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Transcript of **Full Meeting**

Date: November 17, 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 - MEETING

Bolingbrook, Illinois 60490

Tuesday, November 17, 2015

10:01 a.m.

BOARD MEMBERS PRESENT:

KATHY OLSON, Chairperson

JOHN HAYES, Vice Chairman

PHILIP BRADLEY

SENATOR BRAD BURZYNSKI

SENATOR DEANNA DEMUZIO

DALE GALASSIE

JUSTICE ALAN GREIMAN

JOEL K. JOHNSON

Job No. 75853A

Pages: 1 - 346

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CCP, FAPR

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EX OFFICIO MEMBERS PRESENT:

BILL DART, IDPH

ARVIND K. GOYAL, IHFS

ALSO PRESENT:

JUAN MORADO, JR., General Counsel

JEANNIE MITCHELL, Assistant General Counsel

COURTNEY AVERY, Administrator

NELSON AGBODO, Health Systems Data Manager

MICHAEL CONSTANTINO, IDPH Staff

GEORGE ROATE, IDPH Staff

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P R O C E E D I N G S

(Member Goyal was not present.)

CHAIRWOMAN OLSON: The meeting will come
to order.

May I have a roll call, please.

MR. ROATE: Yes, ma'am.

Mr. Johnson.

MEMBER JOHNSON: Here -- present.

MR. ROATE: Justice Greiman.

MEMBER GREIMAN: Here.

MR. ROATE: Mr. Galassie.

MEMBER GALASSIE: Here.

MR. ROATE: Senator Demuzio.

MEMBER DEMUZIO: Here.

MR. ROATE: Senator Burzynski.

MEMBER BURZYNSKI: Here.

MR. ROATE: Mr. Bradley.

MEMBER BRADLEY: Here.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Here.

MR. ROATE: Mr. Sewell is absent.

Chairwoman Olson.

CHAIRWOMAN OLSON: Present.

MR. ROATE: We have seven in attendance.

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1 CHAIRWOMAN OLSON: Thank you.

2 May I have a motion -- just a minute.

3 First, I wanted to acknowledge a couple
4 people in the audience today, Luis Andrade and
5 Alaina Kennedy from Speaker Madigan's office.

6 Would you wave at us. Thank you for being
7 here.

8 Oh, in addition, I know that we have many,
9 many elected officials here. I'm not going to
10 introduce all of you because I'm afraid I'll forget
11 somebody, and it doesn't always go well when you
12 do that. So welcome.

13 And welcome to all of you who have taken
14 time out of your busy schedule to be a part of this
15 hearing today. We very much appreciate your interest
16 in the workings of our Board, so thank you for
17 being here.

18 That said, I would like to amend the agenda.
19 May I have a motion to amend the agenda to move the
20 executive session to after public participation.

21 May I have a motion.

22 MEMBER BRADLEY: So moved.

23 VICE CHAIRMAN HAYES: Second.

24 CHAIRWOMAN OLSON: May I have a voice vote,

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1 please. All those in favor say aye.

2 (Ayes heard.)

3 CHAIRWOMAN OLSON: Opposed, like sign.

4 (No response.)

5 CHAIRWOMAN OLSON: The motion passes and we
6 are moving executive session to the end of the agenda.

7 MEMBER BRADLEY: Madam Chairman.

8 CHAIRWOMAN OLSON: Yes.

9 MEMBER BRADLEY: Is it possible to turn up
10 the house lights a little bit? It's really gloomy.
11 We can't see these people.

12 CHAIRWOMAN OLSON: Do you feel like you're
13 in a spotlight here? We're trying to turn these --

14 MEMBER BRADLEY: I know. These are fine
15 but --

16 MEMBER GALASSIE: The audience ones?

17 CHAIRWOMAN OLSON: We're working on it.

18 MEMBER BRADLEY: Yeah, the audience ones.

19 CHAIRWOMAN OLSON: All right. We have
20 today -- well, first of all, I want to read one
21 other thing.

22 I think we would all be remiss if we did not
23 take one moment of silence to remember the victims of
24 the senseless slaughter in Paris. Our hearts go out

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1 to all of them, if we could just have one moment of
2 silence, please.

3 (A moment of silence was observed.)

4 CHAIRWOMAN OLSON: Thank you.

5 Okay. We have over 100 people signed up for
6 public participation today. I'm going to lay a few
7 ground rules here. I'd like everybody to please
8 listen very carefully.

9 You will be allowed two minutes, per our
10 rules, for public participation. At the end of
11 two minutes -- and I don't mean two minutes and
12 five seconds or two minutes and ten seconds. At the
13 end of two minutes, my friend Nelson -- wave your
14 hand, Nelson -- is going to say, in his very loudest
15 voice, "Your time is up."

16 I will then bang the gavel. You will stop
17 immediately. We really don't have time today, with
18 this many people, to allow you to finish your thought
19 or your sentence or the rest of your statement or
20 whatever. In all due respect, I don't care if you
21 came from Texas or how many degrees you have or how
22 old you are or how young you are. You will stop at
23 two minutes, please.

24 We also ask that, if you are repeating

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1 comments that have already been made, that you stop
2 and just -- if you want to, all you have to do is say
3 your name and that you're here in support or in
4 opposition of the project. You don't all have to give
5 us your testimony.

6 That said, it is your right to do that. We
7 understand that. But we have over a hundred people
8 that are signed up to do that. So as a group, maybe
9 you want to reconsider if you're going to put all
10 30 or 60 or however many up and try to just not
11 continue to repeat, repeat, repeat the same comments.

12 I'm also going to insist on respect in the
13 room for whoever is speaking. I know there is emotion
14 on all sides of many of these issues. I am not going
15 to tolerate heckling, cheering, jeering, or whatever.
16 If you cannot behave appropriately with that regard,
17 you will be asked to leave the room.

18 I have a sergeant at arms I've appointed
19 today -- please wave your arms, George -- and you will
20 be asked to leave the room.

21 MR. ROATE: (Indicating.)

22 CHAIRWOMAN OLSON: I'm not expecting any
23 issues; I'm just preparing for them.

24 Do you have anything to add, Juan?

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1 MR. MORADO: No.

2 CHAIRWOMAN OLSON: Okay. The first order of
3 business is compliance issues, settlement
4 arrangements, and final orders.

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

6 CHAIRWOMAN OLSON: Oh, we're skipping
7 everything until -- okay. I'll start. So we will
8 start right off with public participation.

9 Jeannie will read the first people to come
10 to the table. When you come to the table, please
11 sign in.

12 MS. MITCHELL: All right. First up is
13 Senator Dave Syverson and Lawrence -- Mayor Lawrence
14 Morrissey, Senator Steve Stadelman, Representative
15 Litesa Wallace, and Chairman of Winnebago County Board
16 Scott Christiansen.

17 CHAIRWOMAN OLSON: I'm sure I don't have to
18 tell you five individuals because you're used to
19 public speaking. But for everybody else, please, for
20 the respect of the court reporter, speak clearly and
21 articulate so she can get down on record everything
22 that you say. Your comments are important to us.

23 Go ahead, Senator.

24 SENATOR SYVERSON: Good morning, Madam

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1 Chairwoman and members of the committee. I'm here
2 along with my Democratic colleagues in a unified,
3 bipartisan support of this crucial Mercy project.

4 While this project is similar to the
5 St. Elizabeth Hospital project that you recently
6 approved, there is one stark difference with this
7 project, and that is that MercyRockford is not closing
8 their legacy hospital, Rockford Memorial.

9 And while the system is losing nearly
10 \$10 million a year and they could have closed it,
11 instead Mercy has come up with a plan that, with your
12 help, we can save the hospital from closing. And that
13 plan is to move the tertiary services to a location on
14 I-90.

15 Now, why there? Well, that's the key that
16 makes this whole project work. That location is just
17 a few miles from the Wisconsin border, which will
18 allow Mercy to be able to send all of their high-risk
19 and their pediatric patients from their hospitals in
20 southern Wisconsin and their clinics -- they can send
21 those patients to Illinois.

22 That means \$25 million of Wisconsin health
23 care coming into Illinois, into Rockford instead of
24 going to Madison, and it's that new revenue that will

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1 be used to help keep Rockford Memorial open. That's
2 why there's so much broad-based community support for
3 this vital project.

4 Having said that, we have some concerns and
5 are disappointed there are a couple opponents and have
6 to wonder ultimately what is the real motive from the
7 opposition.

8 OSF and Venita Hervey are going to be here
9 to say they have concerns about services being reduced
10 on the west side. But as you read or may not have
11 read -- as you've seen in the media the last week or
12 so, it was in 2011 when this Board approved a COE.
13 When OSF and Rockford Health System were going to
14 merge, this Board approved a COE that in there --

15 MR. AGBODO: Two minutes, please.

16 SENATOR SYVERSON: -- OSF had said that they
17 were looking to close the hospital --

18 CHAIRWOMAN OLSON: You're not going to make
19 me enforce it right out of the gate, are you?

20 SENATOR SYVERSON: Thank you, madam, for
21 your time. I appreciate that.

22 MAYOR MORRISSEY: Good morning. My name is
23 Lawrence Morrissey.

24 I'm the mayor of the City of Rockford. I'm

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1 a full-time mayor and the only Rockford City Council
2 member elected by the entire community.

3 I want to thank the Chairman and all the
4 members of the Facilities Planning and Review Board
5 for allowing me to provide supportive testimony today
6 in reference to MercyRockford's three certificate of
7 need applications.

8 As mayor, I'm directly involved in the
9 operations and oversight of our City's EMS system, a
10 critical piece of the overall community continuum of
11 health care delivery. I also work closely with all of
12 our local medical systems, am involved in assessing
13 the current and future health needs of our community.
14 That is why it is very important today that I stand
15 here in support of this plan.

16 This plan will provide and ensure that the
17 entire Rockford community, in particular our most
18 vulnerable as it relates to poverty and poor health,
19 receive equal and quality access to health care.

20 Mercy's plan will ensure that they provide
21 vital health care services to Rockford's west side
22 through its commitment to the Rockton Avenue campus
23 while also expanding care and specialty pediatric
24 services through the new campus on the east side.

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1 In fact, the plan provides an opportunity to
2 expand services so that we will capture additional
3 revenue and jobs for Illinois that have currently been
4 outmigrated to the state of Wisconsin.

5 An important consideration for the Board to
6 understand and one that I would speak with particular
7 importance from my position as mayor is that, assuming
8 the Board approves these certificates, we will
9 negotiate final annexation agreements and development
10 agreements to ensure that all of the commitments being
11 made by Mercy for both the west and the east campus
12 are maintained in a manner that is financially
13 responsible and respectful to all of our taxpayers.

14 While there are several details that need to
15 be worked out to our mutual satisfaction, the citizens
16 of our community and the state can know that we will
17 retain important controls over those elements through
18 the binding annexation agreement --

19 MR. AGBODO: Two minutes.

20 MAYOR MORRISSEY: -- and development
21 agreement.

22 Thank you.

23 CHAIRWOMAN OLSON: Thank you, Mr. Mayor.

24 Next.

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1 MR. CHRISTIANSEN: Good morning, everyone,
2 Madam Chair, and Board members.

3 My name is Scott Christiansen, and I'm the
4 Winnebago County Board chairman. On behalf of my
5 Democratic and Republican colleagues on the County
6 Board, we are unified in our support of this very
7 important project.

8 Winnebago County is going through some very
9 tough economic times, and, frankly, we've lost a
10 number of our key employers to the state of Wisconsin.
11 Therefore, we are very excited to have a project of
12 this magnitude come into our region and to now see
13 thousands of patients from Wisconsin coming to
14 Illinois versus Illinois always going to Wisconsin.

15 I respectfully ask you for your support for
16 this very important project that will dramatically
17 improve the health and the economy in our area.

18 Thank you.

19 CHAIRWOMAN OLSON: Thank you, Mr. Chairman.

20 REPRESENTATIVE WALLACE: Good morning,
21 members of the Board, Madam Chairman. I am State
22 Representative Dr. Litesa Wallace.

23 I come before you first as a former patient
24 of Rockford Memorial Hospital. I speak as a mother

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1 who experienced a high-risk pregnancy, and I spent
2 4 weeks of the last 12 weeks of my pregnancy in the
3 high-risk moms unit at Rockford Memorial Hospital.

4 I recognize that the hospital has excellent
5 care for high-risk moms and that the neonatal
6 pregnancy care program is state-of-the-art, and it is
7 exciting to know that they want to build one that is
8 in keeping with 21st century standards.

9 As a legislator I've closely observed the
10 dialogue between MercyRockford's plans and the
11 community. In particular, I can say that I appreciate
12 the board of directors listening to the community
13 voices. And we've urged for a written commitment, and
14 Mercy has delivered a written commitment to the west
15 side of Rockford.

16 Those who rely on the current services for
17 their health care and seeking reassurance that the
18 campus would continue to offer hospital beds, a
19 full-service emergency department, and a full
20 complement of physicians who will be able to provide
21 services for chronic illnesses, that is the commitment
22 that Rockford -- or MercyRockford has given to us.

23 Also, as a former mental health
24 professional, I truly appreciate the fact that

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1 MercyRockford's ongoing commitment to provide
2 inpatient and outpatient behavioral health services
3 will continue to operate on the west side. Again, my
4 constituents have sought for these assurances, and the
5 hospital has committed to \$50 million over the next
6 10 years.

7 I support the many jobs that this will
8 create. This is a project unlike any other project in
9 our county and in our region, and I support all of the
10 workers that currently are employed at MercyRockford
11 Hospital and all of the physicians that are there.

12 So as I stated, I'm here not just as a
13 policy maker but as a former patient --

14 MR. AGBODO: Two minutes.

15 REPRESENTATIVE WALLACE: -- and I hope that
16 we can succeed in this effort.

17 CHAIRWOMAN OLSON: Thank you.

18 SENATOR STADELMAN: Good morning. My
19 name is Steve Stadelman. I'm Senator for the
20 34th legislative district.

21 The project greatly interests me not only as
22 a State Senator but as a parent. Nearly 13 years ago
23 our twins were born prematurely and greatly benefited
24 from the care provided at Rockford Memorial Hospital's

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1 neonatal intensive care unit.

2 MercyRockford's plan to create a new
3 state-of-the-art facility will allow it to provide
4 this unique, highly specialized care for patients in a
5 large, two-state region.

6 When Janesville's Mercy Health System and
7 Rockford Health System merged, MercyRockford
8 established its headquarters in Illinois, in Rockford,
9 not Beloit or Janesville. It also chose Rockford for
10 its new NIC unit and women and children's hospital,
11 not across the state line in Wisconsin.

12 This project with its Interstate 90 location
13 will create a regional destination to care, bringing
14 additional patients and revenue from Wisconsin to
15 Illinois.

16 Now, since plans were announced, there have
17 been concerns expressed about what this means for
18 services at MercyRockford's campus at the North
19 Rockton Avenue location and its future. I shared
20 those concerns. However, the reality is, should the
21 Health Facilities and Services Review Board reject the
22 certificate of need, that would do nothing --
23 absolutely nothing -- to guarantee the continued
24 operation of the campus on North Rockton or the

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1 specific services provided there.

2 The State of Illinois does not control the
3 decisions of a private business. It's going to do
4 what it believes is needed to ensure its success.
5 That could mean not building in Illinois or closing
6 the Rockton campus. I believe it's a valid argument
7 that allowing MercyRockford to build a new regional
8 destination of care will enable it to continue
9 operating and investing in the Rockton campus.

10 I understand Rockford Health System operates
11 at a loss from operations which is not sustainable.
12 MercyRockford says the plan for two campuses and the
13 additional revenue they would bring would allow it to
14 continue its commitment to robust programs on the west
15 side of Rockford.

16 MercyRockford, as mentioned, has invested
17 nearly \$50 million in the Rockton campus and an
18 additional 400 million investment in the new hospital
19 campus. That's a significant investment for our
20 community and a large --

21 MR. AGBODO: Two minutes.

22 SENATOR STADELMAN: -- capital commitment to
23 the west side.

24 I urge the application be approved.

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1 CHAIRWOMAN OLSON: Thank you, Senator.
2 Would you please call the next five,
3 Jeannie.

4 Thank you all.

5 MS. MITCHELL: The next five are
6 Bob Walberg, Alderman Ann Thompson-Kelly, Reverend
7 Dr. Charles Washington, Dr. Syed Irfan, and
8 Dorothy Reddic.

9 Don't forget to sign in, please. And you do
10 not have to speak in the order in which you were
11 called.

12 CHAIRWOMAN OLSON: Please -- when your name
13 is called, please move as quickly as you can to the
14 table so we can keep things moving.

15 Thank you.

16 Go ahead, sir.

17 MR. WALBERG: Good morning, Madam Chairwoman
18 and members of the Board. I'm happy to be here.

19 My name is Bob Walberg. I am chairman of
20 the Boone County Board.

21 Belvidere and Boone County are located east
22 of Winnebago County and Rockford. Together, we form
23 the Rock River region with more than 350,000 citizens.

24 First and foremost, I support Rockford-

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1 Mercy's proposed facility expansion because it will
2 provide critical health service to the Rockford
3 region. Our region needs a women's and children's
4 hospital. Currently difficult pregnancies and
5 premature baby cases often must go to Madison or
6 Chicago for treatment. A modern, high-tech facility
7 that brings state-of-the-art medicine to our region
8 fills a serious regional need. So if we're looking at
9 need for more and modern health care, the answer is
10 simple. It's yes.

11 In addition, this project will create jobs
12 for our region, put labor to work, and create economic
13 development for the Rock River region. The Rock River
14 region needs investment of \$400 million into our
15 infrastructure. The whole region will benefit.

16 As Boone County Board chairman, I would
17 prefer the expansion to be located in Boone County.

18 (Laughter.)

19 MR. WALBERG: We have daunting economic
20 needs just like Rockford. We had two hospitals which
21 closed for economic reasons. For a number of years we
22 were without a hospital. Fortunately, now we have --
23 one of the hospitals reopened; we have a small
24 hospital.

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1 Boone County has a large minority
2 population. We have a huge number of students who
3 participate in free and reduced lunch in our schools.
4 During the great recession we have had the highest --
5 the region had the highest unemployment in Illinois,
6 and Boone County had the highest unemployment in the
7 Rockford region.

8 The Boone County Board doesn't often
9 unanimously vote, have unanimous votes. We are
10 strong, independent people. Saying this, the board
11 passed a resolution to support the plan unanimously.
12 All the County Board members supported MercyRockford's
13 one hospital, two campuses. Most every County Board
14 member talked about the need for Riverside campus and
15 how it would make our county stronger.

16 Boone County welcomes families --

17 MR. AGBODO: Two minutes.

18 MR. WALBERG: Please permit the project.

19 CHAIRWOMAN OLSON: Thank you.

20 Next.

21 DR. WASHINGTON: My name is Dr. Charles
22 Washington.

23 As a local senior pastor and practicing
24 family medicine physician for 42 years, I passionately

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1 support and seek your approval of all three
2 applications of MercyRockford Health System.

3 I advocate for five generations of patients,
4 three generations I have delivered as an obstetrician
5 and fourth and fifth generations of seniors I serve as
6 their personal physician.

7 The North Rockton campus is the stalwart
8 anchor of west Rockford for health care, employment
9 opportunities, community outreaches, and economic
10 opportunities and stabilization of the neighborhood.
11 Yes, the quality of life in west Rockford is
12 definitely enhanced by this institution.

13 I know that many community hospitals have
14 closed or relocated because of financial crises and am
15 sure that the west Rockford Community Hospital could
16 well face such a future without a vision that could
17 ensure future growth, expansion, and innovative
18 services to a region; thereby, the ability to support
19 financially our local west Rockford medical facility
20 is greatly enhanced. Yes, its future becomes even
21 brighter.

22 Thank you for your support of these
23 applications.

24 CHAIRWOMAN OLSON: Thank you, Doctor.

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1 DR. IRFAN: Good morning. I'm Dr. Syed
2 Irfan.

3 I'm a board-certified child and adolescent
4 and general psychiatrist. I have a very busy
5 outpatient practice located adjacent to the Rockford
6 Memorial campus, and I see all ages, including
7 children, adolescents, and adults and elderly. And
8 many of my patients are -- children and adults -- rely
9 on Illinois Medicaid to provide their care.

10 The Rockford community is very challenged
11 with changes in State and Federal funding for
12 behavioral health services. I applaud MercyRockford's
13 plans to continue offering outpatient behavioral
14 health services on the North Rockton Avenue campus and
15 continue to operate its inpatient psychiatric unit
16 there. Rockford Memorial Hospital and SwedishAmerican
17 Hospital are the only two local hospital systems to
18 offer inpatient psychiatric care in Rockford.

19 Rockford Memorial has grown its behavioral
20 health programs and also has become a strong partner
21 in the fabric of mental health agencies and resources
22 that must work together to provide care for those with
23 mental illness in our community. The psychiatric beds
24 that will remain at Rockford Memorial Hospital are

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1 very important. Rockford Memorial staff and social
2 workers coordinate directly with a variety of
3 community partners.

4 Staff from Rosecrance, the area's largest
5 provider of addiction treatment and mental health
6 services, are now embedded in two of our outpatient
7 departments on the Rockton Avenue campus.

8 Additionally, Rockford Memorial Hospital
9 staff members work closely with Stepping Stone, an
10 area agency that provides housing, support, and
11 rehabilitation to the mental health -- for adults with
12 mental health issues. Group Hope, a program of the
13 Mental Health Association of Rock Valley, operates a
14 weekly support group at the hospital, also.

15 I'm pleased that Rockford-Mercy also is
16 coordinating -- is continuing its commitment to
17 behavioral health. The behavioral health components
18 of the MercyRockford plans haven't gotten much
19 attention but --

20 MR. AGBODO: Two minutes.

21 DR. IRFAN: And I urge.

22 CHAIRWOMAN OLSON: Thank you.

23 Next.

24 MS. REDDIC: Good morning. My name is

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1 Dorothy Reddic. I'm a business owner and a community
2 volunteer for organizations that have similar missions
3 to lift and empower people, especially the black
4 community and individuals who are disadvantaged.

5 For approximately the last seven years I've
6 coordinated an event entitled "Come Meet the Black
7 Providers." Our sole purpose was to encourage black
8 people with the highest health disparities to access
9 their health care services from a medical provider's
10 office as opposed to the emergency room.

11 MercyRockford has proposed to continue to
12 provide quality care in an area where a great
13 concentration of individuals with the highest health
14 disparities reside, which is the west side of
15 Rockford.

16 Second, I am also supporting this expansion
17 project because two years ago one of my family members
18 had an emergency C-section. She was 23 years old.
19 After giving birth, her baby was the sickest baby in
20 the NICU. Her baby had to be transferred to a
21 hospital in Chicago where he had an ECMO procedure to
22 save his life. My cousin, she had to stay in the
23 hospital and her baby had to be transferred. Her
24 parents went to the hospital with the baby.

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1 It incurred a lot of costs for the family as
2 well as a lot of despair, and now that MercyRockford
3 is proposing to expand health care services for women
4 and children, perhaps that will not happen in the
5 future, but it was such a challenge for our family to
6 have my cousin in the hospital and her baby in another
7 hospital hours after delivery.

8 And so today I am in support of the
9 expansion of MercyRockford, as it is essential to
10 northern Illinois, and those who live in any part of
11 Rockford are going to be benefactors.

12 CHAIRWOMAN OLSON: Thank you.

13 MS. MITCHELL: Next group, please come up as
14 you're called.

15 CHAIRWOMAN OLSON: Jeannie, just a second.
16 If you have written comments, if you could leave them
17 for the court reporter, she would appreciate that. It
18 would help her transcribe.

19 And if Jeannie calls your name and you don't
20 come, we will assume that you have respectfully
21 decided not to testify today. We won't call your
22 name again.

23 Thank you. I apologize.

24 MS. MITCHELL: Mark Baumgartner, Reverend

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1 Dr. Louis Malone, Reverend Dr. Peter Williams, Retired
2 Alderman Victory Bell, and Former Representative
3 Dave Winters.

4 Again, please do not forgot to sign in, and
5 you do not have to speak in the order in which you are
6 called.

7 CHAIRWOMAN OLSON: Please go ahead.

8 MR. BAUMGARTNER: Madam Chairwoman, ladies
9 and gentlemen, my name is Mark Baumgartner. I work
10 for B. C. Ziegler and Company as the firm's chief
11 credit officer.

12 Ziegler underwrote its first hospital bond
13 in Waukegan, Illinois, in 1928. Since then we've been
14 very active in sourcing capital for health care
15 providers across the United States.

16 Personally, I've worked with Javon Bea since
17 I had dark hair 28 years ago in 1987, having
18 underwritten all their public debt over that time
19 period. In providing capital to clients, we're
20 charged with making sure we're confident that any
21 funds borrowed result in a financially viable and
22 successful project.

23 Projects contemplated by MercyRockford need
24 to be located in a highly accessible area. The

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1 proposed location allows the organization to draw
2 significant volumes from referrals throughout southern
3 Wisconsin that are not realistic given the current
4 location.

5 The projects contained in the applications
6 submitted to the Illinois Health Facilities and
7 Services Review Board have been analyzed by Moody's,
8 which has assigned an A-3 stable outlook to the
9 proposed projects.

10 Ziegler is confident in our abilities to
11 sell tax-exempt bonds which would successfully provide
12 the necessary capital to fund the proposed projects.

13 Thank you for your time and consideration.

14 CHAIRWOMAN OLSON: Thank you, sir.

15 Next.

16 MR. WINTERS: Starting my timer.

17 Former Representative Dave Winters.

18 I represented the Rockford Health System for 18 years
19 as the largest employer in my district. I do
20 represent them in Springfield at this time, but I'm
21 speaking as a private citizen who had recent surgery
22 done at Rockford Health System in the trauma center.

23 My family has been going to Rockford
24 Memorial as a hospital since I was 4 years old.

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1 Dr. Washington from the last panel actually delivered
2 my premature twins, as Senator Syverson had twins.

3 But in early September I was flying a small
4 plane from Freeport, about 35 miles west of Rockford.
5 The engine failed when I was 200 feet in the air.
6 I had 20 seconds to find a place to land. It was a
7 very successful landing. I walked away from it even
8 though I had a broken neck.

9 I was treated at Rockford -- or at Freeport.
10 They stabilized me and then transferred me to the
11 Level I trauma center in Rockford. Interestingly
12 enough, the proposal before you would move the trauma
13 center to I-90 on the east side of Rockford, but the
14 travel time from Freeport, about as far away as you
15 can get from the east side, is only about 10 minutes
16 longer, and it would be done via a four-lane
17 interstate-quality highway instead of through city
18 streets.

19 I remember lying in the ambulance, being
20 bounced around, going around stop signs, turns because
21 it's an urban approach to the trauma center. The
22 one -- the proposal on the east side would be, again,
23 interstate-level access to the emergency room, and the
24 west-side campus will continue to operate and will

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1 have an emergency room. You're only losing the
2 highest level. Most of those are transported by
3 helicopter, so, again, travel time between the two is
4 virtually immaterial.

5 I do urge your support. And interestingly
6 enough, in a time when we're concerned about
7 overcapacity in the health care system -- and that's
8 part of your responsibility -- the number of beds will
9 actually be reduced by about --

10 MR. AGBODO: Two minutes.

11 MR. WINTERS: -- a hundred under this
12 proposal. I urge your support.

13 Thank you.

14 CHAIRWOMAN OLSON: Thank you. And we're
15 glad that you're here to tell your story.

16 Next, please.

17 REVEREND WILLIAMS: My name is Reverend
18 Dr. Peter Frank Williams, and I am a citizen of the
19 west side of Rockford. I come in support of
20 MercyRockford's one hospital in two campuses.

21 Presently I am the secretary for the
22 Rockford Ministers Fellowship and -- where Reverend
23 Dr. Louis E. Malone is the president. I, along with
24 the majority of the members of the Rockford Ministers

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1 Fellowship, support this project for practical and
2 pragmatic reasons.

3 We have met with MercyRockford on a number
4 of occasions to receive information about the project
5 and for them to answer our questions and concerns.
6 Each time, they answered our questions, thus giving us
7 opportunity to make an informed and intelligent
8 decision and do more than just say no.

9 We support because of the possibility of
10 MercyRockford moving their services to southern
11 Wisconsin and the possibility of closing of the
12 Rockford Memorial Hospital if they do not get the
13 certification. We support because we acknowledge that
14 no company or corporation can continue losing millions
15 of dollars for a long period of time and remain
16 solvent. We support because we believe that this is
17 possibly the best outcome for the west-side residents
18 of Rockford.

19 We acknowledge that the moving of the
20 Level I trauma designation from the Rockton campus
21 could affect, in a major way, the citizens in that
22 area, but we also acknowledge that the benefit for the
23 entire northern region of Illinois may outweigh that
24 concern.

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1 We support because other hospitals -- no
2 other hospital has ever done what Mercy has proposed,
3 to keep the majority of the services at the old
4 facility while building a new facility.

5 We support because, after meeting with the
6 board --

7 MR. AGBODO: Two minutes.

8 CHAIRWOMAN OLSON: Thank you, sir.

9 Next.

10 REVEREND WILLIAMS: Amen.

11 (Laughter.)

12 MR. BELL: Good morning, Madam Chairman and
13 members of the Board.

14 I'm Victory Bell. I'm a retired alderman in
15 the city of Rockford. I was an alderman for 38 years,
16 and I also worked for the telephone company for
17 33 years.

18 I'm here today to give my full support to
19 the application of MercyRockford for them to establish
20 one hospital, two campuses, in the city of Rockford on
21 I-90.

22 I believe that they have the right to do
23 that as a hospital, and I don't think that the
24 citizens have a right to dictate to them as to how

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1 they manage their business. I also -- prior to giving
2 my support, I talked with individuals in the community
3 that I have a lot of respect for that would help me to
4 make my decision prior to saying to my friends that
5 I would support his request, and Dr. Washington, who
6 you heard speak earlier, was one of those individuals
7 that I spoke with, and Dr. Malone, who -- Pastor
8 Malone was one of the other individuals I spoke to.

9 Rockford Memorial Hospital has owned the
10 property out on I-90 for 20 years, and I was serving
11 as an alderman, I believe, when they purchased it.
12 I requested proof from the hospital and its board
13 prior to my making a commitment that I would support
14 their request. I received back their board approval
15 from the chairman of the board, Javon Bea, and they
16 also state that they will investment some \$50 million
17 over 10 years in the area, and that can be an economic
18 resource for our community.

19 Approximately 80 percent of the people in my
20 area that I spoke with -- and as an alderman of the
21 fifth ward, I knew a lot of them -- and senior
22 citizens have a tendency, too, to go along with what
23 many people say, especially their aldermen, and have
24 respect for them. And most of them informed me that

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1 they were told that Rockford Memorial Hospital was
2 going to move; therefore, they said they was going to
3 support the denial.

4 MR. AGBODO: Two minutes.

5 MR. BELL: I ask you --

6 CHAIRWOMAN OLSON: Thank you, sir.

7 MR. BELL: Oh.

8 CHAIRWOMAN OLSON: I've got to. Please.

9 Next.

10 PASTOR MALONE: My name is Louis Malone.

11 I'm the pastor of St. Luke Missionary Baptist Church
12 for the past 35 years. I've been in and out of the
13 Rockford Memorial Hospital in those 35 years with my
14 members. I had four kids born in that hospital, the
15 oldest being 43. Dr. Washington delivered the last
16 three himself.

17 And I come at a personal reason because my
18 family has been through two tragedies in the last
19 two years. Our grandbaby was diagnosed with
20 myasthenia gravis, which is a very rare muscular
21 disorder that Rockford Memorial Hospital could not
22 handle, so they shipped her to Madison, Wisconsin, and
23 for 90 days we -- she was in the hospital. We drove
24 from Rockford to Madison, Rockford to Madison. Every

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1 day my wife was there, and I would get my grandson,
2 who we raised and -- I'd pick him up from school and
3 we would go there, so we had two cars running up and
4 down the road to Madison for 90 days.

5 Last October our oldest son was run over by
6 a semi, and Rockford Memorial could not handle his
7 wounds, so they sent him to Madison for 60 days. We
8 drove back and forth after him having 20-some
9 surgeries. We drove back and forth to Madison.

10 We need a state-of-the-art facility in
11 Rockford so that we don't have to drive to Rockford --
12 to Madison or Chicago in the fashion that we are doing
13 it right now.

14 Thank you.

15 CHAIRWOMAN OLSON: Thank you, sir.

16 The next five, please.

17 MS. MITCHELL: Alderman Kevin Frost,
18 Dr. Dennis Uehara, Tony Stepansky, Dr. Gillian
19 Headley, and Dr. Glendon Burress.

