial has stated that their current
14 Belleville facility does not have the ED capacity to care
15 for any additional patients. There is no reason to
16 believe and no study to support that the patients who
17 bring themselves to St. Elizabeth's ED will not come to
18 O'Fallon. Even if a patient chooses an alternative such
19 as Memorial Hospital Belleville, they have the capacity
20 based on their 2013 AHQ submission.

21 Memorial would also like you to believe that
22 the approval of the St. Elizabeth's replacement hospital
23 project would financially devastate Memorial Hospital
24 East. Memorial Hospital made the choice to duplicate its

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1 own services, dilute its own market share, and double
2 their expenses. This was Memorial's decision, not
3 St. Elizabeth's.

4 I humbly ask the Board to approve
5 St. Elizabeth's replacement project.

6 CHAIRPERSON OLSON: Thank you.

7 Next.

8 MR. DE GONIA: Good morning. My name is
9 Don DeGonia. I'm the business manager of Plumbers and
10 Gasfitters, Local 360, in East St. Louis.

11 I'm here to support St. Elizabeth in its plans
12 to build a replacement hospital. If approved, this
13 project will be tremendous for our members and their
14 families. Our membership has experienced almost
15 35 percent unemployment at times since 2008.
16 Construction of a new hospital with modern technology
17 along Interstate 64 in O'Fallon would provide our members
18 full-time employment for up to two years during
19 construction. The additional buildings that would be
20 constructed around the new hospital -- such as hotels,
21 restaurants, and other medical buildings -- also would
22 provide a much needed boost to a lagging economy.

23 In my opinion, moving St. Elizabeth's from
24 Belleville to its proposed location makes complete sense

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1 for the region.

2 In closing, I urge the Review Board to support
3 the Metro East economy and its health care delivery
4 system by giving the go-ahead to St. Elizabeth's to build
5 a state-of-the-art hospital for the Metro East area.

6 Thank you.

7 CHAIRPERSON OLSON: Thank you.

8 Next.

9 FATHER DIETERS: Good morning. I am Father
10 Jim Dieters. I'm a Catholic priest and also a member of
11 the board of directors at St. Elizabeth's Hospital in
12 support of the replacement hospital this morning.

13 The word "Catholic" in its truest sense means
14 "universal and broad-minded thinking." The Hospital
15 Sisters have taken the word "Catholic" seriously in their
16 140-year mission by carefully choosing locations for
17 their hospitals that serve the most number of people,
18 especially the poor. They never select a location
19 without considering that. The locations of their
20 hospital, note, have saved the State of Illinois billions
21 and billions of dollars by how they choose their
22 location.

23 The opposite of having a Catholic vision that
24 serves the greatest number of people is what we call

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1 parochialism. "Parochialism" means being small-minded
2 and limiting one's concerns to a small geographical area;
3 in this case, only concerned about the city of
4 Belleville.

5 St. Elizabeth's Hospital simply cannot exist
6 in its present location, and it would be a tragedy to
7 southern Illinois if the replacement hospital is not
8 approved, a real tragedy.

9 I am praying hard that your Board -- and
10 I trust you will -- votes beyond parochialism and beyond
11 politics and trust the 140-year wisdom and the in-depth
12 research of our administration to replace our hospital in
13 a more effective location that truly serves and is the
14 best thing for health care in our region.

15 Thank you very much.

16 CHAIRPERSON OLSON: Thank you, Father.

17 BISHOP DUDLEY: Good morning. My name is
18 Bishop Geoff Dudley. And though I'm not Catholic -- I am
19 a protestant bishop -- I stand with Father in his
20 decision and his agreement to move forward with this
21 project. Let me state why we do.

22 I'm Bishop Geoff Dudley, as I said, senior
23 pastor at New Life in Christ Interdenominational Church,
24 a nondenominational church with a diverse membership of

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1 over 2,000 members, one of the fastest growing churches
2 in the Metro East.

3 We stand with this project and hope that you
4 would vote for the project because our congregation is
5 made up of many in the entire region, not just in one
6 location but in all of the municipalities in the entire
7 Metro East.

8 We stand with this project because we believe
9 immediate access to state-of-the-art health care is in
10 dire need. Our pastoral care would be greatly enhanced.

11 In addition to that, we believe that the
12 progressiveness of this project and the progressiveness
13 of the Metro East and how it is growing and developing
14 will be complemented by this and enhanced by the
15 state-of-the-art hospital that will be replacing the one
16 that is currently serving the area.

17 Thank you so much.

18 CHAIRPERSON OLSON: Thank you.

19 Finally.

20 MR. GARZA: (Speaking Spanish.) Francisco
21 Garza. (Speaking Spanish.)

22 I live in Washington Park, Illinois, and I am
23 shown -- here to show support to St. Elizabeth's and its
24 replacement hospital.

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1 My neurologist is at St. Elizabeth's, and
2 every time I would walk into the hospital I am treated
3 with great care, respect, and dignity, although I have to
4 say the building is old and difficult to navigate. I was
5 not sure what elevators to use to get to where I needed
6 to go, whether I was going to the lab, X-rays, or a
7 patient room. I am looking forward to a modern hospital
8 that is easier to navigate and that has more
9 state-of-the-art design.

10 I am also pleased to see the hospital move to
11 a location just off the main interstate, and I plan to
12 follow St. Elizabeth's to its new location because it
13 will be faster for me and my neighbors to get to the new
14 hospital.

15 I want to thank you for your time today, and
16 I hope that you will approve these plans for all the
17 surrounding communities.

18 CHAIRPERSON OLSON: Thank you.

19 Jeannie.

20 MS. MITCHELL: The next five are --

21 MS. AVERY: Call them all.

22 MS. MITCHELL: All right. We're going to call
23 the next six, Gary Graham, Dr. Loren Hughes, Dr. Bill
24 Manard, Dr. Shelley Harris, Michael Schifano, and

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1 Tim Claxton.

2 And please don't forget to sign in.

3 CHAIRPERSON OLSON: Whoever's ready can start.
4 You don't have to wait.

5 DR. HUGHES: Hello. My name is Dr. Loren
6 Hughes, and I'm the president of HSHS Medical Group.

7 I've worked as an emergency medicine physician
8 as well as a primary care physician for 24 years at
9 various HS locations in Litchfield, Breese, and
10 Collinsville, Illinois.

11 I've had hundreds of opportunities over the
12 years to transfer patients to St. Elizabeth's Hospital,
13 but I found that, many times, patients balk at the
14 suggestion because of the current location. They claim
15 that it's hard to find, difficult to reach, congested and
16 narrow roads that weren't there when the hospital was
17 originally built. When informed of a possible new
18 hospital off of an interstate near O'Fallon, they
19 enthusiastically support the concept and would prefer
20 that location over traveling across the river to
21 St. Louis.

22 As president of HSHS Medical Group, I recruit
23 physicians to the region. Many candidates lose interest
24 when they interview at St. Elizabeth's due to the

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1 limitations of age in that facility and its location.

2 Physician specialists often live in St. Louis,
3 and many are disqualified for hospital membership at
4 St. Elizabeth's due to a required 30-minute on-call
5 emergency response time, which is not possible due to the
6 current landlocked location of that hospital. Many
7 doctors that are greatly needed in southern Illinois are
8 lost to newer and more accessible hospitals. A new
9 hospital in O'Fallon would help us recruit and retain
10 desperately needed specialists.

11 We -- to counter some of the things I've heard
12 today about the payer mix, I will tell you that we just
13 opened, this month, a brand-new primary care office in
14 Shiloh, which is right next to the location where this
15 new hospital would be located and, in the first
16 three weeks, over 40 percent of the patients that we took
17 care of there were on Illinois Medicaid. So the payer
18 mix does not seem to be any different to our office, at
19 least for the beginning.

20 And so I encourage you to approve the plans
21 for this hospital.

22 CHAIRPERSON OLSON: Thank you, Doctor.

23 Next, please.

24 MR. CLAXTON: Hi. Good morning. My name is

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1 Tim Claxton, and I have the privilege to read a statement
2 by Mr. James Snowden, a patient who wanted to be standing
3 here today to show his support for St. Elizabeth's
4 Hospital in O'Fallon.

5 He writes, "I reside in O'Fallon, and I have a
6 deeply personal relationship with St. Elizabeth's. You
7 see, I was one of the millions of uninsured people in the
8 United States that has had major medical problems.
9 I moved to the area and opened a restaurant near the
10 current St. Elizabeth's in Belleville. As you all know,
11 many businesses in the area, including mine, had to close
12 due to the economy.

13 "St. Elizabeth's treated me when I didn't have
14 anywhere else to turn. They provided me with excellent
15 care even though I had financial difficulties. I'm so
16 grateful to everyone at St. Elizabeth's for the care and
17 compassion they showed me, and I know many others feel
18 the same way. St. Elizabeth's helps the families that
19 need it most, and a new hospital will allow them to treat
20 even more families.

21 "I ask you to approve the new hospital so that
22 many more deserving families in the region have access to
23 quality medical care.

24 "Thank you."

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1 CHAIRPERSON OLSON: Thank you.

2 Next.

3 DR. HARRIS: Good morning. I'm Dr. Shelley
4 Harris and I have the privilege to read for
5 Stephanie Mohr.

6 Stephanie respectfully asks the Review Board
7 to approve the St. Elizabeth's plan for a replacement
8 facility in O'Fallon. Stephanie acts as the director of
9 the East St. Louis School District 189 Career and
10 Technical Education Center, and St. Elizabeth's works
11 with she and her students to educate them about careers
12 in health care and help them obtain entry-level jobs in
13 the health care market.

14 When students learn valuable on-the-job skills
15 in a state-of-the-art facility, they are prepared for
16 careers in the 21st century health care. The new
17 St. Elizabeth's Hospital will train tomorrow's medical
18 professionals today. These colleagues will be more
19 likely to stay in the region rather than to seek
20 employment at other health care facilities in neighboring
21 states.

22 Just imagine the benefits high-quality health
23 care and highly skilled workers can bring to our
24 Metro East residents. A modern hospital with leading-

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1 edge technology will be of great benefit to our entire
2 region and, also, the next generation of health care
3 workers.

4 It is for that and many other reasons that
5 Stephanie supports this plan. Thank you for allowing her
6 voice to be heard, and I ask, for her, that you vote yes
7 on St. Elizabeth's new hospital application.

8 CHAIRPERSON OLSON: Thank you, Doctor.

9 Next.

10 DR. SCHIFANO: Hello. My name is Dr. Michael
11 Schifano. I'm an obstetrician and the founder of
12 Heartland Women's Healthcare.

13 I'm here to ask you to approve St. Elizabeth's
14 plans to build a replacement hospital just off I-64 in
15 St. Clair County. St. Elizabeth's Hospital is just one
16 of our many hospital partners. Many of our patients
17 request St. Elizabeth's because of the compassionate care
18 they receive; however, our patients are also looking for
19 modern birthing suites and accommodations for partners
20 and family. The new St. Elizabeth's will provide that
21 experience.

22 Since coming to the Metro East in 2012, our
23 practice has grown more than 40 percent. We see no signs
24 of that growth slowing. In fact, as the economy picks

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1 up, we expect our volume to increase, as well.

2 I want to note that hundreds of patients are
3 leaving care to go to Missouri. I believe this
4 replacement hospital and our new building off I-64 in
5 Shiloh will help keep patients in Illinois, which is good
6 for all of us.

7 Thank you for your time today, and I hope you
8 will vote yes on these plans.

9 CHAIRPERSON OLSON: Thank you, Doctor.

10 Next.

11 MAYOR GRAHAM: Good morning. Thank you for
12 your service. I'm Gary Graham -- can you hear me? --
13 mayor of O'Fallon since 1997.

14 I want to just note that I also supported the
15 move of Memorial's satellite to Shiloh, which is not in
16 O'Fallon, because I think it is parochial when you don't
17 allow new facilities to be built in the area.

18 As noted in the Belleville News Democrat,
19 St. Elizabeth's Hospital has a 140-year history of saving
20 lives, healing the poor, donating, making sacrifices, all
21 in the name of faith and mission. Approval of St. E's
22 CON for a new campus will change only one thing,
23 location, not the faith nor the mission.

24 Fact: Traffic studies prove 67 percent of all

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1 St. Clair County -- whether poor, middle, or high
2 income -- have faster drive times to the new campus.

3 Fact: Metro East transit runs through
4 O'Fallon. The page is two -- it's two pages long of the
5 bus schedule to O'Fallon, Illinois. All St. E's is
6 asking to change is location. They have voluntarily
7 given up 159 beds.

8 What possible logic could deny the
9 500,000 citizens of Metro East a brand-new hospital that
10 is simply moving? There are two hospitals there today.
11 There is not a change. We're talking about location.
12 There are currently only 5 miles apart at the two
13 locations they're at.

14 What are we requesting? We're requesting you
15 approve this relocation.

16 Thank you for your service.

17 CHAIRPERSON OLSON: Thank you.

18 And finally.

19 DR. MANARD: Good morning. My name's Dr. Bill
20 Manard. I'm a family physician and I serve as the vice
21 chair of the department of family medicine at St. Louis
22 University School of Medicine. I partner in that role
23 with St. Elizabeth's Hospital, Southern Illinois Health
24 Care Foundation, which is an FQHC, and Scott Air Force

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1 Base to oversee the family medicine residency based at
2 St. Elizabeth's Hospital.

3 This unique partnership's provided patients
4 from across southwestern Illinois, particularly military
5 families of Scott Air Force Base, with critically needed
6 access to primary care physicians. We annually recruit
7 residents that must be trained with the latest medical
8 technology as they prepare to become family physicians.

9 Most of our civilian graduates stay in
10 southern Illinois to practice, and many of our military
11 graduates eventually choose to return to the area.
12 Unfortunately, the current St. Elizabeth's Hospital is
13 built for delivering medical care in the 1950s and its
14 location is not easy to reach.

15 The new hospital will not only provide a
16 state-of-the-art clinical setting but will be in a much
17 better location for our military patients from Scott
18 Air Force Base, and it's ideally suited for convenient
19 access to downtown St. Louis, which is a factor for
20 recruiting young residents looking to move to the area.

21 Our residency program with St. Elizabeth's
22 Hospital is vitally important to the delivery of primary
23 care in southern Illinois, and I strongly urge you to
24 support their proposal to build a modern replacement

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1 hospital.

2 Thank you.

3 CHAIRPERSON OLSON: Thank you, Doctor.

4 I believe that concludes the public
5 participation section of the meeting.

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1 CHAIRPERSON OLSON: The next item of business
2 is postpermit items approved by the Chairwoman.

3 Mr. Constantino.

4 MR. CONSTANTINO: Thank you, Madam Chairwoman.

5 The Chairwoman has approved four items, Permit
6 Renewal No. 12-095, Fresenius Medical Care, Waterloo;
7 Permit Renewal No. 12-098, Fresenius Medical Care
8 Monmouth; Greater Peoria Specialty Hospital, E-052-014,
9 change of ownership; and permit relinquishment for Permit
10 No. 14-024, DaVita Stony Creek Dialysis.

11 Thank you, Madam Chairwoman.

12 CHAIRPERSON OLSON: Thank you, Mike.

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1 CHAIRPERSON OLSON: Next we have items for
2 State Board action. First is permit renewal requests.

3 First on the docket is Item A-01, Sarah Bush
4 Lincoln Health Center in Mattoon, for a six-month renewal
5 from February 28th of 2015 to August 31st of 2015.

6 Comments -- oh, you need to be sworn in and
7 then -- if you could be sworn in by the court reporter.

8 THE COURT REPORTER: Raise your right hands,
9 please.

10 (Three witnesses duly sworn.)

11 THE COURT REPORTER: Thank you. And please
12 print your names.

13 CHAIRPERSON OLSON: Mike, State Board staff
14 report.

15 MR. CONSTANTINO: Thank you, Madam Chairwoman.
16 Sarah Bush Lincoln Health Center is requesting
17 a six-month permit renewal for Permit No. 09-076.

18 Thank you, Madam Chairwoman.

19 CHAIRPERSON OLSON: Thank you, Mike.

20 Do you have comments for the Board?

21 MS. STOLLARD: Sure.

22 Good morning. I am Erica Stollard. I'm the
23 director of planning and business development with
24 Sarah Bush Lincoln Health Center. With me today is

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1 Tim Kastl, our director of facilities services, and
2 Dennis Pluard, our vice president of finance and
3 operations.

4 We welcome any questions you may have of us.

5 CHAIRPERSON OLSON: Thank you.

6 Questions from the Board members?

7 (No response.)

8 CHAIRPERSON OLSON: Seeing none, I'll call for
9 a motion to approve Agenda Item 0-076, Sarah Bush Lincoln
10 Health Center, Mattoon, for a six-month permit renewal.

11 MEMBER SEWELL: So moved.

12 MEMBER GALASSI: Second.

13 CHAIRPERSON OLSON: Roll call vote, please.

14 MR. ROATE: Motion made by Mr. Sewell;
15 seconded by Mr. Galassi.

16 Mr. Burden -- or Mr. Bradley. I'm sorry.

17 MEMBER BRADLEY: Yes.

18 MR. ROATE: Mr. Galassi.

19 MEMBER GALASSI: Yes.

20 MR. ROATE: Mr. Hayes.

21 VICE CHAIRMAN HAYES: Yes, based on the
22 percentage completed.

23 MR. ROATE: Mr. Sewell.

24 MEMBER SEWELL: Yes, for reasons stated by

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1 Mr. Hayes.

2 MR. ROATE: Madam Chair.

3 CHAIRPERSON OLSON: Yes, for reasons stated by

4 Mr. Hayes.

5 MR. ROATE: That's 5 votes in the affirmative.

6 CHAIRPERSON OLSON: The motion passes.

7 Thank you very much.

8 MS. STOLLARD: Thank you.

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1 CHAIRPERSON OLSON: Next we have Item A-02,
2 08-099, Meadowbrook Manor, Geneva, for an 18-month
3 renewal.

4 THE COURT REPORTER: Would you raise your
5 right hands, please.

6 (Three witnesses duly sworn.)

7 THE COURT REPORTER: Thank you. Please print
8 your names.

9 CHAIRPERSON OLSON: Mike, State Board staff
10 report.

11 MR. CONSTANTINO: Thank you, Madam Chairwoman.
12 Meadowbrook Manor in Geneva, Illinois, is
13 requesting a permit renewal for Permit No. 08-099. This
14 is the fourth renewal for this project.