20 CHAIRWOMAN OLSON: I'd like to thank
21 everybody for their cooperation and respect for the
22 speakers. Thank you very much.

23 You may start.

24 DR. UEHARA: Good morning. My name is

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1 Dennis Uehara. I'm a board-certified emergency
2 physician and a clinical professor of surgery at the
3 University of Illinois at Rockford. I've been
4 practicing emergency medicine in Rockford for
5 30 years. I am speaking in support of MercyRockford
6 Health System's CON projects.

7 The MercyRockford plan ensures excellent,
8 comprehensive emergency services on both the North
9 Rockton Avenue campus and the East Riverside Boulevard
10 campus. Let me assure you that both emergency
11 departments will operate on a 24/7 basis and will be
12 staffed by the same group of highly experienced
13 emergency physicians and trauma-certified nurses.

14 It has been noted that the number of
15 emergency department beds on the North Rockton Avenue
16 campus will be reduced once there is a second
17 emergency department on East Riverside. That is
18 because MercyRockford did an analysis of zip codes
19 where current patients come from and split the volume
20 between the two campuses. In fact, the North Rockton
21 campus is planned to receive more visits than the
22 East Riverside campus and will be staffed that way.

23 In addition to expanding the access points
24 for emergency care, another advantage of having one

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1 hospital with two emergency departments is that there
2 will now be additional space to upgrade the facilities
3 on the North Rockton campus to improve patient
4 privacy, comfort, and efficiency.

5 The excellently trained and experienced
6 staff will continue to provide expert care to all
7 patients who present to the emergency department,
8 whether that facility is on Rockton Avenue or East
9 Riverside Boulevard. The emergency department team
10 will continue to care not only for common conditions
11 like abdominal pain, broken bones, cuts, but also more
12 serious conditions such as chest pain, stroke, gunshot
13 wounds, and stab wounds.

14 The vast majority of patients who present to
15 the North Rockton campus will be diagnosed and treated
16 and cared for on that campus, as is true today.

17 MR. AGBODO: Two minutes.

18 DR. UEHARA: Thank you.

19 CHAIRWOMAN OLSON: Thank you, Doctor.

20 Next.

21 ALDERMAN FROST: Good morning. My name is
22 Kevin Frost, and I'm a lifelong Rockford resident and
23 alderman of the City's fourth ward. In my role on the
24 City Council as a member of the City's wellness

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1 committee, I understand the issues of our city's
2 business, health care providers, and service
3 organizations.

4 I am supporting this effort by
5 MercyRockford. I join our mayor, other aldermen,
6 legislative community leaders, as well as residents
7 from every area throughout our entire region and
8 community, in support of these plans. I strongly
9 endorse the creation of the Riverside campus.

10 I believe that the creation of the women's
11 and children's hospital which would serve a 15-county
12 region for high-risk maternity and neonatal intensive
13 care and pediatric intensive care would be a great
14 asset to the city and the entire region.

15 MercyRockford would have the opportunity to
16 expand these unique services and draw residents from
17 the region, providing shorter travel distances, a
18 convenient location along I-90, and access to
19 world-class medical care. Families, as we've heard
20 today, would not have to travel to Chicago or out of
21 state for these crucial services, and I believe it's
22 important, as we've heard today personal experiences
23 of the disruption to families and the economic gravity
24 that causes them when they have to go out of town.

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1 I urge you to support the application of
2 MercyRockford. This unprecedented investment in our
3 community will bring immediate and long-term benefits
4 to the City of Rockford and the entire region,
5 including providing approximately 1,000 construction
6 jobs but additionally will help create jobs as the
7 campus continues to grow. This will drive benefits to
8 the entire region in terms not only of economic impact
9 but the enhancement of health care services for our
10 residents, which is the most important concern.

11 It would be a great disappointment to lose
12 this campus to a neighboring community. We are
13 10 miles from the border with the state of Wisconsin,
14 and I would hate to see an opportunity like this to
15 exist in the city of Rockford be shuffled up the road
16 10 miles and have those opportunities lost for our
17 residents, not only for their health care benefits but
18 for the economic benefits of our community, as well.

19 Thank you.

20 CHAIRWOMAN OLSON: Thank you, sir.

21 Next.

22 DR. BURRESS: Good morning. I am Dr. Glen
23 Burress. I am a pediatric gastroenterologist and one
24 of the many pediatric specialty physicians who refer

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1 patients to Rockford Memorial Hospital, known as the
2 place for kids in our region.

3 Let me voice our wholehearted support for
4 MercyRockford's plan to create a state-of-the-art
5 women's and children's hospital on the new campus of
6 East Riverside and I-90. It is exciting that the new
7 facility will be specifically designed to meet the
8 unique needs of children when they are sick or
9 injured.

10 Rockford Memorial Hospital is the only
11 hospital in our region that offers both a pediatric
12 intensive care unit and a general pediatric hospital
13 unit. Rockford Memorial cares for kids from local
14 communities and those that are referred from hospitals
15 and physician practices throughout northern Illinois
16 and now also from southern Wisconsin. The new
17 location will provide a much more convenient access
18 for children and for families we serve throughout the
19 region.

20 Additionally, a facility designed for
21 children, infants, and maternity care will look and
22 feel different from a hospital built for adults.
23 Currently Rockford Memorial's pediatric facilities are
24 mixed in with general adult units. Down the hall from

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1 the pediatric unit you will find an adult surgical
2 unit and you'll find an adult observation unit.

3 In contrast, the MercyRockford plans for
4 the East Riverside campus would create a separate
5 hospital that is specifically kid and family friendly.

6 Children are very different and have very
7 different needs from adults. They are vulnerable,
8 especially when they are sick or injured. They have
9 different emotional needs and psychological needs and
10 can't always process what's happening to them when
11 they are hospitalized.

12 Children are best served when they receive
13 care in an environment that is highly attuned to them,
14 that is kid friendly and familiar, where they can feel
15 safe and comforted.

16 These plans will help MercyRockford continue
17 to recruit and retain expert pediatric specialty
18 physicians and provide programs in Rockford that will
19 serve families throughout the region. Let's keep and
20 grow excellent children's care right here, close to
21 home.

22 CHAIRWOMAN OLSON: Thank you, Doctor.

23 Next.

24 DR. HEADLEY: My name is Dr. Gillian Headley,

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1 and I am a board-certified neonatologist.

2 I'm speaking in support of the MercyRockford
3 plans to create a new, state-of-the-art neonatal
4 intensive care unit with 46 beds and private rooms on
5 the East Riverside campus.

6 The location of the NICU in the new women's
7 and children's hospital on the East Riverside campus
8 is ideal for serving the large geographic area for
9 which we have State-designated responsibility.
10 Rockford Memorial's Level III NICU serves an 11-county
11 region in Illinois and now an additional four counties
12 in southern Wisconsin. Rockford Memorial's NICU
13 receives premature and seriously ill infants from nine
14 delivering hospitals in our region, including the
15 other two hospitals in Rockford.

16 Rockford's current and -- Rockford
17 Memorial's current NICU is a facility that was
18 designed 30 years ago. The current NICU has to
19 receive a waiver every year from the State of Illinois
20 because the large open-ward design does not meet the
21 standard of up-to-date, state-of-the-art NICU
22 facilities. Meeting national standards for NICU
23 facilities would require about three times the current
24 space, which is just not available on the North

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1 Rockton campus. A key recommendation is to provide
2 single-family rooms in a private environment, each
3 baby and their family.

4 In our current open-ward facilities, the
5 light, temperature, and sound levels are the same for
6 all babies even though their needs may be different.
7 A very fragile, very immature, highly sensitive baby
8 has different needs from those of a baby who is a
9 little bit more mature and who has been with us for
10 several weeks adjusting to a more stimulating
11 environment in preparation for going home. The design
12 of the NICU in the new women's and children's hospital
13 will provide private rooms for babies and their
14 families, allowing for more customized care.

15 On behalf of our region's tiniest and
16 most --

17 MR. AGBODO: Two minutes.

18 DR. HEADLEY: -- fragile patients --

19 CHAIRWOMAN OLSON: Thank you, Doctor.

20 Next, please.

21 MR. STEPANSKY: Good morning. My name is
22 Tony Stepansky. I'm the chief officer and senior
23 paramedic with Capron Rescue Squad. We provide
24 emergency medical services for the northern half

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1 of Boone County. We cover approximately
2 240 square miles, and we provide EMS services for
3 approximately 21,000 residents. Our service provides
4 care in primarily smaller villages and towns in a
5 predominantly rural area.

6 Where we are operating, time to definitive
7 care is measured in 30 to 45 minutes, and those are
8 on good days. We won't discuss running an ambulance
9 down backcountry roads when there's 3 to 4 inches of
10 snow on the ground, what that does to time and
11 definitive care.

12 Within Boone County, in my district, we have
13 no health care facilities in the southern part of
14 Boone County. There is an emergency room, but the
15 hospital does not have the capability to admit.

16 For our patients we have that are involved
17 in significant traumas -- farm accidents, car
18 accidents -- that are having those significant heart
19 attacks or those strokes, from the time we start care
20 to the time currently that we can be at a facility
21 where definitive care can be provided, as I said
22 earlier, was a -- can be a half hour to 45 minutes,
23 depending on where we're at in the district.

24 We strongly support the opening of the new

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1 Mercy campus. It's going to cut our response times
2 and our times in to definitive care significantly.
3 The truth is that, by putting that emergency room --
4 that Level I trauma facility -- closer in to the
5 residents of northern Boone County, lives are going to
6 be saved. That individual that needs that care
7 immediately, that needs it quicker, this is going to
8 provide that.

9 We've all heard of the golden hour. Some
10 patients have more than an hour. Some have less than
11 that. The quicker we can get them to definitive care,
12 the greater the outcome is going to be.

13 Again, we strongly encourage you to support
14 the opening of this new campus.

15 CHAIRWOMAN OLSON: Thank you, sir.

16 MS. MITCHELL: All right. The next group,
17 Kevin Huddleston, Randy Warren, Chip Stoner,
18 Michelle Hintz, and Dr. Richard Hayes.

19 Again, please remember to sign in.

20 You may begin to speak. Anyone can go
21 first.

22 MS. HINTZ: Good morning. My name is
23 Michelle Hintz. I'm a master's prepared nurse and a
24 trauma nurse specialist.

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1 CHAIRWOMAN OLSON: Can you pull your
2 microphone a little closer, please, closer to your
3 mouth.

4 Thank you.

5 MS. HINTZ: Good morning. My name is
6 Michelle Hintz. I'm a master's prepared nurse and a
7 trauma nurse specialist. My history of nursing
8 practice includes emergency department, cardiac cath
9 lab, and neurotrauma ICU.

10 I support MercyRockford's plans for
11 emergency services at two locations and the
12 designation of East Riverside Boulevard campus as a
13 regional Level I trauma center.

14 There has been some confusion about whether
15 the current Rockford Memorial campus would continue to
16 provide emergency services. Please let me provide
17 reassurance that the emergency department is
18 absolutely staying on North Rockton Avenue and will
19 provide the full range of emergency services.

20 It is the Level I trauma designation that is
21 moving to East Riverside, and that designation
22 includes coordinating EMS and hospital services for
23 the region and providing a 24/7 in-house trauma
24 surgeon.

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1 Even though we are expanding our services to
2 two campuses, the emergency department on North
3 Rockton Avenue will still be there for all of our
4 patients. The emergency department will be staffed by
5 the same physicians and nurses as the Riverside
6 campus. The staff will rotate to both facilities.

7 The staff of physicians and nurses in the
8 emergency department is a very highly trained team of
9 professionals who are dedicated to serving our
10 community. The doctors are board-certified emergency
11 medicine physicians with many years of experience.
12 The emergency department nurses are very highly
13 trained and are very experienced at caring for
14 patients of all ages.

15 The staff maintains advanced skills for
16 caring for a pediatric population of patients, which
17 includes critical care and trauma, as well as an adult
18 population of patients, including critical care needs
19 such as stroke, heart attack, or trauma needs.

20 It is important to understand that we will
21 still be able to take care of all of those patients no
22 matter which emergency department they present to.
23 The emergency department staff takes care of thousands
24 of patients every year and has seen just about every

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1 type of emergency you can imagine. We will continue
2 to care for every patient that comes through our doors
3 no matter which emergency department that they
4 present to.

5 Thank you for the opportunity to speak to
6 the MercyRockford plans and provide reassurance that
7 we -- the MercyRockford plans for emergency services
8 will continue to support our community's needs.

9 Thank you.

10 CHAIRWOMAN OLSON: Thank you.

11 Why don't we let our youngest member go
12 next. He has some comments to make.

13 He wants to speak.

14 MS. WARREN: My name is Randi Warren, and
15 I'm here on behalf of the March of Dimes.

16 For over 75 years the March of Dimes has
17 been a leader in improving the health of pregnant
18 women and children. The mission is to improve the
19 health of all babies by preventing birth defects,
20 premature birth, and infant mortality. MercyRockford
21 Health System has been a March of Dimes partner for
22 many years, helping women have full-term healthy
23 pregnancies, safe deliveries, and healthy children.

24 On behalf of March of Dimes, I am here today

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1 to speak to MercyRockford Health System's role as a
2 long-standing partner. The March of Dimes and
3 MercyRockford Health System have collaborated on many
4 projects over the years benefitting mothers and babies
5 in the Rockford area. MercyRockford Health System has
6 provided March of Dimes with key leaders in several
7 capacities, including the Northern Division Program
8 Services Committee, the State Program Services
9 Committee, as -- as well as the Perinatal Nursing
10 Advisory Council which has planned the annual
11 perinatal nursing conference.

12 Most recently, MercyRockford Health System
13 and the March of Dimes served the families and shared
14 the same commitment to serve to improve maternal and
15 fetal outcomes. Together, we help prevent premature
16 babies and their families in what is often the most
17 challenging time.

18 I would not be here in front of you today if
19 it were not for the amazing physicians and staff at
20 Rockford, as well as my husband and I would not have
21 our beautiful son today. We were an hour away from
22 the closest Level II NICU, so this was a long journey
23 for us in all shapes. Future NICU families deserve to
24 have an upgraded NICU that is conveniently located to

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1 a highway to make for better access.

2 We are proud to be the 2015 March of Dimes
3 ambassador family for Kishwaukee Valley, and we
4 support MercyRockford Health System in their
5 one-hospital, two-campus project.

6 CHAIRWOMAN OLSON: Thank you.

7 You can be excused.

8 He wants to say something.

9 I just wanted to pause here very briefly.

10 For Board members and anybody sitting at
11 this table, if you need to take a break, please just
12 take a break and come back. Just make sure there's
13 five Board members at the table.

14 We're going to keep going; we're not going
15 to actually take an official break. If you need a
16 break, please feel to get up and come back. Just make
17 sure there's five Board members at the table.

18 MR. STONER: Thank you.

19 My name is Chip Stoner, and I'm the
20 president and CEO of the Boys & Girls Club of
21 Rockford. I am here speaking in support of
22 MercyRockford's application to the Board.

23 The Boys & Girls Club of Rockford is the
24 area's largest youth-serving organization, serving

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1 kids ages 6 through 18 at our four club locations. We
2 serve over 6500 kids and average nearly 800 kids a day
3 throughout Winnebago County. Our clubs and programs
4 provide safe and nurturing environments for kids from
5 some of our most economically disadvantaged
6 neighborhoods.

7 I am speaking in support of the
8 MercyRockford plans because Rockford Health System
9 shares in this passion for kids. They are committed
10 to serving all children and their health care needs
11 regardless of where that child lives or the economic
12 status of the child's family. Not only does Rockford
13 Health System have clinics located in all areas of our
14 city, including the west side, but operate the Care
15 Mobile to bring free medical and dental care directly
16 to kids in some of our most challenged neighborhoods,
17 including -- including the children of the Boys &
18 Girls Clubs.

19 The MercyRockford plans further enhance the
20 commitment to kids by building a state-of-the-art
21 women and children's hospital on the East Riverside
22 campus to serve families from the whole region. As a
23 parent of a child who faced a life-threatening medical
24 condition and had to travel to Chicago, I highly --

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1 highly support the development of a state-of-the-art
2 medical facility to enhance the care and treatment of
3 kids of our community.

4 I am also speaking as a lifelong resident of
5 Rockford, and it seems to me that far too many good
6 ideas in this community are shot down by voices that
7 shout the loudest, seek to intimidate, and create the
8 most division. Let's listen to some of the quieter,
9 more reasoned voices that have emerged from our
10 community. These leaders are showing us the way to
11 unite and make a win-win plan for both sides of the
12 community --

13 MR. AGBODO: Two minutes.

14 MR. STONER: -- and the whole city.

15 Thank you very much.

16 CHAIRWOMAN OLSON: Thank you.

17 Next.

18 MR. HUDDLESTON: Good morning. My name is
19 Kevin Huddleston, and I'm the executive director of
20 Ronald McDonald House Charities of Madison.

21 At Ronald McDonald House Charities, our
22 mission, of course, is all about kids and families,
23 especially when a child needs health care services or
24 has to be hospitalized. That's why we so strongly

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1 support MercyRockford plans to create a
2 state-of-the-art women's and children's hospital on
3 its new regional campus.

4 In fact, we have no less than 10 to
5 15 percent of the families we serve every year come
6 from the state-line area, so most of those families
7 will probably now be going to the new hospital, which
8 is why we're helping MercyRockford explore the
9 possibility of building a Ronald McDonald House on
10 that campus to provide a place for families to stay
11 when they have a baby in the neonatal intensive care
12 unit or a child in the hospital. These can be very
13 anxious times, and we're there to help families stay
14 together when they need each other the most.

15 Ronald McDonald House Charities and Rockford
16 Memorial Hospital have a long partnership in our
17 shared mission of providing for the children in need
18 and their families, regardless of their ability to
19 pay.

20 In 2003 we began our partnership with
21 Rockford Memorial Hospital to operate the Ronald
22 McDonald Care Mobile, as the gentleman just mentioned.
23 It's a 40-foot-long pediatric clinic on wheels that
24 delivers absolutely free medical and dental care to

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1 children in Winnebago, Boone, Lee, Ogle, and
2 Stephenson Counties. A team of medical professionals,
3 including a nurse-practitioner, a dentist, and a
4 dental assistant travel on the Care Mobile. Staff
5 members also help enroll children in the State of
6 Illinois All Kids Medicaid program.

7 In its 12 years of operation, the Care
8 Mobile from Rockford Memorial has provided more than
9 10,000 free medical and dental visits totaling more
10 than \$1.8 million in free medical and dental care for
11 kids.

12 The operations of the Care Mobile are
13 completely funded by donations, including annual
14 grants from the Ronald McDonald House Charities of
15 Madison, Rockford Memorial Hospital Auxiliary, and the
16 Rockford Memorial Development Foundation. Clearly,
17 Rockford Memorial Hospital has a deep commitment in
18 serving children in need in Rockford and in our
19 region.

20 MR. AGBODO: Two minutes.

21 CHAIRWOMAN OLSON: Thank you, sir.

22 MR. HUDDLESTON: Thank you.

23 CHAIRWOMAN OLSON: The next -- oh,

24 I'm sorry.

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1 DR. HAYES: Good morning. I'm Richard
2 Hayes.

3 I'm a board-certified cardiologist. I've
4 been practicing in Rockford for over 35 years, and I'm
5 speaking in support of the MercyRockford Health plans.

6 Specifically, I want to raise -- I want to
7 address questions that have been raised about the
8 quality of care that will be provided to patients
9 having a heart attack that requires an emergency
10 cardiac catheterization. We will continue to provide
11 care that meets the national standards.

12 And the main point I want to make is that
13 the present national standard is to open up the
14 blocked artery causing a heart attack within
15 90 minutes of the patient arriving in the emergency
16 room. We presently average 60 minutes, and that
17 includes allowing 30 minutes for the technicians and
18 nurses to arrive and get the room ready for the
19 procedure.

20 Because it only takes 15 to 20 minutes to
21 drive from the Rockton Avenue facility to the
22 Riverside facility, there's no reason to think that
23 outcomes will change. Those 20 to 30 minutes waiting
24 for preparation will be spent either in an emergency

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1 room bed or in transfer.

2 To ensure appropriate transfer, we'll put in
3 place protocols to provide for the prompt transfer of
4 appropriate patients and the simultaneous calling of
5 catheterization lab personnel. I'm confident that
6 patients presenting to either the Rockton Avenue or
7 Riverside facility will continue to receive the same
8 five-star quality that we presently provide.

9 And on a personal note, I live just
10 five minutes from the present facility, and I've told
11 my wife, "If I'm having a heart attack, I want you to
12 take me to that emergency room for me to begin my
13 treatment."

14 Thank you.

15 CHAIRWOMAN OLSON: Next.

16 MS. MITCHELL: Next group, Brad Long,
17 Daniel McQuillan, Amy in place of Julie Boseman,
18 Dr. Shawn Wallery, and Ron Clewer.

19 CHAIRWOMAN OLSON: You can go ahead and
20 begin, anybody.

21 DR. MC QUILLAN: Good morning. My name is
22 Dan McQuillan.

23 I'm an anesthesiologist and I'm currently
24 the chairman of the anesthesiology department at

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1 Rockford Memorial Hospital. I've been there for
2 17 years, been practicing anesthesiology for 19 years.

3 I know the facilities well, and I
4 wholeheartedly support MercyRockford plans to continue
5 operating four operating rooms on the North Rockton
6 Avenue campus and building 10 new surgical,
7 state-of-the-art facilities on the East Riverside
8 Boulevard campus.

9 This plan doesn't increase the number of
10 surgical suites, but it distributes them between the
11 two campuses. And on behalf of the surgeons and
12 anesthesiologists that perform surgery, I strongly
13 urge you to approve the plan. We have been advocating
14 for a new surgical facility in our region, a
15 regionally accessible campus, for many years.

16 As I stated, I've been in the operating
17 rooms on the North Rockton campus on a weekly basis
18 for almost two decades, and I can attest that the
19 majority of the operating rooms are inadequately sized
20 for the demands that we place on them on a daily
21 basis. The core of the 14 operating rooms were built
22 in the 1950s. Four of those rooms approach 500 square
23 feet in size. All the rest are considerably smaller
24 than that.

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1 The biggest problem with that is that does
2 not allow equipment to be moved around safely,
3 especially in the era of doing minimally invasive
4 surgeries with large pieces of equipment, and,
5 furthermore, there is no room to store this equipment
6 in between cases.

7 Because only such a small number of
8 operating rooms are adequate for performing these
9 surgeries, the size constraints limit our ability to
10 schedule cases. We have difficulty completing all the
11 necessary surgeries on this schedule due to so many
12 different problems with space and availability.

13 Lastly, we have no room to expand. We're
14 simply out of space. Although our surgeons, nurses,
15 and anesthesiologists can still make Rockford
16 Memorial's operating rooms perform at a high level
17 every day --

18 MR. AGBODO: Two minutes.

19 DR. MC QUILLAN: -- it is necessary to make
20 a change.

21 CHAIRWOMAN OLSON: Thank you.

22 DR. MC QUILLAN: Thank you.

23 MS. MORRIS: Hello. I'm Amy Morris. I'm
24 the development director for RAMP.

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1 On July 26th, 1990, President George
2 H. W. Bush signed the Americans With Disabilities Act,
3 creating one of our country's most significant civil
4 rights laws. That event occurred over 25 years ago,
5 and 37 years before that day, Rockford Memorial
6 Hospital was built on North Rockton Avenue.

7 As accessibility issues have grown in our
8 collective conscience and society has evolved to
9 understand how best to serve all of our citizens, the
10 hospital has made many accommodations to match that
11 progress. However, it is not surprising that the
12 infrastructure and the oldest units in the hospital,
13 built in the 1950s, were not designed to meet those
14 standards. Hospitals built in the 1950s were built to
15 very different expectations. They did not include
16 larger rooms in which wheelchairs can easily maneuver
17 or bathrooms that can accommodate people with
18 disabilities.

19 As a director of RAMP, our local center for
20 independent living that provides services and advocacy
21 for individuals with disabilities, I can attest that
22 we have -- that we have toured, measured, and reviewed
23 Rockford Memorial Hospital in relation to the
24 guidelines and standards of the ADA and the Illinois

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1 Accessibility Code. The oldest areas of the hospital,
2 now over six decades old, are not fully accessible,
3 and making them so would require very significant
4 cost.

5 The areas of the hospital that were built in
6 the '70s and '80s were built in a larger footprint,
7 and those units have been remodeled to meet the ADA
8 standards. MercyRockford plans to continue using
9 those relatively newer patient rooms on the North
10 Rockton campus.

11 But what I'm most excited about is to see
12 MercyRockford's investment in the new campus and the
13 fact that will be 100 percent accessible for all of
14 its patients and full complements of services.
15 Individuals with disabilities deserve to be able to
16 access their health care in a fully accessible
17 environment, and this health system is prepared to do
18 that with their new hospital.

19 We fully and I fully support their efforts
20 on both campuses and ask you to do the same.

21 Thank you.

22 CHAIRWOMAN OLSON: Next, please.

23 Thank you.

24 MR. CLEWER: Good morning. My name is

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1 Ron Clewer.

2 I'm CEO of the Rockford Housing Authority.
3 My agency represents greater than 7,000 low-income
4 Rockford residents. Thank you for allowing us the
5 opportunity to speak.

6 RHA believes in a holistic approach to
7 resident quality of life, and, through the application
8 that MercyRockford has put forward, aside from the
9 obvious reason for support which is quality health
10 care to our resident base, I also want to approach it
11 from an improved access opportunity as well as an
12 improved community development opportunity.

13 81 percent of our residents who work
14 full-time work in the health care industry, and I want
15 to applaud MercyRockford for their unique initiatives
16 to make sure our residents are amongst their staff.
17 I also want to thank them for being a great partner in
18 identifying ways those same residents can live in
19 their neighborhood and improve the quality of their
20 life.

21 The largest part-time employer -- or
22 excuse me -- largest part-time employment industry
23 outside of fast food for our residents is in
24 construction and construction-related support. This

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1 area for me is incredibly important because it does
2 provide that pathway out of poverty to a living wage
3 job, so the application holistically serves our
4 resident base, and for that reason I do support it.

5 The \$450 million investment in our community
6 is an investment in the east side of Rockford as well
7 as the west side of Rockford, and I have to applaud
8 Mercy for looking at this opportunity, not to provide
9 a west-side-only opportunity or a west-side-only --
10 excuse me -- east-side-only opportunity but to provide
11 a Rockford solution to delivering health care and
12 improving our quality of life.

13 So these multiple benefits meet the service
14 and support goals of the Rockford Housing Authority
15 and as well as our desires to advocate for those who
16 often have no voices at the table.

17 Thank you very much.

18 CHAIRWOMAN OLSON: Thank you.

19 Next.

20 MR. LONG: Hello. My name is Brad Long,
21 elected president of the Northwestern Illinois
22 Building and Construction Trades Council, and we are
23 in full support of the Rockford Memorial-Mercy
24 applications that have recently been submitted to your

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1 agency.

2 We represent 15,000 journeymen and women in
3 the eight northwest counties of Illinois, and for many
4 years we have enjoyed a great relationship with
5 Rockford Memorial Hospital as well as Mercy across the
6 border and have -- both have a history of utilizing
7 local union contractors who employ local union
8 journeymen, women, and apprentices.

9 Necessary remodels and new construction at
10 both RMH and Mercy facilities have provided
11 countless hours of work at a living wage, retirement
12 benefits, and, most importantly, health insurance
13 which has enabled them to provide for their families
14 with dignity. It has been a difficult five or
15 six years for the construction industry and the
16 Rockford region specifically, but we are encouraged by
17 the news of the merger, \$400 million worth of work and
18 1500 construction workers employed over the period of
19 the two projects.

20 That means everything to us, and we're,
21 again, in full support.

22 Thank you.

23 CHAIRWOMAN OLSON: Thank you.

24 Next.

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1 DR. WALLERY: Good morning. I am Shawn
2 Wallery. I am a board-certified practicing
3 neurologist, and I'm speaking in support of
4 MercyRockford's plans.

5 I am specifically addressing the outrageous
6 statements that were made at the public hearing and
7 since that indicated that MercyRockford's plans would
8 put stroke patients at risk. That could not be
9 farther from the truth.

10 Yes, when it comes to stroke, time is brain,
11 and the quicker patients receive lifesaving treatments
12 to restore blood flow to the brain, the better the
13 outcome. The good news about the MercyRockford plan
14 to fully offer services in two locations is that both
15 locations will be fully able to provide that
16 lifesaving treatment called TPA, so the MercyRockford
17 plan actually increases access to rapid stroke care.

18 The diagnosis of stroke requires a CT scan,
19 which will be available 24/7 on both campuses. TPA is
20 administered through an IV drip, which will also be
21 done on both campuses at all times.

22 Earlier this year the American Heart
23 Association upgraded their guidelines for the early
24 management of patients with stroke. These guidelines

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1 state that the rapid administration of TPA -- and
2 I quote -- "remains the mainstay of early treatment of
3 acute ischemic stroke." The guidelines go on to
4 say -- and I again quote -- that "intravenous TPA
5 improves functional outcomes when given within the
6 4.5 hours of time allotted for ischemic stroke onset."

7 Additionally, MercyRockford will offer
8 highly specialized neurointerventional stroke
9 capabilities at the East Riverside Boulevard campus,
10 improving accessibility for these services for the
11 whole region.

12 MercyRockford is the only health system in
13 northern Illinois to offer this capability when stroke
14 patients are transferred by ambulance and helicopter
15 from the other hospitals in Rockford and throughout
16 the region to receive these highly specialized
17 procedures. There will be no delay in receiving this
18 care as the setup for the neurointerventional
19 procedure will occur while the patients are being
20 transferred. The team and the equipment will be ready
21 when the patients arrive.

22 We fully support this project. Thank you.

23 CHAIRWOMAN OLSON: Thank you, Doctor.

24 MS. MITCHELL: The next group includes

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1 Sandra McNeely, Mark Hohulin, Robert Brandfass,
2 Reverend K. Edward Copeland, Alderman Linda McNeely.

3 Please remember to sign in.

4 CHAIRWOMAN OLSON: Someone can go ahead and
5 start. You don't have to sign in first. Just make
6 sure you sign in before you go.

7 ALDERMAN MC NEELY: Good morning.

8 CHAIRWOMAN OLSON: Good morning.

9 ALDERMAN MC NEELY: Good morning, Madam
10 Chair and to the rest of the Board.

11 CHAIRWOMAN OLSON: Good morning.

12 ALDERMAN MC NEELY: I appreciate the
13 opportunity to be here this morning on behalf of my
14 constituents.

15 I am the alderman for the 13th ward in the
16 city of Rockford. I have heard a lot this morning.

17 CHAIRWOMAN OLSON: Ma'am, could you please
18 state your name for the reporter.

19 ALDERMAN MC NEELY: My name is Linda McNeely.

20 CHAIRWOMAN OLSON: Thank you.

21 ALDERMAN MC NEELY: The facts flying this
22 morning are fast and loose, but I know this Board is
23 experienced at ducking to avoid harm to yourself and
24 to the communities that you will be serving. I feel

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1 like David in front of Goliath except that I know
2 that, at the end of this morning, I will prevail. The
3 citizens of Rockford will prevail.

4 The State, City, and County representatives
5 this morning have highlighted areas of personal
6 concerns rather than the concerns of the whole city.
7 They are unified against the overall health of this
8 city, particularly the poor and urban and nonurban
9 areas to the west of the city of Rockford.

10 I have heard Mercy's comments regarding them
11 not moving things from the current location on
12 Rockton; however, I believe the writing is on the
13 wall. The reduction of the services that they have
14 proposed, which you have read in their application,
15 does not indicate to me or a majority of the residents
16 of Rockford -- to residents west of the city of
17 Rockford -- indicate to them that Mercy -- Rockford
18 Memorial is planning on staying at its current
19 location.

20 MR. AGBODO: Two minutes.

21 CHAIRWOMAN OLSON: Thank you, ma'am.

22 Next.

23 MR. HOHULIN: Good morning. My name is
24 Mark Hohulin with OSF HealthCare System. I'll be

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1 brief just in respect of your time and everyone's time
2 in the room.

3 I oppose the MercyRockford projects. The
4 projects do not meet the Board rules as reviewed and
5 highlighted in the State Board staff reports. These
6 projects will add unneeded capacity to services and
7 unnecessary costs in the community and the state of
8 Illinois.

9 I request that you deny these projects based
10 upon the Health Facilities Planning Board rules.

11 Thank you.

12 CHAIRWOMAN OLSON: Thank you.

13 Next.

14 MR. BRANDFASS: Good morning. My name is
15 Robert Brandfass.

16 I'm senior vice president for legal services
17 at OSF HealthCare, and I oppose the proposal by
18 MercyRockford to discontinue services on the west side
19 and build a new hospital on the east side. I would
20 like to shed some light on the discrepancies between
21 what MercyRockford has been saying publicly about its
22 plans and the facts as they are.

23 One of their statements has been that
24 MercyRockford will continue a thriving health care

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1 campus on the North Rockton Avenue. In fact, many
2 services are being moved and removed from the west
3 side, Level I trauma, neonatal, cardiac, surgery going
4 from 4 to 14 -- excuse me -- from 14 to 4 operating
5 rooms and imaging going from 26 to 4 units. As
6 services are reduced, there will be a corresponding
7 decline in the number of doctors on the west side.

8 We've also heard repeatedly about how Mercy
9 is allegedly losing money. In fact, audited financial
10 statements show that MercyRockford has made
11 \$71 million over the past five years. Not losing
12 \$10 million a year but, in fact, making more than
13 \$10 million a year.

14 In addition, Rockford-Mercy asserts that
15 economic development will come with a new hospital.
16 In fact, we will have economic devastation on the west
17 side and, based on the staff report, more capacity
18 than needed in a new facility.

19 Accordingly, I urge this body to vote
20 against the three CONs put forward by MercyRockford
21 and to save health care on the west side.

22 Thank you.

23 CHAIRWOMAN OLSON: Thank you.

24 Next.

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1 MS. MC NEELY: Good morning, everyone. I
2 want to thank you for allowing us the opportunity to
3 put forward our views, whether we're for or against.

4 My name is Sandra McNeely, and I grew up in
5 Rockford, Illinois, on the west side of town. And
6 when I was 6 years old, I actually had a surgery
7 there, and I do remember being excited about it
8 because I didn't know any -- know any better. But
9 I just remember being in Rockford Memorial and what a
10 nice place it was and the fact that my parents lived
11 in the same area of town so they had easy access
12 to me.

13 I don't understand why it is that
14 Rockford-Mercy feels like everything -- well, just not
15 Rockford-Mercy but the leadership in Rockford -- feels
16 like growth has to start on the east side.

17 I left Rockford in 1986, and upon my return
18 in 1997, before I started my new job, I was kind of
19 disappointed to see that the city really hadn't grown
20 at all. The east side was top heavy with development,
21 but the west side it was like nothing happened.
22 I feel like we're living in a tale of two cities, one
23 on the east side, one on the west side, and the river
24 is flowing through it. And, unfortunately, that's the

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1 elephant in the room that no one wants to talk about.

2 You don't have to build everything on the
3 east side. You talk about how inconvenient it is for
4 parents to go and see their sick children or their
5 other sick family members; they have to come to the
6 west side. But what about the people who live in
7 poverty on the west side who don't have access to
8 transportation at all?

9 I sympathize with the woman who said that
10 her niece had a Cesarean section, and she was in one
11 hospital and her baby was in the other. But what
12 about a mother in the same case scenario who can't
13 even make it out to the hospital because she doesn't
14 have access to trans -- to the transportation needed
15 to get to a facility right here in town?

16 As far as I'm concerned, economic growth
17 should be spread out evenly. This shouldn't just
18 happen on the east side and then trickle its way down
19 to the west side because I know the history of
20 Rockford, and the history of Rockford has not been
21 very kind to the west side. Because even leaving
22 Rockford in '97 and then coming back in 2005, the west
23 side had clearly regressed. I don't understand how
24 many --

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1 MR. AGBODO: Two minutes.

2 CHAIRWOMAN OLSON: Thank you.

3 Next, please.

4 MS. MITCHELL: The next group, Lisa Jackson,
5 John Tac Brantley, Johnnie Mae Cooper, Profet Usef,
6 and Harlan Johnson.

7 Again, please sign in, and you can begin
8 speaking as soon as you get to the table.

9 CHAIRWOMAN OLSON: Go ahead.

10 MS. JACKSON: Good morning. My name is
11 Lisa Jackson.

12 I'm an elected official in the city of
13 Rockford, having served on the school board since
14 2009. My subdistrict encompasses the entire west side
15 of Rockford.

16 You know, historically the west side of
17 Rockford is marginalized by decisions that we are told
18 are made in our best interests or in the name of
19 economic growth and development from employment to
20 education and now health care.

21 I'm going to read a definition for you from
22 Healthy People 2020. "Health equity is defined as the
23 attainment of the highest level of health care for all
24 people. Health equity means efforts to ensure that

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1 all people have full and equal access to opportunities
2 that enable them to lead healthy lives."

3 And I am not convinced that the current
4 proposal from a Rockford-Mercy does that, so I do
5 stand in opposition to the current plan and ask that
6 you deny the application.

7 Thank you.

8 CHAIRWOMAN OLSON: Thank you.

9 Next.

10 MR. BRANTLEY: Good evening, Board, and good
11 evening, citizens of Illinois.

12 My name is John Tac Brantley. I'm the
13 precinct committeeman in the downtown area, and I'm
14 also the CEO of the new Turning Point program, and I'm
15 also a community advocate.

16 We have over 500 signatures -- and I'm a
17 resident of RHA. And you know what? More than
18 90 percent of RHA residents are against the move. And
19 if I was working for the system, I'd be fired. But I
20 don't work for the system, so I speak for the people.

21 I want to thank the Rockford-Mercy Hospital
22 for taking up this time to want to build. But why not
23 build right here on the west side of Rockford? We've
24 got right there on Bypass 20 where you can move to;

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1 South Main and Harrison, you've got all that open
2 land.

3 Or -- you wanted to talk about moving to
4 Wisconsin? Right there, a single zoned hospital that
5 they closed down. They could utilize that land.
6 We've got already a bus line and a -- and a fire
7 station that's in both of them areas. But, look, if
8 you move out on Riverside, they will have to add a bus
9 line, they will have to add a hospital -- they will
10 have to add a fire station, and the City and the State
11 claim that they don't have any money.

12 So I want to just read from here. We asking
13 that -- the Doctors Without Borders, they work in
14 dangerous countries for little or no money. Here it
15 is. What are we going to do with the needs of your
16 service and your help? Let not the reason be that
17 you're moving so far away is because three-fourths of
18 the people that go to Mercy Hospital is on Medicaid
19 and Medicare. We are always labeled as the worst city
20 to live in; now they want to take away the closest
21 hospital for the people from the west side of the
22 river. How can we compromise with you, Mercy
23 Hospital?

24 Plus, what is the difference from emergency

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1 care and Level Trauma I center? Please let that not
2 be the reason that you are moving, because of money
3 that you would be receiving from the rich --

4 MR. AGBODO: Two minutes.

5 MR. BRANTLEY: -- richest residents on the
6 east side.

7 CHAIRWOMAN OLSON: Thank you, sir. Your
8 time is up. Thank you.

9 Next.

10 MS. COOPER: Hi. My name is Johnnie Mae
11 Cooper.

12 I'm here because I'm -- I came to Rockford
13 in 1989, not knowing about Rockford Memorial until
14 I started going there. I have had -- I've had heart
15 surgery, double knee surgeries, four tumors removed --
16 removed off of both of my ankles through Rockford
17 Memorial. That has been a big help to me and my
18 children. I have nine grandchildren and they have
19 benefitted, as well.

20 Something like this to be taken away from us
21 would hurt us very much because I can't travel like
22 I used to. Going back and forth to the University of
23 Chicago or going to Madison has been the hardest thing
24 already on me. But being here in Rockford, at

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1 Rockford Memorial, has meant a great deal to me. I'm
2 still a member of -- I mean -- a patient of theirs,
3 and I'll probably be there for a long time. But I am
4 really and truly happy being there where I'm at.

5 Doctors, nurses, everybody who have been
6 there has treated me and my kids and my grandkids with
7 so much kindness. I've watched my grandkids come down
8 from many surgeries but they're still here, and that
9 hospital has done great things for us. And I --
10 I really would like for -- to see it stay like it is.

11 You know, it would hurt us very much if you
12 would take that away from us, you know. So I'm
13 just -- I'm just -- right now I'm just full, you know,
14 but I'm happy. I hope it stays like it is.

15 Thank you.

16 CHAIRWOMAN OLSON: Next, please.

17 MR. JOHNSON: I'm Harlan Johnson, a member
18 of NAACP, a community therapist, and a Register
19 column -- Register Star columnist. Please read my
20 November 5th column on this issue.

21 Even though we're like a modern day David
22 dealing with a wealthy Goliath, please take our
23 message seriously. I realize the box we're supposed
24 to check is yes or no. My outside-the-box message is

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1 simply "Don't move our Level I trauma center." Keep
2 it there and upgrade it. It saved my life.

3 On Labor Day four years ago, a holiday,
4 unlike an ordinary ER, our 24/7 trauma center acted
5 immediately. After falling 17 feet, shattering my
6 back, broken ribs penetrating my lungs, I was saved
7 from death. The broken back had to wait. I was
8 bleeding out. No time to take me across town. The
9 trauma surgeon on duty sprang into action saved and
10 me.

11 By abandoning the Rockton Avenue location,
12 MercyRockford shows no mercy to the people of west
13 Rockford, Westlake Village, Pecatonica, Winnebago,
14 Seward, Byron, and Durand. It's a cold-blooded,
15 competitive business decision. MercyRockford's deep
16 pockets have bought support from many. That's crony
17 capitalism.

18 To win support of the people, two things are
19 crucial: One, upgrade the Level I trauma center at
20 Rockton Avenue, preventing needless deaths. Keep it
21 there. Two, offer an inpatient psychiatric unit for
22 young children at the newer hospital. We have nothing
23 like that. It's a hundred miles away.

24 A Level I trauma center at Riverside and

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1 I-90 would be very lucrative to MercyRockford, and yet
2 it's against everyone else's interest to move it.

3 And will MercyRockford make a commitment for
4 a desperately needed inpatient psych unit for little
5 kids?

6 It's not a simple yes or no. Let's see some
7 negotiation for the best outcome for everyone.

8 Thank you.

9 CHAIRWOMAN OLSON: Thank you.

10 Next, please.

11 MR. USEF: Good morning, ladies and
12 gentlemen. My name is Profet Usef. I'm a community
13 activist.

14 The west side is the best side. The reason
15 we keep the -- the trauma center on the west side --
16 number one, why would you close a trauma center on the
17 west side and move it to the east side, Gilligan's
18 Island, when all the shooting and cutting is on the
19 west side where the trauma center is needed the most?

20 The question I'm asking you all, how many
21 months is a year? It's 12 months. I'm going to tell
22 you the 12 reasons that you should keep it over there.

23 Number one, it saves lives. Number two,
24 it's an economic engine for the areas here; it helps

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1 economic development. Three, it helps put people to
2 work. Four, it helps reduce poverty. Five, it helps
3 reduce homelessness. Six, it helps people survive.
4 Seven, it helps to bring business in the area to open
5 up shop. Eight, it helps people to move in the area
6 to buy homes. Nine, it helps bring in needed revenue
7 to our city. Ten, it helps cut down on deaths in the
8 city. Eleven, it helps reduce blight in the area.
9 Twelve, the most important thing, it gives people hope
10 that somebody care about them.

11 Anybody know that a Level I hospital in the
12 area brings in \$2,850,740,220.18 a year.

13 Thank you for allowing me to speak.

14 (Applause.)

15 CHAIRWOMAN OLSON: Did you get all that?

16 THE COURT REPORTER: I did.

17 CHAIRWOMAN OLSON: Next, please.

18 MS. MITCHELL: The next five, Dorothy Redd,
19 Denise Pearson, Robert Sargent, Ann Rundall, and
20 Richard Rundall.

21 Again, please remember to sign in, and you
22 can speak in any order.

23 MR. SARGENT: Good morning. My name is
24 Robert Sargent, second vice president of the Rockford

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1 branch of the NAACP.

2 MercyRockford has applied a certificate of
3 need, CON, to build a new \$485 million hospital
4 complex on the far east side, Riverside. While this
5 type of economic development should be cause for
6 celebration, it comes at the expense of Rockford
7 Memorial Hospital, RMH, which has served the west side
8 for over 100 years.

9 If the Health Facilities and Services Review
10 Board approves MercyRockford's CON, RMH will become a
11 shell, and west-side residents will be deprived of
12 essential trauma, hospital, emergency room, and
13 general health care services.

14 The Level I trauma center and cardiac cath
15 lab would be transferred to Riverside. Their
16 emergency department would be stripped of 45 percent
17 of its examination rooms or 31 current down to 17.
18 The intensive care unit would be reduced from 31 --
19 excuse me -- 31 to 4 beds, and operating rooms would
20 be reduced from 14 to 4. Cardiac care and -- cardiac
21 surgery services would be transferred to Riverside.
22 All preop hospital services would be moved to
23 Riverside. The neo intensive care unit would be moved
24 to Riverside.

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1 For decades the Rockford region has
2 benefited from a balanced hospital network serving the
3 west, central, and east sections of the city and of
4 Winnebago County. The current economic environment is
5 not the time to duplicate service and increase medical
6 costs, particularly at the expense of more than
7 one-third of Rockford's population. For this reason,
8 the NAACP executive board opposes MercyRockford's
9 plans for Rockford Memorial Hospital.

10 Thank you.

11 CHAIRWOMAN OLSON: Thank you.

12 Next.

13 MR. RUNDALL: My name is Richard Rundall.

14 About 60 years ago, Rockford Memorial
15 Hospital decided to build a new, state-of-the-art
16 facility and move to Rockford's west side from the
17 downtown location. They tore that building down, and
18 in that period of time of 60 years, they have had a
19 commitment to Rockford's west side. At this point it
20 looks like it's changing.

21 One of the things that was mentioned by
22 someone representing Boone County was, by having a
23 facility up on Riverside, it's going to cut 10 miles
24 off the trip to the hospital and it's going to save

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1 lives.

2 The corollary is also true: By increasing
3 the time for people to get to the hospital, to a
4 Trauma I center from Rockford's west side, is going to
5 mean lives. We are going to lose lives.

6 In addition, there -- all the talk about the
7 development of building a new hospital, it could be
8 built on Rockford's west side, which would mean not
9 only a full hospital on Rockford's west side but the
10 development that occurs in the community or the
11 spending that occurs in the community because you have
12 an entire full hospital staff of people who are going
13 to be using services in that area of town.

14 Now we are cutting back the staff at
15 Rockford Memorial Hospital, and many of the small
16 businesses are going to suffer greatly that exist in
17 that area.

18 So, to me, the issue is commitment, not
19 money. The purpose of a not-for-profit corporation --
20 we've heard this referred to as a corporation.

21 MR. AGBODO: Two minutes.

22 MR. RUNDALL: It is a not-for-profit.

23 CHAIRWOMAN OLSON: Thank you, sir.

24 Next.

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1 MS. PEARSON: Good morning. My Name is
2 Denise Pearson. I am a citizen -- or a resident,
3 rather -- of southwest Rockford.

4 And my experience with Rockford-Mercy --
5 I was born at Rockford Memorial some 52 years ago, so
6 I consider myself like an alumni of MercyRockford.
7 What I know of MercyRockford is their mission is
8 superior care every day to all of our patients.

9 So there's many questions that could not
10 possibly be answered today, but how can you give
11 superior care to all of your patients moving services
12 from the North Rockton location?

13 How did you connect with the Rockford
14 ministers fellowship after opposition? Where were you
15 proactively to come together as a community to hear
16 the voice of the people before filing the application?

17 If MercyRockford is suffering economically,
18 how can you guarantee \$50 million over a period of
19 time? Nothing is a guarantee. If the economy bellies
20 up again, then what will happen to North Rockton?

21 So those in support, there is an opportunity
22 cost. Those that are in oppose take a risk of loss.
23 So we have a problem going and coming.

24 It was stated that time is not necessarily a

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1 factor, but a nanosecond can cost someone's life. And
2 I'm just asking MercyRockford to stay committed to
3 their mission, to stay committed to the people of the
4 western region. It's not just the west side of
5 Rockford but the western region and we matter.

6 Also, in reducing services --

7 MR. AGBODO: Two minutes.

8 MS. PEARSON: Thank you.

9 CHAIRWOMAN OLSON: Thank you.

10 Next.

11 MS. REDD: Good morning. My name is Dorothy
12 Redd. I'm a citizen of Rockford, Winnebago County,
13 and I'm also a County Board member for District 18.
14 That's on the west side of the county.

15 I've been on the County Board since 2002,
16 and I'd like to say there's quite a bit of land on the
17 west side of Rockford, but it seems that the only
18 economic things that we get are pig farms or ethanol
19 plants.

20 And we were told that pig farms don't smell.
21 Now, all of you know that, if there's a pig farm, it's
22 going to smell. But that didn't come to west Rockford
23 because we didn't need that.

24 I'm here today in opposition of Rockford-

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1 Mercy moving that Level I trauma center. We need that
2 center where it is. And if you need a second campus,
3 build it on Springfield and Harrison because there's
4 lots of open land there, and that land was there
5 before I was on the County Board. So if you must
6 build a new facility -- and I believe in state-of-the-
7 art -- look at the west side because right now our
8 City leaders are not steering you in the right
9 direction.

10 Thank you.

11 CHAIRWOMAN OLSON: Next, please.

12 MS. RUNDALL: Hello. My name is Ann Rundall.

13 I'm a resident of the west side of Rockford,
14 and I am not an employee of the medical industry or
15 any other industry that's going to benefit from this.

16 I'm sorry, but separate but equal has never
17 been equal. To propose a brand-new, state-of-the-art
18 hospital on the east side of Rockford and state that
19 the west side of Rockford would still be served by the
20 old hospital is suggesting that racism is still alive
21 and well in Rockford.

22 I am encouraged that Rockford Memorial wants
23 to invest \$400 million to build a new hospital.

24 I just believe the new hospital should be built on the

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1 west side, where the need is the greatest. There are
2 already two hospitals serving the east side. It only
3 makes sense that the people on the west side need and
4 deserve at least one hospital.

5 Since Rockford Memorial already believes the
6 current hospital is obsolete, I'm sure they can find
7 263 acres of land off Bypass 20 on the west side on
8 which to build this new state-of-the-art hospital that
9 will serve not only the people of the west side of
10 Rockford but, also, the area of Belvidere, the
11 underserved rural areas that include cities like
12 Freeport and Pecatonica, Winnebago, Byron, Oregon,
13 et cetera.

14 My family has lived on the west side of
15 Rockford for 31 years. We have used the services of
16 the Rockford Memorial Hospital on many occasions.
17 I am also a retired elementary school principal from
18 the west side -- from a west-side school that was
19 located near the hospital. The hospital foundation
20 was a partner with Haskell Academy.

21 MR. AGBODO: Two minutes.

22 CHAIRWOMAN OLSON: Thank you, ma'am.

23 Next five, please.

24 MS. MITCHELL: The next five are Edwyna

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1 Owens, Flossie Hoarde, Chad Boore, Edward McGrath, and
2 R. Lee Piekarz.

3 MR. PIEKARZ: Just saying making sure you
4 said "R. Lee Piekarz."

5 MS. MITCHELL: Yes.

6 CHAIRWOMAN OLSON: Somebody can go ahead and
7 start. You can sign in after you make your statement.
8 Please start, somebody.

9 MR. BOORE: Certainly. I'll go ahead.

10 My name is Chad Boore. I'm the president of
11 OSF St. Joseph Medical Center, and I strongly oppose
12 MercyRockford's plan to build a fourth hospital in
13 Rockford. Rockford cannot support a fourth hospital,
14 as it is not financially sustainable.

15 Frankly, most disconcerting are the
16 statements made by leaders of MercyRockford telling
17 the media that a new hospital would draw a large
18 number of patients from Wisconsin. This isn't logical
19 and the facts don't support it.

20 MercyRockford says it could attract enough
21 Wisconsin patients to produce \$22 million a year in
22 revenue, and this is just unrealistic.

23 The State of Wisconsin public records show
24 that Wisconsin patients are like patients everywhere

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1 else. They go to hospitals close to their homes,
2 which, in this case, is Wisconsin.

3 Right now these patients are going to the
4 University of Wisconsin Medical Center, which is a
5 very well-respected academic medical center, so it
6 defies logic to think that these patients would forgo
7 their home hospital, an academic medical center with a
8 host of clinical services that would be difficult to
9 duplicate, and leave their state and their families
10 for an undersized, underutilized new community
11 hospital in Rockford.

12 Even if these Wisconsin residents were to
13 behave in this irrational manner claimed by the
14 Applicants, that would still not be enough justify a
15 new hospital by any stretch of the imagination.

16 Thank you so much.

17 MR. MC GRATH: Good morning. Madam
18 Chairwoman, ladies and gentlemen, my name is Ed
19 McGrath.

20 I'm the founding principal of Health Care
21 Futures based in Itasca, Illinois. I'm here to voice
22 my opposition to the MercyRockford plans, primarily
23 because the application doesn't provide the historical
24 or future utilization that shows the need for this

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1 hospital.

2 Consider some recent hospital developments
3 in Illinois: Adventist Bolingbrook. Since it opened
4 its new hospital in 2008, it has struggled to find
5 patients; 55 percent of its beds were empty in 2013.

6 Sherman Hospital. An independent hospital
7 debuted its replacement facility in 2009 with
8 \$300 million of long-term debt. 2013, it became
9 Advocate Sherman Hospital and Advocate wrote down most
10 of that investment.

11 Silver Cross. Another independent hospital
12 opened a replacement facility in 2012. 2014, it
13 signed a clinical affiliation with Advocate Health
14 Care and appears to be struggling financially based on
15 its operating performance, losses of \$9 million in
16 2012 and '13.

17 Memorial Hospital East. It's a new hospital
18 facility scheduled to open in 2016, is already to be
19 acquired by BJC.

20 Many of these hospitals had utilization and
21 financial projections that were much higher than
22 Rockford-Mercy. These still failed to meet those
23 expectations. This new hospital is headed for the
24 same fate.

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1 I respectfully ask you to vote no, and
2 I thank you for your time.

3 CHAIRWOMAN OLSON: Thank you.

4 Next, please.

5 MR. PIEKARZ: My name is Lee Piekarz. I'm a
6 senior manager with Deloitte Financial Advisory
7 Services.

8 We were retained by OSF Saint Anthony
9 Medical Center to assess the financial impact of the
10 MercyRockford Riverside project. We also assessed the
11 duplicative costs, operating costs, required of
12 MercyRockford's operating two hospitals in close
13 proximity.

14 OSF Saint Anthony is located approximately
15 6 miles from MercyRockford's proposed second hospital.
16 Mercy has failed to address the impact of a second
17 hospital 8 miles east of its current operations on its
18 own market.

19 We believe the MercyRockford project will
20 significantly impact utilization of OSF Saint Anthony.
21 This is based on a review of the location of the
22 project, the increased access to I-90/39, and
23 continued use of its west-side campus.

24 We have estimated the loss in inpatient and

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1 outpatient volumes. We believe the potential
2 financial impact to OSF Saint Anthony will be an
3 annual reduction in net income of at least
4 \$9.9 million. This is based on our analysis and
5 assuming MercyRockford Riverside is open during the
6 CON data period. Such a loss could jeopardize the
7 current health care services OSF Saint Anthony
8 provides.

9 In addition to the loss of OSF Saint Anthony,
10 we believe, if MercyRockford pursues its plan to build
11 its new hospital and renovate its existing facility on
12 the west side, MercyRockford would incur duplicative
13 costs in the range of 3.9 to \$5.4 million annually
14 over and above the operating costs of its current
15 facility.

16 Thank you.

17 MS. HOARDE: Good morning to the
18 Chairperson.

19 My name is Minister Flossie Hoarde, and
20 I would be remiss if I did not carry out my ministry,
21 the gospel of Jesus Christ that says that "When I was
22 hungry, you didn't feed me; when I was naked, you
23 didn't clothe me; when I was sick, you didn't come see
24 about me; and when I was in prison, you didn't come

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1 visit me."

2 And the person says, "When did I see you
3 like that?"

4 When you see the west side of Rockford, the
5 services that's leaving, for most of the people living
6 in that area come from social, economic, low education,
7 and a lack of job opportunities and upward mobility.

8 Seven years ago Rockford was named the
9 third worst-most city to live. Why do you think it
10 got that title? Most of the people living in Rockford
11 that fit under that umbrella live on the west side of
12 Rockford. Not all but the majority of them.

13 Rockford Memorial Hospital, the medical
14 center that's there to serve the need of all the
15 community, probably services most of the gunshot
16 victims that come in needing Trauma I services.

17 Neonatal care unit, hours are fine, kind of
18 like a parent, grandparent that had service from
19 Rockford Memorial Hospital. My daughter went in to
20 have a normal delivery, found out she needed a
21 C-section. Her twins stayed in the neonatal care unit
22 at Rockford Memorial for three weeks, and I thank them
23 for that.

24 If I had a title for this sermon, I would

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1 call it the "Have and Have Nots" because that's where
2 we're headed. Many of the people that spoke here on
3 behalf of the west side don't even live on the west
4 side of Rockford. Many of their congregation don't
5 even know what's taking place, but they will come and
6 advocate for a medical center to move the services
7 that -- many of the people that pay their tithes
8 and offerings in their church don't even know what's
9 going on.

10 And the scripture says, "When I was hungry,
11 you didn't feed me; when I was naked, you didn't
12 clothe me; which I was sick, you didn't come see about
13 me" --

14 MR. AGBODO: Two minutes.

15 MS. HOARDE: -- "and when I was in prison,
16 you didn't come visit me."

17 CHAIRWOMAN OLSON: Thank you. Your time
18 is up.

19 MS. HOARD: "When did I see you like that?"

20 CHAIRWOMAN OLSON: Thank you.

21 MS. HOARD: When you didn't inform me --

22 CHAIRWOMAN OLSON: Thank you. Your time
23 is up.

24 Next, please.

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1 MS. MITCHELL: Next group, David Schertz,
2 Michael Allen, Tracey Klein, Paul Van Den Heuvel, and
3 Venita Hervey.

4 Please remember to sign in. You do not have
5 to sign in before you speak. So as soon as you get to
6 the table, begin speaking. And you do not have to go
7 in the order in which you were called.

8 MR. SCHERTZ: Hello. I'm David Schertz, CEO
9 of the OSF HealthCare northern region.

10 I oppose the MercyRockford proposals.
11 MercyRockford wants to build a fourth hospital in a
12 community that already has three underutilized
13 hospitals.

14 We concur with the negative fact findings in
15 the Board staff reports. Underutilization of
16 facilities. All three hospitals in Rockford are
17 operating well below the State Board's target
18 occupancies. There are far more excess beds than what
19 the Applicant would be giving up. The staff report
20 also says the Applicants do not have historical
21 patient volume to justify the beds at the new
22 facility.

23 Unnecessary distribution of -- duplication
24 of services. The proposed projects will add a fourth

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1 medical/surgical unit in Rockford, a fourth ICU unit,
2 and a fourth emergency department even though existing
3 units in Rockford are underutilized. Plus, 13 of the
4 19 open-heart facilities within 90 minutes of Rockford
5 are not meeting the State's requirement of 200 surgeries
6 per year. There is no need and no justification for
7 more open-heart services on the east side.

8 Discontinuing 28 ICU beds and 46 neonatal
9 beds at the west-side Rockton Avenue campus would
10 leave the entire community underserved. There is no
11 need and no justification for these services on the
12 east side.

13 Finally, on top of that, this maldistribution
14 and relocation has been analyzed and would cost OSF
15 Saint Anthony about 200 jobs. I stand in opposition
16 to the project.

17 Thank you for this time.

18 CHAIRWOMAN OLSON: Thank you.

19 Next, please.

20 MS. KLEIN: Good afternoon, Madam Chairman
21 and members of the Board. I'm Tracey Klein, Reinhart
22 Boerner Van Deuren, and I speak in support of the
23 MercyRockford CON applications.

24 You've heard from elected leaders from both

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1 sides of the aisle. They're supportive of this
2 project because it is good for health care and it is
3 good for the local economy.

4 And, quite frankly, you know, when we talk
5 about this idea of health care equality, I think that
6 it's very important to note that Rockford Memorial
7 Hospital has struggled to find a partner, and I have
8 watched this over the last five to six years. You
9 see, this facility has now found a very good partner
10 in MercyRockford. They are at a point where they can
11 modernize its facility.

12 And to talk about the fact that they are
13 abandoning the west side is simply not true. They've
14 made a commitment for the last -- for the next
15 10 years to put \$50 million in the west-side facility,
16 and I would note that the OSF Rockford -- the COE
17 application in 2011, where OSF was going to be taking
18 over Rockford Memorial Hospital, had it slated to
19 close in 2016.

20 So I feel in some respects that those that
21 are up at the table are articulating a false choice.
22 I think the choice here which MercyRockford has put in
23 play is a very, very good choice for the entirety of
24 the Rockford community and their commitment to the

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1 economy and to health care on both sides of Rockford
2 should be noted and commended.

3 And I urge your support.

4 CHAIRWOMAN OLSON: Thank you.

5 Next, please.

6 ALDERMAN HERVEY: Thank you. My name is
7 Venita Hervey. I'm the fifth ward alderman in the
8 city of Rockford, which is on Rockford's west side.
9 I oppose MercyRockford's plans to gut Rockford
10 Memorial Hospital and essentially abandon the west
11 side of Rockford.

12 I have with me two maps. Now, you've got
13 black-and-white versions in your written statements
14 that were sent in, but those versions don't really
15 tell the true story about where African-Americans and
16 people living below the poverty line reside in
17 Rockford.

18 These snapshots show that poor and minority
19 residents live on Rockford's west side where
20 MercyRockford is proposing to discontinue vital health
21 care services, such as Level I trauma care, cardiac
22 services, all pediatric and obstetric services, and
23 reduce our emergency room by 45 percent.

24 45 percent of those dots, each of those red

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1 ones, representing 50 African-Americans, is not moving
2 over to Riverside and I-90. We're staying where we
3 are. What is leaving are the services.

4 The idea that you can take those services
5 away and not affect the timeliness and the quality --
6 I'm sorry -- and the level of care -- I have no doubt
7 that doctors will be good. I have no doubt that
8 doctors will still do their best. But if you don't
9 have the level of services available for certain types
10 of medical intervention, you can do as good as you
11 want and it will make absolutely no difference.

12 \$5 million a year over 10 years is peanuts.
13 You all know what it takes to maintain a medical
14 facility, let alone upgrade and improve it.
15 \$5 million won't replace the roof, the HVAC system,
16 the parking lot in a facility of that size.

17 In fact, Winnebago County Health Department
18 sent you a letter that basically says populations of
19 highest risk are concentrated in the west region of
20 Winnebago County. Expansion needs to ensure that
21 populations --

22 MR. AGBODO: Two minutes.

23 CHAIRWOMAN OLSON: Thank you.

24 Next, please.

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1 MR. VAN DEN HEUVEL: Hello. I'm Paul
2 Van Den Heuvel, general counsel for MercyRockford
3 Health System.

4 With complete respect to the pastors, those
5 who favor and those opposing today and the gospel
6 message, MercyRockford does, in fact, understand and
7 support the poor, the oppressed, the sick. If you
8 take a look at our plan, the very reason for the plan
9 and keeping our campus open at Rockton Avenue is to
10 serve the west-side population.

11 At the same time the gospel message also
12 calls for us to count the cost as to our ministries
13 and to our charitable outreach. And in order to
14 support the west-side campus, we must ensure that we
15 have economic viability. We must also serve the
16 entirety of the Rockford region, too, with regard to
17 our mission, and that is the reason for building this
18 special care, higher-intensive facility on the
19 interstate. Quite simply, you will not attract
20 patients from throughout the region without locating
21 it on the interstate land.

22 We are staying on the west side with a
23 commitment of \$50 million on top of a commitment that
24 we have already made, significant facilities already

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1 in place. We are providing for a community and
2 economic development by taking a 200,000-square-foot
3 building and making it available to the community on
4 the Rockton Avenue campus. That will add jobs and
5 economic vitality to this very important area of the
6 region.

7 And, lastly, we are reducing 100-plus beds.
8 As to claims that somehow our plan provides for
9 overcapacity, those are completely and totally
10 ludicrous.

11 There is hope and commitment in this plan,
12 and it's a hope and commitment that an entire
13 community, west and east, north and south, black and
14 white, come together in one grand plan.

15 Thank you.

16 CHAIRWOMAN OLSON: Thank you.

17 Next five, please.

18 (Applause.)

19 MS. MITCHELL: Next five, Pat Powers --

20 CHAIRWOMAN OLSON: Is that it for that
21 project?

22 MS. MITCHELL: Yes, that's it for this --
23 that's it for the MercyRockford project.

24 So as you come in -- as you come up,

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1 please -- and you begin to speak -- please state which
2 project you're speaking on because they're mixed
3 in here.