15 Thank you, Madam Chairwoman.

16 CHAIRPERSON OLSON: Comments for the Board?

17 MR. SHEETS: Good morning.

18 Obviously, you've heard a few things today
19 already --

20 CHAIRPERSON OLSON: Can you move that closer,
21 please?

22 MR. SHEETS: You've heard a few things today
23 already about this project. It is technically a fourth
24 renewal, but we had a very short renewal period in there

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1 to come back with our HUD commitment letter, which you
2 may or may not remember.

3 The project is HUD funded, and it's caused
4 quite the --

5 MS. AVERY: Mr. Sheets, speak directly into
6 the microphone.

7 It's on. You're just not speaking into it.

8 MR. SHEETS: I'm not speaking into it? How's
9 that?

10 MEMBER GALASSI: That's better.

11 MR. SHEETS: Because the project is HUD
12 funded, it's created a lot of different delays, and we've
13 had some issues with the City, also, City of Geneva. But
14 since we were here the last time, we believe we proceeded
15 with due diligence in trying to get the project approved.

16 September 24th of '13 is when we were here
17 before you, and we got the project approved for 18 more
18 months on a renewal. Unfortunately, on October 3rd, a
19 little more than a week later, the City's site plan that
20 we had approved prior was -- it expired on its own so --
21 the site plans only go for one year at a time.

22 At that time we started working again with the
23 City to try to get them to renew the site plan, and at
24 the same time we hired an architectural firm and began a

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1 full set of drawings for IDPH and HUD approval.

2 The City of Geneva again requested that the
3 Applicant go to seek another access point from the Delnor
4 Hospital campus. If you recall, we were here a few years
5 ago describing the problem we had had with a second
6 access point to the property.

7 So again we were instructed to go back to
8 Delnor Hospital and try to get another access point
9 because the fire trucks and the delivery trucks will only
10 be allowed to access from one direction without the
11 second access point.

12 So we went back to Delnor and tried to meet
13 with them and get them to say yes to a second access
14 point on their property. And we were met with the same
15 response, which was "No, we're not going to do that."

16 At the same time we had an architectural firm
17 preparing a full set of drawings. The Applicant spent
18 \$808,000 on those drawings. They're significant
19 drawings. IDPH eventually approved those drawings in
20 September of 2014. HUD took four months to review the
21 drawings, sent 38 comments back --

22 (An off-the-record discussion was held.)

23 MR. SHEETS: Oh, I'm sorry.

24 -- 87 comments back -- and we just responded

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1 to those 87 comments. A lot of them are very minor.
2 They have a certain way they want the drawings, and the
3 drawings weren't submitted in the way that they wanted,
4 although one would think, after \$808,000, they would be
5 perfect but they're not.

6 So we've been working with HUD trying to get
7 that approved, but we're still facing the obstacle with
8 the site plan. And I've got the developer with me
9 here -- not the developer but the construction manager --
10 here with me to try to explain to you what happened with
11 regard to the City and why we're back with the City once
12 we already had approval for that.

13 So that's Mr. John Maze.

14 MR. MAZE: Thank you.

15 There are many issues that come into play with
16 trying to get Delnor to give their access. This site
17 directly abuts to Delnor's ring road that runs around
18 their campus. The City of Geneva felt it imperative that
19 we have an ambulance connection so that our ambulances,
20 their ambulances can get directly into the hospital as
21 quickly as possible.

22 Many times we went to Delnor. At all those
23 critical points while we're talking to Delnor, Delnor had
24 mergers, acquisitions going on, Cadence Health,

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1 Northwestern more recently. Getting to the appropriate
2 party was very difficult, took lots of time. Eventually,
3 we made it there and got a flat-out no.

4 We went back to the City of Geneva, ready to
5 pull the trigger, get in for site plan approval. The
6 City has since advocated our connection to that ring road
7 and is trying to get Delnor to understand, you know, how
8 imperative that connection is so -- most recently they
9 met with them about a month ago. Before the end of this
10 month -- this week actually -- they're meeting one more
11 time to advocate that connection and make everyone in
12 that room understand how important that is not only to
13 our project but to City ambulances, City fire trucks.

14 At the same time, that access gives our
15 clientele, fire trucks, and ambulances two points of
16 access into our -- into our site. I have every reason to
17 believe that the City of Geneva will prevail this time.
18 The meetings have been good. And I think in the next 60,
19 90 days, we'll be at that site plan approval process
20 again.

21 MR. SHEETS: And then I'd just like to wrap
22 up. I also have the CFO with me if anyone has any
23 questions on the commitment.

24 But as I mentioned earlier, the Applicant has

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1 spent \$808,000 in architectural fees. They purchased the
2 land for 1.2 million. They have currently \$2.4 million
3 into this project. And they believe they've been working
4 forward with HUD and have used every due diligence to try
5 to get HUD to move quickly on this project.

6 But once we got the financial commitment, we
7 thought it was smooth sailing, but now we've got the
8 drawings that HUD is looking at.

9 So we've asked for an 18-month renewal, and we
10 hope that you will consider that and approve it.

11 CHAIRPERSON OLSON: Questions from Board
12 members?

13 MEMBER GALASSI: Madam Chair, I have a
14 question for our crack legal team, J and J.

15 What happens to this Applicant if they
16 don't -- if we vote no today? What option do they have
17 in the future?

18 MR. MORADO: Mike, which -- where in terms of
19 the initial permit -- when does it expire?

20 MR. CONSTANTINO: The permit would be invalid
21 if you vote -- it would be over, that's correct.

22 MS. AVERY: There is no limit on the --

23 MEMBER BRADLEY: It would be what?

24 MR. CONSTANTINO: The permit would be invalid

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1 if you don't renew the permit today.

2 MR. MORADO: Today's the -- when's the
3 completion date they requested previously?

4 MR. CONSTANTINO: January 31st.

5 MEMBER GALASSI: And that being the case, if
6 they are ultimately successful in working things out with
7 Geneva, these further issues, they will then have an
8 ability to come back through the process all over again?

9 MR. CONSTANTINO: They'd have to submit a new
10 application, yes.

11 MEMBER GALASSI: Okay.

12 MR. MORADO: And there is no limit on permit
13 renewals.

14 MEMBER GALASSI: I'm sorry?

15 MR. MORADO: There is no limit on permit
16 renewals as long as they keep coming back in a timely
17 manner and requesting.

18 MEMBER GALASSI: Yes. Agreed.

19 Thank you.

20 MEMBER BRADLEY: If I recall the earlier
21 public comments, questions were raised about the
22 overbedding in this area.

23 Is that right?

24 MR. CONSTANTINO: Not at the time of Board

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1 approval, no.

2 MEMBER BRADLEY: I understand that. Right now.

3 MR. CONSTANTINO: It is right now -- yes, it
4 is there now.

5 MEMBER BRADLEY: And right now how much
6 overbedding is there?

7 MR. CONSTANTINO: A little over 200. I don't
8 know the exact number.

9 MR. SHEETS: Well -- and if I just may address
10 that issue.

11 The way the Board's rules read -- and I'm sure
12 Mr. Morado can verify this -- once -- on a permit renewal
13 application, once the required information is submitted,
14 the only standard the Board has for approval is whether
15 or not the Applicant proceeded with due diligence.

16 So the issue of need and beds has been decided
17 in the past and is not really up for discussion today.

18 MR. MORADO: That is correct.

19 MEMBER BRADLEY: But the effect of saying no
20 today would be that they would have to start over?

21 MR. CONSTANTINO: If you do not renew the
22 permit, they would have to start over, yes, with a new
23 application.

24 MEMBER BRADLEY: Right.

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1 CHAIRPERSON OLSON: But just so -- just so
2 we're aware, if we're going to say no, we have to have a
3 reason for saying no because they've met all the
4 criteria. And per our rules, if the criteria is met, we
5 need a reason compelling --

6 MR. CONSTANTINO: They have met all the
7 criteria for permit renewal, however, if you consider
8 seven years due diligence.

9 CHAIRPERSON OLSON: What -- when do you think
10 you might move some dirt?

11 MR. MAZE: Taking into consideration that the
12 City of Geneva -- I still have to go through the site
13 plan approval process -- that easily could take 90 days.
14 I'm looking -- July, August, somewhere in there.

15 CHAIRPERSON OLSON: So if Geneva can't get the
16 approval from Delnor, what happens then? Will they not
17 let you proceed?

18 MR. MAZE: No. I think they'll let us
19 proceed. Then we'll be at the hands of the trustees at
20 that meeting with the access.

21 Prior -- this project was approved once
22 already with those access points just as they are.

23 CHAIRPERSON OLSON: Right.

24 MR. MAZE: We went back to Delnor with the

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1 exact same site plan, exact same details. It's Delnor
2 that is advocating the Delnor connection at this time.
3 We were approved once already from them.

4 CHAIRPERSON OLSON: Okay.

5 MEMBER GALASSI: Madam Chair.

6 CHAIRPERSON OLSON: Yes.

7 MEMBER GALASSI: You said it took four months
8 for HUD to respond and they came back with 88 questions.
9 How long did it take you to respond back
10 to HUD?

11 MR. MAZE: We just completed those submittals,
12 and they're on their way to HUD now.

13 MEMBER GALASSI: That's not my answer.

14 MR. MAZE: December 5th.

15 MR. SHEETS: Well, we got them on
16 December 5th. It was about a month.

17 MEMBER GALASSI: Thanks.

18 CHAIRPERSON OLSON: Okay. Other questions?
19 John.

20 VICE CHAIRMAN HAYES: Yes, Madam Chair.

21 Could you go through the financing on this
22 project? What about the HUD financing and the -- give me
23 a time line on that and the time line on the organization
24 itself.

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1 Could you go through that again for me? This
2 has to do -- back with your other --

3 MR. SHEETS: Sure.

4 VICE CHAIRMAN HAYES: -- obligation dates or
5 your other renewals.

6 MR. SHEETS: Sure. We'd be happy to do that.

7 The date -- I think if you look at the State
8 agency report, when the second renewal was granted in
9 January of 2013, we were before you and we had explained
10 that we had gone for a HUD -- we had changed the
11 direction and moved for a HUD construction loan.

12 And we had explained that, because of the
13 downturn in the economy prior to that, we weren't able to
14 get financing. So the HUD construction loan had been in
15 progress, but we had remained in the queue at HUD --
16 which you've probably heard that term before -- for
17 almost two years, for 20 months, before they even picked
18 up our application to review it. So we were sort of at a
19 standstill at that point before the 2013 January renewal.

20 But the Board said, "We want to see an actual
21 HUD commitment before we'll let this project go forward,"
22 so you -- the Board gave us a six-month renewal at that
23 time, instead of the full time we had asked for, to come
24 back and produce a HUD commitment.

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1 So we were able to do that. We got a HUD
2 commitment and -- in July of 2013 -- I believe it was
3 July -- we came back and got another renewal of
4 18 months, and that's where we're at right now.

5 So the HUD -- the HUD commitment we brought to
6 the Board; we showed the Board the HUD commitment. It
7 was real but it had conditions on it.

8 And I'll let -- I have Mr. Gabrys here, who
9 can talk about the status of the HUD commitment right
10 now, if you'd like.

11 VICE CHAIRMAN HAYES: Yes. Thank you.

12 MR. GABRYS: Thank you. My name is Scott
13 Gabrys. I'm the CFO for Butterfield Health Care Group.

14 The status of the HUD commitment when it
15 initially came back to us carried a number of conditions
16 with it, 28 to my recollection.

17 We go through and we respond to those items
18 that they're inquiring about, and those do propagate more
19 questions from them, as well. We continually are in
20 dialogue with HUD to answer their questions. We most
21 recently received a letter on January 15th of this year
22 with 16 items that they're requesting that we comment on
23 or provide them other information to.

24 So I wish that I could tell you that there is

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1 clear path from getting that initial commitment, knowing
2 every step along the way of what they're going to ask us
3 for. We provide that information to them; they come back
4 with more requests along those lines.

5 The most recent number of requests, the
6 16 items, are pretty innocuous in nature. They're asking
7 for licenses and permits and stuff of the people who we
8 are working with, and those things are in place. We
9 gather the information, we send them off, and, quite
10 frankly, hope we don't hear from them again, meaning the
11 process is coming to an end.

12 But when that next letter shows up, it's go
13 time again, and we -- you know, we have to get in there
14 and respond to that.

15 MR. SHEETS: The other thing I would add to
16 that is that the CON -- the current status of the
17 certificate of need is one of those issues that's on that
18 HUD commitment.

19 The other thing that I can tell you is that
20 the appraisal is being redone. It went stale in the
21 process. And I think that we expect the HUD process to
22 be over rather quickly -- I would say in the next
23 60 days -- and I really think that we'll break ground in
24 the summer.

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1 So that's what I'm hoping. I'm hoping that
2 you'll give us the renewal so that we can proceed to do
3 that.

4 CHAIRPERSON OLSON: I've asked Juan to read
5 the definition per our rules of due diligence.

6 MR. MORADO: Just to get started, under
7 "Permit Renewals," which is Section 1130.740, the HFSRB
8 will evaluate the information submitted to determine if
9 the project has proceeded with due diligence.

10 The definition of "due diligence" can be found
11 in Section 1130.140 and is as follows: "Due diligence
12 means to take such actions towards the completion of a
13 project for which a permit has been issued with that
14 diligence and foresight that persons of ordinary prudence
15 and care commonly exercise under like circumstances.

16 "An accidental or unavoidable cause that
17 cannot be avoided by the exercise of due diligence is a
18 cause that reasonable, prudent, and careful persons,
19 under like circumstances, do not and would not ordinarily
20 anticipate and whose effects under similar circumstances
21 they do not and would not ordinarily avoid."

22 CHAIRPERSON OLSON: Thank you, Juan.

23 Other questions?

24 VICE CHAIRMAN HAYES: I was just wondering,

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1 would you be -- was there a possibility of having this
2 renewal for nine months, until October 31st of 2015? Is
3 that a possibility?

4 I'm asking --

5 CHAIRPERSON OLSON: What would be the reason
6 for that?

7 VICE CHAIRMAN HAYES: Well, by then they
8 should have -- because they don't have a -- even -- they
9 haven't even completed the HUD loan yet. You know, that
10 part of it. They're still working on that. They have a
11 commitment but they haven't been able to answer all their
12 questions, so we're not even at the -- they haven't even
13 gotten their HUD loan yet.

14 And then, also, by then they should be able to
15 decide on this site plan and working with the City and
16 with Delnor. That should be completed. They should
17 have -- they mentioned before that they'd be able to
18 break ground, hopefully, in August of this year. So by
19 October 31st of this year, I would imagine they would
20 have all of that completed and we'd be able -- there
21 would be no problem with us doing a fifth renewal,
22 either.

23 CHAIRPERSON OLSON: So what is that going to
24 do to HUD? Are they not going to like that?

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1 MR. SHEETS: Well, I think it would be all
2 right with HUD as long as we make it clear the reasons
3 the Board was doing it and that we would get a renewal if
4 we were, you know, underway.

5 So I think we can explain that to HUD.

6 MR. MAZE: Yeah. The CON just needs to be
7 active when we close.

8 MEMBER GALASSI: And did you say you thought
9 you would break ground in June or August?

10 MR. MAZE: No, July or August.

11 MEMBER GALASSI: John, I'm just commenting to
12 your suggestion.

13 I'm a little hesitant to make it nine months
14 in October just because of the issues they've had.
15 I think we're only going to grant so many bites at the
16 apple. I wonder if you would consider the end of '15.

17 It just gives them a couple more months'
18 leeway rather than having to come back here yet again.

19 My thoughts.

20 VICE CHAIRMAN HAYES: I don't have any problem
21 with that, you know. I think that, if they don't break
22 ground in July or August, it's -- I would imagine it
23 would be difficult to break down -- break ground during
24 the winter.

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1 MR. MAZE: I was just mentioning that to
2 Chuck.

3 If we get deep into the year, the project
4 would have to postpone until spring. It has a full
5 basement underneath the facility, so we wouldn't work
6 winter conditions. We would wait for the construction
7 window to open.

8 VICE CHAIRMAN HAYES: Well, I don't have any
9 problem with the end of -- December 31st of 2015.
10 I would have no problem with that.

11 CHAIRPERSON OLSON: So what we're saying is
12 we're not expecting them to complete the project by then?
13 We're expecting them to come back with another permit
14 request based on where they're at at that point? Is that
15 what we're asking them to do it?

16 I don't understand why we're doing this.

17 MEMBER GALASSI: No. What my belief is is --
18 getting over whether or not they have performed
19 due diligence, the point is that this project's been
20 going on for seven years. Clearly, they've had issues to
21 address and still are addressing. But as John pointed
22 out, they really don't have their financing, they're
23 really not nailed down with the City, but they're right
24 there.

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1 So to reject this at this point and force them
2 to come back all over again, to me, seems a little heavy
3 when we don't have any limit of extensions. But if
4 I vote yes on this, I will qualify that I do not believe
5 I would vote for yet another extension beyond this.

6 So -- no, I don't believe we're asking for --
7 I believe we're asking for an extension to this again but
8 not having to come back before they do.

9 MR. SHEETS: Madam Chair, if I might --

10 CHAIRPERSON OLSON: Yes -- I'm going to let
11 Richard speak first.

12 MEMBER SEWELL: In my mind, this discussion we
13 just had justifies the 18 months. I mean, I think there
14 are so many contingencies here -- I'd want to be assured
15 that we don't have to go for No. 5.

16 So I'm not comfortable with either
17 Mr. Galassi's end-of-the-year suggestion or Mr. Hayes'
18 nine-month suggestion.

19 CHAIRPERSON OLSON: I would agree with that
20 because -- I guess, in my mind, \$2 million into a project
21 sort of indicates due diligence. I don't know that
22 anybody would walk away from \$2 million. If not, they've
23 got way more money than I ever dream of having.

24 I -- there is actually no motion on the table,

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1 so I guess --

2 MEMBER GALASSI: I'll make a motion to approve
3 the renewal request with an 18-month time period.

4 CHAIRPERSON OLSON: Okay. There's a motion.
5 May I have a second.

6 MEMBER SEWELL: Second.

7 CHAIRPERSON OLSON: Okay.
8 Vote.

9 MR. ROATE: Motion made by Mr. Galassi;
10 seconded by Mr. Sewell.

11 Mr. Bradley.

12 MEMBER BRADLEY: I am very reluctant to vote
13 for this. I think it's an extraordinarily long period of
14 time.

15 But I will vote yes.

16 MR. ROATE: Thank you.

17 Mr. Galassi.

18 MEMBER GALASSI: I'll vote yes and -- the same
19 comments made by Member Bradley.

20 MR. ROATE: Thank you.

21 Mr. Hayes.

22 VICE CHAIRMAN HAYES: I'll vote yes for the
23 same comments made by Mr. Bradley and our discussion
24 here.

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1 CHAIRPERSON OLSON: The next order of business
2 is extension requests. There are none.