4 The next five are Pat Powers --
5 (An off-the-record discussion was held.)

6 MS. MITCHELL: -- Kelly Ladd, Christi
7 Slavenas, Barry Schrader, and Tracy Jones.

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

9 MS. MITCHELL: Please -- you may begin
10 speaking.

11 MS. POWERS: Good morning, Board members.
12 I want to thank you for the opportunity to support the
13 Project No. 15 --

14 MR. MORADO: Please pull the mic closer.

15 MS. POWERS: Good morning. Thank you for
16 the opportunity to support the Project No. 15-037,
17 Alden Courts of Waterford. My name is Pat Powers, and
18 I'm the community liaison for the Alden of Waterford
19 campus.

20 Since the project was filed, we, again, had
21 the difficult task of notifying a family member of one
22 of our residents who suffers from Alzheimer's that
23 their medical needs are beginning to outweigh their
24 loved one's programmatic needs, thus resulting in the

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1 need to find the resident placement with nursing
2 services.

3 As a result of this meeting, we received the
4 following letter, which I'd like to share with you
5 today. This letter was dated November 9th, 2015.

6 "My sister has been a resident of Alden
7 Courts of Waterford since February 2014. In just
8 under two years, she truly has come to be a member of
9 the Alden Courts family in her home and feels
10 comfortable with the community and the staff. We see
11 a change in her behaviors and demeanor when she needs
12 to leave the facility for any reason. Alden Courts
13 works to make sure she is comfortable, well taken care
14 of, and ensures that her programmatic needs for her
15 memory care issues are addressed.

16 "We will soon be faced with the difficult
17 reality that she will no longer be able to live at
18 Alden Courts and will need to be transferred to a
19 skilled facility as her medical needs are starting to
20 outweigh her programmatic needs. The change in
21 environment alone will be challenging, and the change
22 in staff will likely be even more detrimental. It
23 would benefit my sister, as well as many other
24 residents who are also faced with" --

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1 MR. AGBODO: Two minutes.

2 MS. POWERS: Thank you for your time.

3 MR. MORADO: Thank you.

4 MR. SCHRADER: My name is Barry Schrader.

5 I'm a fifth-generation DeKalb County native. I am
6 here about the Kishwaukee Hospital Northwestern
7 acquisition.

8 I'm co-chair of the DeKalb County Citizens
9 for Better Mental Health Care. We have been without
10 inpatient mental health care in our county since 2008,
11 and there's a desperate need to have it returned here.
12 The statistics from three law enforcement agencies
13 alone, not even counting the number of other mental
14 health-related clients' need of care, some inpatient,
15 in our growing county of 102,000 population are
16 staggering. The County sheriff's department reported
17 187 mental health-related calls for assistance in 2014
18 and another 121 up to September of this year. They
19 were called to handle 120 suicide attempts in our
20 county in 2014, and already in 2015 another 105. This
21 is outside the city of DeKalb, Northern Illinois
22 University, and Sandwich.

23 Many of these people need hospitalization
24 locally to help them through their personal crisis.

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1 In addition to those numbers, the DeKalb Police
2 Department and NIU can offer their numbers to you, and
3 I think they're in the letters you have in your files.

4 When we found out at the public hearing last
5 month that Northwestern would welcome all of our
6 mental health patients into their newly expanded
7 48-bed unit in Central DuPage, it made us sick to our
8 stomachs. Just another bed night racked up for them,
9 more lucrative ambulance trips, and more customers to
10 be billed for care at Central DuPage.

11 If it was really about benefiting the
12 patients with better comprehensive health care in our
13 county and in our DeKalb and Sandwich hospitals, then
14 returning our behavioral health six-bed unit to
15 Kishwaukee Hospital would be a priority, not what
16 they're proposing to do once the sale is completed.
17 Nothing will convince them otherwise unless you, the
18 State Board, hold up their application until they come
19 up with a better plan for providing health care for
20 DeKalb County's residents.

21 Mental health patients and their families
22 have suffered greatly these past five years and will
23 continue to be treated like Social Security numbers
24 and how many bed nights we can add to their bottom

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1 line, health care be damned.

2 Thank you very much for allowing me to speak
3 on behalf of the residents of DeKalb County.

4 CHAIRWOMAN OLSON: Thank you.

5 Next, please.

6 MR. JONES: Thank you. My name is Tracy
7 Jones and I am vice chairman of the DeKalb County
8 Board.

9 I'm here regarding the merger of Kishwaukee
10 Health System and Northwestern. The DeKalb County
11 Board has not taken a position in favor or against
12 this proposed merger despite what any unauthorized
13 correspondence you may have received. To clarify, the
14 DeKalb County Board has not discussed this merger in
15 any detail or depth enough to develop a position.

16 Kishwaukee Health System has always been a
17 tremendous supporter of our community in many ways,
18 and we appreciate their attitude and action toward
19 community service. We look forward to this continued
20 support in the future should this merger be approved.

21 CHAIRWOMAN OLSON: Thank you.

22 Next, please.

23 MS. MITCHELL: The next group, Joseph Puleo,
24 Donna Bennett, Jack Bennett, Jane Cavanaugh, and

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1 Brad Fierce.

2 Again, please state what project you're
3 speaking on behalf of. Please move to the table as
4 quickly as you can.

5 CHAIRWOMAN OLSON: Someone can go ahead and
6 start. You can sign in afterwards.

7 MR. FIERCE: I'll start.

8 Hi. My name is Brad Fierce. I'm the
9 administrator of Parker Rehab and Nursing. It's a
10 nursing home in Streator, Illinois, and the project
11 I'm speaking on is OS -- the one concerning OSF
12 assuming the health care needs over St. Mary's.

13 I've prepared a number of statements, and
14 I'd just like to say that I'm in support of it. I'm
15 fully behind the plan that HSHS and OSF has developed
16 to ensure that there is a plan for health care in
17 Streator.

18 I truly believe in OSF's commitment to these
19 patients. I believe the transition will be smooth,
20 and I'd like the patients to be able to return to
21 Streator if the need for postacute or rehab care was
22 needed where they can be closer to family and friends.

23 I think this is the most viable solution for
24 our somewhat rural community. I've been speaking with

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1 OSF on the ways to coordinate care, and I remain very
2 pleased and optimistic with their openness.

3 I'd also like to state that I have seen the
4 values between HSHS and OSF to be aligned, and I think
5 there will be a strong sense of continuity between
6 these two providers.

7 I've called St. Mary's recently because
8 I'm always interested in seeing if they have any
9 people that need placement, and currently they have
10 three people in their inpatient beds. And it's just
11 not sustainable for them to remain open, and I welcome
12 OSF to fill that gap and meet these needs.

13 Thank you.

14 CHAIRWOMAN OLSON: Thank you.

15 Next, please.

16 MS. CAVANAUGH: My name is Jane Cavanaugh.
17 I am a concerned citizen.

18 I oppose the closure of St. Mary's Hospital.
19 I oppose the discontinuation of inpatient services.
20 I want the hospital to remain open.

21 Thank you for giving me the opportunity to
22 let my voice be heard. I hope that this is not a done
23 deal, as HSHS and OSF are planning for. As being
24 responsible -- moral, legal, and mentally

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1 accountable -- please, please, please do not allow,
2 approve, or be accountable for the closing of
3 St. Mary's Hospital.

4 SHSH [sic] stated in their application a
5 section where they are to document this
6 discontinuation will not have an adverse or harmful
7 effect upon access to care, "OSF has committed to
8 operate a robust ambulatory clinic and provide certain
9 outpatient service in the community, including imaging
10 services, rehabilitation, laboratory services, and a
11 24-hour urgent care clinic."

12 The Streator newspaper reported October 1st,
13 after the purchase -- or donation -- of "OSF plans
14 to -- OSF plans to run an outpatient center in
15 St. Mary's building on Spring Street before moving to
16 a center -- the center into a new, 30,000-square-foot
17 building at a yet-to-be determined place in Streator.
18 That new building would be ready in two or
19 three years, so the application said."

20 No reports have been made nor information
21 provided about these commitments OSF is making to the
22 Streator population. How many dollars are budgeted
23 for this robust ambulatory center? Has FFA
24 approved -- approval been sought in regard to the life

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1 requirements? Where is this robust center to be
2 located? How many sites have been or are being
3 considered for this new building? The architects have
4 been consulted and builders contacted -- have they
5 been contacted?

6 Many, many questions still waiting
7 unanswered.

8 Who would ensure these commitments?
9 Presently OSF has no infrastructure in place to
10 address the issue of increasing travel times, travel
11 costs for citizens that need this most. Elderly and
12 low-income individuals without access to a car suffer
13 due to lack of public transportation infrastructure.

14 Many Streator residents --

15 MR. AGBODO: Two minutes.

16 MS. CAVANAUGH: -- don't know how they
17 will --

18 CHAIRWOMAN OLSON: Thank you.

19 Next, please.

20 MS. CAVANAUGH: Please oppose.

21 CHAIRWOMAN OLSON: Next, please.

22 Somebody can speak next, please.

23 Thank you.

24 MS. BENNETT: I'm Donna Bennett, a resident

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1 of DeKalb city and the area for over 50 years.

2 The proposed merger that they've been
3 talking about says it will increase the availability
4 of health care to the residents of DeKalb and the
5 surrounding areas. Unfortunately, this does not apply
6 to one group of citizens. The mentally ill have once
7 more been shortchanged. This is a shame that this is
8 happening once again.

9 The thing I would like to address, moving
10 these patients to DuPage is not the answer.
11 Transportation is only one of the problems, the first
12 one I would like to address.

13 As the mother of a mentally ill son, I know
14 only too well a relative cannot take care of one of
15 those people when they need to be transported.

16 Who are the people of DeKalb going to rely
17 on? The police department? The County sheriff? Or
18 the expense of an ambulance to take them to DuPage?

19 Please, I ask this Board to reconsider. We
20 need the mentally ill cared for in DeKalb.

21 Thank you.

22 CHAIRWOMAN OLSON: Thank you.

23 Next, please.

24 MR. BENNETT: My name is Jack Bennett,

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1 45 years retired from Northern Illinois University.

2 I moved to DeKalb in 1957. There was no
3 local provision for the care of the mentally ill in
4 DeKalb County. For many years I drove my children to
5 a facility in Madison, Wisconsin, to see their mother.
6 Later, when she was in remission, she worked hard with
7 many others locally to establish what became the
8 Ben Gordon Center.

9 Even with the Ben Gordon Center available,
10 there were periods when we had to make the trip to
11 Madison. She passed away many years ago.

12 Now I am sad to see an effort underway to
13 require every family with such a member here to have
14 to drive a long way to visit a family member with an
15 equivalent problem. Thus, I oppose the proposal for
16 Northwestern Health Care to take over DeKalb Hospital.

17 The only person I can see having an
18 advantage is the current CEO of Kishwaukee Hospital,
19 who will get a raise of his near million-dollar-
20 per-year pay, the same person who closed the
21 then-mental health center ward at the hospital, got
22 Ben Gordon Center under his control, and would have
23 mental health care moved a long way from the DeKalb
24 area.

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1 To me, this is ample reason to oppose the
2 proposed scheme.

3 Thank you.

4 CHAIRWOMAN OLSON: Thank you.

5 Next.

6 MS. MITCHELL: Next group, Kate Schnell --
7 and I may have mispronounced that last name --
8 Eileen Dubin, Sean M. Peters, Jody Ogle, Toni Pettit,
9 and Mark Alan Dziejwiontkoski.

10 MR. DZIEWIONTKOSKI: Dziejwiontkoski.

11 MS. MITCHELL: That.

12 CHAIRWOMAN OLSON: Our apologies to you,
13 Kate, for mispronouncing your --

14 MS. SCHNELL: No, you're one of the few
15 people that have pronounced it correctly.

16 CHAIRWOMAN OLSON: Okay. Somebody can go
17 ahead and start. Why don't we let Kate go first since
18 she's with the Rockford project.

19 MS. SCHNELL: Yes, I am.

20 My name --

21 CHAIRWOMAN OLSON: Grab a mic, please.

22 MS. SCHNELL: Right.

23 I have to get my glasses. Sorry.

24 Yes, my name is Kate Schnell. I'm in

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1 opposition to the Rockford -- Rockford-Mercy moving
2 Rockford Memorial Hospital to Riverside and I-90.

3 I want to thank you for letting all the
4 folks go ahead of me. I've learned a lot. That first
5 group of our City leaders, Rockford City leaders,
6 spoke of the money it would bring from Wisconsin.

7 I understand the MO of follow the money, but
8 I agree with the OSF people. Give me a break.
9 Wisconsin folks, they're going to continue to go to
10 Madison.

11 And if I was from Belvidere, I would -- or
12 Boone County -- I would be thrilled about this, about
13 putting a -- a state-of-the-art hospital out on I-90.
14 And if I lived on the east side of Rockford, I would
15 be -- I would be at home because we have a Trauma I
16 center at OSF and we have labor and delivery and
17 pediatric care and the best cardiac in the world,
18 I think, at OSF and -- and Swedes. I wouldn't even be
19 here.

20 But I -- I live out in the country. I live
21 west of Winnebago, and there's towns of -- of Duran
22 and Pecatonica and these subdivisions that are eating
23 up our farmland, but they're growing like flies --
24 frogs, whatever -- out there. And there's Byron and

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1 Stillman Valley and Oregon and all of these towns.

2 We would love a hospital put -- we have --
3 we don't -- we don't have an I-90. We have east and
4 west. We have 20 headed -- heading out to Freeport
5 and all the way to the Mississippi.

6 Let's build out there if we want a
7 state-of-the-art. Please keep -- and we close things
8 on the west side of Rockford. I'm usually at school
9 board meetings fighting for the west-side kids and our
10 pathetic ISAT scores. We are at 16 percent in reading
11 and math on the west side compared to the State
12 average of 58 percent.

13 MR. AGBODO: Two minutes.

14 CHAIRWOMAN OLSON: Thank you.

15 MS. SCHNELL: I got that in.

16 CHAIRWOMAN OLSON: Hope you feel better.

17 Next, please.

18 MS. SCHNELL: Well, I do. Thank you.

19 CHAIRWOMAN OLSON: Next, please.

20 Go ahead. If you have a microphone, go
21 ahead.

22 Yes.

23 MS. DUBIN: Going back to DeKalb.

24 CHAIRWOMAN OLSON: Okay.

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1 MS. DUBIN: My name is Eileen Dubin, and I'm
2 from DeKalb, Illinois, and I address your Board today
3 as a longtime resident of DeKalb County and a mental
4 health advocate concerned about mental health care in
5 our communities.

6 In 2001 I was elected to the DeKalb County
7 Board and served until 2010. Also, I sat on the
8 708 mental health board as a representative from the
9 County Board. After leaving the County Board, I was
10 appointed as a member of the 708 board and served
11 until December of 2014.

12 Your Board has received many letters from
13 officials and citizens of our county, so I believe you
14 have an understanding of the growing need for
15 enhancing behavioral care in our community.

16 Indeed, in a letter sent to you from
17 Mr. Kevin Poorten, CEO and president of KishHealth
18 System, it states, "By joining Northwestern Medicine,
19 patients in this community will have access to world-
20 class care conveniently located where they live
21 and work."

22 In addition, Mr. Tom Matya, chair of the
23 KishHealth System board, wrote in his letter, "The
24 ability to fill our existing clinical gaps -- such as

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1 neurology, phrenology, cardiology, and behavioral
2 health -- was the highest priority in choosing a
3 partner."

4 These are goals which the community should
5 welcome, but we do not believe sending our emergency
6 room mental health patients to Central DuPage
7 Hospital, which is many miles away, is the answer to
8 better health care -- better mental health care for
9 DeKalb County residents.

10 Indeed, Mr. Michael Vivoda of Northwestern's
11 western region stated --

12 MR. AGBODO: Two minutes.

13 MS. DUBIN: -- that it has already been a
14 20 percent --

15 CHAIRWOMAN OLSON: Thank you, ma'am. Your
16 time is up.

17 Can we move to the next person, please.

18 Your time is up. I'm sorry. Two minutes.

19 Thank you.

20 Next, please.

21 MS. PETTIT: Good morning -- or it's
22 afternoon, I guess. My name is Toni Pettit.

23 I'm here to oppose the closure of St. Mary's
24 Hospital in Streator, Illinois. I also oppose the

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1 discontinuation of inpatient services. I want the
2 hospital to remain open.

3 In their application in Section 1 talking
4 about the impact on access, HSHS acknowledged,
5 "While" -- and this is a quote -- "While the closure
6 of the emergency department will have some impact on
7 emergency services, OSF St. Elizabeth's has provided a
8 letter acknowledging its ability to provide care and
9 treatment to patients who otherwise might have been
10 brought to or presented to St. Mary's. The drive via
11 ambulance from most of Streator's zip codes is
12 approximately 19 minutes."

13 What they neglect to mention is the required
14 round-trip minutes. Information provided by Advanced
15 Medical Transport services in Streator states the
16 average round-trip transport to Ottawa could range
17 upwards of 60 minutes. The required paperwork,
18 severity of injuries, and medical needs are variables
19 that increase round-trip transport time. And in a
20 multiple-person event, these vehicles could be tied up
21 making the 60-minute-plus round trip. In such a
22 scenario, anyone else needing medical transport to
23 Ottawa would be denied access to care.

24 In addition, current pending legislation

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1 allows a freestanding emergency room. HSHS'
2 application states one of OSF's goals is to develop a
3 freestanding center in Streator; however, doing so
4 would require an analysis of the need and a change to
5 the rules and regulations.

6 Streator is facing an estimated 90 days
7 without an ER due to the application submitted by
8 HSHS. I believe this will have a direct adverse
9 effect upon access to care for residents of Streator.

10 In addition, I find it interesting that
11 testimony provided by OSF opposing the loss of health
12 care on the west side of Rockford we heard today is
13 the same organization that will not provide inpatient
14 care in Streator. It is clear this organization bases
15 their decisions on what provides the greatest profits
16 for the organization.

17 MR. AGBODO: Two minutes.

18 CHAIRWOMAN OLSON: Thank you.

19 Next, please.

20 (Applause.)

21 CHAIRWOMAN OLSON: Quiet, please.

22 Next, please.

23 MS. OGLE: My name is Jody Ogle, and

24 I oppose Application E-017-15 to discontinue inpatient

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1 services at St. Mary's Hospital in Streator.

2 In the request made by HSHS to close
3 inpatient and emergency services in our town, the
4 defense was made that the equivalent care will
5 continue without interruption. In reality, as of
6 January 4, our community of nearly 25,000 people,
7 30 percent of which are elderly individuals, will be
8 without emergency or inpatient care.

9 Our inpatient care will cease permanently.
10 Our emergency care will cease indefinitely as a result
11 of the certificate of need requirements placed upon
12 OSF in order to continue emergent care. Just as there
13 are no binding agreements by OSF to continue
14 outpatient care in our town, there are no binding
15 agreements by OSF to apply for a CON to continue
16 emergency care in our town.

17 Aside from loss of care, the economic loss
18 that our community faces as a result of the proposed
19 loss of services amounts to over \$120 million. This
20 figure, according to Diane Genthner, chief nursing
21 officer of HSHS, reflects the contribution of payroll,
22 goods and services, and capital spending, capital
23 spending that included 1.2 million in spending to
24 enhance and update buildings and major medical

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1 equipment as recently as 2012.

2 I propose better alternatives be considered
3 for our community, including but not limited to
4 pursuit of distance requirement modifications to allow
5 our facility to qualify as a critical access hospital;
6 pursuit of alternative revenue streams similar to
7 those found at North Sunflower Medical Center,
8 Ruleville, Mississippi, where this rural hospital of
9 35 beds achieves a 33 percent operating margin on
10 68 million in revenue. In comparison, our hospital
11 has 90 beds and is operating on 48 million in revenue.
12 Rural hospitals aren't destined to failure and can
13 thrive with innovative, forward-thinking management in
14 place. And, lastly, simply requiring St. Mary's to
15 truly be offered for sale on the open market, allowing
16 our town a fair shake at access to choice in health
17 care and continued inpatient services.

18 Thank you.

19 CHAIRWOMAN OLSON: Thank you.

20 Next, please.

21 Go ahead.

22 MR. PETERS: Hi. I'm Sean Peters of
23 Streator. I ask that the members of the Board reject
24 the request by HSHS to close St. Mary's Hospital.

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1 First, the financial state of St. Mary's
2 reflects the inability of HSHS to operate a hospital,
3 not a lack of demand for the services of a hospital.
4 Second, repurposing and building a stand-alone
5 emergency room are a waste of resources.

6 The Streator City manager noted at the
7 public hearing on October 29th St. Mary's inability to
8 make a profit has resulted in poor efforts at
9 recruitment of physicians and poor resource
10 management.

11 HSHS itself even acknowledges that somebody
12 else might be able to run the hospital better because
13 it hired Merrill Lynch to send a request for proposals
14 to 16 prospective purchasers of St. Mary's Hospital.
15 Were St. Mary's out of the incompetent hands of the
16 Hospital Sisters, there's no doubt that the hospital
17 in Streator could flourish again.

18 And Streator has no need for a stand-alone
19 emergency room. We already have one at St. Mary's
20 Hospital. If another hospital system wanted to
21 operate in Streator, they'd have to build a new
22 hospital and spend tens, if not hundreds of millions
23 of dollars to do so. Leaving HSHS and OSF to their
24 own devices will squander scarce resources.

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1 I have heard that an applicant for an
2 exemption must meet a lower standard than that
3 required of an applicant for their certificate of
4 need. Regardless of the rule change, I ask that the
5 members of the Board not allow HSHS to ram through its
6 request for exemption. Our supposedly Catholic
7 Sisters are stabbing us in the back in Streator. We
8 need a hospital in Streator, and our city is afraid
9 that we're going to going to lose health care. Please
10 stop HSHS from ruining our hospital.

11 Thanks.

12 CHAIRWOMAN OLSON: Thank you.

13 Next.

14 MR. DZIEWIONTKOSKI: My name is Mark Alan
15 Dziejwiontkoski.

16 I oppose the closure of St. Mary's Hospital
17 in Streator, Illinois. I oppose the closure of
18 inpatient services. I want this hospital to
19 remain open.

20 To close this hospital and force patients to
21 go to OSF in Ottawa puts the patients in three
22 communities at risk. The average emergency ambulance
23 ride would take 20 minutes or more.

24 At speeds over the posted limits, these

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1 trips leaving Streator would pass city parks, grade
2 schools, high schools, business districts, also
3 crossing three railroad tracks that are in use today.

4 It is sad the decision made by the people of
5 HSHS, OSF, and this committee will not affect anyone
6 in this committee or at HSHS/OSF. It will affect my
7 friends, my family, and my neighbors.

8 This hospital serves 20,000 people in and
9 around the city of Streator. To close it after people
10 have donated hours, money, time, and energy to keep
11 this hospital open to lay hands on \$2.7 million in the
12 Friends of St. Mary's Fund is wrong.

13 Thank you.

14 CHAIRWOMAN OLSON: Next.

15 MS. MITCHELL: Next group, William Phelan,
16 Edward J. Flanigan, and Bernard Jenkins, and all these
17 speakers are for the St. Mary's Hospital Streator
18 project.

19 Please remember to sign in. You may begin
20 speaking.

21 MR. PHELAN: MY name is William Phelan.

22 I'm a member of the Streator City Council.

23 I oppose the discontinuation of St. Mary's Hospital.

24 The biggest concern is continued access to

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1 care for residents in the Streator area. HSHS makes a
2 case in their application --

3 THE COURT REPORTER: I'm sorry. Could you
4 speak up or slow down? Either one.

5 CHAIRWOMAN OLSON: Or both.

6 MR. PHELAN: HSHS makes a case in their
7 application that closing the hospital will not
8 adversely affect Streator residents' access to care.
9 I find this statement completely false and absurd.

10 In a letter supporting the discontinuation,
11 OSF's CEO states that inpatient services are important
12 to assure continuity of care for Streator residents.
13 Then why would we allow a process that closes
14 inpatient services?

15 I oppose this discontinuation because the
16 process of closing the hospital was short-circuited
17 and leaves the residents of Streator stranded.

18 I oppose the discontinuation in hopes that giving the
19 process more time will allow a better plan to be put
20 in place that does not adversely affect access
21 to care.

22 Among other concerns of the application is
23 that it relies heavily on Streator's proximity to
24 Ottawa to mitigate the closure of the hospital. The

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1 reality is that in a city with an increasingly elderly
2 population, no public transportation, and located
3 where we are cannot only reasonably -- we cannot only
4 reasonably expect that our residents lie outside that
5 45-minute drive time criteria that's outlined by your
6 Board, but it's actually guaranteed in times of bad
7 weather, road conditions, trains that block the
8 highway in Ottawa to the hospital. That actually
9 happens every day almost.

10 And so let me repeat: We are guaranteed to
11 be outside of that 45-minute access-to-care window.
12 Closing the hospital literally leaves Streator
13 residents stranded without access to care which the
14 very application to close deems so important.

15 For those reasons and others, I oppose the
16 discontinuation of St. Mary's Hospital.

17 CHAIRWOMAN OLSON: Thank you.

18 Next.

19 MR. FLANIGAN: My name is E. J. Flanigan.
20 I am here to oppose the closure of St. Mary's Hospital
21 in Streator, Illinois.

22 The day has arrived for you to make your
23 decision regarding our future in Streator, Illinois.
24 We hope that you have followed our case intently from

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1 the news releases beginning in July of 2015 to now.
2 What has happened in the past few days is of the
3 utmost importance.

4 From the start of this saga, HSHS and OSF
5 have vowed to do what they can for a seamless
6 transition in health care in Streator. Now time is
7 running out.

8 Two different versions of a stand-alone
9 emergency room were approved by the Illinois House and
10 Senate. News reports state that, without an inpatient
11 hospital, Streator area citizens will wait a number
12 of weeks, if not months, before, once again, being
13 cared for by an emergency room facility.

14 HSHS has repeatedly stated, without regard
15 to this hearing process, that they would close the
16 inpatient facility on January 4th, 2016, a mere
17 48 days away. Yet so many details remain to be
18 resolved.

19 Having worked in the health care field
20 myself, I can only equate the actions and attitude of
21 HSHS to that of abandonment, a total disregard for the
22 health and well-being of 20,000-plus affected
23 individuals who will be without needed health care
24 services and without adequate supply of medical

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1 emergency transportation in the dead of winter.

2 We urge you to assist us in our plight for
3 respectable health care in our community. The
4 St. Mary's facility is very capable of serving our
5 needs. Opposition to the HSHS proposal was very high
6 at our public hearing on October 29th, and, of the
7 proponents, I find it interesting that 75 percent of
8 them are affiliated with HSHS or OSF.

9 Please allow us to keep our hospital.

10 Thank you.

11 CHAIRWOMAN OLSON: Next.

12 MR. JENKINS: My name is Bernard Jenkins.
13 I speak today in opposition to HSHS and their
14 application to close St. Mary's Hospital and inpatient
15 services in Streator, Illinois.

16 By now you've heard of the mismanagement
17 practices, including a lack of recruiting physicians,
18 closing entire floors, overstating management
19 overhead, and, according to a 38-year veteran
20 physician at the hospital, the doctors were not even
21 contacted for suggestions or ideas. All of these
22 actions were taken to get the numbers down to look
23 like this is the appropriate action to be taken at
24 this time.

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1 Some of the other areas that have come to
2 mind is the travel time to the nearest hospital. The
3 19 minutes to get to Ottawa by ambulance is a grave
4 misstatement. Assuming the roads are clean and dry,
5 there are some nine schools within a block of the only
6 route. An emergency run just after dismissal time is
7 a tragedy waiting to happen. As a retired teacher,
8 I know that the students have everything on their mind
9 at dismissal time except traffic.

10 I've also spent the years from 1979 to 2002
11 as an EMT with the Ransom Fire Department, License
12 No. 283564. In 1995 we did an emergency disaster plan
13 exercise with the City of Streator and Amtrak. In
14 that plan the police, firemen, and paramedics/EMTs
15 worked the accident scene, but when the patients were
16 transported, there was a heavy dependence on utilizing
17 the doctors and nurses on the upper floors of the
18 hospital to assist the staff in the emergency room.
19 Clearly, this oversight required that the plan be
20 reworked.

21 Another major problem is the certificate
22 of need. This is supposed to take 80 or 90 days to
23 get approved, but the start date's not clear.

24 Last summer the HSHS hired Merrill Lynch to

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1 circulate a request for proposals to 16 prospective
2 purchasers, but no deadline was set for the return of
3 the proposals. However, before receiving any
4 proposals, HSHS walked away from the Merrill Lynch
5 process and reached a tentative agreement with OSF
6 with the terms of the sale calling for the termination
7 of inpatient facilities.

8 In light of the fact that, in addition to
9 several problems with this application and the
10 certificate of need may take over --

11 MR. AGBODO: Two minutes.

12 MR. JENKINS: -- three months to complete --

13 CHAIRWOMAN OLSON: Thank you, sir. Your
14 time is up.

15 MR. JENKINS: -- it seems appropriate to
16 request to postpone this hearing for --

17 CHAIRWOMAN OLSON: Your time's up.

18 Thank you.

19 MS. MITCHELL: Next group.

20 CHAIRWOMAN OLSON: Just a second, Jeannie.

21 We have six more for public participation.

22 We're going to finish that. The Board is going to

23 take a half-an-hour lunch and then reconvene here for

24 another half hour for executive session.

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1 So that would give the participants in the
2 room an hour for lunch as soon as we finish these last
3 six for public participation.

4 So go ahead, Jeannie. Call the last six,
5 please.

6 MS. MITCHELL: Mary Carter, Kathleen
7 Iverson, Arlene Martell, Diane Muntz-Oldenburg, Karen
8 Ricca, and Gregg Spradling.

9 CHAIRWOMAN OLSON: As soon as you're seated,
10 you may begin.

11 You can begin speaking, please.

12 Will somebody at the table speak, please.

13 MR. SPRADLING: My name is Gregg Spradling,
14 lifelong Streatorite.

15 I represent Streator -- you know, I'm
16 worried about the workers, everybody that travels upon
17 St. Mary's turf. We are in the middle of the Heritage
18 Corridor from Joliet to the southwest. Interstate
19 island is what we are. We have 80 to the north; we
20 have 39 to the west; we have 74 to the south; and we
21 have 55 and Munger Road, 66, to our east.

22 We're the most undermined area for a small
23 town in Illinois. We learned that a few years back.
24 We have two pipelines run through town. We have the

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1 military still flying over St. Mary's turf going to
2 central Illinois and back up to Joliet/Marseilles. We
3 have a natural gas underground storage feature. That
4 blew up twice on consecutive days in the past.

5 We have a great many commuter workers in
6 Streator that don't live there. We have 16 villages
7 and additions wrapped around Streator. People want to
8 start there with Streator because the housing's so
9 affordable, but they're worried with the hospital
10 situation.

11 That should have never got to where it was.
12 16 bids should have been put in. Our mayor used to
13 work for HSHS as a Streator executive. They kept it
14 quiet, kept it quiet. We got time-pinchd. That's a
15 terrible way to run a town, you know. It's just --
16 there's too many people left out. The greatest
17 generation's there. I'm the boomers. There's
18 generation after generation coming up.

19 It's not a pretty looking town, never has
20 been, but everybody and their brother comes through
21 that town. We gave you Hopalong Cassidy; we gave you
22 Pluto; we gave you Baskin-Robbins. Give us a
23 hospital.

24 (Laughter.)

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1 CHAIRWOMAN OLSON: Next, please.

2 MS. CARTER: My name is Mary Carter. I'm in
3 opposition of the hospital being closed. I have a few
4 points I want to bring up.

5 We heard about the winter and the road
6 conditions. I want you to know that it is a one-lane
7 highway, too, one-lane street. Ice conditions is
8 something to consider.

9 What about the monopoly here? It sounds
10 like a corporate turf war to me. OSF controls
11 six surrounding health care facilities, Pontiac,
12 Ottawa, Mendota, Kewanee, Bloomington, Peoria, all
13 within a 75-mile radius.

14 I think we should put it back on the market
15 to see what those 16 would have decided.

16 St. Mary's serves not only 14,000 of us but
17 16 villages that wrap around our zip code. And of our
18 residents -- and we have factories in our town. My
19 husband works in one of them. It's the second largest
20 now, now that St. Mary's is gone, which is -- that's
21 employment right there. It's a glass factory.
22 There's many new people; it's expanding. Working
23 around glass, we're going to need -- we're going to
24 need some emergencies at some point -- we'll have

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1 emergencies.

2 I also want to bring up a couple comments
3 brought in regards to the sales of St. Mary's Hospital
4 that was brought up in a meeting. It was said that
5 one of the reasons for the closure of the hospital is
6 due to not getting enough patient referrals.

7 Would you send your family to a mismanaged
8 health care facility? Could it be their failure to
9 recruit staff? It's not the community's fault.
10 St. Mary's didn't need the community involved in the
11 sale of the hospital, but it's okay for the community
12 to find a way to repurpose that building.

13 I also felt it was a slap in the face for
14 our community to be told, "If the sale falls through,
15 that we'll just donate the building anyway to OSF."
16 I'm not sure if this is St. Mary's way of getting back
17 at the community for not referring patients or further
18 failure.

19 I will say this: Your decision today is
20 based on a life-or-death issue. There will be
21 life-and-death --

22 MR. AGBODO: Two minutes.

23 MS. CARTER: -- situations involved.

24 CHAIRWOMAN OLSON: Thank you.

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1 Next, please.

2 MS. MARTELL: My name is Arlene Martell. I
3 am not a resident of Streator. I live in the rural
4 area to the south of town, which is the opposite
5 direction of Ottawa.

6 What can I say that will convince you to
7 keep St. Mary's Hospital open? I don't know but
8 I must try.

9 St. Mary's Hospital exists in Streator
10 because the people of Streator and the surrounding
11 community need the health care services it provides.
12 Without it, many people in the community will not have
13 access to safe and adequate health care services.
14 The City alone has nearly 14,000 people and around
15 20,000 people with the surrounding area.

16 A large number of those citizens are poor
17 and/or elderly. Because of that, St. Mary's Hospital
18 has been losing money. The government health care
19 program expects care to be provided to this population
20 at below cost. The answer is not to close our
21 hospital.

22 St. Mary's Hospital is a beautiful facility,
23 better than most I've seen. I hope you've seen it
24 before making this decision to close it. Nearly every

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1 dollar needed to build our beautiful hospital came
2 from people of Streator and the surrounding
3 communities. My father, for one, solicited funds from
4 the community citizens in order to build it. Our
5 family has donated money to expand and improve it, but
6 many, many generous citizens could be sitting here
7 saying the same thing to you. I believe it really
8 does belong to the people of the Streator area who
9 built it.

10 Our community needs St. Mary's hospital and
11 all of the services that a hospital provides. How can
12 a community of this size survive if a baby can never
13 again be safely delivered in the community? How can a
14 community of 18 to 20,000 people provide for the needs
15 of the dying, knowing that every one of those citizens
16 will die eventually?

17 MR. AGBODO: Two minutes.

18 MS. MARTELL: Thank you.

19 CHAIRWOMAN OLSON: Thank you.

20 Next, please.

21 MS. RICCA: Hi. My name's Karen Ricca and
22 I'm here advocating on behalf of denying the
23 application by HSHS to close St. Mary's Hospital on
24 July 4th -- January 4th, 2016.

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1 I want you to know people will die if you
2 close our hospital on that date. We will not have an
3 emergency room. We've told the -- we've been told
4 that in March this Board will -- will consider an
5 anticipated application by OSF for a stand-alone
6 emergency room, assuming that the House goes along
7 with the provisions that the Senate has put on
8 the bill.

9 But until that time, given State law only
10 allows ambulances to transport to hospitals, in the
11 vulnerable months of January and February we will not
12 be able to take people to our urgent care center that
13 OSF intends to run, so people are going to die.

14 We have two -- two -- in two directions
15 hospitals. They are on two-lane roads and often the
16 roads are closed in and out of town because of weather
17 during the winter months.

18 Your no vote today will allow necessary time
19 to get the rules and the regulations codified first.
20 Cross the t's, dot the i's, and then consider the
21 application in the future.

22 Thank you.

23 CHAIRWOMAN OLSON: Next.

24 MS. MUNTZ-OLDENBURG: Hello. My name is

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1 Diane Muntz-Oldenburg. I was taken to St. Mary's
2 Hospital in February of 2008 with a headache.
3 I subsequently found out I had water on the brain from
4 a trampoline accident gone wrong in September.

5 This was on February 22nd. I was
6 life-flighted from a fairly new heliport, from a
7 fairly new emergency room. I was life-flighted to OSF
8 in Peoria where I was diagnosed with bilateral
9 vertebral dissections.

10 As they were wheeling me into their
11 intensive care unit, trying to put a drill in my head
12 to save my life, they told my sister I had a window of
13 about 15 or 20 minutes to live. Those 15 to
14 20 minutes are the time it takes to get from Streator
15 to Ottawa or from Streator to Pontiac. Those 15 -- in
16 that 15- to 20-minute window, I would have been gone
17 had we not had a hospital in Streator, Illinois.

18 I'm completely opposed to the closing of
19 this hospital. It was built by the blood, the sweat,
20 and the tears and the money of the people of Streator,
21 Illinois. It is ours. And it should be maintained
22 and kept up.

23 Thank you very much for having us.

24 CHAIRWOMAN OLSON: Thank you.

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1 And I guess we missed one person,
2 Kelly Ladd.

3 You're not going to speak? Okay.
4 Thank you.

5 All right. That concludes the public
6 participation part of the meeting.

7 It is 12:30. The Board will lunch from
8 12:30 to 1:00 and be in this room from 1:00 to 1:30
9 for executive session. Plan to be back in this room
10 by 1:30.

11 I thought you said -- I'm sorry, Kelly.

12 MS. LADD: I'm here and I'll be really fast.

13 CHAIRWOMAN OLSON: I don't know who you are
14 so --

15 MS. LADD: I'm Kelly Ladd.

16 CHAIRWOMAN OLSON: We do have somebody else
17 speaking.

18 Go ahead, Kelly. I'm sorry.

19 MS. LADD: I'll be really quick.

20 Good afternoon. My name is Kelly Ladd, and
21 I'm a regional operations director for DaVita.

22 I'm here to oppose the establishment of the
23 Morris Community Dialysis, a 10-station dialysis
24 facility to be located in Morris, Illinois. Simply

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1 put, there is no need for a second dialysis facility
2 in Morris. Morris is a small community, and there is
3 only need for one dialysis facility.

4 Importantly, in March of this year, the
5 Board approved Fresenius' application to discontinue
6 its dialysis facility in Morris. Fresenius cited the
7 rural nature of the service area and the lack of
8 patients to efficiently operate two facilities in
9 Morris as reasons for discontinuing its Morris
10 facility.

11 To ensure sufficient access to dialysis for
12 both the displaced Fresenius patients and future
13 dialysis patients, DaVita submitted and this Board
14 approved an application to relocate and expand its
15 Morris facility. A second dialysis facility in Morris
16 is not needed and will result in unnecessary
17 duplication and maldistribution of services within
18 HSA 9. If this project is approved, 8 percent of the
19 dialysis stations in HSA 9 will be located in Morris
20 despite only 1 1/2 percent of the HSA 9 population
21 residing in Morris.

22 One note I'd like to point out is 56 percent
23 of DaVita's eligible centers in Illinois are rated
24 four or five stars versus 13 percent of our largest

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1 competitors. Patients dialyzing in four- or five-star
2 facilities incur an average of \$21,000 less annually
3 for nondialysis health care services.

4 Finally, this project adversely affects
5 DaVita because, as Fresenius appropriately noted,
6 there is an insufficient patient base to support
7 two facilities in Morris.

8 MR. AGBODO: Two minutes.

9 MS. LADD: Thank you.

10 CHAIRWOMAN OLSON: Thanks, Kelly. Sorry we
11 missed you.

12 MS. LADD: No problem. It's crazy today.

13 CHAIRWOMAN OLSON: We're adjourned for
14 lunch.

15 MEMBER GALASSIE: Thank you.

16 (A recess was taken from 12:35 p.m. to
17 1:08 p.m. Member Goyal joined the proceedings.)

18 CHAIRWOMAN OLSON: May I have your
19 attention. For those of you who were not in the room,
20 we are now going to go into executive session for
21 about 30 minutes, so you'll need to vacate the room.

22 We announced that before lunch so you
23 wouldn't all have to come back in and sit, but
24 apparently -- you were not in the room when that was

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1 announced.

2 (At 1:09 p.m. the Board adjourned into
3 executive session. Open session proceedings resumed
4 at 1:37 p.m. as follows:)

5 CHAIRWOMAN OLSON: The meeting is
6 reconvened.

7 Are there compliance issues, settlement
8 arrangements, or final orders to come before the
9 Board?

10 MR. MORADO: Yes, Madam Chair.

11 I'd ask for a motion to refer the following
12 matters to legal counsel for continued investigation,
13 starting with Permit 13-003, St. Paul's Home; Aurora
14 Chicago Lakeshore Hospital; Permit 12-022, Resthave
15 Home; Permit 14-027, Advocate BroMenn Medical Center;
16 and the Little Company of Mary Outpatient Care and
17 Imaging Center in Oak Lawn.

18 CHAIRWOMAN OLSON: May I have a motion to
19 refer these items to legal counsel?

20 MEMBER GALASSIE: So moved.

21 VICE CHAIRMAN HAYES: Moved.

22 MEMBER JOHNSON: Second.

23 CHAIRWOMAN OLSON: All those in favor
24 say aye.

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1 (Ayes heard.)

2 CHAIRWOMAN OLSON: Opposed, like sign.

3 (No response.)

4 CHAIRWOMAN OLSON: The motion passes.

5 Are there final orders to come before the
6 Board?

7 MR. MORADO: Yes, Madam Chair, there are.

8 I'd ask for a final order in the matter of
9 HFSRB 14-16 in regards to LaRabida Children's
10 Hospital.

11 CHAIRWOMAN OLSON: May I have a motion to
12 approve --

13 MEMBER BRADLEY: So moved.

14 MEMBER GALASSIE: Second.

15 CHAIRWOMAN OLSON: All those in favor
16 say aye.

17 (Ayes heard.)

18 CHAIRWOMAN OLSON: Opposed?

19 (No response.)

20 CHAIRWOMAN OLSON: The motion passes.

21 MR. MORADO: I'd ask for a final order in
22 the matter of HFSRB 12-06, dealing with the Ashton
23 Center for Day Surgery.

24 CHAIRWOMAN OLSON: May I have a motion.

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1 MEMBER DEMUZIO: Motion.

2 VICE CHAIRMAN HAYES: I second.

3 CHAIRWOMAN OLSON: All those in favor
4 say aye.

5 (Ayes heard.)

6 CHAIRWOMAN OLSON: Motion passes.

7 Next.

8 MR. MORADO: Seeking a final order on
9 HFSRB 15-04 in regard to the Metropolis Healthcare
10 Center.

11 CHAIRWOMAN OLSON: May I have a motion.

12 MEMBER DEMUZIO: Motion.

13 MEMBER JOHNSON: Second.

14 CHAIRWOMAN OLSON: All those in favor
15 say aye.

16 (Ayes heard.)

17 CHAIRWOMAN OLSON: Opposed, like sign.

18 (No response.)

19 CHAIRWOMAN OLSON: The motion passes.

20 And finally?

21 MR. MORADO: Finally, we'd be seeking a
22 final order with regard to HFSRB 07-23 that deals with
23 the Advanced Ambulatory Surgical Center, Permit
24 No. 96-041, and I'd like to read the final order into

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1 the record.

2 "The Board will be adopting 1 through 39 of
3 the findings of fact of the Administrative Law Judge's
4 report. They would be further adopting Conclusions 1
5 through 8 from the ALJ's report. And, finally, they
6 will be ordering that the respondent be liable for a
7 \$25,000 fine for altering their permit by increasing
8 its project costs without Board approval."

9 And, furthermore -- excuse me -- we'd ask
10 that the Board reject the ALJ's proposed decision and
11 that the Board not impose a fine for the respondent's
12 failure to respond to their January 22nd, 2002,
13 letter.

14 MEMBER BRADLEY: So moved.

15 CHAIRWOMAN OLSON: Do we have a second?

16 MEMBER GALASSIE: Second.

17 CHAIRWOMAN OLSON: All those in favor
18 say aye.

19 (Ayes heard.)

20 CHAIRWOMAN OLSON: Opposed, like sign.

21 (No response.)

22 CHAIRWOMAN OLSON: The motion passes.

23 Thank you, Juan.

24 - - -

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1 CHAIRWOMAN OLSON: The next order of
2 business is approval of transcripts. May I have a
3 motion to approve the August 25th, 2015, meeting
4 transcript.

5 VICE CHAIRMAN HAYES: So moved.

6 MEMBER GALASSIE: Second.

7 CHAIRWOMAN OLSON: All those in favor
8 say aye.

9 (Ayes heard.)

10 CHAIRWOMAN OLSON: Opposed, like sign.

11 (No response.)

12 CHAIRWOMAN OLSON: The motion passes.

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1 CHAIRWOMAN OLSON: Items approved by the
2 Chairwoman. Mr. Constantino.

3 MR. CONSTANTINO: Thank you, Madam
4 Chairwoman.

5 The following items have been approved by
6 the Chair: Exemption E-006-15, Fresenius Medical Care
7 Gurnee; Exemption E-010-15, DSI Scottsdale Renal
8 Center; Exemption E-011-15 through E-016-15, Presence
9 Health Network; Exemption E-018-15, Winchester
10 Endoscopic Center; Exemption E-032-15, Southwest
11 Surgery Center; Exemption E-033-15, St. James Recovery
12 Center; Permit No. 15-045, Nephron Dialysis Center;
13 permit alteration for Permit No. 15-006, Bloomington-
14 Normal Birthing Center; Permit Renewal No. 13-052,
15 Massac County Surgery Center; Permit Renewal
16 No. 13-076, Holy Cross Hospital, Chicago.

17 Thank you, Madam Chairwoman.

18 CHAIRWOMAN OLSON: Thank you,
19 Mr. Constantino.

20 Juan, you were going to explain to everybody
21 the new rule?

22 MR. MORADO: Right.

23 I wanted to give a brief overview again of
24 the recent changes with regard to certificate of

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1 exemptions.

2 This summer a bill passed the Illinois
3 General Assembly and was signed into law by Governor
4 Rauner. It was House Bill 3504. The matter passed
5 unanimously in both houses and made some changes to
6 the certificate of exemption process. And I'd just
7 like to read to you a pertinent portion of the change
8 so that the Board members are aware of their
9 obligations.

10 "Upon a finding that an application to
11 discontinue a category of service for a health care
12 facility is complete and provides the requested
13 information as specified by the State Board, an
14 exemption shall be issued."

15 And so what that means for you is that, if a
16 certificate of exemption does, in fact, meet all of
17 our criteria and has been deemed complete, that this
18 Board shall issue that exemption.

19 CHAIRWOMAN OLSON: Thank you, Juan.

20 I'd just like to clarify, too, that this
21 legislation was not a Board initiative.

22 And moving on, Item --

23 MEMBER GALASSIE: So could I just ask a
24 question?

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1 CHAIRWOMAN OLSON: Sure. Please do.

2 MEMBER GALASSIE: So would we then see that
3 within the purview of the Chair in the future?

4 MR. MORADO: It is at the Chair's discretion
5 to outright move forward with the -- I guess you --
6 we'll call it -- the issuing of the exemption --

7 MEMBER GALASSIE: Correct.

8 MR. MORADO: -- but the Chair may, in her --
9 she may refer it to the full Board for consideration,
10 as well.

11 MEMBER GALASSIE: But doesn't necessarily
12 have to?

13 MR. MORADO: Correct.

14 CHAIRWOMAN OLSON: But there is still the
15 provision for public comment and public hearing that
16 is part of the legislation, so that piece cannot be
17 removed.

18 MR. MORADO: Correct.

19 MEMBER GALASSIE: Why is public comment or
20 public hearing coming to this Board if we have no
21 purview on the decision?

22 MR. MORADO: The Open Meeting Act covers
23 that issue, Member Galassie, and members of the public
24 are allowed an opportunity to, one, comment here at

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1 the Board meetings per the Open Meetings Act and, per
2 our own rules, are allowed to provide written comment
3 as well as comment at public hearings which are held
4 on applications if called for by anyone from the
5 public.

6 CHAIRWOMAN OLSON: Any other questions or
7 comments?

8 (No response.)

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1 CHAIRWOMAN OLSON: Seeing none, we will move
2 on to items for State Board action.

3 The first project is H-01, Project 15-038,
4 Rockford Memorial Hospital, Rockton Avenue campus.

5 May I have a motion.

6 VICE CHAIRMAN HAYES: So moved.

7 MEMBER BRADLEY: Second.

8 CHAIRWOMAN OLSON: Wait. We have to take
9 these separately; right? We can't --

10 MS. MITCHELL: Yes, you have to take them
11 separately.

12 CHAIRWOMAN OLSON: So we're going to take
13 the motions separately, but we would ask the
14 Applicant -- are you doing -- can you do one
15 presentation for all three?

16 Thank you.

17 Okay. So the first motion is -- may I have
18 a motion to approve Project 15-038, Rockford Memorial
19 Hospital, Rockton Avenue campus, to discontinue
20 services at an acute care facility.

21 May I have a motion.

22 MEMBER BRADLEY: So moved.

23 CHAIRWOMAN OLSON: And a second, please.

24 VICE CHAIRMAN HAYES: Second.

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1 CHAIRWOMAN OLSON: The second motion, may
2 I have a motion on Project 15-039, Rockford Memorial
3 Hospital, Riverside Boulevard campus to establish an
4 acute care facility.

5 May I have a motion.

6 MEMBER GALASSIE: So moved --

7 MEMBER BRADLEY: Second.

8 MEMBER GALASSIE: -- motion.

9 CHAIRWOMAN OLSON: The third one is
10 Project H-03, 15-040, Rockford Memorial Hospital,
11 Riverside Boulevard MOB.

12 May I have a motion to approve
13 Project 15-040, Rockford Memorial Hospital Riverside
14 Boulevard MOB, to establish a medical office building.

15 MEMBER BRADLEY: So moved.

16 VICE CHAIRMAN HAYES: So moved.

17 CHAIRWOMAN OLSON: And a second?

18 MEMBER JOHNSON: Second.

19 CHAIRWOMAN OLSON: Mr. Constantino, may we
20 have your report.

21 MR. CONSTANTINO: Thank you, Madam
22 Chairwoman.

23 The Applicants are proposing to discontinue
24 open-heart category of service, cardiac cath, cardiac

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1 service, 35 ob beds, 35 pediatric beds, and a 46-bed
2 neonatal intensive care service at the Rockton Avenue
3 campus. They're also proposing to modernize specific
4 services at this campus.

5 The anticipated project cost is
6 approximately \$10 million. The anticipated completion
7 date is June 30th, 2020.

8 We also received comments on this report
9 that I've distributed to you here this afternoon and
10 earlier in e-mails.

11 CHAIRWOMAN OLSON: Will the Applicant at the
12 table please be sworn in.

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

15 (Nine witnesses sworn.)

16 THE COURT REPORTER: Thank you.

17 CHAIRWOMAN OLSON: Comments for the Board?

18 MR. BEA: Good afternoon, Madam Chair,
19 members of the Board. I'm Javon Bea, president and
20 CEO of MercyRockford Health System. I'd like to
21 introduce our table of participants.

22 We have Honey Skinner to my right from
23 Sidley Austin; Jack Axel from Axel & Associates; then
24 we have Dan Parod, who is the chief operating officer

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1 at Rockford Memorial Hospital for the last 22 years.

2 We've got John Hanley from Ziegler
3 Financial; Matt Sanders with A. E. Kahn architectural
4 and engineering firm; Dr. Jason Bredenkamp, who is the
5 president of Rockford Memorial medical staff and an
6 emergency department physician for the last 15 years.

7 Then we've got Dr. Gene Gulliver, an
8 invasive cardiologist for the last eight years, and
9 Dr. Dennie Rogers, who's the medical director of our
10 women's perinatal high-risk center.

11 Since the unanimous approval by this Board
12 of the merger of Mercy Health System and Rockford
13 Health System in December of 2014, we really have gone
14 through an in-depth analysis asking ourselves some
15 tough questions about how we can improve service to
16 our broader community of southern Illinois -- or
17 excuse me -- northern Illinois and southern Wisconsin.
18 We've also decided to really look into how can we
19 improve access to services, given the fact that we
20 have serious responsibilities designated by the State
21 of Illinois for the 11 counties of northern Illinois,
22 especially for our high-risk mothers and the perinatal
23 and high-risk neonates.

24 As a result of, really, many, many months of

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1 analysis and as well as including A. E. Kahn, who is
2 one of the largest architectural and engineering firms
3 in the United States, to look at Rockford Memorial's
4 facilities and then working with Ziegler Financial and
5 Moody's bond rating agency to look at our capabilities
6 and our alternatives for financing, we really came up
7 with two very important conclusions.

8 One is that the Rockford Memorial campus,
9 the Rockford Memorial Hospital, is in severe need of
10 complete renovation or replacement, especially of the
11 60-year-old building.

12 And, two, we needed to improve accessibility
13 for the 14 hospitals in northern Illinois. But the
14 additional -- we actually have 40 hospitals in
15 multispecialty physician clinics that refer high-risk
16 mothers and high-risk babies to us.

17 And so the accessibility on the far west
18 side of Rockford, as congregate -- as concentrated as
19 Rockford's become, it has been very difficult for
20 people to get to, and this has been attested to by
21 some of our referring hospitals.

22 So taking all of this into account, we then
23 had to look at it and say "What do we do?" because
24 we're absolutely committed to our 130-year history on

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1 the west side of Rockford and to our mission there.
2 We have -- we serve 38 percent Medicaid and charity
3 care. 38 percent.

4 To put that in perspective, the next
5 highest -- our charity care alone is 7.1 percent. The
6 next highest in Rockford is 3 1/2 percent. We serve
7 31 percent Medicaid, which is not only the highest in
8 Rockford but the highest outside of Cook County.

9 So in order to be able to carry on that
10 mission, we said, "How are we going to stay true to
11 where we've been on Rockton Avenue and then how are we
12 going to go forward in this really tough environment
13 and be more accessible for all the hospitals that
14 refer to us?"

15 And the three applications that you have
16 before you today really accomplishes this. What we're
17 proposing is to take only our existing services that
18 we currently offer at Rockton Avenue and split them
19 between two campuses, land that we've owned on I-90
20 and Riverside for 20 years, since 1998, and then, as a
21 result of that, we would not in any way cause any
22 duplication. So we're only working within our
23 existing services, not adding any new services.

24 The second application proposes a relocation

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1 of most of our critical care services -- or many of
2 our critical care services -- to land that, as I said,
3 we've owned on Riverside and I-90.

4 The distance between the two campuses --
5 I just timed it again this morning for a multiple
6 time -- is 15 minutes, almost right on the money, by
7 car, and it's less than 8 minutes by ambulance.
8 I know the State agents refer to the fact that it's
9 10 minutes between the two campuses.

10 The third application proposes a medical
11 office building at Riverside and I-90 just to house
12 the perinatologist, the neonatologist, and the
13 subspecialty pediatric physicians who will serve the
14 pediatric intensive care units, the open-heart
15 surgeons, and the neurosurgeons. Most of our other
16 primary care and specialty physicians will remain at
17 the Rockton Avenue campus.

18 I think, if you look at our application, it
19 absolutely documents our strong commitment to the west
20 side of Rockford. We're going to continue to offer a
21 true hospital. Today the length of stay is so short
22 and only the sickest of the sick get into a hospital
23 bed. With 94 medical/surgical ICU and acute mental
24 illness beds remaining at Rockford Memorial, that's a

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1 rural hospital, and along with we're maintaining full,
2 comprehensive emergency services.

3 We're going to be taking our 27 emergency
4 patient rooms that we have right now, leaving 17 at
5 Rockton, and moving 10 to Riverside, and that split
6 was based upon the zip codes where our patients come
7 from.

8 But by moving the 10 to Riverside, it's now
9 going to give us the available space to upgrade the
10 17-room emergency room into what it should be,
11 state-of-the-art, instead of a very antiquated
12 facility.

13 In addition, we're going to be leaving full
14 laboratory services, X-ray imaging, pharmacy, and all
15 other services that support a hospital at Rockton
16 Avenue.

17 We're going to also expand at Rockton our
18 convenient care center to an eight-patient treatment
19 area. If I could just go in -- because I think you've
20 heard about Level I trauma today. I think it's
21 important that we put it in perspective, and a picture
22 is kind of worth a thousand words.

23 So this pie chart -- if that's the one
24 that's up -- is that the pie chart? Yeah.

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1 So that pie chart represents
2 54,000 emergency visits in the blue that we've had at
3 Rockford Memorial Hospital in the past year. The
4 yellow slice represents the number of patients that
5 came to the emergency room that needed to see a trauma
6 surgeon in 30 minutes.

7 To put that in perspective, 1 out of every
8 10,000 patients that come to the emergency room need
9 to see a trauma surgeon in 30 minutes. So last year,
10 out of 54,000 emergency patients, 5 needed to go to
11 trauma surgery in 30 minutes, which is more than
12 enough time for the 8- to 10-minute transfer to
13 Riverside. That's number one.

14 In addition, patients need to be stabilized
15 before they can even undergo the stress of trauma
16 surgery. So the 14 other hospitals in the 11-county
17 area that refer to our trauma surgeon -- we're going
18 to be treating, according to the same protocols,
19 the patients at Rockton Avenue that the other
20 14 hospitals do.

21 They stabilize the patient and, if they need
22 to -- are going to need trauma surgery, they transfer
23 them right now to Rockford Memorial, but they'll be
24 now transferring them to the more accessible trauma

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1 surgeon on I-90. And I can just tell you, having
2 talked to some of the other CEOs in the 11-county
3 area, they said, "We wish we were only 10 minutes away
4 from a trauma surgeon."

5 I mean, they just couldn't believe that
6 there was any stress at all about the 8- to 10-minute
7 transfer from our Rockton campus to our Riverside
8 campus when some of them are an hour away.

9 We're also going to be leaving our state-of-
10 the-art cancer center at Rockton Avenue, which is
11 going to serve the entire MercyRockford system. We're
12 going to continue to employ, of course, hundreds of
13 nurses and business personnel at Rockton Avenue,
14 because new construction space is very expensive.
15 This is a very expensive project on Riverside and 90.

16 Why? Because, when you do neonatal and
17 perinatal and those most intensive services, it runs
18 over \$2 million a bed, versus you can do a normal
19 med/surg bed at around a million dollars a bed. And
20 so it's highly motivating for us to keep as many
21 services as possible at Rockton that we can.

22 The analysis has shown from A. E. Kahn that
23 we are not able to really remodel the 60-year-old
24 facility to modern standards for our intensive care

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1 services. The load-bearing walls are deficient, the
2 ceilings are too low, the wiring that's in the walls
3 of the entire building cannot accommodate new
4 technology, and the reusable space is very inadequate.

5 I think, as was mentioned by our peri -- our
6 neonatologist, every year we have to apply to the
7 Illinois Department of Public Health for a waiver just
8 to continue to operate our neonatal center because it
9 doesn't meet basic Illinois code. You've got to
10 remember this is the highest level neonatal center
11 that all 14 hospitals depend on. It doesn't even meet
12 Illinois State code.

13 When a hospital facility gets as old as
14 Rockford Memorial, especially the 60-year-old section,
15 it totally doesn't make any good, sound financial
16 sense to continue to invest capital year after year
17 because you're just pouring good money after bad.

18 The A. E. Kahn engineering study also showed
19 that, if we tried to renovate the 60-year-old facility
20 on-site, it cost us 600 million to renovate it and we
21 would still basically have a 60-year-old building,
22 versus 400 million -- 200 million less -- to build it
23 new on our land at Riverside.

24 And besides that, it isn't possible to

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1 renovate it for all the infrastructure reasons
2 I mentioned besides -- just imagine the disruptions to
3 patient care with jackhammers going off next to the
4 neonatal center. It just doesn't work.

5 A. E. Kahn's study to build new at Rockford
6 Memorial, the 60-year-old and 40-year-old sections of
7 the hospital, would be 850 to \$900 million. And
8 Moody's bond-rating agency said they would not in any
9 way support that because we wouldn't have the infusion
10 of the new revenue coming from Wisconsin, which Mercy
11 can absolutely guarantee because those patients right
12 now are directed from the wholly owned insurance
13 company, MercyCare, and MercyCare directs those
14 patients to UW and to Meriter's NICU. So why would
15 MercyCare, owned by MercyRockford Health System,
16 direct patients to UW and Meriter, at 25 to
17 \$35 million a year, instead of keeping it within our
18 own system with this facility at I-90 and Riverside?

19 And it's this new revenue, frankly, that's
20 going to allow us -- and the only way that we would be
21 able to continue offering the kind of services that we
22 will at Rockton Avenue, at 38 percent -- almost 4 out
23 of every 10 patients -- charity and Medicaid.

24 So after a variety of project scenarios that

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1 we looked at, we finally came to the conclusion that,
2 in order to meet a driving force that we had in us --
3 and that is to say that on -- where our mission's been
4 for 130 years on the west side but given the age of
5 the facility and the economic conditions, the only way
6 we could do it was to take these regional services and
7 move them to an accessible location, I-90, where we
8 could access this additional revenue from Wisconsin
9 instead of having to go to Madison.

10 And, frankly, I'll just tell you that,
11 having spent days with Moody's -- they came in from
12 New York -- they -- and John Hanley was there; he can
13 attest to this -- they said, "We would rather see you
14 build the entire hospital on I-90 and Riverside."

15 And we could get a higher bond rate if we
16 did that. We'd get an A-1 bond rating. They gave us
17 an A-3 based on our plan now, but they said it would
18 support it because of -- they know -- they've been
19 doing the bond ratings on Mercy for 25 years, and they
20 know that we can guarantee that revenue through our
21 insurance company, so they do support this project
22 very much.

23 Unlike other recent CON projects approved by
24 the CON Board, we've elected not to abandon our legacy

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1 hospital and just leave a convenient care center.
2 MercyRockford's similar in terms of age and lack of
3 land to the projects that have been approved by this
4 Board to move their entire hospitals, which the CON
5 Board approved, I think recently at St. Elizabeth's
6 Hospital in Belleville, Sherman Hospital in Elgin, and
7 Silver Cross Hospital in Joliet, where they moved
8 their entire campus to another location for highway
9 access due to age, obviously, of the facilities.

10 Unlike these projects, though, as I said,
11 we're going to be keeping -- this -- all the services
12 that we possibly can at Rockford Memorial, which
13 includes 94 inpatient beds, a whole array of
14 outpatient surgery and services. We're going to be --
15 we'll have the space now to upgrade our outpatient
16 surgery. Right now, frankly, if you go into the
17 outpatient surgery, it's like something out of the
18 1950s.

19 You should go into a room that has a glass
20 front for the nurses to see, with Internet and a
21 television, while you're recovering for 8 to 10, 12,
22 14 hours after outpatient surgery. What you've got is
23 cubicles with curtains. I mean, it's just -- it
24 truly -- but we don't have the room.

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1 But by offloading some of these services to
2 the second campus, we'll now be able to upgrade our
3 ambulatory surgery, our emergency room at
4 Rockton Avenue to modern standards.

5 Again, it would have been very easy,
6 I think -- I know it would have been easy -- some
7 people said, "Why don't you just apply for a
8 certificate of exemption and shut down the Rockton
9 campus and then propose to build at I-90 and
10 Riverside?" But that's not where our heads are at,
11 where our mission is at.

12 We're very, very highly committed to the
13 west side, and I'm going to tell you right now it's
14 personal for me. It is. I'm a driving force in this.

15 And it's personal because I grew up on the
16 west side. I grew up poor. I'm one of 12 children.
17 I grew up in a little house with three bedrooms and
18 one bathroom for all 14 of us. My father never made
19 over \$12,000 a year in his life.

20 And my saving grace was getting a job at
21 Rockford Memorial when I was in high school in
22 housekeeping, and that's where I got my interest in
23 health care, was mopping the floors in the emergency
24 room and radiology, then in physical therapy.

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1 I still didn't think I was going to be able
2 to pull it off in going to college financially, and
3 then the Rockford Memorial Auxiliary gave me a
4 scholarship that allowed me to go to Northern Illinois
5 University, and I've been in health care ever since.

6 So, yeah, it's -- it is definitely personal
7 for me, and I've been driving to stay on Rockton
8 Avenue, but it's this plan that's going to make it
9 viable for us to stay there and continue our mission
10 there.

11 I just want to also express the fact that we
12 haven't just come up with some vision and drove it.
13 We've been working with the community all year long.
14 We've had numbers of meetings with all -- everybody
15 you can think of and multiple meetings because health
16 care's complicated.

17 You know, as, really, a response to the
18 community, two significant events occurred, I think.
19 Number one, our board unanimously approved a
20 \$50 million commitment over the next 10 years to
21 improve in the 40-year section of the hospital so we
22 can continue to keep hospital services at
23 Rockton Avenue. And that was -- that commitment has
24 been signed unanimously by all board members, and that

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1 was in direct response.