3 There are also no exemption requests or
4 alteration requests.

5 No declaratory rulings, nothing under Health
6 Care Self-Referral Act, and nothing under status report
7 on conditional/contingent permits.

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1 CHAIRPERSON OLSON: That moves us into
2 applications subject to initial review. The first --
3 one, two, three -- is it seven?

4 The first seven projects have no opposition
5 and no findings.

6 I will call St. Mary's Hospital in Streator,
7 Project 14-049, to the table.

8 Oh, I'm sorry. The court reporter has asked
9 for a break. We'll take five minutes.

10 (A recess was taken from 10:50 a.m. to
11 10:58 a.m.)

12 CHAIRPERSON OLSON: If you'll take a seat,
13 we'll get started again.

14 Okay. So have you been sworn in?

15 MR. FLANDERS: No.

16 THE COURT REPORTER: Would you raise your
17 right hand, please.

18 (Two witnesses duly sworn.)

19 THE COURT REPORTER: Thank you.

20 CHAIRPERSON OLSON: Okay.

21 Mr. Constantino, State Board staff report.

22 MR. CONSTANTINO: Thank you, Madam Chairwoman.

23 St. Mary's Hospital is proposing to
24 discontinue their seven-bed obstetric category of

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1 service. The completion date is January 27th, 2015.

2 Thank you, Madam Chairwoman.

3 CHAIRPERSON OLSON: Do you have any comments
4 for the Board?

5 MR. FLANDERS: No, just to introduce myself
6 and thank the Board for their report. If there are any
7 questions, I'd be happy to answer them.

8 CHAIRPERSON OLSON: All right. Thank you.
9 Questions from Board members?

10 (No response.)

11 CHAIRPERSON OLSON: Seeing none, I'll call for
12 a motion to approve Project 14-049, St. Mary's Hospital,
13 to discontinue its obstetrics category of service.

14 MEMBER GALASSI: So moved.

15 MEMBER SEWELL: Second.

16 MR. ROATE: Motion made by Mr. Galassi;
17 seconded by Mr. Sewell.

18 Mr. Bradley.

19 MEMBER BRADLEY: Yes.

20 MR. ROATE: Mr. Galassi.

21 MEMBER GALASSI: Yes.

22 MR. ROATE: Mr. Hayes.

23 VICE CHAIRMAN HAYES: Yes, based on the State
24 agency report of favorable.

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MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes, based on the State agency
report.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, based on the State
agency report --

MR. ROATE: 5 votes in the affirmative.

CHAIRPERSON OLSON: -- State Board staff
report. I'm sorry.

MR. FLANDERS: Thank you.

MS. RANALLI: Thank you.

CHAIRPERSON OLSON: The motion passes.

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1 CHAIRPERSON OLSON: Okay. Next is 14-053,
2 Centegra Hospital in Huntley, if the Applicant will come
3 to the table, please.

4 (An off-the-record discussion was held.)

5 CHAIRPERSON OLSON: Oh, I'm sorry. I'm sorry.
6 Sorry.

7 I skipped over Davita Alton Dialysis in Alton.
8 No slight intended. I'm sorry.

9 Just seeing if you're paying attention.

10 MEMBER GALASSI: It's on the agenda.

11 (An off-the-record discussion was held.)

12 THE COURT REPORTER: Would you raise your
13 right hands, please.

14 (Three witnesses duly sworn.)

15 THE COURT REPORTER: Thank you. And please
16 print your names.

17 CHAIRPERSON OLSON: Mr. Constantino, State
18 Board staff report.

19 MR. CONSTANTINO: Thank you, Madam Chairwoman.

20 The Applicants are proposing to discontinue an
21 existing 14-station ESRD facility in Alton and
22 reestablish the 14 stations approximately 1 mile away in
23 Alton, Illinois.

24 The cost of the project is \$2.8 million, and

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1 the completion date is July 31st, 2016.

2 CHAIRPERSON OLSON: Thank you, Mike.

3 Comments?

4 MR. SHEETS: Since we met all the criteria,
5 we're just here to answer any questions you might have.

6 MEMBER GALASSI: Thank you.

7 CHAIRPERSON OLSON: Questions from the Board?

8 (No response.)

9 CHAIRPERSON OLSON: Seeing none, may I have a
10 motion to approve Project 14-058, DaVita Alton Dialysis,
11 to relocate a 14-station ESRD.

12 MEMBER BRADLEY: So moved.

13 MEMBER SEWELL: Second.

14 MEMBER GALASSI: Second.

15 MR. ROATE: Motion made by Mr. Bradley;
16 seconded by Mr. Sewell.

17 Mr. Bradley.

18 MEMBER BRADLEY: Based on the review of this
19 matter by our staff, I vote yes.

20 MR. ROATE: Mr. Galassi.

21 MEMBER GALASSI: Yes, based on staff review.

22 MR. ROATE: Mr. Hayes.

23 VICE CHAIRMAN HAYES: Yes, based on the staff
24 review.

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MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes, based on Mr. Bradley's
comment.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, based on comments
said.

MR. ROATE: That's 5 votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.

Thank you.

MR. SHEETS: Thank you.

UNIDENTIFIED FEMALE: Thank you.

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1 CHAIRPERSON OLSON: Okay. Now we'll hear
2 Centegra. 14-053, Centegra Hospital-Huntley.

3 (An off-the-record discussion was held.)

4 CHAIRPERSON OLSON: Okay. I've just been
5 reminded I'm supposed to be doing the motion before
6 discussion.

7 So may I have a motion to approve
8 Project 14-053, Centegra Hospital, to establish a cardiac
9 catheterization category of service.

10 MEMBER GALASSI: So moved.

11 VICE CHAIRMAN HAYES: Second.

12 CHAIRPERSON OLSON: Okay.

13 Mr. Constantino, State Board staff report.

14 MR. CONSTANTINO: Thank you, Madam Chairwoman.

15 The Applicants are proposing to establish a
16 cardiac catheterization category of service.

17 The cost of the project is \$3.2 million. The
18 anticipated completion date is December 31st, 2016. We
19 had no findings and no opposition.

20 Thank you, Madam Chairwoman.

21 CHAIRPERSON OLSON: Can we please swear
22 them in?

23 THE COURT REPORTER: Raise your right hands.

24 (Four witnesses duly sworn.)

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1 THE COURT REPORTER: Thank you. And please
2 print your names.

3 CHAIRPERSON OLSON: Do you have comments for
4 the Board?

5 UNIDENTIFIED MALE: Madam Chair, in the
6 interests of time and given the State report, we would be
7 available to answer any questions.

8 CHAIRPERSON OLSON: Thank you.

9 Questions from Board members?

10 (No response.)

11 CHAIRPERSON OLSON: Seeing none, I'll call for
12 a roll call vote.

13 MR. ROATE: Motion made by Mr. Galassi;
14 seconded by Mr. Hayes.

15 Mr. Bradley.

16 MEMBER BRADLEY: Based on the State Board
17 report, which indicated no findings, I vote yes.

18 MR. ROATE: Mr. Galassi.

19 MEMBER GALASSI: Yes, based on the staff
20 report.

21 MR. ROATE: Mr. Hayes.

22 VICE CHAIRMAN HAYES: Yes, based on the State
23 agency report and staff.

24 MR. ROATE: Mr. Sewell.

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MEMBER SEWELL: Yes, for reasons stated.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, for reasons stated.

MR. ROATE: 5 votes in the affirmative.

UNIDENTIFIED MALE: Thank you very much.

CHAIRPERSON OLSON: Congratulations.

The motion passes.

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1 CHAIRPERSON OLSON: Next we have 14-055,
2 Midwestern Regional Medical Center in Zion.

3 As the Applicant moves to the table, may
4 I have a motion to approve Project 14-055, Midwestern
5 Regional Medical Center, for an expansion project.

6 MEMBER BRADLEY: So moved.

7 CHAIRPERSON OLSON: And a second?

8 VICE CHAIRMAN HAYES: Second.

9 THE COURT REPORTER: Would you raise your
10 right hands, please.

11 (Three witnesses duly sworn.)

12 THE COURT REPORTER: Thank you.

13 CHAIRPERSON OLSON: Mr. Constantino, your
14 report, please.

15 MR. CONSTANTINO: Thank you, Madam Chairwoman.

16 The Applicants are proposing to build a
17 four-story addition to a two-story building being
18 constructed under Permit No. 13-047 on the campus of
19 Midwestern Regional Medical Center at a cost of
20 approximately \$15.7 million.

21 The anticipated completion date is October --
22 August 31st, 2017. There was no opposition and no
23 findings.

24 Thank you, Madam Chairwoman.

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1 CHAIRPERSON OLSON: Thank you, Mike.

2 Do you have comments for the Board?

3 MR. JONES: Very briefly, Madam Chair, members
4 of the Board, staff.

5 My name is -- pardon me. My name is Scott
6 Jones. I'm the president and CEO of Midwestern Regional
7 Medical Center. I have Cecelia Taylor, our CFO, with us
8 and Joe Ourth, our CON counsel.

9 I'd like to thank Mr. Constantino, Mr. Roate,
10 members of the staff for the report. We're happy to
11 answer any questions.

12 CHAIRPERSON OLSON: Thank you.

13 Questions from Board members?

14 (No response.)

15 CHAIRPERSON OLSON: Okay. Seeing none, I will
16 call for a roll call vote.

17 MR. ROATE: Motion made by Mr. Bradley;
18 seconded by Mr. Hayes.

19 Mr. Bradley.

20 MEMBER BRADLEY: Based on the review by our
21 staff and the fact there are no findings, I vote yes.

22 MR. ROATE: Mr. Galassi.

23 MEMBER GALASSI: Yes, based upon the staff
24 report.

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MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Yes, based on the findings of our staff.

MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes, for reasons stated.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, for reasons stated.

MR. ROATE: 5 votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.

Congratulations.

MR. JONES: Thank you very much.

CHAIRPERSON OLSON: See how easy this can be?

(Laughter.)

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1 CHAIRPERSON OLSON: Next we have
2 Project 14-059, Fresenius Medical Care in Glendale
3 Heights.

4 May I have a motion, as the Applicant moves to
5 the table, to approve Project 14-059, Fresenius Medical
6 Care, Glendale Heights, to add eight ESRD stations.

7 MEMBER GALASSI: So moved.

8 MEMBER SEWELL: Second.

9 CHAIRPERSON OLSON: Mr. Constantino -- oh,
10 I'll let you swear them in.

11 THE COURT REPORTER: Would you raise your
12 right hands, please.

13 (Two witnesses duly sworn.)

14 THE COURT REPORTER: Thank you. And please
15 print your names.

16 CHAIRPERSON OLSON: Okay. Mr. Constantino,
17 your report.

18 MR. CONSTANTINO: Thank you, Madam Chairwoman.
19 The Applicants are proposing to add 8 stations
20 to its existing 21-station facility in Glendale Heights,
21 Illinois.

22 The cost of the project is approximately
23 \$292,000, and the project completion date is
24 January 31st, 2016. There was no opposition and no

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1 findings.

2 Thank you, Madam Chairwoman.

3 CHAIRPERSON OLSON: Do you have comments?

4 MS. RANALLI: Good morning.

5 No, just thank you to the staff. In light of
6 the clean State Board report and opposition, we'd be
7 happy to answer any questions.

8 CHAIRPERSON OLSON: Actually, I do have just
9 one question. It's probably just a point of
10 clarification.

11 So there's no new construction involved in
12 this project?

13 MS. WRIGHT: No. When we relocated the
14 facility last year, we leased enough space where we could
15 add some more stations, so it's just hooking up the
16 plumbing for each individual station.

17 CHAIRPERSON OLSON: So then is -- the reason
18 that you need the year, is that because of all the
19 permits and everything that has to occur? Or why would
20 it take a year?

21 MS. WRIGHT: Yeah. It's mostly just getting
22 ample time to get certified. It probably won't take that
23 long, but we didn't want to have to have to come back.

24 CHAIRPERSON OLSON: Okay. Any other questions?

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1 (No response.)

2 CHAIRPERSON OLSON: Seeing none, I'll call for
3 a roll call vote.

4 MR. ROATE: Motion made by Mr. Galassi;
5 seconded by Mr. Sewell.

6 Mr. Bradley.

7 MEMBER BRADLEY: Based on the State agency
8 staff review and the fact that there are no findings,
9 I vote yes.

10 MR. ROATE: Thank you.

11 Mr. Galassi.

12 MEMBER GALASSI: Yes, for comments made.

13 MR. ROATE: Mr. Hayes.

14 VICE CHAIRMAN HAYES: Yes, based on the State
15 agency report.

16 MR. ROATE: Mr. Sewell.

17 MEMBER SEWELL: Yes, for reasons stated.

18 MR. ROATE: Madam Chair.

19 CHAIRPERSON OLSON: Yes, for reasons stated,
20 as well.

21 MR. ROATE: 5 votes in the affirmative.

22 CHAIRPERSON OLSON: The motion passes.

23 MS. WRIGHT: Thank you.

24 - - -

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1 CHAIRPERSON OLSON: Okay. Next we have DaVita
2 Stony Creek Dialysis in Oak Lawn.

3 May -- as the Applicant moves to the table,
4 may I have a motion to approve Project 14-069, DaVita
5 Stony Creek Dialysis, to discontinue and reestablish a
6 12-station ESRD facility.

7 MEMBER SEWELL: So moved.

8 VICE CHAIRMAN HAYES: Second.

9 THE COURT REPORTER: Oh, very good.

10 (Three witnesses duly sworn.)

11 THE COURT REPORTER: Thank you.

12 CHAIRPERSON OLSON: Mr. Constantino, your
13 report.

14 MR. CONSTANTINO: Thank you, Madam Chairwoman.

15 The Applicants are proposing to discontinue a
16 12-station ESRD facility located in Oak Lawn, Illinois,
17 and the establishment of a 12-station ESRD facility in
18 Oak Lawn, Illinois.

19 The cost of the project is approximately
20 \$3.7 million, and the anticipated completion date is
21 June 30th, 2016. There was no opposition and no
22 findings.

23 Thank you, Madam Chairwoman.

24 CHAIRPERSON OLSON: Thank you, Mike.

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Do you have comments for the Board?

MR. SHEETS: No comments. We're here to answer any questions.

CHAIRPERSON OLSON: Thank you.

Questions from Board members?

(No response.)

CHAIRPERSON OLSON: Seeing none, I'll call for a roll call.

MR. ROATE: Motion made by Mr. Sewell; seconded by Mr. Hayes.

Mr. Bradley.

MEMBER BRADLEY: Again, our staff has reviewed this, they've met all 22 criteria, there's no findings, and I vote yes.

MR. ROATE: Mr. Galassi.

MEMBER GALASSI: Yes, comments made.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Yes, based on the State agency report and the staff.

MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes, for reasons stated.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, for reasons stated, as well.

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MR. ROATE: 5 votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.

Thank you.

MR. SHEETS: Thank you.

UNIDENTIFIED MALE: Thank you.

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1 CHAIRPERSON OLSON: The final project with no
2 opposition and no findings is 14-052, Taylorville
3 Memorial Hospital in Taylorville.

4 As the Applicant moves to the table, may I
5 have a motion to approve 14-052, Taylorville Memorial
6 Hospital, to discontinue its long-term care category of
7 service.

8 MEMBER SEWELL: So moved.

9 VICE CHAIRMAN HAYES: Second.

10 THE COURT REPORTER: Would you raise your
11 right hands, please.

12 (Two witnesses duly sworn.)

13 THE COURT REPORTER: Thank you.

14 CHAIRPERSON OLSON: Mr. Constantino.

15 MR. CONSTANTINO: Thank you, Madam Chairwoman.
16 Memorial -- I'm sorry. Taylorville Memorial
17 Hospital is requesting to discontinue their 20-bed
18 long-term care category of service.

19 There is no cost to this project. There was
20 no opposition and no findings. The completion date is
21 March 1st, 2015.

22 Thank you, Madam Chairwoman.

23 CHAIRPERSON OLSON: Questions from Board
24 members?

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1 (No response.)

2 CHAIRPERSON OLSON: Do you have comments for
3 the Board?

4 UNIDENTIFIED FEMALE: Thank you, Madam Chair.
5 No, we do not but we're happy to answer questions.

6 CHAIRPERSON OLSON: I have just one really
7 quick question.

8 Do you happen to know -- how many beds are
9 filled now in this unit?

10 UNIDENTIFIED FEMALE: We had seven patients
11 this morning.

12 CHAIRPERSON OLSON: So the March 1st date is
13 to be able to relocate those seven patients to a
14 different location?

15 UNIDENTIFIED FEMALE: Yes.

16 CHAIRPERSON OLSON: Okay. Thank you.

17 Seeing no other questions or comments, I'll
18 call for a roll call vote.

19 MR. ROATE: Motion made by Mr. Sewell;
20 seconded by Mr. Hayes.

21 Mr. Bradley.

22 MEMBER BRADLEY: Based on the State agency
23 report and the fact there are no findings, I vote yes.

24 MR. ROATE: Thank you.

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Mr. Galassi.

MEMBER GALASSI: Yes, comments made.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Yes, based on the State
agency report.

MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes, for reasons stated.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, based on the positive
State Board staff report.

MR. ROATE: 5 votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.

Congratulations.

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1 CHAIRPERSON OLSON: Okay. Now we're moving
2 into the section of the meeting with projects that have
3 opposition and/or findings.

4 First is Project 14-054, Passavant Area
5 Hospital in Jacksonville, Illinois.

6 As the Applicant moves to the table, may
7 I have a motion to approve Project 14-054, Passavant Area
8 Hospital, to establish a 10-bed AMI unit on the campus of
9 its acute care hospital.

10 MEMBER GALASSI: So moved.

11 MEMBER BRADLEY: Second.

12 THE COURT REPORTER: Would you raise your
13 right hands, please.

14 (Two witnesses duly sworn.)

15 THE COURT REPORTER: Thank you.

16 CHAIRPERSON OLSON: Mike, State Board staff
17 report, please.

18 MR. CONSTANTINO: Thank you, Madam Chairwoman.

19 The Applicants are proposing to establish a
20 10-bed AMI illness category of service at Passavant Area
21 Hospital in modernized space at a cost of approximately
22 \$3.5 million.

23 The anticipated project completion date is
24 March 1st, 2017. We had no opposition and one finding.

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1 Thank you, Madam Chairwoman.

2 CHAIRPERSON OLSON: Okay. Questions -- or
3 comments for the State Board?

4 MR. RAHN: Good morning. Thank you.

5 My name is Doug Rahn. I'm with Mr. Johnson
6 here. We'd like to make just a couple comments and then
7 open up for questions.

8 We are proposing to establish this 10-bed unit
9 in direct response to some of the overwhelming need that
10 we're feeling in our emergency room. Like many hospitals
11 we've seen significant increases in the volume of mental
12 health crises of patients that are presenting to our
13 emergency room.

14 Because Passavant serves six very rural areas,
15 six very rural counties, we find that it's often
16 difficult to find locations for these psychiatric
17 patients, and we're seeing significant increases. In
18 fact, last year we saw about a 17 percent increase in the
19 number of patients that need to be transferred or held in
20 our emergency room, to the tune of about 1300 patients.
21 So the demand is certainly there, and we've been trying
22 to find alternatives that we feel are cost-effective to
23 meet those needs.

24 MR. JOHNSON: Mitch Johnson. I'd like to

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1 address the one negative staff finding.

2 There's a negative finding related to the
3 calculated excess of 78 psych beds in Health Service
4 Area 3. HSA 3 is a large geographic region that includes
5 17 counties in southwest central Illinois extending from
6 Interstate 55 to the Mississippi River.

7 There are four hospitals that provide some
8 form of acute psychiatric services in the region;
9 however, all four are concentrated on the far borders of
10 HSA 3, one in Quincy and three in Springfield. None of
11 these facilities are located within a 45-minute travel
12 time of the proposed unit.

13 Our unit will serve only adult patients
14 18 years and older; however, the State psychiatric beds
15 need inventory does not account for beds that are
16 restricted by age. Therefore, the calculated excess of
17 78 psych beds in HSA 3 does not take into account the
18 fact that over half of the 222 licensed beds are
19 restricted to the admission of children and adolescents.
20 That includes 97 beds at Lincoln Prairie Behavioral
21 Center in Springfield and 16 adolescent beds at Blessing
22 in Quincy. Another 40 beds at St. John's Hospital in
23 Springfield are restricted to the admission of patients
24 60 years and over.

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1 When these beds are subtracted from the total,
2 the number of AMI beds actually available to treat adult
3 Medicaid patients and other adult patients between 18 and
4 60 years old shrinks from 222 to 69 beds, and none of
5 those beds are located in the six counties to be served
6 by the proposed project, nor are they within a 45-minute
7 travel time of the patients who live in these counties.

8 Thank you. And we'll be happy to answer
9 questions.

10 CHAIRPERSON OLSON: Thank you.

11 Questions from Board members?

12 (No response.)

13 CHAIRPERSON OLSON: I have a question for you,
14 Mike.

15 So the reason that there was no finding based
16 on negative impact is because, even though there's a
17 64 percent occupancy rate, these beds are all outside of
18 this 45-minute travel time because the area is so rural?

19 MR. CONSTANTINO: That's correct.

20 CHAIRPERSON OLSON: Okay.

21 Mr. Sewell.

22 MEMBER SEWELL: Yeah. I just wanted to ask
23 Mike a question about Table 5 in the State agency report.
24 It's the alternative need for beds, and it does have the

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1 age groups.

2 So this end point of the projected number of
3 beds, is that how many are needed when you take the age
4 cohorts into consideration? Is that what that means,
5 Mike?

6 MR. CONSTANTINO: That was provided by the
7 Applicants.

8 MEMBER SEWELL: Oh, I should ask the Applicant
9 that?

10 MR. CONSTANTINO: Yeah.

11 MEMBER SEWELL: I'm sorry. I'm sorry.

12 MR. JOHNSON: I'm sorry. Could you repeat the
13 question, please?

14 MEMBER SEWELL: So I'm looking at Table 5 in
15 the State agency report.

16 MR. JOHNSON: Yes.

17 MEMBER SEWELL: I'm trying make sure I'm
18 interpreting it properly.

19 It looks like you have taken into
20 consideration the age cohorts.

21 MR. JOHNSON: Yes, we have.

22 MEMBER SEWELL: And so this end point of
23 15.1 projected number of beds, that's the number of beds
24 that are needed in the region?

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1 MR. JOHNSON: In the six counties where the
2 target population is for patients 18 years and older. It
3 backs out the adolescents and children.

4 MEMBER SEWELL: And that runs counter to just
5 using the demand base regardless of breaking out age
6 cohorts, which is why you got a negative finding?

7 MR. JOHNSON: Correct.

8 MEMBER SEWELL: Okay.

9 Is that right?

10 MR. CONSTANTINO: That's correct.

11 MEMBER SEWELL: Okay.

12 CHAIRPERSON OLSON: Other questions or
13 comments?

14 (No response.)

15 CHAIRPERSON OLSON: Seeing none, I'll call for
16 a roll call vote.

17 MR. ROATE: Motion made by Mr. Galassi;
18 seconded by Mr. Bradley.

19 Mr. Bradley.

20 MEMBER BRADLEY: The State agency staff
21 reviewed our standards, compared them to this. 17 of the
22 criteria were met; 1 was not. I think we've heard a
23 reasonable explanation of that exception.

24 And, therefore, I vote yes.

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1 CHAIRPERSON OLSON: Next is Project 14-043,
2 St. Elizabeth's Hospital, O'Fallon.

3 Would the Applicant please come to the table.

4 MR. CONSTANTINO: Madam Chair, we did receive
5 a comment on the State agency staff report for this
6 project.

7 CHAIRPERSON OLSON: Everybody received that --
8 was it e-mail?

9 MR. MORADO: And, Mr. Constantino, were those
10 comments received timely?

11 MR. CONSTANTINO: Yes.

12 MR. MORADO: And are they responsive to the
13 State Board report?

14 MR. CONSTANTINO: Yes. We've got copies if
15 you'd like for us to pass them out.

16 CHAIRPERSON OLSON: Does anybody need a copy?

17 MEMBER SEWELL: I do.

18 CHAIRPERSON OLSON: Okay. May I have a motion
19 to approve Project 14-043, St. Elizabeth's Hospital, to
20 discontinue an acute care hospital in Belleville and
21 reestablish an acute care hospital in O'Fallon.

22 MEMBER GALASSI: So moved.

23 MEMBER SEWELL: Second.

24 CHAIRPERSON OLSON: Would the Applicant be

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1 sworn in, please.

2 THE COURT REPORTER: Raise your right hands,
3 please.

4 (Seven witnesses duly sworn.)

5 THE COURT REPORTER: Thank you.

6 CHAIRPERSON OLSON: Mr. Constantino, your
7 report.

8 MR. CONSTANTINO: Thank you, Madam Chairwoman.

9 The Applicants are proposing discontinuation
10 of a 303-bed hospital in Belleville, Illinois, and the
11 establishment of a 144-bed facility in O'Fallon,
12 Illinois. The approximate cost of the project is
13 \$254 million. The anticipated completion date is
14 December 31st, 2017.

15 We conducted two public hearings on this
16 project. We received a number of opposition and support
17 comments. We have findings on this project, also.

18 The Applicants address a total of 38 criteria
19 regarding this project.

20 Thank you, Madam Chairwoman.

21 CHAIRPERSON OLSON: Thank you, Mike.

22 Presentation for the Board?

23 MS. STARMANN-HARRISON: Yes. Good morning.

24 My name is Mary Starmann-Harrison, and I am

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1 privileged to serve as the president and CEO of Hospital
2 Sisters Health System. I'd like to introduce our team,
3 who will share with you why we are seeking a certificate
4 of need for HSHS St. Elizabeth's Hospital to build a
5 replacement hospital.

6 We have Amy Ballance, our vice president of
7 strategy for HSHS southern Illinois division; Sister
8 Jomary Trstensky, the provincial superior and president
9 of Hospital Sisters of St. Francis; Maryann Reese, the
10 president and CEO of St. Elizabeth's Hospital;
11 Clare Ranalli, our legal counsel; Dr. Shelly Harkins, our
12 chief medical officer at St. Elizabeth's Hospital; and
13 Larry Schumacher, our HSHS chief operating officer. Four
14 of us plan to speak for a total of about 20 minutes.

15 I want to just take a moment to share with you
16 why this project is so important to Hospital Sisters
17 Health System, which operates 14 hospitals in Illinois
18 and Wisconsin.

19 HSHS has embraced health care reform and is
20 working diligently to transfer the delivery of care to
21 our patients. We are partnering with physicians in the
22 communities we serve to provide an integrated patient
23 experience.

24 The St. Elizabeth's replacement project is a

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1 critical component of our care integration strategy. It
2 is designed to be a referral hospital for our southern
3 Illinois division, which includes HSHS St. Joseph's
4 Hospital in Highland, HSHS St. Joseph's Hospital in
5 Breese, and St. Anthony's Memorial Hospital in Effingham.

6 Our southern Illinois division also includes
7 approximately 115 physicians and midlevel providers from
8 the HSHS Medical Group and Prairie Cardiovascular.
9 Together, our doctors and hospitals in the southern
10 Illinois division deliver high-quality care that is
11 convenient to our patients and cost-effective. We need a
12 modern, state-of-the-art St. Elizabeth's hospital to
13 serve as the hub of this delivery model.

14 As we planned this project over the last
15 several years, we considered many factors. First, we
16 wanted to make sure the project would allow us to
17 continue our mission to care for all, particularly the
18 poor and vulnerable.

19 Second, we wanted to make sure the project
20 provides easy access to our patients who come to us from
21 across the region and including communities with the
22 highest poverty rates in the state.

23 And, third, we wanted to make sure we could
24 create a modern hospital campus that recognizes the trend

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1 toward outpatient care, the role of technology, and a
2 hospital environment and how it positively impacts the
3 patient experience and improves criminal outcomes.

4 We are cautious students -- excuse me --
5 stewards of our health care resources, and within our
6 14-hospital system there are many needs for capital
7 investments. During our multiyear planning process, we
8 carefully weighed how this project would impact the
9 capital needs at our other hospitals.

10 This investment is significant, but we
11 concluded that the St. Elizabeth's replacement hospital
12 is necessary to sustain and enhance our mission in
13 southern Illinois for generations to come.

14 I thank you for your consideration and
15 appreciate all the hard work you and that the staff have
16 put in reviewing and analyzing this project.

17 And now I'd like to turn it over to Sister
18 Jomary Trstensky.

19 SISTER TRSTENSKY: Good morning. I am
20 Sister Jomary, the president of the Hospital Sisters of
21 St. Francis and provincial superior of the Hospital
22 Sisters.

23 I thank you for your time and your service to
24 the State of Illinois. I am here today to look you in

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1 the eye and assure you that, in proposing a replacement
2 hospital, we are not abandoning Belleville, we are not
3 abandoning the poor.

4 It has been a long road for us finally to be
5 here today, and that road has been paved with hard work,
6 thoughtfulness, and prayer. I'm told that you, as a
7 Board, consider a number of factors when projects like
8 ours are before you. I'd like to address two that might
9 be on your mind.

10 One is the strong sense of emotion that
11 Belleville residents have expressed about St. Elizabeth's
12 anticipated move to another location outside of
13 Belleville. We share and understand that nostalgia.
14 I can only say that my sense of nostalgia is greatly
15 surpassed by our plans for a new and modern facility that
16 will take St. Elizabeth's and our mission into the next
17 100 years.

18 I also want you to understand that many
19 Belleville residents support our plan to replace
20 St. Elizabeth's. A great number of patients from our
21 area have expressed a true passion and gratitude for
22 St. Elizabeth's Hospital's service over many years, and
23 they support our replacement hospital.

24 While it may seem counterintuitive, we like to

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1 think of the desire expressed by so many for us to stay
2 in Belleville as an outpouring of support for us and the
3 work we have done over the past nearly 140 years. While
4 it is true that, with your blessing, we plan to move
5 inpatient services offered at St. Elizabeth's, you have
6 my commitment that we are not abandoning Belleville. In
7 Belleville there will be many outpatient services and
8 offices, including physician offices, imaging and lab
9 services, and a walk-in clinic. We will continue to
10 serve the same patients we serve today. The claims that
11 we are abandoning our mission are completely unfounded.

12 The Hospital Sisters voted in June of
13 last year to build a replacement hospital because we
14 believe it is necessary, practical, and best for our
15 region. These plans carry us into the future through
16 investment in our mission and in the five-county region
17 we serve, including St. Clair, Madison, Clinton,
18 Randolph, and Monroe Counties.

19 Thank you for your attention. I would like
20 now to turn things over to St. Elizabeth's Chief
21 Executive Officer Maryann Reese.

22 MS. REESE: Thank you, Sister.

23 Good morning. I'm Maryann -- is it on?

24 SISTER TRSTENSKY: Yeah, it is but it's light.

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1 MS. REESE: Good morning. I'm Maryann Reese
2 and I serve as the president -- I'm sorry. Let me start
3 over.

4 I'm -- good morning.

5 (Laughter.)

6 MS. REESE: I'm Maryann Reese. I'm a
7 registered nurse and I hold master's and doctoral degrees
8 in health care administration. For the last four years,
9 I've had the privilege to serve as the president and CEO
10 of HSHS St. Elizabeth's Hospital.

11 I would first like to thank your staff for the
12 support they've provided since we embarked on this
13 project. Their guidance and patience have been greatly
14 appreciated.

15 We are here today to seek your approval to
16 replace our current obsolete hospital with a modern
17 hospital that will have recognized standards of design,
18 construction, and operation and will provide the most
19 cost efficient alternative to the provision of quality of
20 care.

21 The reason we are seeking a replacement
22 facility is because it is extremely challenging to
23 operate a hospital that was designed and built for health
24 care in the 1950s. The State Board report correctly

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1 states that we meet the criteria for discontinuation and
2 that there is a need for the replacement hospital.

3 Despite the challenges we face providing
4 health care in an obsolete facility, we still deliver
5 exceptional, high-quality patient care, as evidenced by
6 our recent awards, which include receiving the
7 prestigious Illinois Performance Excellence Award for
8 2013, being named for the last three consecutive years as
9 one of the top 50 heart hospitals in the entire nation by
10 Truman Analytics, attaining designation by the Illinois
11 Department of Public Health as an emergent, stroke-ready
12 hospital in Illinois, and also receiving recognition by
13 the American Heart Association for our stroke outcomes
14 and being named a top quality performer by the Joint
15 Commission for the last two years in a row.

16 We are proud of what we have accomplished and
17 do not want the quality of care we provide to our
18 patients to decline while we continually pour money into
19 an aging building that makes it difficult for us to
20 deliver modern health care. As Mary said, we spent
21 several years planning this project and looked at
22 different options and scenarios. How could we best serve
23 our patients in the region?

24 We looked at renovating the current hospital,

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1 and we looked at trying to build on our 17-acre,
2 landlocked campus. After careful evaluation we
3 determined both options would be too costly, take too
4 long, and be too disruptive to our patients. It is also
5 very important to recognize that our current location is
6 not easily accessible to the 75 percent of our patients
7 who do not live in Belleville.

8 Let me repeat that: 75 percent of our
9 patients do not reside in the city of Belleville. As
10 Sister Jomary mentioned, for those patients who do live
11 in Belleville, we are committed to keeping health care
12 services at our downtown campus. In addition, many of
13 our business functions will remain on our current campus,
14 and we expect to have around 200 colleagues continue to
15 work in downtown Belleville.

16 The decision to move our inpatient acute care
17 services was made after much planning and analysis. In
18 the end we determined relocating St. Elizabeth's Hospital
19 to a different site best meets the long-term health care
20 needs of southern Illinois and the Metro East region.

21 There is overwhelming community support for
22 this new hospital. The letters of support exceed those
23 of opposition by more than six to one, and many of our
24 supporters include residents of Belleville.

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1 (Indicating.)

2 Our project removes 159 beds from the planning
3 area and will equalize hospital-based services for the
4 region. It proposes a much more sensible approach to the
5 distribution of -- distribution of licensed beds in the
6 region.

7 The State Board report states, quote, "A new
8 hospital is necessary to continue to provide necessary
9 services for all residents of the F-1 planning area." We
10 are grateful to the staff Board -- to the State Board
11 staff for this finding and completely agree that our
12 replacement hospital is necessary.

13 I also want to point out that we have a unique
14 partnership with Scott Air Force Base, St. Louis
15 University, and Southern Illinois Health Care Foundation
16 to provide the family practice medicine residency program
17 at St. Elizabeth's Hospital. This unique program is the
18 only one of its kind in the nation and partners a
19 hospital, a medical school, an FQHC, and the military.
20 We have been proud to do our part by providing training
21 sites and by investing more than \$1 million a year for
22 this important partnership.

23 General Travis, the surgeon general of the
24 United States Air Force, came to the St. Elizabeth's

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1 Hospital recently to review the residency program. He
2 was impressed with our plans to provide Air Force
3 personnel and their families, as well as the residency
4 program, with a state-of-the-art modern, high acuity
5 health care facility.

6 I want to reaffirm that the location of our
7 proposed replacement hospital puts us closer to the
8 majority of our patients. As Sister Jomary said, we are
9 not abandoning our mission. Our new location will
10 actually be closer to residents who live in 8 of the
11 10 communities with the highest poverty rates in the
12 region.

13 I want to point out the map in front of you
14 that was in your materials. This map shows the drive
15 times for those communities to our new location and our
16 existing campus. The two red circles are the only
17 two communities with higher drive times to
18 St. Elizabeth's.

19 Our mission calls us to care for the whole
20 person and to heal more than just physical ailments.
21 There are countless examples of our mission in action,
22 and I want to share just two of the many.

23 This past summer we treated a developmentally
24 delayed man from central Illinois who walked along the

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1 railroad tracks for two days. He suffered from severe
2 dehydration and sunburn. He was trying to get away from
3 an abusive living arrangement. Once he recovered, our
4 colleagues worked closely with his family to find him a
5 secure place to live closer to his parents.

6 Another patient we serve was a 40-year-old
7 physically disabled female with diabetes who relied on
8 her aging mother to manage her diabetes. After learning
9 the mother suffered from dementia and was not equipped to
10 care for her daughter, our team closely worked with the
11 family at discharge to make assisted-living arrangements
12 so both the mother and the daughter could live together.

13 These examples reflect the work we do each and
14 every day. It is our profound desire to continue our
15 140-year mission to care -- to reveal and embody Christ's
16 healing love for all people through our high-quality
17 Franciscan health care ministry.

18 The reason we are asking this Board to approve
19 our replacement hospital is so that we can continue to
20 provide the type of holistic care to patients who come to
21 us from across southwestern Illinois. We believe a new,
22 modern hospital that is easier to reach will strengthen
23 our mission.

24 I appreciate your time and attention and

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1 respectfully request and hope with all my heart that you
2 vote yes to approve this much needed replacement
3 hospital, making high-quality, high acuity health care
4 services more accessible to the region.