2 You heard some of the ministers and others
3 testify today that what -- they wanted to see that
4 rate commitment.

5 You heard Mayor Morrissey -- excuse me; I've
6 got too many names -- Mayor Morrissey attest to the
7 fact that we're going to have great commitment
8 documents with the City of Rockford attesting to our
9 commitment to the City, to our obligations at the
10 Rockton Avenue campus.

11 And then I think, in addition, our board
12 committed to making available 200,000 square feet on
13 the Rockton Avenue campus, which is the old Rockford
14 Clinic building, and making that available to the
15 community for nonprofit agencies and economic
16 development to help spur economic growth on the west
17 side, which is very much needed. And then we're going
18 to form a community advisory board that's going to
19 advise the board on how to repurpose that space and
20 what services that will go in there in order to better
21 promote growth on the west side of Rockford.

22 But over the last five years, Rockford
23 Memorial has lost \$47.6 million, and that's from
24 operations. And we cannot continue to bleed

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1 \$10 million a year from operations. That's the
2 only -- operations is the only number that we can have
3 any kind of influence over to be good operators. We
4 can't have any influence at all, ultimately, over the
5 stock and bond market on the foundation's investments,
6 the Rockford Memorial Foundation's investments.

7 And the fact of the matter is I would
8 compare it to trying to raise a large family on a
9 savings account as opposed to having an annual income.
10 It just wouldn't -- it isn't possible. You've got to
11 have, at the end of the day, overall, your operating
12 income exceed your expenses or you're eventually going
13 to go out of business.

14 I think I've already shared with you the
15 high level of commitment that we made in Rockford, and
16 I would just like to, I guess, summarize the fact that
17 we are committed to the west side. We're leaving a
18 full comprehensive emergency room, a whole array of
19 comprehensive adult and med/surg beds, ICU beds, as
20 well as acute mental health beds. We're also going to
21 be leaving the bulk of our primary and specialty
22 physicians. And so it really is, you know, a full,
23 comprehensive service.

24 One other suggestion I'd like to make is, in

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1 response to input from our community, we're offering a
2 free shuttle service for our patients and relatives
3 between the two campuses. So we're absolutely
4 committed to the Rockford community and to our west
5 side.

6 Before I turn the mic over to Jack to
7 address the findings from the State agency report,
8 I just want to say that we're proud and grateful for
9 the hundreds of individuals and organizations who have
10 written letters of support, who have spoken in favor
11 of our project, and the 7,100 individuals who signed
12 our petition, 5,000 in time for the October 20
13 submission to the Health Facilities Board and another
14 2,170 since.

15 At the public hearing way back in early
16 September -- September 17th -- we had 114 people who,
17 out of their day, showed up to speak in favor of the
18 project and only 14 against so -- and then I think you
19 could tell this morning that we've had strong
20 bipartisan support from the Rockford, Winnebago, and
21 Boone County officials, as well as broad-based
22 bipartisan support from over a hundred community
23 organizations.

24 The last thing I'd like to mention is that

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1 Kishwaukee Hospital in DeKalb, who refers patients to
2 us, wrote a letter of support; KSB Hospital in Dixon,
3 Rochelle Community Hospital in Rochelle also wrote
4 letters of support; and Lurie's Children's Hospital of
5 Chicago, who we have a transfer agreement with for our
6 tertiary care of children, services that we cannot
7 treat, wrote a letter of support.

8 I think that attests to -- itself -- the
9 fact that this would bring a strong economic infusion
10 to the Rockford community at a very important time.

11 I want to emphasize one other thing. Our
12 plan calls for distributing just our existing services
13 between the two campuses and not adding any new
14 services. I think you've heard this morning, as well,
15 that we're going to create over 1500 new jobs in
16 trades, health care, and other medical professionals
17 as a result of the new infusion from Wisconsin
18 revenue, the volume of patients coming.

19 So these applications do represent a major
20 improvement, quality facilities, and high technology,
21 especially for the high-risk neonatal and high-risk
22 mothers and people needing open-heart and brain
23 surgery.

24 Now I'd like to request Jack Axel to please

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1 respond to the findings in the staff reports.

2 MR. AXEL: Thank you, Mr. Bea.

3 I will be addressing all three applications.

4 Project 15-038, addressing the existing
5 hospital building, was found to be noncompliant with
6 four criteria, which collectively address three
7 issues.

8 First, Criterion 1110.130 was cited because
9 the proposed relocation of NICU and ICU beds to the
10 Riverside site is technically viewed as a
11 discontinuation. In actuality, simultaneous to the
12 discontinuation of the NICU beds, which are the only
13 NICU beds in the area, a new NICU at the Riverside
14 site will be established, so there will be no lack of
15 NICU beds in the area.

16 Similarly, 26 ICU beds will be established
17 at the Riverside site concurrent to the
18 discontinuation of 28 ICU beds on the existing
19 Rockton Avenue site. Last year, by the way, the
20 planning area's ICU beds operated at only 54.6 percent
21 occupancy.

22 Second, Criterion 1110.234(a), which
23 addresses square footage, was cited as being
24 noncompliant. The negative finding was the result of

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1 our decision not to incur the costs required to reduce
2 the square footage of the existing surgical suite
3 imaging department, PACU, and ICU.

4 Rather, we will simply close down 6 ORs,
5 9 imaging rooms, 7 ICU beds, and 16 PACU recovery
6 stations and leave those functions in their existing
7 locations. As you can imagine, the cost associated
8 with repurposing portions of those areas -- and
9 particularly the surgical suite and the imaging
10 department -- support this approach.

11 Third, Criterion 1110.234(b) and 1110.530(e)
12 relating to the number of medical/surgical beds to
13 remain on the Rockton Avenue campus were found to be
14 in noncompliance with staff calculating that too many
15 beds are being kept on the Rockton Avenue campus.

16 Our decision to keep 70 med/surg beds on
17 that campus was based on our commitment to the west
18 side, and the calculating of the number of beds to
19 remain on the campus was really very simple. Our
20 facility consultant, A. E. Kahn, evaluated the
21 potential for continued use of the existing patient
22 units. They determined that three of the
23 nine existing units could reasonably be used for an
24 extended period of time, and we calculated the

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1 capacity of those units to be the 70 beds that we are
2 proposing.

3 In regard to Project 15-039, which addresses
4 the hospital building on the Riverside campus, this
5 project is compliant with every 1110 -- or excuse
6 me -- with every Part 1120 and Part 1130 criteria and
7 every single criterion related to square footage and
8 virtually every criterion addressing the services to
9 be provided.

10 Four issues on this project were
11 addressed -- were raised by your staff. First, we've
12 been found to be in noncompliance with two criteria
13 because of the existing overbedding and low occupancy
14 rates in the planning area. Those criteria were
15 1110.530(c) and 530(d). Obviously, we are not
16 contributing to the overbedding. In fact, we are
17 proposing a reduction of 109 beds.

18 Second, we've been found to be in
19 noncompliance with two criteria relating to the
20 establishment of an open-heart surgery program, those
21 being Criteria 1110.1230(b) and (c). We've had a
22 highly successful program for years, and our outcome
23 numbers are among the best in the area. But because
24 we are concurrently discontinuing service at the

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1 Rockton Avenue site while we are establishing service
2 at the Riverside site, we are being reviewed against
3 standards of a newly established program.

4 Those standards include documentation that
5 200 cases have been referred to another hospital for
6 surgery following cardiac cath and certainly did not
7 contemplate the discontinuation-and-establishment plan
8 that we are approaching.

9 Obviously, as a long-established program, we
10 cannot meet the 200-referral standard, and I think
11 it's worth noting that, as documented in Section 12 of
12 the SAR, 13 of the 19 programs located within
13 90 minutes are performing fewer than 200 cases a year.

14 Clearly, we're not proposing a new program,
15 and we will be using the exact same surgeons, the
16 exact same support staff that we are using now.
17 The only difference would be a larger, more
18 contemporary OR.

19 Third, under Criterion 1110.3030(a),
20 findings were made that we support one C-section room
21 rather than the proposed two rooms and, similarly,
22 that our historical utilization supports two endoscopy
23 rooms rather than the three that we are proposing.

24 High-risk obstetrics and perinatology are

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1 and will continue to be cornerstones of the women's
2 and children's programs offered by Rockford Memorial,
3 and we regularly receive referrals from throughout the
4 region. Last year we delivered 1500 babies.

5 The standard of care to make -- the standard
6 of care is to make a minimum of two C-section rooms
7 available so that, when the second mom needs one, it's
8 available for her.

9 As Dr. Goyal down the right field
10 line explained at the last meeting in conjunction with
11 an identical finding on another project, the equipment
12 and staff needed for a C-section render the surgical
13 suite to be an inferior alternative to a second
14 C-section room.

15 In terms of endoscopic rooms, as this Board
16 is more than aware, endoscopy and, more particularly,
17 colonoscopy volumes are increasing rapidly. The
18 negative findings on the services is based on
19 historical utilization only. Our year-to-date
20 utilization documents a 27.4 percent increase in
21 endoscopies since 2013. Clearly, that third room will
22 be supportable before the project is completed, and
23 not including the third endoscopy room will be
24 shortsighted, given the utilization trends.

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1 Fourth, we are not in compliance with
2 Criterion 1110.234(b) and 1110.5030(g), which address
3 the number of beds we are proposing. We're proposing
4 that a total of 154 med/surg beds be provided on
5 the two campuses compared to our current complement
6 of 223.

7 Our proposed bed complement is based on our
8 historical utilization. The 84 beds that we are
9 proposing on the Riverside campus are the 154 beds
10 less the 70 that we can continue to operate on the
11 Rockton Avenue campus. The 20 proposed obstetric beds
12 represent the minimum number to remain compliant with
13 the obstetric standard in Criteria 1110.5030. It's
14 based on historical utilization -- excuse me -- and is
15 based on historical utilization that supports 19 beds.

16 And the anticipated referrals in the area of
17 high-risk obstetrics, which are increasing rapidly,
18 will draw referrals from Wisconsin that are now going
19 to Madison. In total, again, we will be eliminating
20 109 beds.

21 Criterion 1110.530(g) calls for a minimum of
22 a hundred med/surg beds in a hospital located in a
23 metropolitan statistical area. We will be operating a
24 total of 154 med/surg beds on the two campuses, and

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1 those two campuses will be operated under a single
2 license. Only 84 of the 154 beds will be located on
3 the Riverside campus, thus triggering the negative
4 finding.

5 Had we elected to move an additional 16 beds
6 from the Rockton Avenue campus to the Riverside campus
7 simply to be in compliance with this criterion, we
8 could have done so, but we would have added
9 approximately \$11 million in project cost and
10 diminished our presence on the west side.

11 Finally, as related to Project 15-040, which
12 is the medical clinics building proposed on the
13 Riverside campus, we are found to be in compliance
14 with every criteria related to that project.

15 Thank you.

16 MR. BEA: Thank you, Jack.

17 Well, we respectfully request your support
18 for these very important applications, and I think now
19 we'd like to open up to questions that you may have,
20 respond to any questions.

21 CHAIRWOMAN OLSON: Thank you.

22 Questions from the Board?

23 (No response.)

24 CHAIRWOMAN OLSON: I have what maybe is a

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1 clarification question. I just want to be sure I got
2 the operating loss versus gain net number because
3 there was an accusation that it was an actual gain,
4 not a loss.

5 You're attesting to the fact, under oath,
6 that Rockford Memorial experienced a \$47.6 million
7 loss?

8 MR. BEA: Over five years.

9 CHAIRWOMAN OLSON: Five years?

10 MR. BEA: Right. From operations. That's
11 the important point, from operations. The gain would
12 have been -- if you know, the market has been strong,
13 and so there is a foundation endowment, for the
14 Rockford Memorial Foundation endowment, and a lot of
15 that foundation is restricted funds. But that loss or
16 gain from the foundation does show up under the
17 hospital's financials.

18 But, again, as I said, a hospital has to be
19 able to count on its operations because, as you know,
20 when the market drops for years at a time, that
21 foundation that -- that profit that the foundation
22 showed the last few years with the market up while the
23 Federal Reserve was at zero, that can flip on a dime
24 and you could find that being a severe loss. So

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1 our -- we're attesting to a 47.6 million loss from
2 operations.

3 CHAIRWOMAN OLSON: And another
4 clarification. I think I probably know the answer to
5 this one, but I'm going to ask it anyway.

6 There was testimony that currently the
7 Rockford Memorial campus does not meet all ADA
8 standards for accessibility. I'm assuming in the
9 renovation -- and I think you're held to that by
10 law -- any remodeling that's done on the west-side
11 campus will meet ADA accessibility.

12 MR. BEA: That's correct, Chairman. We --
13 Chairperson. I'm sorry.

14 We --

15 CHAIRWOMAN OLSON: I've been called worse.
16 Don't worry.

17 (Laughter.)

18 MR. BEA: Yeah, we -- the work -- the
19 40-year section -- the 40-year section is built to --
20 as the ADA grant person commented -- is in better
21 shape. And we still have some upgrading to do there
22 for the ADA standards, but it would be brought up to
23 standards.

24 CHAIRWOMAN OLSON: And then, finally, much

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1 has been made about care of stroke patients, the
2 transfer from the west side to the east side.

3 And I believe -- I just want to clarify --
4 the doctor that testified said there's a 30-minute
5 window once the patient's stabilized, that it takes
6 time to set up to get that patient into the Level I
7 trauma center.

8 So we don't have concerns about stroke
9 patients, particularly with stroke?

10 MR. BEA: I'm going to actually let maybe
11 one of the physicians -- maybe Dr. Bredenkamp could
12 respond to that.

13 I wasn't sure if that was regarding the --
14 was it regarding stroke or was it regarding the
15 cath --

16 DR. BREDEKAMP: I think it was stroke.

17 MR. BEA: I think -- was that -- no, that's
18 been talked about from the opposition about cath
19 but --

20 CHAIRWOMAN OLSON: No, this said --

21 MR. BEA: Was it stroke?

22 CHAIRWOMAN OLSON: This gentlemen said that
23 he, as a doctor, had no concerns because, in order to
24 get somebody in for --

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1 MR. BEA: Oh, yes. The -- yes. The
2 neurologist, he's our epileptologist. Yes, he's an
3 epilepsy expert, and he works -- but I think I still
4 would like to refer that to Dr. Bredenkamp if I could.

5 DR. BREDENKAMP: Hello, everyone. My name
6 is Jason Bredenkamp. I am the associate director for
7 emergency medicine at Rockford Memorial Hospital as
8 well as the president of the medical staff.

9 I've been a board-certified emergency
10 physician since 2000, and I've been at Rockford
11 Memorial Hospital since 2001.

12 And in regards to your question about stroke
13 treatment, stroke treatment is, for the most part,
14 administered by emergency physicians. A patient comes
15 in, meets criteria for an ischemic stroke, we
16 administer a medication called TPA, which is a
17 clot-buster, and then disposition the position to the
18 appropriate final unit, whether it's ICU, whether it's
19 to an interventional unit. But the treatment for
20 acute stroke is done in a timely fashion by the
21 emergency physician.

22 CHAIRWOMAN OLSON: So where I live in
23 Rochelle, I would be treated in my emergency room and
24 then transferred to a facility once I was given this

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1 TPA if I had a stroke?

2 DR. BREDENKAMP: Yes, ma'am.

3 CHAIRWOMAN OLSON: And then, Mike, I just
4 want to clarify -- with you or Juan, either one.

5 Because of the new rule, the new law -- not
6 rule, law -- that was passed in July of this year,
7 MercyRockford Memorial could have come in today with
8 an exemption request to close the west-side hospital
9 and, had they submitted all the necessary paperwork,
10 that would have been a done deal?

11 MR. CONSTANTINO: They had that option, yes.

12 CHAIRWOMAN OLSON: Thank you.

13 Other questions from Board members?

14 Doctor.

15 MEMBER GOYAL: My name is Arvind Goyal, and
16 I represent, ex officio, the Medicaid program, also
17 called Health Care and Family Services.

18 So my question is very specific. I need to
19 preamble that by saying my business school education
20 taught me that, if you are losing money in operations,
21 you will not be in business too long.

22 MR. BEA: There you go.

23 MEMBER GOYAL: Prefacing that, I want to ask
24 you a very straight question at my level, which is,

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1 would we expect Medicaid patients -- which now not
2 only include high-risk pregnancies, 55 percent in this
3 state, children, 55 to 60 percent in this state -- and
4 additional services, including new adult -- childless
5 adults if they were -- you know, where Federal
6 government is subsidizing a whole lot -- and in the
7 new managed care environment.

8 What services would people living on the
9 west side of Rockford -- and this is the first time
10 I know the difference -- would lose by you moving part
11 of your operations to 90 and Riverside? And if you
12 can educate me on that, that would be very
13 appreciated.

14 MR. BEA: I'd like to open it up to others
15 at the table.

16 My overall response to you is the people on
17 the west side are not going to lose any services. We
18 are taking our existing services and splitting the
19 most intensive services eight minutes away. There's
20 academic centers that, you know, could be easily that
21 far, 8 to 10 minutes away.

22 But the people on the west side -- this is
23 my belief and I've argued this a lot over the
24 last year when there were many that thought Rockford

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1 Memorial should just be shut down -- is that I would
2 rather offer all of the primary and normal specialty
3 services and all the support services possible right
4 on the west side. But if somebody needs that
5 open-heart surgery, they need the brain surgery, the
6 neonate, they're a high-risk mother, we're going to
7 have state-of-the-art facilities for them, the people
8 of the west side, 8 to 10 minutes away.

9 I mean, to me, that's the best of all
10 worlds. They're not going to lose anything.

11 MEMBER GOYAL: So would they lose access to
12 their primary care?

13 MR. BEA: No, no, no. No, no. Excuse me.
14 That's the point. There's so much misconfusion.

15 The only physicians that are going to be
16 based at Riverside and I-90 are the perinatologists,
17 the high-risk neonates, the -- or the high-risk
18 monitoring, right down at the end of the table,
19 Dr. Rogers.

20 The neonatologists, the cardiothoracic
21 surgeons, the neurosurgeons, and some of those
22 high-level specialists will be there, and they're even
23 going to have offices part-time at Rockton Avenue.

24 Most people wake up and they go to see their

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1 internist, their family practitioner, their
2 cardiologist, their ob-gyn. They're all going to be
3 at Rockton Avenue still.

4 MEMBER GOYAL: Thank you very kindly.

5 MR. BEA: Sure.

6 CHAIRWOMAN OLSON: Other questions from
7 Board members?

8 MEMBER JOHNSON: For clarity --

9 CHAIRWOMAN OLSON: Mr. Hayes.

10 MEMBER JOHNSON: Mr. Hayes, go ahead.

11 VICE CHAIRMAN HAYES: Madam Chairwoman,
12 thank you.

13 I noticed that on -- your operating income
14 for 2014 was 1.8 million loss there, but in 2013 you
15 had a \$663,000 income in -- for operations.

16 Do you have the numbers for the next -- the
17 last five years -- in '12, '11, '10 -- off the top of
18 your head?

19 MR. BEA: I don't have -- the CFO would have
20 them right off the top of his head. That's his job.
21 But it's broken out -- I have to trust what he tells
22 me. He tells me 47.6 over the last five years. It's
23 broken up differently between the years based upon,
24 you know, the operations that year. But I'm sorry,

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1 Mr. Hayes. I don't have them right offhand, but
2 I could ask him to respond to you, if you'd like.

3 VICE CHAIRMAN HAYES: Well, I -- one thing
4 is that -- first, I'd like to ask -- you know,
5 basically, between '13 and '14, you went from a gain
6 of about 700,000 -- or 650,000 -- to, you know, a loss
7 of 1.8 million.

8 MR. BEA: Some of that can happen with
9 things like installation of EPIC medical record.
10 There are events that occur at any given time
11 from year to year that can cause -- when you're
12 operating so close to the margins, so to speak, it
13 doesn't take much of a change to cause that to go into
14 the red because we don't have what the finance people
15 call financial altitude.

16 So we can very easily drop into the red
17 with, you know, some needed operational change or
18 system or what have you.

19 And for that matter -- you know, again, the
20 term within the neonates world -- and I don't like
21 this term; Jack doesn't like me using it but -- the
22 proper medical term is a "bad baby," you know, is a
23 baby who's a neonate, and those babies can run into
24 the millions of dollars.

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1 And so you can -- when I told you that we
2 can move 25 to \$35 million from MercyCare Insurance
3 Company to I-90, somebody said to me, "Why that
4 swing?"

5 And I said, "Because just five or six bad
6 babies in a year can have a \$10 million swing."
7 That's how expensive those neonate baby cases are.

8 So there is -- when you're in the high-level
9 intensive services like we're sharing with you, you
10 can have swings pretty easy, but it's not good for any
11 health system to be operating that close to the margin
12 with no cushion like we've been operating for
13 many years at Rockford Memorial.

14 VICE CHAIRMAN HAYES: Well, one more before
15 we -- do you have your finance person -- vice
16 president of finance?

17 MR. BEA: Yes.

18 VICE CHAIRMAN HAYES: Okay. But one more
19 question is that on -- you know, you've met -- talked
20 quite a bit about the Rockton Avenue campus here and
21 its -- the ability to keep that and have services
22 there.

23 You know, it still seems like, obviously,
24 you would -- if you closed the Rockton Avenue campus,

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1 you would have a significant amount of cost savings
2 associated with that. Is that correct?

3 MR. BEA: Yes.

4 VICE CHAIRMAN HAYES: Okay. Did you ever
5 estimate that?

6 MR. BEA: Yeah, we did, from Moody's. But
7 that's not where we want to go. We don't want to
8 close down our services there. I mean, we could. If
9 we closed down Rockton Avenue and just built at
10 Riverside, then we would scale things down
11 accordingly.

12 And, you know, it wouldn't be 900 million --
13 I don't know what it would be but -- what we tried to
14 do was say, "What's been our patient volume?" and
15 "Where have our patients come from?" and "How do we
16 scale our services to continue to meet that patient
17 volume?"

18 And we didn't even figure into the
19 calculation, but we know that to help justify the cost
20 for these high-level specialties at I-90 is where
21 these MercyCare referrals will help, you know, make
22 this project solid.

23 I can just tell you that Moody's bond rating
24 agency, after going through exhaustive analysis, came

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1 to the same conclusion, that -- and, frankly, if we
2 didn't have the -- and they know because, again,
3 they've been rating the bonds of Mercy for 25 years.
4 They know that MercyCare Insurance Company can direct
5 those patients where they want.

6 So with that infusion, they said that puts
7 us over the edge into a very viable project. But if
8 that revenue hadn't come in from Wisconsin, I'm not
9 sure that they would have deemed this to be viable and
10 given us an A-3 rating.

11 VICE CHAIRMAN HAYES: Okay. Can I ask the
12 VP of finance about the operating income for '12,
13 '11, '10?

14 MR. BEA: Sure.

15 VICE CHAIRMAN HAYES: Do you have that?

16 MR. BEA: He's going to have to be sworn in.

17 CHAIRWOMAN OLSON: Yeah, he'll have to be
18 sworn in.

19 Would you please be sworn in first.

20 MR. SEYBOLD: Sure.

21 THE COURT REPORTER: Would you raise your
22 right hand, please.

23 (One witness sworn.)

24 THE COURT REPORTER: Thank you.

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1 VICE CHAIRMAN HAYES: Yeah. We're looking
2 at the operating income for fiscal year -- for
3 December 31st of 2012, '11, and '10.

4 MR. SEYBOLD: Yes. My name is Henry
5 Seybold.

6 At this point in time, I don't have those
7 exact figures -- maybe I do. I was just frantically
8 going through my e-mails trying to find the right
9 number for the right years. And we have it for 2014
10 and 2013.

11 What Mr. Bea said is exactly correct, that,
12 when you live on such a tight line, that you can have
13 one patient make a huge difference in those numbers.
14 If the Board really is looking for those numbers,
15 I can go out and make a quick phone call and have that
16 information in three minutes.

17 VICE CHAIRMAN HAYES: Well, no. I think
18 that -- you don't have it right there, so I'm not
19 going to --

20 MR. SEYBOLD: That's the one piece of paper
21 we didn't bring.

22 VICE CHAIRMAN HAYES: But you said -- you
23 mentioned in the last five years, the operating
24 income, you've lost, what, 10 or 11 million?

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1 MR. SEYBOLD: We've lost \$47 million over
2 the last five years from operations, yes, sir.

3 VICE CHAIRMAN HAYES: Okay. And this is
4 because of -- did you ever make a profit over the last
5 five years in --

6 MR. SEYBOLD: In the last five years --

7 VICE CHAIRMAN HAYES: -- in operating
8 income?

9 MR. SEYBOLD: In the last five years, I do
10 not believe we made it in operating income, no, sir.
11 Except for -- I think it was 2013. We might have made
12 a very small profit, 650.

13 VICE CHAIRMAN HAYES: Okay. And then my
14 final question, I notice that you're going to
15 discontinue the PET scan.

16 Is that correct?

17 MR. AXEL: Thank you for that question,
18 Mr. Hayes.

19 In actuality, PET scan services are provided
20 to Rockford Memorial Hospital patients through an
21 outside vendor off campus. That's an error saying
22 that we do have it in the hospital. And that will
23 continue to be the method of delivery.

24 VICE CHAIRMAN HAYES: Okay.

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1 MR. AXEL: It's a contracted service.

2 VICE CHAIRMAN HAYES: Okay. Thank you.

3 CHAIRWOMAN OLSON: Mr. Johnson.

4 VICE CHAIRMAN HAYES: That's it.

5 MEMBER JOHNSON: Thank you. Just a question
6 for clarification.

7 The MercyCare and the revenue that would be
8 directed to the new campus, is that related to the
9 specialty services that will be offered? And what
10 precludes the MercyCare revenue to be directed to the
11 hospital currently for some of the services you
12 provide now?

13 MR. BEA: You know, it's really a matter of
14 trying to send patients from MercyCare. And we have
15 sent some, but we -- and, frankly, when you walk into
16 the neonatal center at Rockford Memorial, patients --
17 it's not a place a lot of patients would want to go
18 with their babies.

19 And a lot of it has to do with that they can
20 drive 20 to 30 minutes to I-90 and Riverside, but to
21 drive the rest of the way -- or even 20 minutes. It's
22 just a -- I guess you might say it's psychological.

23 Is it impossible? It's not impossible.

24 Would we lose subscribers because of subscribers

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1 balking? We probably would.

2 But if we ordered one of our current
3 subscribers to go to Rockford on the west side, they
4 may go if they could handle the capacity. But we feel
5 we'd get a tremendous amount of resistance where we
6 wouldn't get a lot of resistance at a new, state-of-
7 the-art right now on Highway 90. I mean, that's the
8 honest answer to it.

9 MEMBER JOHNSON: Okay. Thank you.

10 CHAIRWOMAN OLSON: Other questions from
11 Board members?

12 MEMBER GREIMAN: Yes, Chairman.

13 CHAIRWOMAN OLSON: Yes, Justice.

14 MEMBER GREIMAN: First, let me say that
15 today was very different. It's a rare time that we
16 hear 70 people or so talking about an issue. And the
17 70 were pretty bright. They each, on both sides,
18 expressed themselves very, very affirmatively.

19 But there was -- and when the opposition
20 people spoke --

21 CHAIRWOMAN OLSON: Justice, can you
22 speak up? They can't hear you.

23 MEMBER GREIMAN: Yes.

24 When the opposition people spoke, there was

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1 a subtle sense that they were twinged with -- racism
2 was an issue.

3 And I wondered, is there anything that you
4 heard them suggest that -- or complain about -- that
5 you could change and make them happier if you -- if
6 you kept -- you know, you got what you wanted but gave
7 them some more?

8 Is there anything --

9 MS. SKINNER: Yes. Right.

10 So, Judge, to your question, you should
11 know -- and Mr. Bea referenced this -- that this
12 project is directly a reflection of our conversation
13 with our community, so that our commitment, our
14 \$50 million commitment over the next 10 years, the
15 advisory committee that we have set up for Rockton,
16 those are all reflections of many months of constant
17 contact, outreach, and meeting with our community.

18 And the representatives who you saw before
19 you today, in addition to those who came to our public
20 hearing in September, really are a reflection of what
21 we believe is a very diverse support for what we
22 intend to do.

23 You saw -- you heard from them. They came
24 and spoke, the ministries group that, for example,

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1 came. We believe that they are invested in this
2 project because this project is a product of our
3 conversation with them.

4 And so we did not file a certificate of
5 exemption to discontinue. We never considered it in
6 our planning. Other hospital projects that you have
7 considered have done that.

8 So we come not deaf to the conversation that
9 we all heard today but very proud that this project
10 did the hard work. We spent a lot of time and a lot
11 of hard work to come up with a proposal that
12 bipartisan, in our view -- very much across the
13 board -- shows the breadth of support. It is not
14 narrow support for this project.

15 So I think in many respects that's what your
16 process is about. Your process is about bringing
17 people together, hearing, without any questions of
18 germaneness, what everyone has to say. And,
19 hopefully, an Applicant will not be deaf to its
20 community and the project you vote on reflects their
21 hard work.

22 MEMBER GREIMAN: But that's all --
23 I'm sorry. Go ahead.

24 MR. BEA: Yeah, if I could just add.

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1 So, you know, the conversation doesn't end
2 now. We already have a legal board of both Rockford
3 people and Mercy people. We've got a much larger
4 community board -- it's called the MercyRockford
5 Community Board -- which has about 24 representatives.

6 In addition, we're appointing a west-side
7 board to purposefully help us advise the board in how
8 to repurpose the 200,000-square-foot space and other
9 needs.

10 MEMBER GREIMAN: So you'll have
11 additional --

12 MR. BEA: So -- so the conversation will
13 continue, if I could just give you an example.

14 One person raised the issue about pediatric
15 psych. Well, we have psych on the west side that's
16 staying. We're going to add adolescent psych on the
17 west side. If you get down into children's psych,
18 that's something that we -- I said to the team
19 outside, "We should evaluate and look at that" to see
20 if we have enough -- a large enough population, large
21 enough volume, to be able to justify a pediatric psych
22 unit that requires a number of other specialists to be
23 part of it.

24 And you do have to have a certain patient

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1 volume, but we're very open to continue to address
2 their concerns and their needs.

3 The conversation is not going to end now.

4 MEMBER GREIMAN: Okay. So you have -- so
5 you have -- you have ways of contacting them and
6 talking --

7 MR. BEA: Yeah. We're going to have very
8 many meetings as soon as the special board -- and that
9 board is going to be advising our community board.

10 MEMBER GREIMAN: Okay. Thank you.

11 CHAIRWOMAN OLSON: Okay. I'd like to call
12 for a roll call vote.

13 And I will ask the people in the room, when
14 people are voting when the votes are announced, let's
15 please maintain the decorum we've maintained. This
16 Board has a whole lot of work to do after this
17 project, so we'd like to get this through and get on
18 to the next one.

19 MR. MORADO: I'd also like to remind Board
20 members to please explain your votes when you cast
21 them.

22 Thank you.

23 CHAIRWOMAN OLSON: Roll call vote, please,
24 George.

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1 MR. ROATE: Thank you, Madam Chair.
2 15-038, motion made by Mr. Bradley; seconded
3 by Mr. Hayes.

4 Mr. Bradley.

5 MEMBER BRADLEY: Let me make a couple of
6 personal comments as I vote.

7 Change is hard. Demographics change;
8 economies change; health care changes. And with that
9 comes a lot of emotion, and we've seen that here
10 today, and I understand the strong feelings on both
11 sides.

12 I also personally feel that it's good to be
13 able to access out-of-state patients, and it's good to
14 see a major construction project going on in a very
15 depressed area, but those aren't the criteria that we
16 have to use in our voting.

17 And so I look at the State agency report,
18 and they look at 29 criteria in one case, and they
19 find them deficient on several. But I think we've had
20 an explanation here today of the reasons for that
21 deficiency, and I think that regulation, which is
22 often resented, should not stand in the way of
23 progress and should not stand in the way of health
24 care changing as it is changing dramatically in this

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1 country.

2 It's good to have private rooms. It's good
3 to have space for high-tech equipment. It's good to
4 be accessible. And it's much easier to do that in a
5 new building than in an old building. I think it's
6 remarkable that they are attempting to continue to
7 serve one community while moving into another
8 community and, thereby, protecting the financial
9 viability of their institution.

10 And for that reason I vote yes.

11 MR. ROATE: Thank you.

12 Senator Burzynski.

13 MEMBER BURZYNSKI: Thank you.

14 Again, our staff did have several findings.
15 And when you take a look at this project individually,
16 the three different things, you know, that -- those
17 findings are warranted. However, when you take a look
18 at the project as a whole, I believe that those issues
19 have been addressed adequately.