5 I will now turn it over to Clare Ranalli, who
6 will address the State Board report.

7 MS. RANALLI: Thank you, Maryann.

8 And I also would like to reiterate the
9 expression of thanks to Ms. Avery, Mr. Constantino, and
10 Mr. Roate for all of their technical assistance as well
11 as their work during the two public hearings that were
12 held on this project. It was truly appreciated.

13 With that said, of the 38 criteria that this
14 project was measured by, we met 30 criteria. Despite the
15 complexity and cost of this project and constructing an
16 entirely new hospital, the careful planning that
17 St. Elizabeth's engaged in was very consistent with your
18 rules and regulations, as evidenced by the fact that we
19 met all but eight criteria, six of which were entirely
20 outside of our control.

21 Those six that we did not meet that were
22 outside of our control relate to the excess of beds in
23 the area. There is nothing we can do about the fact that
24 many hospitals in the planning area have beds that they

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1 don't use and will not relinquish them, but what we can
2 and did do in this project is voluntarily surrender
3 159 beds. That is a significant number of beds, and it
4 reduces the overbedding in the planning area; however,
5 because of the excess of beds, we could not meet
6 maldistribution and duplication of services review
7 criteria.

8 With that said, those review criteria are
9 applicable to this project because it is viewed as an
10 establishment hospital. In other words, a new hospital
11 to the planning area. You heard in opposition remarks
12 the referral many times to this being a new hospital, as
13 if somehow St. Elizabeth's has not existed for the past
14 140 years. The new replacement hospital will reduce beds
15 and offer the same services. We are not including any
16 new pieces of equipment or expanding any existing
17 services.

18 With respect to duplication, an argument made
19 by Memorial, I'm not sure what is more duplicative than
20 having two full-service hospitals with neurosurgery,
21 stroke, and open-heart in the same town of 42,000 people.
22 I don't understand why that's not duplicative and, yet,
23 moving a few miles away to a different town that's
24 also -- between Shiloh and O'Fallon -- 42,000 people

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1 somehow is duplicative.

2 Also, we note that, with respect to
3 duplication of services, we have many support letters
4 from area hospitals -- not just HSHS referral hospitals
5 but other hospitals -- with respect to our planning
6 because those hospitals recognize the critical nature of
7 St. Elizabeth's services to the region.

8 With respect to the two criteria that we did
9 not meet that were within our control, one was the
10 technical performance criteria on obstetrical services.
11 Your rules require, in an MSA, a 20-bed unit. Our
12 utilization -- and throughout this project we looked at
13 2013 utilization and carried it through to support our
14 services. We didn't project; we didn't try to grow. In
15 fact, we're downsizing, and with OB we are downsizing.
16 Our utilization statistic could not support 20 beds.

17 We knew we would have a negative one way or
18 the other, the performance criteria or not meeting your
19 utilization, and we were not about ready to trump up
20 numbers to try and meet utilization targets, so we took
21 the hit on the technical performance and hope that, in
22 light of the excess beds, you feel that we justified that
23 particular finding.

24 The last finding is with respect to labor and

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1 delivery recovery rooms, and I will tell you we wrung our
2 hands about whether we should come in for five LDRs or
3 three. We support three; we came in on five because
4 49 percent of the time in 2014 we had three LDRs busy
5 with women in labor. Another 15 percent of the time we
6 had four LDRs busy with women in labor. When we got to
7 five -- frequently there were five but we certainly
8 couldn't justify six.

9 Based upon the number of women we see at the
10 hospital currently who labor, we need those five rooms
11 and ask that you would give us those. And if it's an
12 impediment, we'll go down to three, but we don't think
13 that that best serves our patients.

14 So with that said, we appreciate your time in
15 hearing us out. This is an important project, and we're
16 happy to answer any questions you may have.

17 CHAIRPERSON OLSON: Questions from Board
18 members?

19 Mr. Sewell.

20 MEMBER SEWELL: Thank you very much.

21 This is an extraordinary reduction in bed
22 complement.

23 The rehab, the physical rehab beds -- this is
24 one of the findings that were not met. In your planning

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1 was the alternative of not having this service considered
2 in the replacement facility?

3 MS. BALLANCE: It really wasn't. We have good
4 utilization of those services now, and they're very
5 limited with those types of beds within the immediate
6 area and within our market. It also fits within the
7 continuum of care that we provide for the growth of all
8 of our different services within the hospital.

9 We did, however, take into consideration
10 looking at how the change of care is provided for those
11 therapy patients and knowing that more would be going to
12 outpatient, and so we wanted to make sure that we planned
13 appropriately for those number of beds, which is why we
14 did reduce the number of beds that we're asking for.

15 THE COURT REPORTER: What's your name, please?

16 MS. BALLANCE: My name is Amy Ballance.

17 THE COURT REPORTER: Thank you.

18 CHAIRPERSON OLSON: Other questions or
19 comments?

20 MEMBER GALASSI: Yes. Actually, I do.

21 Was there ever a plan for a site in
22 Belleville?

23 MR. SCHUMACHER: In -- Larry Schumacher.

24 In 2010, when we began looking at this

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1 project, we looked at several properties throughout the
2 geography, and we talked with Mayor Eckert about options
3 within -- within Belleville.

4 And when we asked for proposals, a proposal
5 was brought forward by the mayor to relocate our hospital
6 next to Southwestern College, which is about 4 1/2 miles
7 from our current location, but never did we get a
8 proposal or any kind of structured response from the City
9 of Belleville to replace the facility in Belleville.

10 We looked very closely at our property and our
11 space, and we deemed it just not sufficient and that we
12 could build -- rebuild on the site without it being
13 extraordinarily difficult and extraordinarily expensive.

14 MEMBER GALASSI: Thank you.

15 CHAIRPERSON OLSON: I need a little geography
16 lesson here.

17 So the new site is how many miles from the old
18 site?

19 MS. BALLANCE: About 6 1/2 miles.

20 CHAIRPERSON OLSON: Okay. And the new site is
21 how many miles from your opposition's new hospital?

22 MS. BALLANCE: The new -- how many miles is
23 the new site from --

24 CHAIRPERSON OLSON: Yeah. The two new

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1 hospitals will be how far --

2 MS. BALLANCE: It's approximately 2 miles.

3 CHAIRPERSON OLSON: And the two old hospitals
4 are currently how far apart?

5 MS. BALLANCE: About -- between 4.3,
6 4.5 miles, depending on what source you use.

7 CHAIRPERSON OLSON: Okay.

8 So because I -- I guess I -- and I appreciate
9 the clarification between "new" and "relocation." So
10 we're really not adding a competitor into the market, but
11 the competition already exists between the two hospitals.

12 MS. BALLANCE: That is correct.

13 CHAIRPERSON OLSON: So it sort of seems to me
14 that what the other new hospital would like is to move
15 out to where the market share is, the different payer
16 source. And my concern is that leaves you -- because
17 people -- and I -- somebody brought up this Crain's
18 article.

19 And I read the Crain's article, and one of the
20 first points that the Crain's article makes is that the
21 hospitals that are not doing well are the newer
22 hospitals.

23 So I'm kind of of the philosophy that, if you
24 build it, they will come. I know there are going to be

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1 restrictions on certain people getting there. But my
2 concern is, if one hospital builds outside of downtown
3 Belleville, that leaves the remaining hospital in
4 downtown Belleville to take care of the payer mix that's
5 really going to financially damage you. I think you need
6 to be able to compete on a level playing field, and
7 I don't see how -- I just wondered if you could comment
8 on that.

9 MS. REESE: I'd like to comment on the type of
10 hospital. There's an assumption that the hospitals are
11 exactly the same.

12 We are looking to move our hospital to our --
13 to totally replace our hospital. In Memorial's CON for
14 Memorial East, it says that they will not be doing
15 certain services at their satellite facility, which
16 includes -- they will not be doing -- quote, "they will
17 not be doing cardiovascular surgery, neurosurgery, or
18 high-risk OB services." They will also not have a
19 physician office building.

20 Our replacement hospital will have all of
21 those things, including neurosurgery, cardiovascular
22 surgery, a physicians office building. We will have a
23 high-intensity ICU that will have card -- trained
24 intensivists, physicians in our ICU, as well -- so

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1 critical care doctors in our ICU. The total -- it's not
2 the same level of hospital.

3 That being said, it's similar to -- so
4 anything high acuity that shows -- that goes to St. --
5 Memorial East or the satellite facility will be
6 transferred to downtown Memorial in Belleville, similar
7 to our hospitals. Our replacement facility is a
8 facility -- a satellite -- or is a total replacement
9 hospital for our sister hospitals that are in Highland,
10 Breese. Same -- that Highland -- that satellite facility
11 in Shiloh will be that for Belleville Memorial downtown.
12 That's the relationship.

13 And so we are keeping -- and we're very
14 committed to Belleville. We're keeping services in
15 downtown Belleville, including physical therapy services,
16 back-to-work programs. We're keeping radiology services
17 including mammography services. We're keeping laboratory
18 services there. We're keeping --

19 MS. RANALLI: Urgent care.

20 MS. REESE: I'm sorry?

21 MS. RANALLI: Urgent care.

22 MS. REESE: Yeah. A walk-in clinic we're
23 keeping there. We're keeping physician offices there.
24 We're also keeping several physicians on that campus, as

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1 well, so we will be servicing Belleville, as well, and we
2 believe that our patients will follow us.

3 Right now -- as I said in my opening remarks,
4 75 percent of our patients don't come from Belleville, so
5 we expect our payer mix to be the same where we are and
6 where we're moving to.

7 MS. RANALLI: And, Ms. Olsen, may I address
8 your issue on payer mix a little bit further also, just
9 very briefly?

10 It's been very frustrating because the fact
11 that moving might take us to a different payer mix has
12 been a constant theme of opposition, but it's completely
13 unsupported by the reality of the situation.

14 One would predicate upon that argument that
15 somehow Belleville is a very poor payer mix. It is not.
16 In fact, there is a higher level of Medicaid patients
17 from the zip codes St. Elizabeth's serves outside of
18 Belleville than inside of Belleville. There is just 1 or
19 2 percent slightly higher charity care from the zip codes
20 in Belleville, just 1 to 2 percent. The payer mixes are
21 really very equal.

22 So the thought of somehow being in downtown
23 Belleville places us in an area where currently we're
24 serving a very, you know, poor payer mix, that's not the

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1 case.

2 And Memorial is also not in downtown
3 Belleville. It's somewhat on the outskirts. So it's not
4 as if you have these two hospitals right in downtown
5 Belleville.

6 Our payer mix and Medicaid is higher than
7 Memorial's, and we expect it fully to remain higher. In
8 fact, we're moving closer -- you asked about geography in
9 the region. I've worked with the hospitals in East
10 St. Louis for many, many years. I know the area so I'm
11 not just talking -- spouting right now based upon trying
12 to represent St. Elizabeth's here. We're moving closer
13 to Cahokia, Washington Park, Centreville, areas that have
14 a significantly high number of people living at or below
15 the poverty level. We will be closer to them.

16 And transportation will not be an issue
17 because there will be a bus stop right outside the new
18 proposed hospital, but we can't present IDOT plans
19 because they won't speak to us -- the local transit and
20 IDOT won't speak to us until we get approval. So we
21 couldn't submit those plans, but there will be ample
22 planning for transportation for anyone who needs it.

23 CHAIRPERSON OLSON: Mr. Sewell.

24 MEMBER GALASSI: IDOT won't speak to you until

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1 what?

2 MS. RANALLI: Until they know this can be a
3 reality. They don't want to devote their State and
4 municipal and local resources unless they believe that
5 this may move forward.

6 CHAIRPERSON OLSON: Mr. Sewell.

7 MEMBER SEWELL: Yeah, I had a question for
8 Mike.

9 I want you to say more about this finding of
10 impact on area providers. It seems counterintuitive that
11 there would be such a reduction in bed complement and
12 then the finding that you'd still have a negative impact
13 on other facilities meeting their target utilization.

14 Can you say a little more about that?

15 MR. CONSTANTINO: Yeah. We reached that
16 conclusion based on the fact that all of the hospitals in
17 that area are underutilized, all the beds are
18 underutilized.

19 And when you -- even though there was a bed
20 reduction, those hospitals appeared to us that they would
21 still be underutilized.

22 MEMBER SEWELL: I see. Okay.

23 And then the other thing -- and maybe this is
24 for the Applicant.

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1 I heard your explanation as to why you didn't
2 come in proposing 20 obstetric beds. I think that's in
3 there so that anyone doing delivery would have enough
4 capacity to deal with the exceptions.

5 You know, a normal delivery could probably
6 occur anyplace, but the others -- you know, you need the
7 backup in terms of staff, clinician and nonclinician
8 staff, so that they get enough familiarity with these
9 cases to handle them.

10 What's been the experience at St. Elizabeth's
11 with obstetrics? Do you have the kind of support for
12 those exceptions? Because you're going to have --
13 what? -- a 12 -- you're proposing a 12-bed unit. So
14 you wouldn't have the desirable planning ideal within a
15 metropolitan area.

16 So can you handle those exceptions that occur
17 with that type of capacity?

18 MS. REESE: Yes. We believe that we can, and
19 that's why we're asking for the five LDRs.

20 I'm not sure if -- are you asking about
21 capacity clinically can we handle --

22 MEMBER SEWELL: No. I guess it's expertise
23 and --

24 MS. REESE: Yes.

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1 MEMBER SEWELL: -- seeing enough cases so that
2 people remain proficient.

3 MS. REESE: Oh, yes. Absolutely.

4 We do around 1200 births a year. We have a
5 very competent staff. We have pediatricians in our
6 hospital on a 24/7, actually. We have a Level II
7 nursery, and so we actually bumped it up so that we have
8 a pediatrician in-house to take care of those patients
9 who -- they're at all the deliveries.

10 And as you heard one of our OBs speak in
11 public comment, we've seen an increase in our births, as
12 well. Of course, we couldn't include that because of the
13 rules, but we've seen an increase in our ob-gyns, as
14 well.

15 So, yes, we're very, very competent to take
16 care of critically ill moms and babies.

17 MEMBER SEWELL: Thanks.

18 DR. HARKINS: And our family medicine
19 residency program, where we partner with Scott and
20 St. Louis University, it's critical that they do a
21 certain number of deliveries, and they are at this time
22 our highest service line for deliveries.

23 And Scott OBs -- Scott Air Force obstetricians
24 are on staff and take call and circle through, and all of

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1 our family medicine residents deliver babies. And at
2 this time we've never not had enough rooms to do what we
3 needed to do.

4 We do pretty high-risk deliveries,
5 particularly those Air Force deliveries. It's an
6 important benefit for our Scott Air Force Base personnel.
7 We are their hospital. They do not have a hospital at
8 Scott, and our OB service line is critical to them.

9 So for all of those reasons we do have
10 exceptional expertise and the ability to handle fairly
11 high-risk deliveries.

12 MS. REESE: And I would add that we're the
13 highest provider of Tricare in our region, "Tricare"
14 being the medical insurance for the military.

15 MEMBER SEWELL: Yes.

16 CHAIRPERSON OLSON: Other questions or
17 comments?

18 Mr. Hayes.

19 VICE CHAIRMAN HAYES: Madam Chair, thank you.

20 I was just wondering if you could go over a
21 little bit about -- the City of Belleville had talked
22 about a partnership with Southwest College that is
23 located there. It's a rather -- it's been expanding
24 quickly.

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1 What was that partnership -- what would that
2 partnership be like?

3 MR. SCHUMACHER: The basis of the discussion
4 was land that was next to the college that they thought
5 we could locate the hospital on.

6 And the second component of it is that
7 St. Elizabeth's has been the major clinical site for
8 education for the -- for Southwest College health
9 programs and other programs that they offer, and they
10 thought that there may be a partnership there.

11 The land was the basis of why they came to the
12 table, but we looked at alternate sites and chose the
13 site on I-64.

14 MS. REESE: The land was actually outside of
15 Belleville. They would have had to have annexed it into
16 Belleville, which I think they talked about. I wasn't
17 here at that time.

18 But we have a very good partnership with SWIC.
19 We have the respiratory school at St. Elizabeth's. Of
20 course, we do residencies with nursing, pharmacy, and we
21 will continue that relationship with SWIC, and we do
22 continue today even though that wasn't an option, a
23 viable option for us.

24 VICE CHAIRMAN HAYES: Now, SWIC or -- what is

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1 it called, Southwest --

2 MS. REESE: Southwest Illinois College, yes.

3 VICE CHAIRMAN HAYES: Southwest Illinois
4 College, is that a four-year institution now?

5 MS. REESE: It's a -- no, it's not. It's a
6 two-year community college.

7 VICE CHAIRMAN HAYES: It's a community
8 college?

9 MS. REESE: I don't know if that's the right
10 word for it or not but -- it's a two-year college.

11 VICE CHAIRMAN HAYES: I noticed also that you
12 do have a -- what is your bond rating?

13 I think it's A. Is that correct?

14 MR. SCHUMACHER: Double A minus.

15 MS. STARMANN-HARRISON: Double A minus is our
16 bond rating.

17 VICE CHAIRMAN HAYES: Okay. So you're taking
18 on almost \$300 million for this project here.

19 Do you feel that you can handle that?

20 MS. STARMANN-HARRISON: Yes, we do.

21 We -- when I mentioned we carefully planned
22 this as good stewards of our resources, we've planned out
23 the expenditures of capital in what years, and we have
24 talked with the bond rating agencies to assure that we

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1 would not run into any problems.

2 So it's a very carefully thought-out and
3 planned situation, and we do not expect any problems with
4 our bond rating or -- as we attempt to access capital
5 from the markets.

6 And we have -- we will have ability to have
7 some flexibility in the timing of that because we have
8 some cash set aside. We were very cautious on how we
9 planned for this project, and this is the way we do it
10 for all of our major projects in the system. We're
11 very -- we're very conservative and cautious.

12 VICE CHAIRMAN HAYES: Now, you have
13 14 hospitals in Illinois and Wisconsin.

14 MS. STARMANN-HARRISON: Correct.

15 VICE CHAIRMAN HAYES: What is your next -- is
16 St. Elizabeth your largest hospital?

17 MS. STARMANN-HARRISON: No. St. John's in
18 Springfield is our largest hospital.

19 VICE CHAIRMAN HAYES: Okay. What is the
20 next one?

21 MS. STARMANN-HARRISON: The next one is
22 St. Elizabeth's.

23 VICE CHAIRMAN HAYES: Okay. So this is a
24 major commitment to you. And as I mentioned before, the

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1 280 or 90 million dollars, that includes this office
2 building, as well.

3 MS. STARMANN-HARRISON: It's about
4 \$250 million for the hospital, I'd say.

5 VICE CHAIRMAN HAYES: Hospital?

6 MS. STARMANN-HARRISON: And then the medical
7 office building, which will be developed with the use of
8 a -- with a partnership with a developer -- is on top of
9 that.

10 VICE CHAIRMAN HAYES: Okay. Well, thank you
11 very much.

12 MS. STARMANN-HARRISON: Thank you.

13 CHAIRPERSON OLSON: Other questions or
14 comments?

15 MEMBER SEWELL: Yes.

16 CHAIRPERSON OLSON: Yes.

17 MEMBER SEWELL: I want to push you a little
18 bit on this rehab category of service.

19 It looks like, from the State agency report,
20 that you have these underutilized rehab services at other
21 provider institutions in the planning area. Okay? So
22 that's what's making you out of compliance with this,
23 because you're -- there's an excess of these. So tell me
24 a little more about why you just didn't come in and

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1 propose the alternative of exiting rehab services.

2 MS. RANALLI: Maryann will talk about --

3 MEMBER SEWELL: You already answered this but
4 I'm pushing you on it a little bit.

5 MS. RANALLI: Right. Right.

6 As Amy said -- and Maryann will speak more to
7 the clinical aspect of it but -- we are actually
8 proposing, I think, four -- approximately -- a few less
9 rehab beds than our 2013 utilization would support.

10 And so one might question, "Well, why would
11 you not propose the same number of beds that you had in
12 2013?" We did that because, to some extent of what
13 you're saying, we really looked at the excess beds in the
14 area and tried to be conservative in our planning.

15 We can always add beds or come back to you if
16 we're busting at the seams and ask for more, but if you
17 have more and you don't use them, that's not good for
18 anyone. It's not good for the planning area; it's not
19 good for the hospital. So we were very conservative on
20 that.

21 But in light of the volume that
22 St. Elizabeth's had -- which, again, is more in 2013 than
23 even what we're projecting out to 2019 -- we felt the
24 need for the service. And Maryann can speak as to why

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1 that volume is there.

2 MS. REESE: So this is, as you know, an acute
3 inpatient rehab facility, and it is staffed by
4 physiatrists, specially trained physicians, physiatrists.

5 I spoke a little bit about our stroke program.
6 As we continue to improve our stroke program and have
7 more patients come to St. Elizabeth's with stroke, that
8 is an integral part of that program. It's also an
9 integral part of our neuroscience program where we have
10 orthopedic surgeons and our -- and our -- so those
11 patients go there to rehab, as well.

12 And we're Carver accredited -- it's a Carver-
13 accredited facility so -- I'm not sure about the other
14 facilities in the area and if that's a comparison, but
15 it's very important to our overall strategic priorities
16 to have our rehab.

17 DR. HARKINS: I just want to absolutely agree
18 with Maryann on that. And I appreciate very much what
19 you're saying about the underutilization that exists, but
20 if -- it is very difficult for us to consider our
21 hospital without our acute inpatient rehabilitation
22 center. It's a shining star for us.

23 We are very, very good at it, and it supports
24 all of the other -- many of the other service lines that

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1 we have, and it's one of the -- it's the one reason
2 patients come from Missouri to Illinois for care, because
3 of our state-of-the-art, world class, world-renowned
4 rehabilitation facility. It's quite remarkable.

5 MEMBER SEWELL: One other thing.

6 That -- this is an Air Force base nearby?

7 MS. REESE: Yes.

8 MEMBER SEWELL: Okay. Do they use the other
9 inpatient facilities in the area, also?

10 MS. REESE: Do you want to answer that?

11 DR. HARKINS: Yes.

12 Scott Air Force Base is just a few miles away
13 from where we're located now and where we will be
14 located -- we're actually going to be located closer at
15 the proposed location if that is approved.

16 The Scott Air Force Base colleagues and
17 everyone there, they're encouraged to use
18 St. Elizabeth's, but they can go anywhere they choose.
19 And, yes, they do use other hospitals should they choose,
20 but, by far, we're the greater Tricare provider.

21 MEMBER SEWELL: Do they provide any support
22 for the programs at St. Elizabeth other than patients
23 coming there?

24 But funding, I guess -- I know you're not a VA

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1 facility --

2 MS. REESE: We provide --

3 DR. HARKINS: They provide workforce for us.

4 MS. REESE: We provide funding. That's the
5 relationship. We provide the funding. We provide a
6 million dollars annually into the partnership.

7 MEMBER SEWELL: I see. Uh-huh.

8 DR. HARKINS: And in return we get Air Force
9 residents that serve as house staff for us. We have the
10 OB faculty that come on board and help the residents
11 train. And we have the family medicine residency active-
12 duty faculty on staff with us, and that is an exclusive
13 credentialing relationship that we have with those Scott
14 providers.

15 VICE CHAIRMAN HAYES: Now, when you have
16 individuals that are in the military or Scott Air Force
17 Base, they come through Tricare; is that correct?

18 DR. HARKINS: Yes, sir.

19 VICE CHAIRMAN HAYES: Okay.

20 CHAIRPERSON OLSON: Anything else?

21 (No response.)

22 CHAIRPERSON OLSON: I guess -- so I just want
23 to -- for the support comments made, you're also
24 anticipating, with the new site, an improved ability to

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1 recruit or retain staff and be able to train because of
2 the better technology; is that correct?

3 MS. REESE: (No verbal response.)

4 CHAIRPERSON OLSON: Other questions or
5 comments?

6 (No response.)

7 CHAIRPERSON OLSON: Seeing none, we'll have a
8 roll call vote.

9 MR. ROATE: Motion made by Mr. Galassi;
10 seconded by Mr. Sewell.

11 Mr. Bradley.

12 MEMBER BRADLEY: As you look at the State
13 agency report, they reviewed 38 criteria. There were
14 findings on eight of the criteria, and the findings start
15 with the fact that they don't appear to be able to
16 justify five labor and delivery units, suites; they can
17 only justify three.

18 You go down and see that service access will
19 be improved. It does not appear that service access will
20 be improved with the establishment of this.

21 Then you go on down. It appears that a
22 duplication of services may result with the establishment
23 of this service.

24 You go over to the next criteria, and it says

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1 that the new hospital may impact other facilities
2 currently operating, and that is a significant impact on
3 other area providers. Another phrase that you pick out
4 here is "it does not appear that access will be improved
5 with the establishment of this service."

6 You go on down again, and it talks about a
7 duplication of service.

8 All of these I believe are major impediments
9 to approving this project and, therefore, I vote no.

10 MR. ROATE: Mr. Galassi.

11 MEMBER GALASSI: I came here dissuaded by the
12 public health comments of St. Clair County on this
13 project. I will tell you that. I will also tell you
14 that your presentation persuaded me.

15 I will vote yes on this project.

16 MR. ROATE: Thank you.

17 Mr. Hayes.

18 VICE CHAIRMAN HAYES: I'll vote yes on this
19 project because I believe that we have to look at this as
20 being an important project for St. Elizabeth's. They
21 need -- and I think that it's very important that they
22 have a modern campus to be able to work with the
23 different military, their project with St. Louis Medical
24 Center -- University of St. Louis. I think that's

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1 important, to have that. I also think it could be a
2 magnet for a significant amount of specialty care, which
3 this area will need.

4 I think that in this project 159 beds will be
5 removed from our inventory. I think that's a very
6 important positive here, and I think -- I believe,
7 ultimately, this will be a project that will be closer to
8 their patients, and that is a very persuasive idea here.
9 I think this project is important to keep the financial
10 viability of, you know, the -- of the hospital.

11 And, thus, I'm voting yes.

12 MR. ROATE: Thank you.

13 Mr. Sewell.

14 MEMBER SEWELL: This issue of Belleville
15 versus O'Fallon, I don't think we have rules that allow
16 us to support or not support just based on that.

17 Now, if it were true and could be supported
18 that St. Elizabeth was somehow chasing a better payer
19 mix, that could be an issue, but we haven't seen any
20 evidence of that. It looks like the demographic profiles
21 with respect to Medicaid patients or uninsured patients
22 is roughly the same. There's some slight differences but
23 it's not -- substantially the same.

24 I also think that, you know -- I think that

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1 the planning that was done for this took into
2 consideration the limits that are in the rules of the
3 Facilities and Services Review Board. So I know that
4 these -- we've unpacked all of these issues in our
5 discussion, and I've heard a satisfactory response.

6 So I'm going to vote yes.

7 MR. ROATE: Thank you.

8 Madam Chair.

9 CHAIRPERSON OLSON: I'm going to vote yes, as
10 well.

11 I think the important distinction here is that
12 this is not a new hospital; it's a relocation. I think
13 the fact that they've done due diligence by decreasing
14 the number of beds to try to improve the bedding
15 situation in the planning area is important.

16 I think they've worked hard to work within our
17 rules, and I believe the fact that this will give them
18 the ability to recruit and retain staff is really an
19 access issue for all the patients that they're so
20 desperately trying to reach.

21 So for that reason I vote yes.

22 MR. ROATE: That's 4 votes in the affirmative,
23 1 vote in the negative.

24 CHAIRPERSON OLSON: The motion does not pass.

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1 MR. MORADO: You're going to be receiving an
2 intent to deny notification from the Board. You will
3 have an opportunity to appear before the Board again, and
4 you may submit additional information if you so desire.

5 MS. RANALLI: Thank you.

6 MEMBER GALASSI: Madam Chair, if -- I'm sorry.

7 CHAIRPERSON OLSON: Please, go ahead.

8 MEMBER GALASSI: If I just may briefly, we've
9 had dialogue about this issue, and I would hope that we
10 have our staff, posthaste, working on this subject of our
11 voting rules.

12 Obviously, in a situation like today where we
13 only have a five-member quorum, that weights votes very
14 differently.

15 And I respect Member Bradley's right to vote
16 in any way, shape, or form as well as any other member,
17 but I do believe that we should be voting with the
18 majority -- and it should be a majority present -- of
19 that quorum, and I would hope very much that we would
20 look into that issue.

21 Whether others agree -- they may not -- but
22 I would like us to pursue that and, hopefully, pursue it
23 soon.

24 MEMBER BRADLEY: May I also comment on that?

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1 I happen to agree with Dale on that matter.
2 While I don't think I should feel pressure to vote yes
3 simply because my vote is determinative in a situation
4 like this, I believe that the majority of the Board
5 should be able to work its will.

6 The current rules -- which, as I understand
7 it, are in statute -- give a person in my position an
8 absolute veto. And I think that's wrong, but I still
9 felt that I should exercise a vote based on how I felt
10 about the project.

11 CHAIRPERSON OLSON: I will say that that is
12 part of our legislative agenda upcoming. We will have to
13 see if we get support to push that piece of legislation
14 forward.

15 MEMBER GALASSI: We can put it on a fast
16 track.

17 MS. AVERY: We just cannot find any legislator
18 at this point that would support that because it's
19 consistent with other boards and commissions. It's a
20 quorum of five throughout the entire state, and they just
21 feel like to give three people that power to go by the
22 majority goes up and down on whoever's at the meeting,
23 and it's based on that.

24 So to keep it consistent, they leave it at the

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1 five, which was created out of that task force that was
2 led by Senator Garrett. Because we had that in the past,
3 where there were three members that were on the Board,
4 there was only five, and it just went up and down.

5 So we have had that as a legislative issue --

6 MEMBER GALASSI: And while I hear that --

7 MS. AVERY: -- we just can't find a sponsor to
8 support it.

9 MEMBER GALASSI: Well, I hear that. And we
10 all know that the robust legislation that was created as
11 a reaction to what had happened with this Board
12 previously also included to have stipends and
13 compensation for Board members.

14 This is not a stipend or compensated Board.
15 It's a voluntary Board. And as a result of that, we
16 don't always have full membership presence -- or that as
17 well as other issues, obviously.

18 So I, for one, would be willing to work with
19 staff to talk to legislators on this issue because this
20 Board is one of the most significant boards in the state,
21 deals with more issues than almost any other board, and
22 it is a fully volunteer Board. And as a result of that,
23 to expect a significant -- or a consistent amount of all
24 members to be present I think is unrealistic.

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1 So the -- I believe the alternative to
2 compensating Board members -- the alternative is, as we
3 just discussed, a majority vote of members present. It's
4 always going to be a minimum of three, clearly.

5 Thank you.

6 CHAIRPERSON OLSON: We are working with the
7 current Governor's office, too, to fill the vacancy and
8 the terms that are expired, so, hopefully, that will help
9 improve attendance.

10 In light of what just happened here, are you
11 wanting to defer your next project?

12 MS. RANALLI: You know, I'm glad you -- I'm
13 glad you raised that because I -- I want to do what is
14 best and most convenient for the Board with respect to
15 public comment, if it were to occur again and otherwise.

16 Obviously, that project is inextricably
17 linked, and I believe -- and maybe Juan would weigh in
18 here. I believe, if we defer the ACC project, it would
19 be heard before the hospital project.

20 MS. AVERY: We'll figure it out.

21 MS. RANALLI: And then -- so I would not
22 really want to ask for an intent to deny on the ACC
23 project, but we want them to be linked.

24 So if we defer the ACC project, what would

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1 happen is we would come to whatever Board meeting that we
2 are placed on the agenda and present it almost as if it
3 was the full hospital project. It would be voted on, and
4 then we'd present the hospital project for an intent to
5 deny.

6 So it almost seems more logical to take --

7 CHAIRPERSON OLSON: I think Juan can weigh in
8 on that.

9 MS. RANALLI: Yeah.

10 MR. MORADO: In terms of its placement on the
11 agenda, we can definitely make an accommodation.

12 MS. AVERY: We're not at a year, are we?

13 We're fine.

14 MS. RANALLI: If that could be done, then we
15 could defer it. If it could be linked and maybe on the
16 intent-to-deny portion of the agenda, that may be the
17 absolute easiest way to go.

18 CHAIRPERSON OLSON: Is it better if the Board
19 defers it than the Applicant, or does that not make any
20 difference?

21 MR. MORADO: It would --

22 MS. RANALLI: I don't think we can defer it
23 because we deferred previously. I'm not sure we can.

24 MS. AVERY: You didn't defer that project.

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1 MS. RANALLI: Oh, that's true. You're right.

2 CHAIRPERSON OLSON: Okay.

3 MS. RANALLI: So, certainly, if we could
4 request a deferral with the understanding that it would
5 be placed that you would be hearing them together,
6 I think that's probably your preference and certainly
7 ours.

8 CHAIRPERSON OLSON: We will work with you on
9 that.

10 MS. RANALLI: Okay.

11 CHAIRPERSON OLSON: So we are deferring?

12 MS. RANALLI: Yes.

13 CHAIRPERSON OLSON: Okay.

14 MS. RANALLI: And thank you.

15 CHAIRPERSON OLSON: Thank you.

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CHAIRPERSON OLSON: Okay.

(An off-the-record discussion was held.)

MS. RANALLI: I was just told by -- I don't
know that --

CHAIRPERSON OLSON: We're going to break for
lunch for approximately 45 minutes.

Thank you.

MEMBER GALASSI: Thank you.

MS. AVERY: Oh, Clare. I'm sorry.

MS. RANALLI: Someone mentioned to me -- I'm
not sure if it's true -- that the Board has to take State
action within a certain amount of time on a project.

MS. AVERY: We're under the year.

MS. RANALLI: We're fine? Okay. Thank you.

(A recess was taken from 12:15 p.m. to
1:06 p.m.)

CHAIRPERSON OLSON: I'll call the meeting back
to order.

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1 CHAIRPERSON OLSON: Project 14-047, Fresenius
2 Medical Care of Humboldt Park in Humboldt Park, if the
3 Applicant would the come to the table. And while that's
4 happening, may I have a motion to approve Project 14-047,
5 Fresenius Medical Care, Humboldt Park, to establish a
6 34-station ESRD facility.

7 MEMBER GALASSI: So moved.

8 MEMBER SEWELL: Second.

9 THE COURT REPORTER: Would you raise your
10 right hands, please.

11 (Three witnesses duly sworn.)

12 THE COURT REPORTER: Thank you.

13 CHAIRPERSON OLSON: Mr. Constantino.

14 MR. CONSTANTINO: Thank you, Madam Chairwoman.

15 Fresenius is proposing to establish a
16 34-station ESRD facility in 20,000 gross square feet of
17 leased space in Chicago, Illinois.

18 In addition, should this project be approved
19 by the State Board, the Applicants are proposing to
20 discontinue 20 ESR stations at the Fresenius Medical Care
21 West Metro facility.

22 The cost of the project is approximately
23 \$10.7 million. The anticipated completion date is
24 December 2016.

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1 CHAIRPERSON OLSON: Thank you.

2 Comments for the Board?

3 MS. GURCHIEK: Good afternoon. My name is
4 Teri Gurchiek, and I want to thank you for hearing our
5 project this afternoon and, also, for the Board staff for
6 reviewing the application.

7 To my right, Clare Ranalli, counsel; and, to
8 my left, Lori Wright, CON specialist.

9 We currently operate a 32-station ESRD
10 facility at Norwegian American Hospital, and that is in
11 Humboldt Park, and the facility is West Metro --
12 Fresenius Medical Care West Metro.

13 This is a Federally qualified medically
14 underserved area. We've been in this current location
15 for over 20 years.

16 And because of the need for expansion, over
17 the years we have added stations multiple times. And as
18 a result of that, the facility is in square footage that
19 is half of what it should be given the number of stations
20 that we have there.

21 Our current utilization is 94 percent with
22 180 patients. We do go above 94 percent utilization
23 sometimes but, as I said, currently we're at 94.

24 We are currently occupying 7700 gross square

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1 feet, which, per your standards, is appropriate for a
2 12-station facility, and we are currently operating
3 32 out of this location. In addition to that, we also
4 have a very large home dialysis program operating out of
5 this facility with 50 patients.

6 The minimum Board size standards would require
7 us to occupy at least 14,000 gross square feet and then
8 an additional space for our home therapies.

9 We do need to expand, but, unfortunately,
10 Norwegian American Hospital does not have any additional
11 space for us, and we've put more than what we should have
12 in the existing facility.

13 As you can see, the clinic is grossly
14 undersized, and because of this tight space, we've been
15 unable to update it, and the clinic, because it's so
16 overoccupied, has a lot of physical plant needs. It
17 needs a lot of updating, which is very difficult to do
18 given the space that we have.

19 So our plan for meeting the patient needs is
20 to maintain our clinic at West Metro Norwegian --
21 I'm sorry -- our West Metro clinic at Norwegian American
22 Hospital, and that's good for our patients because they
23 do reside right around that area of the hospital, and
24 it's also good for the hospital because we have been a

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1 long-term tenant of theirs for 20 years, and we would
2 like to continue that relationship with them.