20 So I vote yes, as well.

21 MR. ROATE: Thank you.

22 Senator Demuzio.

23 MEMBER DEMUZIO: Yes.

24 Yes. I'd like to say that you've had some

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1 very compelling testimony today, both for and against,
2 and I think the testimony for the new facility
3 certainly outweighs some of the other.

4 But, more importantly, I want to thank you
5 all for explaining the noncompliance issues in your
6 thorough explanation. It made it a lot easier for us
7 to take a look as a whole what this process is about
8 once you're moving forward into a new facility and
9 moving forward on this.

10 So I vote yes.

11 MR. ROATE: Thank you.

12 Justice Greiman.

13 MEMBER GREIMAN: Yes. I agree with some of
14 the comments that have been made and want to suggest
15 that I hope in the future that you will follow exactly
16 that, you will be talking to the people who spoke
17 here.

18 And as I said, there was some discomfort
19 because of the subtle allusions to what the problems
20 were, but I think you've done a fine job.

21 And I vote aye.

22 MR. ROATE: Thank you.

23 Mr. Galassie.

24 MEMBER GALASSIE: Based upon comments

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1 previously made and very articulately so, I'm very
2 proud to say I will vote yes.

3 MR. ROATE: Thank you.

4 Mr. Hayes.

5 VICE CHAIRMAN HAYES: I'm going to vote yes.

6 And I understand that there are some
7 criteria that were not met, but we have a situation
8 where we are reducing the bed count and, also, the
9 ability to be able to remain on the west side of
10 Rockford as well as being able to, you know, improve
11 the financial health and the new hospital there and
12 the economic development aspects to it.

13 So I vote yes.

14 MR. ROATE: Thank you.

15 Mr. Johnson.

16 MEMBER JOHNSON: For previously stated
17 reasons but, more specifically, Justice Greiman's
18 comments on making sure that you -- hopefully -- that
19 you'll continue to listen to the voice of the people
20 and incorporate that into your plans, I'll vote yes.

21 MR. BEA: Thank you.

22 MR. ROATE: Thank you.

23 Madam Chair.

24 CHAIRWOMAN OLSON: I vote yes, as well.

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1 I believe that, contrary to some of the opposition,
2 that this project shows a huge commitment to health
3 care on the west side of Rockford.

4 My concern was that the Applicant could have
5 easily come in with an exemption request to completely
6 close down the Rockford Memorial site on Rockton
7 Avenue and there would have been nothing that this
8 Board could do to stop that.

9 For those reasons I vote yes.

10 MR. ROATE: Thank you, Madam Chair.

11 That's 8 votes in the affirmative.

12 CHAIRWOMAN OLSON: The motion passes.

13 Can we have a roll call vote on
14 Project 15-039.

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

17 Mr. Bradley.

18 MEMBER BRADLEY: This is another part of the
19 Rockford --

20 CHAIRWOMAN OLSON: Yes.

21 MR. ROATE: Yes, sir.

22 MEMBER BRADLEY: Yes. For the reasons
23 I stated earlier, I vote yes.

24 MR. ROATE: Thank you.

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1 Senator Burzynski.

2 MEMBER BURZYNSKI: Previous stated
3 reasons, yes.

4 MR. ROATE: Senator Demuzio.

5 MEMBER DEMUZIO: Yes, for the reasons stated
6 in my previous vote.

7 MR. ROATE: Thank you.

8 Justice Greiman.

9 MEMBER GREIMAN: Previous statements, I vote
10 aye.

11 MR. ROATE: Thank you.

12 Mr. Galassie.

13 MEMBER GALASSI: Same comments, yes.

14 MR. ROATE: Thank you.

15 Mr. Hayes.

16 VICE CHAIRMAN HAYES: I'm going to vote yes.
17 And based on the women's and pediatric services for
18 not only Rockford but the whole area.

19 MR. ROATE: Thank you.

20 Mr. Johnson.

21 MEMBER JOHNSON: For previously stated
22 reasons, yes.

23 MR. ROATE: Thank you.

24 Madam Chair.

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1 CHAIRWOMAN OLSON: I also vote yes.

2 And I echo Mr. Hayes' comments about the
3 PICU and the NICU. I think that's critical to the
4 entire area.

5 MR. ROATE: Thank you, Madam Chair.

6 That's 8 votes in the affirmative.

7 CHAIRWOMAN OLSON: Motion passes.

8 I'll now call for a roll call vote on
9 15-040, Rockford Memorial Hospital, Riverside
10 Boulevard, for a medical office building.

11 MR. ROATE: Motion made by --

12 CHAIRWOMAN OLSON: The Board will note that
13 there were no negative findings on this application.

14 MR. ROATE: Thank you.

15 Motion made by Mr. Hayes; seconded by
16 Mr. Johnson.

17 Mr. Bradley.

18 MEMBER BRADLEY: For the reasons stated
19 earlier and because the State agency report found all
20 criteria met, I vote yes.

21 MR. ROATE: Thank you.

22 Senator Burzynski.

23 MEMBER BURZYNSKI: I vote yes because all
24 criteria were met.

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1 MR. ROATE: Senator Demuzio.

2 MEMBER DEMUZIO: I vote yes because the
3 criteria have been met.

4 MR. ROATE: Justice Greiman.

5 MEMBER GREIMAN: I vote aye with a prayer
6 that we never have to listen to 60, 70 people again.

7 (Applause.)

8 MR. ROATE: Mr. Galassie.

9 MEMBER GALASSIE: Yes, for comments
10 previously cited.

11 MR. ROATE: Mr. Hayes.

12 VICE CHAIRMAN HAYES: Yes, for comments
13 previously cited and, also, because of the positive
14 State agency report.

15 MR. ROATE: Thank you.

16 Mr. Johnson.

17 MEMBER JOHNSON: Yes. Based on the State
18 agency report, yes.

19 MR. ROATE: Madam Chair.

20 CHAIRWOMAN OLSON: Based on the State agency
21 report, I vote yes.

22 MR. ROATE: That's 8 votes in the
23 affirmative.

24 CHAIRWOMAN OLSON: The motion passes.

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Congratulations and good luck.

MR. BEA: Thank you.

(Applause.)

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

- - -

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1 CHAIRWOMAN OLSON: The next project is
2 15-036. Would the Applicants for 15-036 please come
3 to the table.

4 And please take your celebration in the
5 hallway. Thank you very much. This Board still has a
6 great deal of business to get done today. Thank you.

7 We need to continue the meeting. Could you
8 please vacate the room?

9 Take your celebration out of the room,
10 please. We have more business to conduct.

11 MS. AVERY: Jack, get your signs.

12 CHAIRWOMAN OLSON: The Applicant will be
13 sworn in, please.

14 THE COURT REPORTER: Would you raise your
15 right hand, Ms. Ranalli.

16 (One witness sworn.)

17 THE COURT REPORTER: Thank you.

18 CHAIRWOMAN OLSON: I will note for the Board
19 that this project has no opposition and no findings.

20 Is that correct, Mr. Constantino?

21 MR. CONSTANTINO: Yes.

22 CHAIRWOMAN OLSON: Your report, please.

23 MR. CONSTANTINO: Thank you, Madam

24 Chairwoman.

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1 The Applicants are proposing to establish a
2 12-station ESRD facility in Zion, Illinois, at a cost
3 of approximately \$4.1 million. There were no
4 findings, no opposition, no public hearing requested.

5 CHAIRWOMAN OLSON: Thank you.

6 Ms. Ranalli, would you like to say anything
7 to the Board, or would you like to open it to
8 questions?

9 MS. RANALLI: Just good afternoon. I'd be
10 happy to answer questions.

11 Thank you.

12 CHAIRWOMAN OLSON: Any questions from Board
13 members?

14 MEMBER BRADLEY: Do we have a motion? Was
15 there a motion?

16 MR. ROATE: There's a motion.

17 CHAIRWOMAN OLSON: Oh, I'm sorry.

18 May I have a motion to approve
19 Project 15-036, Fresenius Medical Care, to establish a
20 12-station ESRD facility in Zion, Illinois.

21 MEMBER GALASSIE: So moved.

22 MEMBER BURZYNSKI: Second.

23 MEMBER BRADLEY: Second.

24 CHAIRWOMAN OLSON: Roll call vote, please.

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1 MR. ROATE: Thank you, Madam Chair.
2 Motion made by Mr. Galassie; seconded by
3 Mr. Bradley.
4 Mr. Bradley.
5 MEMBER BRADLEY: Based on the State agency
6 report, I vote yes.
7 MR. ROATE: Thank you.
8 Senator Burzynski.
9 (No response.)
10 MR. ROATE: He's absent.
11 CHAIRWOMAN OLSON: He left the room.
12 MR. ROATE: Okay.
13 CHAIRWOMAN OLSON: Oh, here he comes.
14 MS. AVERY: Wait -- come back to him.
15 CHAIRWOMAN OLSON: Come back to him.
16 MR. ROATE: Thank you.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes. I --
19 THE COURT REPORTER: I can't hear you.
20 I'm sorry.
21 CHAIRWOMAN OLSON: Excuse me. We're in
22 session.
23 MEMBER DEMUZIO: Yes, based on the fact
24 there's no opposition.

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CHAIRWOMAN OLSON: Did you hear her?

THE COURT REPORTER: Yes. Thank you.

MR. ROATE: Justice Greiman.

MEMBER GREIMAN: I vote aye based on the
previous material.

MR. ROATE: Mr. Galassie.

MEMBER GALASSIE: Yes, based on previous
comments.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Yes, because of the
planning area need. But I also notice that you're
basically looking at an exemption for the Federally
designated medically underserved area population, and
that, again, kind of ties our hands a little bit.

But I vote yes because of the planning area
need.

MR. ROATE: Thank you.

Mr. Johnson.

MEMBER JOHNSON: Yes, based on the findings
by the State agency.

MR. ROATE: Senator Burzynski.

MEMBER BURZYNSKI: Yes, based on the
findings.

MR. ROATE: Thank you.

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Madam Chair.

CHAIRWOMAN OLSON: Yes, based on the positive findings from the State agency report.

MR. ROATE: That's 8 votes in the affirmative.

CHAIRWOMAN OLSON: The motion passes. Congratulations.

MS. RANALLI: Thank you.

- - -

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1 CHAIRWOMAN OLSON: The next project is
2 14-041, Winchester House in Libertyville.

3 Would the Applicant come to the table.

4 Again, this project has no opposition and no
5 med -- and no findings.

6 May I have a motion to approve 15-041,
7 Winchester House, for a change of ownership.

8 MEMBER GALASSIE: So moved.

9 MEMBER DEMUZIO: Second.

10 CHAIRWOMAN OLSON: Would the Applicants be
11 sworn in, please.

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

14 (Four witnesses sworn.)

15 THE COURT REPORTER: Thank you.

16 CHAIRWOMAN OLSON: Mr. Constantino, your
17 report.

18 MR. CONSTANTINO: Thank you, Madam Chair.

19 The Applicants are proposing a change of
20 ownership of Winchester House, a 224-bed long-term
21 care facility located in Libertyville, Illinois.

22 The cost of the project is approximately
23 \$1.2 million. There was no public hearing, no
24 opposition, and no findings. The expected completion

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1 date is January 31st, 2016.

2 Thank you, Madam Chair.

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

5 MR. SHEETS: Hi. Chuck Sheets on behalf of
6 Transitional Care, the Applicants.

7 We have several people with us we'd like to
8 introduce, but we're only here to answer questions.

9 CHAIRWOMAN OLSON: Thank you.

10 MR. WALLER: Hi. I'm Ryan Waller. I'm the
11 assistant county administrator for Lake County.

12 MR. BILIMORIA: Hi. Neville Bilimoria,
13 counsel for Lake County. I'd like to thank the Board
14 for the positive staff report, culminating in this
15 project's compliance with all applicable requirements.

16 I'd also like to thank the Board for the
17 technical assistance meetings that helped us to design
18 the RFP for this project to assess the access to care
19 for all Lake County residents.

20 MR. CLOCH: Brian Cloch from Transitional
21 Care of Lake County.

22 CHAIRWOMAN OLSON: Questions from Board
23 members on this project?

24 VICE CHAIRMAN HAYES: Madam Chairman.

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1 CHAIRWOMAN OLSON: Yes.

2 VICE CHAIRMAN HAYES: Thank you.

3 I'm concerned about the -- basically -- the
4 financial viability of this project because the --
5 this Westchester house -- Winchester House -- you have
6 basically had another management company that was in
7 there, and that has been replaced by Transitional Care
8 of Lake Forest [sic].

9 And I think this is rather new that they've
10 come into the picture here. Is that right?

11 MR. WALLER: That's correct.

12 VICE CHAIRMAN HAYES: So what does the other
13 Applicant you mentioned -- the other management
14 company was -- basically failed in being able to
15 reduce the amount of costs associated with -- from --
16 or the amount of cost that Lake County was, you know,
17 paying into this facility; isn't that correct?

18 MR. WALLER: That's correct.

19 If I can elaborate, the arrangement that we
20 had, the partnership before we had with the previous
21 management company was done by State code. By law, we
22 were allowed a four-year agreement. We were up
23 against the end of that agreement.

24 As part of that agreement, though, it was

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1 our State's attorney's opinion that, as the license
2 holder for the County, the management -- the
3 management company was required to follow all the
4 policies and procedures of the County, including the
5 purchasing ordinance, so that really kind of
6 handcuffed the management company from the ability to
7 go out and work with their established relationships
8 and really improve the quality and incur the goods and
9 services that were needed at the facility, and it's
10 driving up the cost.

11 VICE CHAIRMAN HAYES: Okay. So what does --
12 Transitional Care of Lake County, how long have they
13 been in this facility and why should they have any --
14 why will they be different in their operations?

15 MR. WALLER: I'll ultimately defer to
16 Mr. Cloch on why they're -- what makes them different;
17 however, from the County's perspective, with -- the
18 reason we're seeking this CON is the -- transferring
19 the license will allow them to operate more freely,
20 away from the regulations that kind of bind the
21 County, whether it's purchasing -- but, ultimately,
22 this is -- what we're looking to do is really improve
23 and provide a new facility for the Lake County
24 residents that are there.

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1 This has been -- this has been something
2 that has been studied for approximately 10 years at
3 the County. The County Board has created an advisory
4 board dating back to 2007 of Lake County residents.
5 They've really tried to figure out how can we improve
6 the performance, how can we replace the facility,
7 provide the residents the care that they need in a
8 state-of-the-art facility.

9 VICE CHAIRMAN HAYES: Now, that opened up
10 the area of a new facility.

11 Do you expect Transitional Care to be able
12 to open up a new facility, actually go out and, you
13 know, build a new facility or rent a new facility or
14 whatever?

15 But -- do they have the ability to do that?

16 MR. WALLER: After an exhaustive RFP,
17 due diligence process, we believe that they do.

18 The County Board approved the agreement with
19 them by a vote of 19 to 2 in favor of this. That was
20 after scrutiny by the advisory board, which made a
21 unanimous recommendation up to the County Board for
22 that.

23 As part of the contract -- it is a
24 three-year contract that we entered into, and it was

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1 effective -- going back to your original question, it
2 was effective August 1st.

3 It is a contractual requirement that TCM
4 work to pursue the replacement of the -- replacement
5 facility for Winchester House, maintaining the access
6 to care for the residents of Lake County, and ensuring
7 that the folks that are in the facility now have a
8 place to go to upon opening of a new facility.

9 VICE CHAIRMAN HAYES: Now, this model of
10 the -- the costs associated with this, are they -- we
11 have 123,000 on -- or 1,236,960. And that basically
12 is just for the leasing of the facility?

13 CHAIRWOMAN OLSON: Excuse me. Could we --
14 sir, can we help you?

15 UNIDENTIFIED MALE: No. I'm just checking
16 the names.

17 MR. SHEETS: It's the value of the lease.
18 You're correct, Mr. Hayes.

19 I just want to add one thing for the people
20 on the Board that have been on this Board for a long
21 time. They probably remember how many different --
22 how many different County projects --

23 CHAIRWOMAN OLSON: Sir, I'm going to ask you
24 to have a seat, please.

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1 Thank you.

2 UNIDENTIFIED MALE: And the reason for that?

3 CHAIRWOMAN OLSON: You're distracting the
4 group.

5 UNIDENTIFIED MALE: Oh, okay. I apologize.

6 CHAIRWOMAN OLSON: Go ahead, Mr. Sheets.

7 MR. SHEETS: I've been before this Board
8 probably with six or seven different county nursing
9 home projects where they privatized their nursing
10 home.

11 It's -- over the years it's --
12 traditionally, Counties were running nursing homes
13 because there was no other access to long-term care in
14 remote areas, and that's changed over the years. And
15 now the turn is to privatize these nursing homes
16 because they're run much better in the private sector,
17 and that's just because they're not handcuffed with
18 some of the things that Ryan was talking about
19 earlier.

20 So we have a complete positive staff report
21 on the financials. I know it doesn't go into a lot of
22 the operating issues that you brought up, Mr. Hayes,
23 but we're hopeful that it will be operated much more
24 economically in the future and that, eventually, we'll

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1 have a replacement building that we're bringing before
2 you to consider.

3 MEMBER GALASSIE: Madam Chair, if I may, as
4 a Lake County taxpayer and someone who worked with
5 this -- worked with the Lake County system for almost
6 30 years, this is good for Lake County. It's good for
7 the residents that are currently in that facility, and
8 it's good for people in the future that will be taking
9 advantage of these services.

10 So it's -- it's a win-win, in my opinion,
11 that's been long overdue.

12 CHAIRWOMAN OLSON: Thank you.

13 Any other questions?

14 (No response.)

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

17 MR. ROATE: Thank you, Madam Chair.

18 Motion made by Mr. Galassie; seconded by
19 Senator Demuzio.

20 Mr. Bradley.

21 MEMBER BRADLEY: Based on the State agency
22 report, I vote yes.

23 MR. ROATE: Thank you.

24 Senator Burzynski.

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1 MEMBER BURZYNSKI: I vote yes based on the
2 fact there's no opposition.

3 MR. ROATE: Senator Demuzio.

4 MEMBER DEMUZIO: I vote yes based on the
5 State Board report.

6 MR. ROATE: Thank you.

7 Justice Greiman.

8 MEMBER GREIMAN: I vote yes on what's been
9 said before to the Board.

10 MR. ROATE: Thank you.

11 Mr. Galassie.

12 MEMBER GALASSIE: Based on a thousand hours
13 of discussion on this issue, I vote yes.

14 (Laughter.)

15 MR. ROATE: Mr. Hayes.

16 VICE CHAIRMAN HAYES: I vote yes based on
17 the State agency report.

18 MR. ROATE: Thank you.

19 Mr. Johnson.

20 MEMBER JOHNSON: I also vote yes based on
21 the State agency report.

22 MR. ROATE: Thank you.

23 Madam Chair.

24 CHAIRWOMAN OLSON: Yes, for reasons stated.

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MR. ROATE: That's 8 votes in the
affirmative.

CHAIRWOMAN OLSON: The motion passes.
Congratulations.

MR. SHEETS: Thank you.

- - -

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1 CHAIRWOMAN OLSON: Next is Project 15-043,
2 NorthShore University Health System, Lake Forest.

3 May I have a motion to approve
4 Project 15-043, NorthShore University Health System,
5 to establish a medical office building.

6 MEMBER DEMUZIO: So moved.

7 VICE CHAIRMAN HAYES: So moved.

8 CHAIRWOMAN OLSON: I have a motion and a
9 second. Again, this project has no opposition and no
10 findings.

11 The Applicant will be sworn in, please.

12 (Three witnesses sworn.)

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

15 CHAIRWOMAN OLSON: Mr. Constantino, State
16 Board staff report.

17 MR. CONSTANTINO: Thank you, Madam Chair.

18 The Applicant is proposing a medical clinic
19 building in Lake Forest, Illinois.

20 The anticipated cost of the project is
21 approximately \$13.6 million. The anticipated
22 completion date is June 30th, 2017.

23 There was no opposition, no public hearing,
24 and no findings in regard to this project.

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1 CHAIRWOMAN OLSON: Thank you.

2 Mr. Axel, would you like to --

3 MR. AXEL: Thank you.

4 My name is Jack Axel with Axel & Associates.

5 I'm joined at the table by Dr. John Revis and Lynn

6 Perez. Dr. Revis and Ms. Perez are both vice

7 presidents of NorthShore Medical Group.

8 In light of the fact that there are no

9 negative staff findings, we'd be happy to simply

10 answer questions.

11 CHAIRWOMAN OLSON: Thank you.

12 Questions from the Board?

13 MEMBER GALASSIE: Is this physically

14 attached to the new hospital?

15 MR. AXEL: No.

16 MEMBER GALASSIE: It's an independent

17 stand-alone?

18 That's all.

19 Thank you.

20 CHAIRWOMAN OLSON: Other questions from

21 Board members?

22 VICE CHAIRMAN HAYES: This is actually based

23 on -- this is NorthShore, yeah. I think maybe you

24 were talking about Northwestern and the Lake Forest

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1 Hospital there.

2 MEMBER GALASSIE: I was, John. Thank you.

3 MR. AXEL: Mr. Galassie, this is the old
4 Lovells restaurant.

5 MEMBER GALASSIE: Okay. Got it.

6 CHAIRWOMAN OLSON: Roll call vote, please,
7 George.

8 MR. ROATE: Thank you, Madam Chair.

9 Was there a second to that motion?

10 CHAIRWOMAN OLSON: I think Demuzio moved and
11 Hayes seconded. Is that correct?

12 MR. ROATE: I have Mr. Hayes as making the
13 motion, Senator Demuzio --

14 CHAIRWOMAN OLSON: Either way.

15 MR. ROATE: Thank you very much.

16 Motion made by Mr. Hayes; seconded by Ms. --
17 Senator Demuzio.

18 Mr. Bradley.

19 MEMBER BRADLEY: Based on the State agency
20 report, I vote yes.

21 MR. ROATE: Thank you.

22 Senator Burzynski.

23 MEMBER BURZYNSKI: I vote yes for the
24 previous -- for the reasons mentioned before.

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1 MR. ROATE: Thank you.

2 Senator Demuzio.

3 MEMBER DEMUZIO: I vote yes due to the fact
4 that there are no findings.

5 MR. ROATE: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: I vote aye based on the
8 material set forth herein.

9 MR. ROATE: Thank you.

10 Mr. Galassie.

11 MEMBER GALASSIE: Yes, based on no findings.

12 MR. ROATE: Thank you.

13 Mr. Hayes.

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

16 MR. ROATE: Thank you.

17 Mr. Johnson.

18 MEMBER JOHNSON: Yes, based on the State
19 agency report.

20 MR. ROATE: Thank you.

21 Madam Chair.

22 CHAIRWOMAN OLSON: Yes, based on the State
23 agency report.

24 MR. ROATE: That's 8 votes in the

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affirmative.

CHAIRWOMAN OLSON: The motion passes.

Thank you.

MR. AXEL: Thank you.

MS. LOPEZ: Thank you.

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1 CHAIRWOMAN OLSON: Next we have
2 Project 15-028, Fresenius Medical Care, Schaumburg.

3 May I have a motion to approve
4 Project 15-028 --

5 VICE CHAIRMAN HAYES: So moved.

6 CHAIRWOMAN OLSON: -- Fresenius Medical
7 Care, Schaumburg, to establish a 12-station ESRD
8 facility.

9 I have a motion. May I have a second.

10 MEMBER BURZYNSKI: Second.

11 CHAIRWOMAN OLSON: This project does have
12 opposition and findings.

13 The Applicant will please be sworn in.

14 MEMBER BRADLEY: I don't think this has
15 findings. Does it?

16 CHAIRWOMAN OLSON: Yes, on page 3. We are
17 on Fresenius Medical Care, Schaumburg.

18 MEMBER BRADLEY: What's page 2 say? "The
19 Applicants addressed 21 criteria and have successfully
20 addressed them all"? Am I looking at the right thing?

21 MR. CONSTANTINO: We need Schaumburg,
22 Mr. Bradley --

23 MR. ROATE: H-7.

24 MR. CONSTANTINO: -- 15-028.

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1 MEMBER BRADLEY: Oh, this is Zion.

2 I'm sorry.

3 MEMBER GALASSIE: It's late in the hour.

4 MEMBER BRADLEY: Yeah. I'm sorry.

5 CHAIRWOMAN OLSON: The Applicant will be
6 sworn in, please.

7 THE COURT REPORTER: Would you raise your
8 right hands, please.

9 (Four witnesses sworn.)

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

12 CHAIRWOMAN OLSON: I'm sorry.

13 Mr. Constantino, your report.

14 MR. CONSTANTINO: Thank you, Madam
15 Chairwoman.

16 The Applicants are proposing to establish a
17 12-station ESRD facility in approximately 9,000 gross
18 square feet of space in Schaumburg, Illinois.

19 The cost of the project is approximately
20 \$4.9 million. The anticipated completion date is
21 February 28th, 2017.

22 There was opposition to this project. There
23 was no public hearing. We had a finding regarding
24 unnecessary duplication of service.

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1 Thank you, Madam Chairwoman.

2 CHAIRWOMAN OLSON: Thank you.

3 Comments for the Board?

4 MS. MULDOON: Yes.

5 Good afternoon. My name is Coleen Muldoon.
6 I'm the regional vice president of Fresenius Medical
7 Care.

8 We have been pursuing this facility, as many
9 of you know, for over 12 years, and this is the
10 fourth time that we've been before the Board and -- to
11 present this project. We say this to emphasize the
12 dedication and commitment we have to this project in
13 Schaumburg.

14 This particular application meets 19 of the
15 20 criteria, and there's currently a need for
16 81 stations in HSA 7 despite the fact that there have
17 been new facilities and expansions in this area, plus
18 the overall utilization of the clinics that are in
19 operation within 30 minutes is relatively high at
20 71 percent.

21 In the Schaumburg market we see physicians
22 and patients preferring the Fresenius facilities.
23 There are currently 20 patients who live right in
24 Schaumburg that are traveling to our Hoffman Estates

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1 and Elk Grove clinics rather than staying in
2 Schaumburg. As a result, these clinics are both
3 operating at 91 percent utilization, and the Hoffman
4 Estates clinic is operating at four shifts every day.
5 In support of the project, there are four patients
6 from these clinics that sent letters requesting
7 approval of this project.

8 We are proposing the project in response to
9 the physicians we work with in the market who have
10 asked us to develop a clinic in Schaumburg because
11 this is their preference and their patients'
12 preference.

13 I am now going to turn this over to
14 Dr. Pillsbury, who will explain further.

15 DR. PILLSBURY: Hello. Good afternoon.
16 I'm the nephrologist who's been practicing in the area
17 for 20 years and have four associates that I work
18 with. We work with all the dialysis companies in the
19 area, including the current existing Schaumburg unit.
20 I've been pushing for Fresenius for about 14 years to
21 establish a dialysis unit in the Schaumburg area.

22 Why Fresenius? They certainly are uniquely
23 positioned to bring their innovations -- and they're
24 very innovative -- to the bedside. They're able to

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1 incorporate chronic kidney disease education, patient
2 care, labs, pharmacy, sort of the whole package in
3 terms of ESRD services to our patients. They are
4 working with blood volume monitors and accessible
5 monitors in order to try to prevent hospital
6 readmissions in order to reduce the health care costs
7 for each of us.

8 In fact, these are reasons that the patients
9 have noticed, too, so 20 patients are traveling from
10 Schaumburg to surrounding communities to get dialysis.
11 Travel is an issue for the patients. Many of them
12 can't drive. They then rely on caregivers who may be
13 providing income for the family to take time off work
14 to transport them to dialysis, which is three days a
15 week.

16 The Schaumburg Township bus operates 10:00
17 to 3:00. It operates Monday through Friday, so this
18 knocks out all the shifts on Tuesday, Thursday,
19 Saturday that might be available because they can't
20 transport there.

21 The midshift is very popular, as you can
22 imagine. Those patients that are dialyzing on the
23 fourth shift at the Hoffman Estates unit may be
24 getting home at midnight, and I don't think any of us

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1 would really want to leave a dialysis unit to get home
2 at midnight.

3 We've identified 50 patients that may be
4 requiring dialysis services in the next couple of
5 years, and that's just in our practice.

6 Finally, I don't know if any of you know
7 what the life of a dialysis patient is like. It's not
8 easy. They have to think about everything they put in
9 their mouths and swallow and make adjustments so that
10 it fits their dialysis schedule so that they don't die
11 of complications from their dialysis or from not
12 having dialysis in a timely manner to correct their
13 labs. Their lives are complicated by transportation
14 and traffic, dialysis visits.

15 I think that the community is looking to us
16 to provide them some leadership. They certainly look
17 to me as one of their nephrologists to be an advocate
18 for them, and that's why I'm here today. So I hope
19 that you really see a need now for a Schaumburg
20 dialysis unit. The coming -- the patients coming up
21 in the year -- next couple of years we don't want to
22 be going home at midnight. So I really hope you see a
23 need today.

24 Thank you.

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1 CHAIRWOMAN OLSON: Thank you.

2 MS. RANALLI: I just want to briefly justify
3 the one negative in the State Board report. Again,
4 from what Board members have said, it's obviously
5 important, when there is a negative, that if there's a
6 justification for it, you hear that.

7 We met 19 of 20 criteria, and there's a need
8 in the area. The one negative is due to the fact that
9 there are clinics within 30 minutes that are
10 underutilized, but that chart is a little bit more
11 nuanced than just looking at it and seeing a clinic
12 with a percentage utilization rate.

13 As an example, within 11 minutes of where we
14 propose the site, you have DaVita Schaumburg at
15 56 percent, USRC Streamwood at 63, Fresenius Hoffman
16 Estates and Elk Grove both above 90 percent
17 utilization.

18 This is indicative of the strong patient and
19 physician preference for Fresenius Medical Care in
20 this market. And as Dr. Pillsbury and Coleen said,
21 there are patients who -- currently 20 patients -- who
22 live in Schaumburg who drive to Fresenius Hoffman
23 Estates and Elk Grove to get their dialysis, bypassing
24 existing clinics with capacity available.

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1 In addition, when you look at that chart,
2 many of the clinics recently added stations, including
3 Glendale Heights, which added eight stations in
4 September of 2015. And even with those new stations
5 just being operating, they're at 73 percent
6 utilization already. Palatine and Elgin also recently
7 added stations. Elgin's six stations aren't even
8 operational yet.

9 So on that chart you see Elgin at
10 50-some percent utilization. Elgin is at 93 percent
11 utilization as we sit here today. It has six new
12 stations it is approved for, but it's not operating
13 them.

14 So when you take that into consideration,
15 the overall utilization within 30 minutes is at
16 74 percent. Approving the Schaumburg facility will
17 allow Elk Grove and Hoffman Estates to have some of
18 their station capacity open up. One of the facilities
19 that's operating a fourth shift may no longer have to
20 do so. And the 50 patients Dr. Pillsbury spoke about
21 who live in Schaumburg who treat with her and her
22 practice physicians who want to go to Fresenius will
23 be able to do so.

24 I don't think it's fair for those patients

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1 to say, "Well, because this clinic has capacity, you
2 have to go there." They want to be with
3 Dr. Pillsbury, they want to be in a Fresenius clinic,
4 and that's why we're here in front of you.

5 And, parenthetically, I met Dr. Pillsbury
6 about 10 years ago. I joke with her because I said,
7 "When I met you, I was a brunette" -- and I was. And
8 I -- I don't think I can retire until Fresenius gets
9 this Schaumburg clinic approved.

10 So with that said, thank you for listening
11 to us.

12 CHAIRWOMAN OLSON: Questions or comments
13 from Board members?

14 (No response.)

15 CHAIRWOMAN OLSON: Is -- so there is no
16 existing ESRD in Schaumburg? None?

17 MS. RANALLI: DaVita Schaumburg was recently
18 approved by the Board, and it is existing at
19 56 percent utilization. It's a 20-station facility,
20 so it's a big facility.

21 CHAIRWOMAN OLSON: Why isn't that on our
22 list?

23 VICE CHAIRMAN HAYES: It's the first one
24 there.

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1 CHAIRWOMAN OLSON: Oh, I see. I'm on the --
2 okay. I'm sorry. Okay.

3 Other questions or comments?

4 (No response.)

5 CHAIRWOMAN OLSON: Seeing none, I'll call
6 for a roll call vote.

7 MR. ROATE: Motion made by Mr. Hayes;
8 seconded by Senator Burzynski.

9 Mr. Bradley.

10 MEMBER BRADLEY: They met 19 of our
11 20 criteria, and I believe they will improve access.

12 And, therefore, I vote yes.

13 MR. ROATE: Thank you.

14 Senator Burzynski.

15 MEMBER BURZYNSKI: I vote yes based on the
16 previous comments.

17 MR. ROATE: Thank you.

18 Senator Demuzio.

19 MEMBER DEMUZIO: I'm going to go ahead and
20 vote yes due to the fact that there was a finding that
21 there is a need, I believe, in the executive summary.
22 I recorded that -- back in October -- that there's a
23 need for 81 stations.