3 Secondly, it would provide us additional space
4 in the Humboldt Park area. As I said earlier, we're at
5 94 percent utilization. Our ability to take more
6 patients is about at its limit.

7 We would address the overcrowding by adding
8 14 stations in the new Humboldt Park location and
9 transferring 20 of our current stations out of the West
10 Metro facility into this new facility. 12 stations would
11 remain at the current hospital location, and that would
12 then also allow us to be able to renovate this facility
13 and bring it up to the standards that it needs to be for
14 today. This will result in an efficient, updated
15 12-station clinic remaining at the hospital, and it will
16 operate at 80 percent even when we pull those additional
17 stations out.

18 The 34-station Humboldt Park facility, which
19 is just blocks away from our existing facility, will open
20 at 60 percent once that's completed just by transferring
21 the 122 patients over to that new location. These
22 patients will be able to remain with their physicians,
23 their treating staff, and other patients they've made
24 friends with over the years.

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1 The Humboldt Park neighborhood is a
2 disadvantaged population. They're -- 98 percent of their
3 residents are from minority backgrounds, 43 percent
4 receive Medicaid benefits, 23 percent have no insurance,
5 and 33 percent are living below poverty level.

6 Providing continuity of care for these
7 patients assures more compliance with treatment schedule
8 and fewer missed treatments, resulting in a higher
9 quality of life for this patient population.

10 The facilities survey -- the 2013 facilities
11 survey that was submitted on the West Metro clinic, our
12 current location, was very similar to the statistics in
13 the Humboldt Park area. Our clinic has 25 percent
14 Medicaid, 10 percent self-pay, and, also, half the
15 patients receiving care there are over the age of 65. In
16 addition to that, greater than 75 percent of our patients
17 within this facility are Hispanic.

18 This population does need to keep these
19 services within their neighborhood, especially given the
20 fact that the greater population's over 65, which seems
21 to be the most difficult patient demographic to get to
22 treatment as far as transportation is concerned.

23 While 14 stations may sound like a large
24 expansion, if Dr. Gilbar [phonetic], who's our

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1 nephrologist, refers exactly the same number of patients
2 for dialysis that he did last year and historically in
3 previous years, the clinic will be above 80 percent after
4 the first year of operation.

5 Thank you. And I'm going to turn this over to
6 Clare. She can briefly address the negative findings.

7 MS. RANALLI: You know, Terri, I actually
8 think you did address it in your comments. I think, you
9 know, you responded to them adequately, so I think we can
10 just take questions.

11 CHAIRPERSON OLSON: Thank you.

12 Questions from Board members?

13 MEMBER GALASSI: Why would 23 percent of your
14 patients be uninsured? Wouldn't they qualify for
15 public aid?

16 MS. RANALLI: 25 percent are Medicaid;
17 10 percent are self-pay.

18 In this particular area there are a great
19 number of undocumented patients, and, therefore, they
20 don't qualify for Medicare. I think Fresenius frequently
21 works with patients to try and get them on Medicaid. But
22 because of the high number, that takes time, and
23 sometimes patients aren't real keen on going forward to
24 try and attain Medicaid because of concerns that puts

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1 them on the radar screen, quite frankly.

2 So -- I don't know if you have anything to
3 add.

4 MS. GURCHIEK: No. That's fine.

5 MEMBER GALASSI: That's fine. Thank you.

6 CHAIRPERSON OLSON: I have a question.

7 So I thought you were going to have a net gain
8 of 14 stations, but it's really going to be a net gain of
9 14 in this new facility plus the 12 you're leaving at the
10 hospital?

11 MS. GURCHIEK: No. The net gain would be 14
12 because we currently operate 32 stations at our current
13 facility, so we would leave 12 there.

14 CHAIRPERSON OLSON: Oh, I see. Okay. I did
15 have it right. Okay.

16 And there's a 127-station need in this HSA?

17 MS. GURCHIEK: Correct.

18 CHAIRPERSON OLSON: Other questions?

19 (No response.)

20 CHAIRPERSON OLSON: Seeing none, we'll have a
21 roll call vote.

22 MR. ROATE: Thank you, Madam Chair.

23 Motion made by Mr. Galassi; seconded by

24 Mr. Sewell.

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Mr. Bradley.

MEMBER BRADLEY: Based on the State agency report, I vote yes.

MR. ROATE: Mr. Galassi.

MEMBER GALASSI: Based on the State agency report, yes.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: I'm going to vote yes based on the State agency report and the need -- the special needs for this community.

MR. ROATE: Mr. Sewell.

MEMBER SEWELL: I vote yes for the reasons stated.

MR. ROATE: Madam Chair.

CHAIRPERSON OLSON: Yes, for reasons stated.

MR. ROATE: That's 5 votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.

Thank you so much.

MS. RANALLI: Thank you.

MS. GURCHIEK: Thank you.

MS. WRIGHT: Thank you.

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1 CHAIRPERSON OLSON: And the final project on
2 the docket today is 14-057, Advocate Christ Medical
3 Center in Oak Lawn.

4 While the Applicant is moving to the table,
5 may I have a motion to approve Project 14-057, Advocate
6 Christ Medical Center, for modernization/expansion
7 projects on the campus of its acute care hospital.

8 MEMBER BRADLEY: So moved.

9 MEMBER GALASSI: Second.

10 MR. CONSTANTINO: Madam Chairwoman, we had a
11 comment on the State Board staff report that was e-mailed
12 to all the Board members.

13 MR. MORADO: Were those comments timely, Mike?

14 MR. CONSTANTINO: Yes.

15 MR. MORADO: And were they responsive to the
16 State Board report?

17 MR. CONSTANTINO: Yes.

18 MR. MORADO: Thank you.

19 CHAIRPERSON OLSON: Okay. If you gentlemen
20 could be sworn in, please.

21 THE COURT REPORTER: Raise your right hands,
22 please.

23 (Five witnesses duly sworn.)

24 THE COURT REPORTER: Thank you. And please

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1 print your names.

2 CHAIRPERSON OLSON: Mike, State Board staff
3 report.

4 MR. CONSTANTINO: Thank you, Madam Chairwoman.

5 The Applicants are proposing to expand and
6 modernize existing clinical areas at its acute care
7 hospital in Oak Lawn.

8 The proposed project is a combination of new
9 construction and modernization with a cost of
10 approximately \$85.5 million. The anticipated completion
11 date is December 31st, 2020. We had no opposition on
12 this project.

13 Thank you, Madam Chairwoman.

14 CHAIRPERSON OLSON: Thank you. I think that's
15 the first one we've seen in 2020.

16 MR. LUKHARD: Yes. It has a little bit of a
17 horizon to this.

18 CHAIRPERSON OLSON: Yes. Comments for the
19 Board?

20 MR. LUKHARD: First, I'd like to just
21 thank you for the chance to be back. We've been here
22 several times during my nine years at Christ, and we
23 really have appreciated the spirit that we enjoyed with
24 you and as we try to meet the needs of our community.

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1 I'd like to briefly introduce myself. My name
2 is Ken Lukhard. I'm the president at Christ. With me is
3 Joe Ourth, to my right, and to my left is Dr. -- in
4 order -- Dr. Sayger, who runs our ED; Dr. Doherty, who's
5 the chief of trauma; and Pat Lyons, who runs our
6 construction and design for our campus.

7 Very quickly -- I'll try to make my comments
8 brief, that Christ really has gone from a community
9 hospital to a major teaching tertiary/quaternary medical
10 center today, and we have one of the highest volumes in
11 the entire city. And the campus, as you know, as you
12 approved other projects, just cannot hold all the demands
13 for the service at the campus.

14 Our charity care at Christ has been
15 significant. If you look at 2011, our net revenue went
16 from \$880 million in '11 to 900 million in 2013, a
17 \$20 million increase, but our level of charity care more
18 than doubled from 54 million, and we increased over
19 \$42 million in our charity care, up to -- north of
20 98 million. So we really have a very strong commitment
21 to charity care at our campus.

22 Advocate as a system has also demonstrated its
23 commitment and, in 2013, had over \$527 million in charity
24 and other uncompensated care.

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1 I'd like to thank the Board for the support of
2 the first two projects. We had presented to you years
3 ago when we first formed our plan for the campus. It
4 involved three distinct phases.

5 One, the opening of an outpatient pavilion,
6 which you approved and is now open today; our new bed
7 tower, which you approved and is now being constructed
8 and is due to open -- that will be a relief, huh? -- in
9 January of '16, and then this final piece is the
10 emergency department expansion. So this is the final
11 phase of three phases of the campus expansion.

12 Christ has been unwavering in our commitment
13 to trauma and emergency services in the southland. We're
14 the only trauma center in the south. The demand on the
15 campus is staggering, and we are, unfortunately, in a
16 position where we turn away literally thousands of
17 patients out of our ED, cannot -- just cannot get them in
18 the door because of capacity.

19 To give you a perspective, our current ED was
20 designed for 55,000 visits a year. We see approximately
21 a hundred thousand patients a year in the emergency room.
22 Last year, in 2014, we were on bypass over 1600 hours,
23 meaning the doors were shut to the emergency room. That
24 really translates to 2.2 months out of the year when the

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1 emergency room is totally shut down to the community.

2 When the ED goes on bypass, the impact to the
3 community is significant. Patients start getting
4 diverted to other places, and it just -- then you see --
5 Little Company goes on bypass, and it just kind of goes
6 right downhill. So our inability to meet the demand at
7 our campus is very, very significant.

8 I'd like to thank the staff, the agency, for
9 their help as we've created our application and finished
10 it, and I'd just like to conclude by saying that, for us,
11 being very much a mission-driven hospital, this is
12 critical to our mission to serve the community. We, as
13 I've stated by our bypass, just cannot contain and meet
14 the need of the community currently, with our current
15 physical plant.

16 This is simply intended to allow us to meet
17 that need, keep the doors open, and say yes to the folks
18 that need us in that moment of critical care.

19 DR. DOHERTY: Thank you, Ken.

20 My name is Dr. James Doherty. I have been the
21 trauma medical director at Advocate Christ Medical Center
22 since 2008.

23 I'm here to discuss the importance of this
24 project, specifically with respect to the provision of

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1 trauma care at Advocate Christ Medical Center. Since its
2 designation as a Level I trauma center over 25 years ago,
3 Christ has evolved into a vital provider of trauma care
4 to the entire region.

5 During that 25-year time period, closure of
6 trauma centers in Chicago and the southwest suburbs have
7 left us as the lone adult trauma center, certainly in the
8 majority of Chicago's south-side neighborhoods and all of
9 south suburban Cook County.

10 Most recently, legislation passed by the State
11 of Indiana in 2010 mandated transportation of most
12 patients from northwestern Indiana requiring emergency
13 trauma care to Christ, as well. As a result of these
14 events, our trauma center now has a primary service area
15 with a population of approximately 2 million people, and
16 our annual trauma volume has increased dramatically.
17 Christ is now the busiest Level I trauma center in the
18 state of Illinois and one of biggest in the Midwest
19 region.

20 Christ also serves as the only Level I trauma
21 center in Illinois EMS Region 7, playing a critical role
22 in coordination of regional disaster preparedness
23 efforts.

24 Despite this expansion of its responsibilities

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1 and the increasing acuity of our patient population, the
2 trauma center has maintained an amazing track record of
3 success. A trauma patient brought to Christ with vital
4 signs has a 97 percent chance of survival, a number that
5 exceeds national benchmarks.

6 This survival rate includes patients with some
7 of the most devastating injuries, including unstable
8 gunshot wounds and catastrophic head injuries. The
9 success of our trauma center is primarily due to its
10 dedicated administration and staff. This success occurs
11 despite severely undersized and dysfunctional trauma
12 facilities.

13 As one of the two physicians who carry out
14 trauma center site surveys for IDPH, I have had the
15 opportunity to visit a number of trauma centers and to
16 inspect their emergency departments. From this
17 experience it's clear to me that the current facilities
18 at Christ are suboptimal.

19 The size of our trauma rooms is inadequate for
20 the complex care required, and the emergency department
21 lacks capacity to accommodate rapid fluctuations in
22 trauma volume, such as what might occur in a major mass
23 casualty incident.

24 On a daily basis important patient care

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1 priorities, such as privacy and comfort, are challenged
2 as we struggle to provide urgent services in a crowded,
3 physically constrained space.

4 The proposed CON will expand the capacity of
5 the emergency department and will allow the construction
6 of a dedicated trauma resuscitation area with
7 12 universal trauma rooms large enough to accommodate our
8 entire multidisciplinary trauma team and all the critical
9 life support equipment necessary to save the lives of the
10 sickest and acutely injured patients.

11 The trauma center at Christ is a critical
12 resource for the entire region. At a time when we hear
13 about trauma deserts in Illinois, Christ is an oasis
14 providing emergency trauma care to not one but three
15 critically underserved local populations. The proposed
16 certificate of need will provide Advocate Christ Medical
17 Center with the facilities needed to continue fulfilling
18 this vital mission for the communities of Chicago's south
19 side, south suburban Cook County, and northwestern
20 Indiana.

21 Thank you.

22 I'm going to turn things over to Dr. Sayger,
23 the director of our emergency department.

24 DR. SAYGER: Thank you very much.

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1 I've actually been at Christ Hospital for
2 21 years, and through that time I've actually seen the
3 hospital grow and the care of the emergency department
4 expand tremendously. You know, our volumes in the ED
5 have essentially doubled from 55,000 to approximately
6 100,000 in, basically, the same space.

7 We've gone back and forth, we've reviewed our
8 processes, we've streamlined, we've done Six Sigma, we've
9 done lean processes, and we've truly optimized everything
10 we can within the current space that we have now.

11 2013 data showed our utilization was about
12 92.9 percent. 2014 actually was the busiest year I've
13 ever seen at Christ Hospital emergency department. Our
14 volumes to the door were greater than 100,000, but due to
15 the length of stays and the delays in getting patients
16 in, we did lose thousands of patients before they were
17 actually treated in our ED.

18 The first part of the year -- if you look at
19 the first quarter, our volumes were actually low, but
20 they grew during the summer, and by the end of the year,
21 they were at all-time record highs.

22 Our 50-bed ED on December 15th at one time
23 carried 168 patients, 77 percent in the waiting room.
24 The delays were greater than 10 hours at times. We,

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1 unfortunately, had a number of patients leave without
2 being seen that day. And that -- although that was the
3 greatest volume we had seen in the history of the ED, the
4 remainder of December was also significantly impacted.

5 And the interesting thing is, through the
6 volumes that we saw with the peaks in September into
7 December, they were not due to natural disasters or mass
8 casualties. They were essentially a Monday or a
9 Wednesday, and our populations were coming to us seeking
10 help.

11 If you look at our utilization, we do have
12 42 beds for the emergency department, but we consistently
13 utilize approximately 18 curtain spaces in our hallways.
14 They do not have gases, but we use portable oxygen and
15 portable monitors, so, in essence, we operate with
16 approximately 60 treatment areas every single day.

17 We are basically asking for 70 treatment bays.
18 That's only 10 bays more than we have now. That's a
19 conservative estimate based on the American College of
20 Physician Executives, and the ED Benchmarking Alliance
21 has recommendations going up to 96 bays for our emergency
22 department, so we feel our number is realistic,
23 attainable, and something that we will utilize on a daily
24 basis.

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1 With that, I would like to basically say I'm
2 happy to answer any questions you may have. I will turn
3 this over to Pat Lyons to address the modernization
4 issues we have and thank you for your consideration.

5 MR. LYONS: Thanks, Dr. Sayger.

6 Good afternoon. This is a complex project,
7 and I hope that I'm able to provide some solid insight on
8 what the details are that impact the construction costs.

9 I'd like to give a little history of the
10 emergency department at Christ. The last addition was
11 approximately 25 years ago, and it was coupled onto an
12 emergency department that was built in 1960.

13 That addition had building systems capacity at
14 the time, but over the years those capacities have been
15 drawn down due to codes, due to advances in technology,
16 so there is not one building system in this emergency
17 department that has the ability to expand. Typically
18 when we do a project there's one or two or three systems
19 that we're able to tap into and enjoy that capacity. In
20 this particular case, we don't have any.

21 Examples of the building systems that need
22 modernization. The surrounding areas that will be
23 converted into high density for the clinical delivery of
24 care, those carrier lines that support those building

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1 systems are undersized, so we have to go back to the
2 original sources of what supplies those building systems,
3 and some cases are several hundred feet away.

4 Electrical. We are out of capacity on
5 electrical on that side of the campus, so we have to put
6 in -- to support this project -- a 3200-amp submain
7 system and bring it from down the street to make that
8 operational and function.

9 We're adding two new generators to supply
10 dedicated power and uncouple the emergency department
11 from the main campus emergency generators, but there will
12 be a tie-in for redundancy and backup. It will have its
13 own generator system.

14 The plumbing and water supplies, again,
15 because of the activities that are needed for this
16 project, are going to need to be increased, both the
17 water supply line and also the sanitary line to be
18 increased for obvious reasons.

19 Medical gas. Again, medical gas will need to
20 be added throughout this project, but we're also
21 anticipating adding specific ones in suite areas that
22 will give us benefit in case, as the doctors have
23 indicated, of a disaster or pandemic over time.

24 The HVAC systems have to be completely

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1 replaced, nor will they handle the performance
2 requirement and the energy codes of today but, also, the
3 demand that is needed for this expansion.

4 This project -- also, on these HVAC systems
5 we'll include the ability to go to a hundred percent
6 outside air or exhaust the major portion of the suite in
7 the event of a community disaster or pandemic. And in
8 addition to those units, the way that they're going to be
9 sized is they'll also have to have the necessary heating
10 elements in them to be able to keep the space comfortable
11 in the event that it is -- this time of year -- the dead
12 of winter and we're pulling in a hundred percent outside
13 air.

14 Building systems evaluation. Advocate
15 facility standards, our goal is always to look very hard,
16 at the front end of all projects, on the equipment that
17 we're going to use for a project, and that is to make
18 sure that we have the most efficient, most effective
19 equipment that we can put into a project.

20 So we look at driving down operational costs
21 over time, that we have the most efficient types of
22 equipment that can provide us with the best long-term
23 effective use of energy as well as create a higher
24 reliability of equipment that will provide reliability

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1 for decades to come.

2 Other constraints. I mentioned earlier that
3 the addition, as well as -- the original 1960s emergency
4 department, it had a floor-to-deck height of 12 feet.
5 That, as we know, is probably limiting to some factor,
6 but because of the new systems that we have to bring in,
7 we have to reduce a lot of building systems out of those
8 cavities to bring in the new systems, the new supply
9 lines to be able to provide the necessary equipment to
10 make this a successful project.

11 Patient safety. This is the one that keeps me
12 awake at night, and that is to maintain a safe
13 operational environment while the clinical teams -- the
14 doctors, the nurses, and the clinicians -- can maintain
15 their effectiveness on the patients. So in this work
16 plan that we've put together for this project, we are
17 looking at a considerable amount of after-hours work to
18 make sure that we do not impact them operationally and we
19 keep a safe environment.

20 The last item is regulatory and the Village
21 inspections. There are a dozen phases to this project.
22 There are phases within the phases. And for us to make
23 sure that we have good oversight from IDPH and our local
24 inspectors, we wanted to make sure that we provided

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1 enough time in between packages for them to come out and
2 look at each one of those phases.

3 And at this particular time, we had to take a
4 conservative approach, so we had to run the schedule out
5 for those distances to make sure that we did cover those
6 things that are unforeseen, and the unforeseen is not
7 knowing how long it would take for each one of those
8 schedules to happen. If in the event that we get moving
9 on the project and those inspections decrease, then we
10 will be able to compress the overall schedule and so can
11 save money there.

12 I want to be respectful to the Board's time so
13 I hope I was able to provide enough detailed information
14 that explains why our construction costs exceed the State
15 standards. But although they do, we feel strongly
16 that -- for all the right reasons. And I'll open it up
17 for questions for -- from the Board for this entire
18 group.

19 CHAIRPERSON OLSON: Thank you.

20 Questions from Board members?

21 Mr. Sewell.

22 MEMBER SEWELL: Yes.

23 Thank you all very much.

24 Our standard on number of emergency stations,

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1 does this take into consideration the provision of
2 Level I trauma care? Or is it just a general emergency
3 department standard?

4 I think -- I'm looking at you, but I guess I'm
5 talking to you.

6 MR. CONSTANTINO: It's a general standard.

7 MEMBER SEWELL: Yeah. Would there be -- and I
8 guess I would ask you this.

9 Would you foresee the need for a different
10 standard when a pretty high proportion of what goes on in
11 your emergency department is your service to that
12 catchment area as part of the State's trauma network?

13 Does that make a difference?

14 MR. LUKHARD: Yeah, it does.

15 So if I understand your question correctly,
16 I think there's one or two comments I would make.

17 One is that the standard of the 2,000 visits
18 per treatment bay is very different at Christ based on
19 the extremely high level of acuity that comes to our
20 facility. It's not a typical community hospital. It is
21 much different than that, so the cases are very
22 complicated, many of them, and require longer lengths of
23 care and a much more intense level of care.

24 So that's kind of my first comment to your

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1 question. Did that speak to part of your question?

2 MEMBER SEWELL: That's part of it. I'm just
3 trying to hear you talk about whether it begs the
4 question of a different standard because of the acuity
5 and because Level I care is being provided.

6 MR. LUKHARD: Yeah. My understanding is the
7 State does not have a standard for trauma.

8 Is that correct, Joe?

9 MR. OURTH: Yes.

10 MR. LUKHARD: Yes.

11 MEMBER SEWELL: Okay.

12 MR. LUKHARD: So I think that the busier your
13 trauma service is as part of your overall ED delivery, it
14 begs that question. Ours is one of the most complex and
15 busiest trauma programs in a 10-state region, so it
16 certainly pushes all those standards to the nth degree.

17 It's not a community hospital. It's a very
18 different kind of emergency room and trauma service.

19 Dr. Sayger or Dr. Doherty, want to add to
20 that?

21 DR. SAYGER: So the American College of
22 Physician Executives and the ED Benchmarking Alliance has
23 made the recommendation for emergency departments greater
24 than 80,000, that they're projected from 1500 to

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1 1800 visits per cubicle per year.

2 And I think that's the understanding, that we
3 do treat a higher lever of acuity for the patients,
4 transplant patients, LVATS -- which are left ventricular
5 assist devices -- which is destination therapies. They
6 used to be bridges to heart transplants in the future;
7 now patients are going home with that being their
8 long-term care. So the more we progress down caring for
9 the most ill patients, the more likely they're going to
10 come back and then the more investigations we have to do.

11 In addition, you look at chest pain patients.
12 Where, historically, we would admit those patients to the
13 hospital for three days to get a stress test and then
14 sent home, we've realized that we can keep them in the
15 emergency department, we can do two sets of blood tests
16 and we can stress them, send them home within six hours
17 for less cost, better patient safety because they're now
18 not exposed to all the pathogens within the hospital and
19 for better patient satisfaction because it's less
20 disruptive to their lives.

21 MEMBER SEWELL: You had a finding on project
22 cost. What's the response on that, the reasonableness of
23 the project cost?

24 MR. LUKHARD: Pat, could you speak to that

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1 briefly?

2 MR. LYONS: Right. Essentially, the list of
3 items that I kind of went through with the challenges of
4 updating and modernizing this project -- we have older
5 systems; we have other constraints with regards to a
6 very, very busy emergency department day in and day out
7 that we have to work around. So it's really a function
8 of the systems and making sure that we maintain a safe
9 environment for the patients and the physicians and
10 nurses and clinicians to work around.

11 And in addition, we have looked at the overall
12 schedule with regards to inspections between those
13 phases, and we want to make sure that we have all that
14 covered very conservatively at this point.

15 Once we get started, we hope to do better on
16 that, but because of the schedule and how we maintain the
17 schedule with regards to inspection, there is time and
18 money involved in that.

19 But those are the main three factors, is
20 really the inefficiency of the systems that are involved
21 and updating them to have a modern emergency department
22 environment.

23 MR. LUKHARD: And, you know, as we looked at
24 the various options, this actually became the most cost-

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1 effective or cost-efficient way to expand the ED. The
2 other options were actually more expensive and would
3 consume even more resources.

4 So when we looked at all the different ways to
5 do this, this became the most cost-effective.

6 MEMBER SEWELL: Uh-huh. And then I guess I'd
7 ask our staff about this finding that they -- the
8 Applicant did not supply enough information on the
9 operational capacity for the emergency department.

10 Say a little more about that.

11 MR. CONSTANTINO: What we do is we take the
12 historical utilization over a two-year period and average
13 it out. We look at the total ER stations -- emergency
14 department stations. That includes trauma.

15 We looked at that. They couldn't justify the
16 50 they currently have based upon the two-year average.
17 That's the basis of that finding.

18 MEMBER SEWELL: I see.

19 CHAIRPERSON OLSON: So do you factor the hours
20 of bypass into that or --

21 MR. CONSTANTINO: No, we do not.

22 CHAIRPERSON OLSON: So the 1600 hours of
23 bypass last year are not factored into that utilization
24 need at all?

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1 MR. CONSTANTINO: No.

2 MEMBER SEWELL: So I'm getting this picture of
3 your trauma center where you have this unusual catchment
4 area. I think I live in the Level I catchment area for
5 Christ, and I'm in Kenwood in Chicago. You've got
6 people -- you said something about northwest Indiana.

7 So are you saying that the protocol for a
8 Level I trauma in northwest Indiana is for them to be
9 taken to Christ Hospital in Oak Lawn?

10 DR. DOHERTY: Yes, sir. In 2010 the Indiana
11 State legislature passed a law that stated that any
12 patient who requires trans -- or immediate, urgent trauma
13 services that's within a 45-minute driving distance
14 should be taken to the nearest trauma center.

15 Unfortunately, there are no trauma centers in
16 northwest Indiana. And since EMTALA applies across state
17 lines, that puts us in the position of being now the
18 trauma center for much of Lake County, Indiana.

19 MEMBER SEWELL: How big is your catchment area
20 outside of northwest Indiana and outside Chicago anyway,
21 Oak Lawn, that region?

22 I mean, you help people from the suburbs
23 there.

24 MR. LUKHARD: Yes.

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1 DR. DOHERTY: Yes. Absolutely.

2 We will take patients from -- we've taken
3 patients from as far south as Crete, as far north as
4 Berwyn, and as far west as Yorkville.

5 MR. LUKHARD: One of the realities in health
6 care today is that many providers have chosen to opt out
7 of trauma care. Every hospital loses a lot of money
8 providing trauma services. We certainly do. But we
9 feel, as a tertiary/quaternary hub, we need to
10 double-down on that, so we're actually looking to expand
11 our ability to provide those services while others are
12 not wanting to do that.

13 Again, that's a huge part of why our current
14 physical plant is so woefully inadequate.

15 MEMBER SEWELL: Does anyone else do a hundred
16 thousand visits to the emergency department?

17 MR. LUKHARD: I think Stroger is around that
18 number.

19 DR. SAYGER: That's the only one I'm aware of.

20 MR. LUKHARD: That's the only one. And
21 they're -- I would dare say their physical plant is much
22 bigger than the one that we're currently serving in.

23 It's a very dense environment.

24 MEMBER SEWELL: This impresses me as a very

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1 unusual situation. I guess if the world were rational,
2 there would be enough of an incentive for something as
3 important as Level I trauma care to be subsidized so that
4 it's a viable business proposition and you might not see
5 other hospitals exit the system.

6 I -- it just seems to me that you have a very
7 unusual situation.

8 MR. LUKHARD: It is.

9 And I think what's also unusual is that, if
10 you look at the health care delivery systems in the
11 state, Advocate has most of the trauma in the city. They
12 carry that responsibility, that accountability,
13 willfully so.

14 So I think that it's -- it's part of who
15 Advocate is, and it certainly is part of who Christ is,
16 as well, and it's something that we're not going to run
17 away from. We need to enhance our ability to treat and
18 take care and save the lives of people that need that
19 level of care and quickly and efficiently. Currently our
20 physical plant just doesn't allow that.

21 CHAIRPERSON OLSON: Other questions?

22 (No response.)

23 CHAIRPERSON OLSON: So the gentleman at the
24 end of the table, based on your long list -- I just made

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1 several notes here.

2 But one of the things that was sort of
3 interesting to me -- and I want to make sure I understand
4 this correctly for future reference because I've heard
5 this talked about before.

6 Because of the space between the floor and the
7 top ceiling, you have to remove everything that's in
8 there and replace it with this new stuff because you
9 can't put more space in there; is that --

10 MR. LYONS: Correct. In certain areas that's
11 correct, mainly because we want to maintain our ceiling
12 height for the space.

13 CHAIRPERSON OLSON: Great.

14 MR. LYONS: But the cavity itself on more
15 modern buildings is much deeper, much taller, so we don't
16 have the space to add some of the new systems, so we have
17 to remove some systems that are already in place instead
18 of abandoning in place.

19 CHAIRPERSON OLSON: And then a lot of the work
20 has to be done, you said, after hours or with other
21 people --

22 MR. LYONS: There's a large percentage for
23 people safety and for operational impact.

24 CHAIRPERSON OLSON: But even considering

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1 everything that -- your whole long list -- it's still
2 cheaper for you to do this where you're at than to go
3 somewhere else?

4 I mean, I understand you don't want to leave
5 the mother ship, but it still turns out to be cheaper
6 to --

7 MR. LUKHARD: It does. And I'm not a
8 physician. Our physicians can speak better to this.

9 But even from the standpoint of how care is
10 delivered in the ED and in the trauma and the access, the
11 ready access to the ORs and other parts of the campus
12 makes it essential that it be close to all of that.

13 You could plant a freestanding emergency room
14 20 miles away. It would certainly draw your lower-level
15 acuity patients, some of those. It certainly would not
16 address the core issue of the really sick and really
17 injured who need access to the care, that higher level of
18 care.

19 CHAIRPERSON OLSON: I understand. Thank you.
20 Other questions?

21 MEMBER GALASSI: Just quickly.

22 Where on the campus is the new construction
23 going to be?

24 MR. LUKHARD: For the ED?

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1 MEMBER GALASSI: Yes.

2 MR. LUKHARD: It's basically taking the
3 current existing footprint of the emergency room and
4 expanding it into the hospital. When we built the
5 outpatient pavilion, a lot of the services came away from
6 and outside of that general area.

7 It was put into that outpatient pavilion, so
8 now it leaves those spaces available for the emergency
9 room to expand inside the building instead of coming
10 outside the building and crossing the street.

11 MEMBER GALASSI: I just -- quick comment:
12 I asked that -- I have three daughters who were born
13 there 35 years ago, and I hadn't revisited up until about
14 a year ago. And I was just blown away, which is --
15 I didn't see any other additional space for you to do
16 that so --

17 MR. LUKHARD: Exactly. That's really our
18 challenge, is that all this expansion has to be done on a
19 footprint the size of a postage stamp. So everything has
20 to get knocked down, built up, gutted -- you can't go out
21 into greenfield -- Oak Lawn doesn't have any greenfield,
22 last I noticed, around the hospital.

23 So it presents a huge design and construction
24 challenge for the campus. It really does.

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1 MEMBER GALASSI: I'll bet.

2 CHAIRPERSON OLSON: Other questions or
3 comments?

4 (No response.)

5 CHAIRPERSON OLSON: Okay. Seeing none,
6 I would ask for a roll call vote.

7 MR. ROATE: Thank you, Madam Chair.

8 Motion made by Mr. Bradley; seconded by
9 Mr. Galassi.

10 Mr. Bradley.

11 MEMBER BRADLEY: I think they've adequately
12 met the objections that were raised in the State agency
13 report. I think they perform a very much needed service
14 with a very high reputation.

15 And I think that this Board should feel glad
16 to be able to support this ongoing endeavor in this
17 hospital so I vote yes.

18 MR. ROATE: Thank you.

19 Mr. Galassi.

20 MEMBER GALASSI: Very well said and I vote
21 yes, as well.

22 MR. ROATE: Mr. Hayes.

23 VICE CHAIRMAN HAYES: I'm going to vote yes
24 for -- as reasons stated by Member Bradley.

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1 MR. ROATE: Mr. Sewell.

2 MEMBER SEWELL: I'm voting yes.

3 We have a planning and a public health and a
4 policy emphasis on this issue of trauma care. And we've
5 known it for a long time, and very little has been done
6 about it. There is no alternative to Christ Hospital and
7 the trauma network.

8 In spite of the three negative findings,
9 I vote yes.

10 MR. ROATE: Thank you.

11 Madam Chair.

12 CHAIRPERSON OLSON: I vote yes for reasons
13 stated.

14 MR. ROATE: Thank you. That's 5 votes in the
15 affirmative.

16 CHAIRPERSON OLSON: Congratulations. The
17 motion passes.

18 MR. LUKHARD: Thank you so very much.

19 DR. SAYGER: Thank you.

20 MR. LUKHARD: I really appreciate your
21 support.

22 - - -

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24

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1 CHAIRPERSON OLSON: Okay. The next item on
2 the agenda is rules development.

3 Juan.

4 MR. MORADO: So Mike passed out a copy of some
5 of Claire's recent work on the 1130 rules. She filed
6 them for first notice, and there were comments made on
7 the rules.

8 She has since responded to all those comments,
9 and what we're seeking today is your approval of our
10 submission of these responses to JCAR so we can continue
11 in the rule-making process.

12 CHAIRPERSON OLSON: May I have a motion to
13 approve the response to public comment for amendments to
14 17 Illinois Administrative Code -- I'm sorry --
15 77 Illinois Administrative Code 1130.

16 May I have a motion.

17 MEMBER GALASSI: So moved.

18 MEMBER SEWELL: Second.

19 CHAIRPERSON OLSON: Can I do a voice vote on
20 this?

21 MR. MORADO: Yes.

22 CHAIRPERSON OLSON: Voice vote. All those in
23 favor say aye.

24 (Ayes heard.)

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1 CHAIRPERSON OLSON: Opposed, like sign.

2 (No response.)

3 CHAIRPERSON OLSON: The motion passes.

4 MEMBER SEWELL: I wanted to add that this is
5 very well done.

6 Thank you.

7 MS. BURMAN: Thank you.

8 MEMBER GALASSI: Good luck to you.

9 CHAIRPERSON OLSON: If anybody has any
10 questions, I know Claire would be happy to answer those
11 questions. Just address those questions to Claire.

12 Unfinished business. I'm actually looking for
13 a motion to approve that the staff be allowed -- our
14 staff be allowed to continue to provide technical
15 assistance to Cook County Health System's Provident
16 Hospital with regard to their temporary suspension of
17 services.

18 May I have a motion.

19 MEMBER GALASSI: So moved.

20 VICE CHAIRMAN HAYES: Second.

21 CHAIRPERSON OLSON: And a vote voice.

22 All those in favor say aye.

23 (Ayes heard.)

24 CHAIRPERSON OLSON: Opposed, like sign.

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1 (No response.)

2 CHAIRPERSON OLSON: The motion passes and our
3 staff will continue to work with Provident on this issue.
4 It's kind of new ground, so we're trying to figure out
5 how to help them.

6 Under new business, the financial report was
7 included in your packet.

8 Are there questions regarding this report?

9 VICE CHAIRMAN HAYES: No.

10 CHAIRPERSON OLSON: If not, may I have a
11 motion to approve the financial report.

12 VICE CHAIRMAN HAYES: So moved.

13 MEMBER SEWELL: Second.

14 CHAIRPERSON OLSON: And a voice vote.

15 All those in favor say aye.

16 (Ayes heard.)

17 CHAIRPERSON OLSON: Opposed, like sign.

18 (No response.)

19 CHAIRPERSON OLSON: The motion passes.

20 Finally, discontinuation of long-term care
21 facilities. You have a list in your agenda of the
22 long-term care facilities and the beds that are
23 discontinued.

24 I need a motion to remove these 63 beds from

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1 the HFSRB inventory.

2 MEMBER GALASSI: So moved.

3 MEMBER BRADLEY: Second.

4 CHAIRPERSON OLSON: All those in favor say aye.

5 (Ayes heard.)

6 CHAIRPERSON OLSON: Opposed, like sign.

7 (No response.)

8 CHAIRPERSON OLSON: The ayes have it and the
9 motion passes.

10 I would next call for -- or the next meeting
11 is March 10th, back here again at Bolingbrook.

12 So I would call at this point for a motion to
13 adjourn.

14 MEMBER GALASSI: Madam Chair, I will not be
15 here for the March meeting. I'm sorry.

16 CHAIRPERSON OLSON: Okay.

17 VICE CHAIRMAN HAYES: So moved.

18 MEMBER SEWELL: Second.

19 CHAIRPERSON OLSON: All those in favor say aye.

20 (Ayes heard.)

21 CHAIRPERSON OLSON: The meeting is adjourned.

22 (Off the record at 1:51 p.m.)
23
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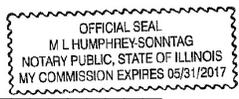
CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CCP, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 12th day of February, 2015.

My commission expires: May 31, 2017





Notary Public in and for the
State of Illinois

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