24 And so I'm going to go ahead and vote yes.

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1 MR. ROATE: Thank you.

2 Justice Greiman.

3 MEMBER GREIMAN: I vote yes although
4 I notice that FMC is the main competitor on every part
5 and parcel.

6 I vote yes.

7 MR. ROATE: Thank you.

8 Mr. Galassie.

9 MEMBER GALASSIE: Yes, previous comments.

10 MR. ROATE: Thank you.

11 Mr. Hayes.

12 VICE CHAIRMAN HAYES: I'm going to vote no
13 based on the unnecessary duplication of service that
14 is described in the State agency report.

15 MR. ROATE: Thank you, sir.

16 Mr. Johnson.

17 MEMBER JOHNSON: I'm going to also vote no
18 based on the State agency report.

19 MR. ROATE: Thank you, sir.

20 Madam Chair.

21 CHAIRWOMAN OLSON: I vote no, as well, based
22 on the State agency report.

23 MR. ROATE: Thank you.

24 That's 5 votes in the affirmative; 3 votes

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1 in the negative.

2 CHAIRWOMAN OLSON: The motion passes.

3 Congratulations.

4 MS. RANALLI: Thank you.

5 MS. MULDOON: Thank you.

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1 CHAIRWOMAN OLSON: Next we have
2 Project 15-033, Lincoln Park Dialysis.

3 May I have a motion to approve
4 Project 15-033, Lincoln Park Dialysis, to discontinue
5 a 22-station ESRD facility and establish a 22-station
6 replacement facility.

7 May I have a motion.

8 MEMBER GALASSIE: So moved.

9 MEMBER DEMUZIO: Second.

10 CHAIRWOMAN OLSON: Please be sworn in.

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

13 (Two witnesses sworn.)

14 THE COURT REPORTER: Thank you.

15 CHAIRWOMAN OLSON: Mr. Constantino, your
16 report.

17 MR. CONSTANTINO: Thank you, Madam
18 Chairwoman.

19 The Applicants are proposing to discontinue
20 a 22-station ESRD facility located at 3157 North
21 Lincoln Avenue in Chicago and establish a 22-station
22 facility located at 2484 North Elston Avenue in
23 Chicago.

24 The cost of the project is approximately

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1 \$6.8 million. The anticipated completion date is
2 April 30th, 2017.

3 There was no public hearing, no letters of
4 opposition, one finding regarding relocation of
5 services. For three of the last four quarters, the
6 facility was not at 80 percent.

7 Thank you, Madam Chairwoman.

8 CHAIRWOMAN OLSON: Comments for the Board?

9 MS. DAVIS: Thank you.

10 My name is Penny Davis, and I'm here with
11 Chuck Sheets, our CON attorney.

12 This is a relocation of our existing
13 facility, Lincoln Park Dialysis. It's been in its
14 current facility, current location, for many,
15 many years.

16 This is one I've joked about in the past in
17 terms of the homeowners association that is above us
18 wanting us out because we start at 5:00 in the morning
19 and because their parking garage is below us. And
20 where you're below dialysis, there is water and can be
21 water.

22 The new facility would only be five minutes
23 away. We've been looking for a couple years to find
24 an appropriate location.

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1 The current facility sits on Lincoln Avenue
2 in Chicago, which is a major arterial road. Just last
3 week when I was there, parking was over half a block
4 away, a city block away, and then I had to walk back a
5 half a block to do the parking meter and then walk
6 back to my car again to put the sticker in my car.

7 Patients have to do the same thing. The
8 parking is capped at two hours on the street, so our
9 administrative assistant and/or patient care techs
10 actually run out to feed the meter for patients.

11 25 percent of our patients actually rely on
12 walkers, wheelchairs, or are transported by MediVan,
13 and there's other safety concerns. There are only two
14 handicapped spots in front of the facility, but the
15 wheelchair-accessible ramp to the sidewalk is actually
16 down the street. It's not in front of the facility.
17 We've tried to work with the aldermen to see if we
18 could get more handicapped spaces in front, and we've
19 not been able to do that.

20 Again, this new facility would be much of an
21 improvement. Currently the facility is on multigrades
22 because it was built over many, many years, and so you
23 have to wheel wheelchairs up the ramp to get from one
24 side of the facility to the other. Nurses can't see

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1 the patients throughout the facility. There's poor
2 sight lines. We don't have any designated medical
3 records space, and we have no wheelchair storage.

4 So while I realize that it's a negative
5 finding, we've actually found the census has gone down
6 over the years because of the parking issues and
7 because patients come, they treat at the facility;
8 after a while like their family members will say it's
9 too difficult, and so they need to move elsewhere.

10 So if there's any questions, I'd be happy to
11 answer them.

12 CHAIRWOMAN OLSON: Questions from Board
13 members?

14 MEMBER JOHNSON: No questions. I'd just
15 advise you to get the mobile ap for parking.

16 MS. DAVIS: But it's still only good for
17 two hours.

18 MEMBER JOHNSON: No, that's why you get
19 the ap.

20 MS. DAVIS: Well, dialysis takes four.

21 CHAIRWOMAN OLSON: Seeing none, I'd call for
22 a roll call vote -- I'm sorry.

23 Mr. Hayes.

24 VICE CHAIRMAN HAYES: Thank you, Madam

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1 Chairwoman.

2 The only thing I would say is that you do
3 have City buses and, specifically, you have MediCars
4 in the city of Chicago which may take a long time, but
5 they allow people to be able to go and have a bus to
6 the facility, unlike many facilities in the suburbs
7 and downstate.

8 Because, really, you have no parking. Is
9 that what you're saying?

10 MS. DAVIS: The main issue is the parking,
11 but it's also that it's an outdated facility. If you
12 look at the size of the facility, it's well below the
13 State standard because it was built 20 years ago. And
14 so there really is no privacy for patients. The
15 stations are very close to each other; the chairs are
16 very close to each other.

17 And, you know, like I said, the grading in
18 the building -- we've had to do lots and lots of
19 repairs over the years on the facility, and it just
20 can't be renovated to today's standards.

21 VICE CHAIRMAN HAYES: Now, in your Elston
22 facility, that is near, what, Fullerton and Elston?

23 MS. DAVIS: That's where it would be
24 relocated to.

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1 VICE CHAIRMAN HAYES: That would be
2 relocated to?

3 MS. DAVIS: Yes.

4 VICE CHAIRMAN HAYES: Now, isn't that one of
5 the most congested areas of -- or congested corners --
6 in the city of Chicago?

7 MS. DAVIS: Yes. That's why the City is
8 doing a major project in that area, to re -- to divert
9 traffic. And that should be done by the time the
10 facility's done.

11 VICE CHAIRMAN HAYES: And you have parking
12 there, as well?

13 MS. DAVIS: Yes. It's actually in more like
14 a strip mall with lots of dedicated parking, plus
15 there's also a free parking garage.

16 VICE CHAIRMAN HAYES: Okay. Thank you.

17 MS. DAVIS: There's no cost for the patients
18 to park at the new facility. Here, they have to pay
19 to park.

20 VICE CHAIRMAN HAYES: All right. Thank you.

21 CHAIRWOMAN OLSON: Other questions?

22 (No response.)

23 CHAIRWOMAN OLSON: Seeing none, I'd ask for
24 a roll call vote, please.

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1 MR. ROATE: Motion made by Mr. Galassie;
2 seconded by Senator Demuzio.

3 Mr. Bradley.

4 MEMBER BRADLEY: There was only one
5 criterion not met in the State agency report, and it's
6 clear this will be a much more accessible facility for
7 patients.

8 And, therefore, I vote yes.

9 MR. ROATE: Thank you.

10 Senator Burzynski.

11 MEMBER BURZYNSKI: I vote yes based on the
12 fact we're not increasing the number of stations.

13 MR. ROATE: Thank you.

14 Senator Demuzio.

15 MEMBER DEMUZIO: I vote yes due to the fact
16 that there's only one finding and that you're taking
17 care of business over there at finding parking spaces
18 for them.

19 MS. DAVIS: Thank you.

20 MR. ROATE: Thank you.

21 Justice Greiman.

22 (No response.)

23 MR. ROATE: Mr. Galassie.

24 MEMBER GALASSIE: Yes, based on previous

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1 comments.

2 MR. ROATE: Mr. Hayes.

3 VICE CHAIRMAN HAYES: I'm going to vote yes.

4 They met 23 criteria in the State agency
5 report, and it's only -- they're basically replacing
6 stations of an older facility. And, thus, I think
7 they have described and answered questions about the
8 only finding in their -- in the State agency report.

9 So I'm going to vote yes.

10 MR. ROATE: Thank you.

11 Mr. Johnson.

12 MEMBER JOHNSON: Yes, based on previously
13 stated statements.

14 MR. ROATE: Thank you.

15 Justice Greiman.

16 MEMBER GREIMAN: Yes.

17 Coming alive again.

18 MR. ROATE: Thank you.

19 Madam Chair.

20 CHAIRWOMAN OLSON: I vote yes, as well.

21 I -- based on the comments, I don't think
22 they are ever going to meet the one standard they're
23 not meeting because their census is decreasing because
24 of location.

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So I vote yes.

MR. ROATE: Thank you.

That's 8 votes in the affirmative.

MS. DAVIS: Thank you very much.

CHAIRWOMAN OLSON: Motion passes.

Congratulations.

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1 CHAIRWOMAN OLSON: Next we have 15-037,
2 Alden Courts of Waterford in Aurora.

3 Would the Applicant come to the table.

4 May I have a motion to approve
5 Project 15-037, Alden Courts of Waterford, to
6 establish a 20-bed long-term care unit in an existing
7 shelter care facility.

8 MEMBER GALASSIE: So moved.

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: The Applicant will be
11 sworn in, please.

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

14 (Five witnesses sworn.)

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

17 CHAIRWOMAN OLSON: Mr. Constantino, your
18 report, please.

19 MR. CONSTANTINO: Thank you, Madam
20 Chairwoman.

21 The Applicants are proposing to establish a
22 20-bed skilled care facility in a licensed 66-bed
23 shelter care facility known as the Alden Courts of
24 Waterford. The proposal will convert a 22-bed shelter

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1 care unit to a 20-bed skilled care unit.

2 The anticipated cost of the project is
3 approximately \$485,000. The anticipated completion
4 date is December 31st, 2016.

5 There was no opposition, no public hearing.

6 And we did have findings regarding excess
7 beds in the planning area and underutilization of
8 facilities within the 45- and 30-minute service areas.

9 CHAIRWOMAN OLSON: Thank you, Mike.

10 MR. CONSTANTINO: Thank you, Madam.

11 CHAIRWOMAN OLSON: Report for the Board?

12 MS. SCHULLO: Thank you.

13 Hi, Madam Chairwoman, members of the Board.
14 I am Randi Schullo, vice president of The Alden Group.

15 I'm pleased to have with me today
16 Bob Molitor, our chief operating officer; John Kniery,
17 our CON consultant; Joe Ourth, our CON counsel; and,
18 of course, Mr. Charles Foley, who's behind us.

19 As always, I first would like to thank
20 Mr. Constantino and Mr. Roate for their help with the
21 State agency report.

22 We are here to ask for your approval to
23 convert 22 existing beds in our Waterford Courts
24 memory care building in Aurora from shelter to skilled

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1 care.

2 Before we talk about our actual request,
3 I would like to introduce you to our community and
4 take you on a very quick tour of our campus and show
5 you the overall philosophy of what we have. Normally
6 we do not like to bring presentation material like
7 this, but we do have, on page 243 of your packets, a
8 black-and-White version and you really can't read it,
9 so I thought a quick visual would be helpful.

10 This community serves many levels of care,
11 from independent to skilled, and many income levels
12 and payer sources. Our independent living takes care
13 of both market rates; however, the majority of our
14 independent living is affordable and dependent senior
15 housing.

16 As you enter the Alden of Waterford campus,
17 on your left is our first building, right over here,
18 and that is Alden Gardens. It's an assisted-living
19 building. This is a 121-bed shelter care facility,
20 and it is the hub of our community.

21 We offer residents a choice of studios and
22 one- and two-bedroom units. Three full meals are
23 served in our fine-dining Waterford Cafe and Floyd's
24 Grill, where you're able to order restaurant style off

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1 of our daily menus.

2 We have banking services provided by
3 Old Second Bank and an actual banking window, and
4 there's many more programs and services.

5 MR. MOLITOR: The one thing to point out for
6 this facility, it is a shelter care license. And even
7 though we cater to assisted-living patients, that we
8 do -- or are able to deliver a higher level of care
9 under a shelter care license. So, with that, you'll
10 see patients that are in wheelchairs, not just up
11 walking around.

12 And ever since we opened the building,
13 there's -- as usual, everyone wants to age in place,
14 so you see a definite change in the type of care that
15 we're delivering at this facility. In this facility
16 alone -- this is just a new shelter care -- we're only
17 providing current services, people that can pay
18 privately for those services. There is no public aid;
19 there is no Medicare in these services here.

20 MS. SCHULLO: As you continue around the
21 circle -- so we continue this way -- you approach our
22 first independent living community, which is called
23 The Lakes At Waterford, these 33 deluxe duplexes.
24 It's an entrance fee community. All units have two

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1 bedrooms, two full bathrooms, and a one-car garage.

2 These homes are for independent seniors, and they are
3 also able to use the restaurant services and other
4 amenities in our assisted-living Gardens building.

5 Continuing around the circle, and now we are
6 approaching Alden Horizon, this 98-unit independent
7 living community, which is one of the first
8 developments on our campus which we opened in 2001.

9 This consists of 68 units in our three-story
10 apartment building -- it's right in here -- and it's
11 a -- next to it is 30 villas. This project is
12 affordable senior housing and was financed through
13 IHDA as a low-income housing tax credit development.

14 In the development we have units at 40, 50,
15 60, and 80 percent of median income, which means our
16 rents start, for a one-bedroom, at \$525 per month and,
17 our two bedrooms, at 760, and there are many amenities
18 and services for these seniors to use.

19 We have a commitment -- a further commitment
20 to keep this project affordable not for 15 but for
21 30 years as our further commitment on affordability
22 for seniors.

23 We have many of our tenants needing all the
24 other services on the campus. They've used the

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1 skilled services and the shelter care services on the
2 campus, including some volunteering at some of our
3 buildings.

4 Our minimum age is 62, our average age is
5 79, and our oldest senior just passed away last year
6 at 102. He was in our independent living for many,
7 many years and then transitioned over to our skilled
8 facility. So it was very sad, but he was 102. We had
9 a great celebration for him for his hundredth
10 birthday.

11 We're close to the end of our tour,
12 I promise -- because I know you've had a long day --
13 two more buildings. First is our 99-bed skilled
14 nursing facility, which is right over here. This is
15 our first building that we opened actually in 2000.

16 MR. MOLITOR: This building is a skilled
17 nursing facility, so we are able to take public aid.
18 They're ultimately served by public aid and Medicare
19 in that facility.

20 Our services range from light, intermediate
21 care in some cases to, you know, total skilled care to
22 postacute care services out of this building.

23 I'd like to point out, too -- because I want
24 to mention it again -- the shelter care license that

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1 we have at both the independent or alert residents --
2 and then we'll get to the Alzheimer's units -- the
3 shelter care license does not allow us to take public
4 aid patients. That's the big difference between the
5 two licenses.

6 MS. SCHULLO: Finally, we are entering our
7 66-bed shelter care facility, which is right over
8 here, and that's Alden Courts. This is the building
9 that we're here today to ask for your approval to
10 convert 22 of our shelter care to 20 skilled beds.

11 This one-story building is set up in
12 three distinct neighborhoods to take care of only
13 Alzheimer's and dementia residents. We currently do
14 not have the capability to provide skilled nursing
15 services to these frail residents under our current
16 licenses on the campus.

17 MR. MOLITOR: So to sum that up, this is
18 also what everyone calls the memory care building,
19 too, so I want to make sure everybody understands
20 memory care and Alzheimer's and dementia all go
21 together.

22 Again, like Randi mentioned, this is a
23 shelter care facility. One of the obstacles that
24 we're seeing today is that anybody that's in assisted

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1 living for the alert side -- mind you, believe it or
2 not, people do come to our other assisted-living
3 building kind of on the fringe of, you know, "I might
4 be -- have a little bit of a dementia issue; I might
5 have a little bit of Alzheimer's," and they usually
6 start out there, and then they transition over to our
7 Courts building.

8 One of the more frustrating things that we
9 have is that -- to have to tell a family member, who
10 might only have a year or two of money, that at a
11 certain point you're going to have to be discharged
12 out of our community and go to another skilled nursing
13 center someplace off our campus.

14 At one point we had a facility -- well, we
15 still have a facility in Naperville. Our idea was
16 that we could possibly discharge them over to a
17 similar quality setting. Our Naperville facility's
18 Alzheimer's unit remains a hundred percent occupied.

19 So one of the things that we're looking to
20 do today is to meet the needs of this public aid
21 population, not only that but provide the Medicare
22 services. Someone falls or breaks a hip or something,
23 is an Alzheimer's patient, we would have to discharge
24 them to another site altogether. If I have them in

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1 a -- if I duly certify each of these beds -- so
2 they'll both be Medicare and Medicaid -- still
3 available to provide all the services.

4 The other key point to this building, too,
5 is that it has been designed and put together
6 specifically for memory care, Alzheimer's and
7 dementia. So the way we designed it, the colors we
8 have, the way the bathrooms are designed, everything
9 is catered toward this population.

10 Thank you.

11 MS. SCHULLO: The State Board report made
12 only three negative findings. Those findings all
13 relate to one issue: There is underutilization in
14 existing facilities.

15 You have seen that the project has
16 absolutely no opposition from any other provider.
17 This project essentially rebalances care on our own
18 campus and involves minimal cost and minimal beds.
19 For this reason, the State Board report made a
20 positive finding that it will not impact other
21 providers.

22 In closing, we are a family-owned and
23 operated company founded by my father. We have been
24 providing skilled services in Illinois for over

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1 45 years as well as affordable senior housing.

2 We ask for your approval to allow our
3 existing memory care residents to remain in their
4 homes as they develop the need for skilled care. It
5 is important to note again that there was no
6 opposition to this project, so we are here to ask for
7 your approval.

8 We thank the Board for its consideration,
9 and we're pleased to address any questions you may
10 have.

11 CHAIRWOMAN OLSON: Thank you.

12 Questions from Board members?

13 (No response.)

14 CHAIRWOMAN OLSON: So you -- I noticed in
15 the application it says that you're actually having at
16 least two patients a month now denied admission to any
17 other facility who need a higher level of care than
18 you're able to provide or that can be paid for.

19 MR. MOLITOR: Correct. That's correct.

20 CHAIRWOMAN OLSON: Okay.

21 Questions? Comments?

22 (No response.)

23 CHAIRWOMAN OLSON: Seeing none, I would ask
24 for a roll call vote.

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1 MR. ROATE: Thank you, Madam Chair.

2 Motion made by Mr. Galassie; seconded by
3 Mr. Hayes.

4 Mr. Bradley.

5 MEMBER BRADLEY: These people have failed on
6 three criteria, all which of, in essence, relate to
7 the fact that there are 359 long-term care beds in the
8 area in excess.

9 And for those reasons I vote no.

10 MR. ROATE: Thank you.

11 Senator Burzynski.

12 MEMBER BURZYNSKI: Thank you.

13 Seeing that there was no local opposition to
14 the project and, also, the desire to allow senior
15 residents to stay in somewhat familiar surroundings,
16 I'm going to support this.

17 Yes.

18 MR. ROATE: Thank you.

19 Senator Demuzio.

20 MEMBER DEMUZIO: I'm going to go ahead and
21 vote yes due to the fact that you mention the key word
22 "Alzheimer's" -- you're kind of keying again on
23 that -- and that, again, there's no local opposition
24 to your facility. Even though there were some

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1 findings, I believe the State -- I think they were
2 addressed. I believe you answered that question when
3 you went over that.

4 So I'll vote yes.

5 MR. ROATE: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: Yes. The witness said this
8 is for seniors, and she should have said, to be
9 honest, this is for wealthy seniors.

10 I'll vote yes.

11 MR. ROATE: Mr. Galassie.

12 MEMBER GALASSIE: I'll be voting yes.

13 I think, based upon your history and the continuum of
14 care, it makes sense.

15 MS. SCHULLO: Thank you.

16 MR. ROATE: Thank you.

17 Mr. Hayes.

18 VICE CHAIRMAN HAYES: I'm going to vote yes
19 based on the continuum of care and it's a smaller
20 skilled nursing facility for people that have had a
21 lot of experience at this facility.

22 So I'm going to vote yes.

23 MR. ROATE: Thank you.

24 Mr. Johnson.

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1 MEMBER JOHNSON: For previously stated
2 reasons, I'm going to vote yes, as well.

3 MR. ROATE: Thank you.

4 MS. SCHULLO: Thank you.

5 MR. ROATE: Madam Chair.

6 CHAIRWOMAN OLSON: I vote yes for previously
7 stated reasons.

8 MR. ROATE: 7 votes in the affirmative;
9 1 vote in the negative.

10 CHAIRWOMAN OLSON: Motion passes.

11 Congratulations.

12 MS. SCHULLO: Thank you so much.

13 MR. KNIERY: Thank you so much.

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1 CHAIRWOMAN OLSON: Next we have 15-042,
2 Morris Community Dialysis in Morris.

3 May I have a motion to approve.

4 Do you want a quick break? I could use a
5 break.

6 We're going to take a 10-minute break.

7 (A recess was taken from 3:37 p.m. to
8 3:47 p.m.)

9 CHAIRWOMAN OLSON: The next project is
10 15-042, Morris Community Dialysis in Morris.

11 May I have a motion to approve
12 Project 15-042, Morris Community Dialysis, to
13 establish a 10-station ESRD facility.

14 MEMBER BRADLEY: So moved.

15 MEMBER GREIMAN: Second.

16 CHAIRWOMAN OLSON: The Applicant will be
17 sworn in.

18 THE COURT REPORTER: Would you raise your
19 right hands, please.

20 (Two witnesses sworn.)

21 THE COURT REPORTER: Thank you. And please
22 print your names.

23 MR. BUCHER: Steven Bucher.

24 DR. MC FADDEN: Dr. David McFadden.

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1 MS. AVERY: George, you're going to have to
2 give the report.

3 CHAIRWOMAN OLSON: You're going to have to
4 pull your microphone closer so we can be sure to
5 hear you.

6 George, State Board staff report.

7 MR. ROATE: Thank you, Madam Chair.

8 The Applicant is proposing the establishment
9 of a 10-station end stage renal dialysis facility in
10 3,000 gross square feet of space in Morris.

11 The cost of the project is \$704,500. The
12 project completion date is March 31st, 2017.

13 There are two negative findings on the State
14 Board staff report.

15 Thank you, Madam Chair.

16 CHAIRWOMAN OLSON: Thank you.

17 Comments for the Board?

18 MR. BUCHER: Thank you very much for the
19 opportunity to be here.

20 My name is Steve Bucher. I'm the CEO of
21 Affiliated Dialysis of Joliet, who is the Applicant.

22 DR. MC FADDEN: My name is Dr. David
23 McFadden. I'm a nephrologist in Morris.

24 MR. BUCHER: Addressing the negative

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1 findings, one finding was a potential unnecessary
2 duplication of services, in that there were three
3 facilities within a 30-mile radius that were
4 identified as under the State threshold.

5 One of those facilities, I believe, was
6 Ottawa. And Dr. McFadden also refers patients to
7 Ottawa and informed me that that unit is now opening a
8 third shift, which means that they are more than
9 66 percent full.

10 The second unit is Sun Health on the west
11 side of Joliet. That unit has been a closed unit for
12 many, many years, not allowing outside referrals other
13 than the ownership of that facility.

14 And the third unit is a DaVita unit in
15 Morris. And we're a little bit baffled with what's
16 going on with the DaVita unit, in that, back when
17 Fresenius filed an application to discontinue the
18 Morris unit, transfer those stations up to
19 Plainfield -- in that application DaVita filed a
20 motion in opposition to that move.

21 So in that instance they were perfectly
22 happy to keep those 10 stations in Morris. Then they
23 turned around and filed an application for their own
24 facility. In that facility they projected that they

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1 could meet the utilization criteria within two years
2 but did not include in their application any of
3 Dr. McFadden's potential referrals.

4 And now we filed an application and they've
5 objected to our application, so we're a little baffled
6 by what position they actually take.

7 Our application also received a positive
8 finding on the utilization criteria. And our
9 application is based on Dr. McFadden's referrals over
10 the next two years. I'd like to have him share his
11 recent referral experiences.

12 CHAIRWOMAN OLSON: Thank you.

13 DR. MC FADDEN: I've been practicing
14 nephrology in Morris for approximately 17 years.
15 I was the first nephrologist to practice in Morris;
16 therefore, I receive the majority of the consults from
17 the hospital.

18 Approximately 80 to 85 percent of all
19 nephrology consults come to me. I do have the
20 majority of the patients on dialysis in Morris as well
21 as the pre-end stage patients, the majority of
22 approximately 200 patients.

23 Over the last two months, I placed
24 11 patients on dialysis in Morris Hospital, and I'm

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1 placing another patient this Monday on dialysis. Out
2 of those 12 patients, 2 recovered but will probably
3 need dialysis in the near future and 1 expired.

4 So I have nine patients that I'm placing
5 on -- I've placed on dialysis in two months in Morris.
6 If this continues at this pace, I will have
7 approximately 60 patients within a year, new patients
8 within a year.

9 But one of the main issues that I'm finding
10 is placement of these patients in facilities in Morris
11 with two dialysis facilities. The nurses, the
12 discharge planning nurses, approached me and stated we
13 have problems of placing our patients in the DaVita
14 unit, and the reason why is because of transportation,
15 as was mentioned in the previous discussion with the
16 other dialysis facility.

17 The main time that most of the patients want
18 to be placed on dialysis is that midshift, and that's
19 because of transportation. There are a lot of elderly
20 patients in the Morris area. The majority of my
21 patients are elderly, and they depend on that
22 transportation to get to dialysis, but the
23 transportation is only provided mainly through -- at
24 the midshift. Therefore, when I try to place patients

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1 in the DaVita unit, those slots are filled, and so
2 I started placing them in the Fresenius unit.

3 And last week I could not place a patient in
4 the Fresenius unit, and I tried to place that patient
5 in the DaVita unit, and now I have to -- they didn't
6 have any availability at that time; therefore, I'm now
7 placing my patients in nursing homes to provide
8 dialysis.

9 So the issue here that I'm finding and my
10 patients are complaining and concerned at the
11 Fresenius unit when it's closed is "Where -- how are
12 we going to be dialyzed at the site where we can have
13 transportation?"

14 So, therefore, at this point there is no --
15 there are no slots at the DaVita unit that will
16 provide transportation for these patients, and,
17 therefore, I have to send them elsewhere, like nursing
18 homes.

19 And in the future, when DaVita does develop
20 this new unit, with my patients at the Fresenius unit
21 and my new patients, my future patients, there's just
22 not enough availability to provide care for my patient
23 population.

24 I'm very concerned. My patients are

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1 expressing extreme concern of what will they -- where
2 will they go for dialysis if they have no
3 transportation, and that's what will happen. Even if
4 they build this new unit, there will be no
5 transportation available for them because the slots
6 will be taken for that midshift. That's a major
7 concern.

8 CHAIRWOMAN OLSON: Thank you, Doctor.

9 MR. BUCHER: I would add one point. There
10 are available stations in the HSA, so there is an
11 unmet need for numbers of stations.

12 CHAIRWOMAN OLSON: Questions from Board
13 members?

14 MEMBER BRADLEY: So you are going to be
15 independent of DaVita and of Fresenius?

16 DR. MC FADDEN: That's correct.

17 MR. BUCHER: Yes.

18 MEMBER BRADLEY: And you have no intention
19 of selling to them?

20 MR. BUCHER: We are not proposing to build a
21 unit to sell it to someone else, correct.

22 MEMBER BRADLEY: Right. It's refreshing to
23 see somebody other than the two big companies come
24 before us.

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1 MR. BUCHER: It is for us, as well.

2 We see all the same issues that you see in
3 terms of ability to place patients and operate a unit
4 that we believe is in the best interests of patients.

5 CHAIRWOMAN OLSON: Other questions or
6 comments?

7 Mr. Hayes.

8 VICE CHAIRMAN HAYES: Madam Chairwoman,
9 I was wondering, the -- one of the findings here is
10 the Applicants supplied historical and projected
11 financial viability data with substandard historical
12 data for cash on hand and substandard projected data
13 for cash on hand and cushion ratio.

14 Could you explain that?

15 MR. BUCHER: Dialysis is a very short-term
16 accounts receivable type of business. We regularly
17 pull money out of Affiliated of Joliet at -- in order
18 to make distributions to the ownership group. We
19 obviously would not pull cash out of a business that
20 was required to operate it.

21 I have run dialysis facilities since 1993,
22 and I can assure you I have never had an instance
23 where I did not have available cash to meet current
24 bills and take care of business.

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1 VICE CHAIRMAN HAYES: Now, why would your
2 cost structure be any different than DaVita or
3 Fresenius?

4 MR. BUCHER: I'm quite sure it's -- it's
5 substantially different. Since I don't know their
6 cost structure, I can't tell you what those
7 differences might be, but I'm sure they're low-cost
8 providers compared with us.

9 VICE CHAIRMAN HAYES: They're low-cost
10 providers?

11 MR. BUCHER: Yes.

12 VICE CHAIRMAN HAYES: So you're more
13 expensive?

14 MR. BUCHER: Well, let me ask -- when I say
15 "cost," I'm talking about our expenses. When you say
16 "cost," you may be talking about the charges to the
17 patients.

18 I'm not -- maybe there's a difference in
19 terminology in terms of what you mean by "cost" and
20 what I mean by "cost."

21 VICE CHAIRMAN HAYES: No. I'm basically
22 talking about the -- your costs. Your costs, the
23 costs of operating the facility.

24 MR. BUCHER: I would assume it would

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1 probably cost me more than it would cost them.

2 VICE CHAIRMAN HAYES: Now, this facility
3 was -- you're not in there yet, and even the --
4 Fresenius has not moved from there; isn't that
5 correct?

6 MR. BUCHER: That is correct.

7 VICE CHAIRMAN HAYES: And now you have --
8 how do you -- this cost of this project is going to
9 be, what, \$700,000? 704,000?

10 MR. BUCHER: Yes.

11 VICE CHAIRMAN HAYES: Now, you have a
12 commitment from, what, Heartland Bank for only about
13 half of that; is that correct?

14 MR. BUCHER: Correct.

15 VICE CHAIRMAN HAYES: Okay. Now, the other
16 parts of it, is that a lease? Or how does -- the
17 other part will be financed?

18 MR. BUCHER: There was some financing but
19 the majority of the balance was through the long-term
20 lease on the space. I believe 260-some thousand
21 was -- 267,000 was a long-term lease, a term loan was
22 \$395,000, and the balance was in cash.

23 VICE CHAIRMAN HAYES: Okay. Well, it just
24 seems a little bit -- because you're actually a higher

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1 cost producer. And Fresenius wasn't able to make it
2 based on their, you know, percentage of capacity or
3 their utilization.

4 And, you know, are we just approving
5 something that will be surviving at maybe 50 percent
6 utilization for a long time?

7 DR. MC FADDEN: No. At one time the
8 facility had, I believe, 80 percent or more
9 utilization. And I predict that will occur again
10 based on my pre-end stage renal disease population.
11 That is tremendously wrong. In fact, I feel that,
12 especially for the midshift that needs transportation,
13 there will be no problem in filling both units based
14 on my patient population and Dr. Kravets' patient
15 population.

16 Sir, there are about five nephrologists that
17 practice in the area. Her group consists of five or
18 so -- six -- and myself. And I have the lion's share
19 of the patients.

20 VICE CHAIRMAN HAYES: Okay. Thank you.

21 CHAIRWOMAN OLSON: Other questions from
22 Board members?

23 MEMBER DEMUZIO: Yes. I do have just one
24 quick question.

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1 CHAIRWOMAN OLSON: Yes.

2 MEMBER DEMUZIO: What is the population of
3 Morris?

4 DR. MC FADDEN: Approximately 10,000.

5 MEMBER DEMUZIO: 10,000.

6 And I see in your -- patients within your
7 service region you -- is that your feel of 194 --

8 DR. MC FADDEN: Yes.

9 MEMBER DEMUZIO: -- that you saw last year?

10 DR. MC FADDEN: Well, that I'm currently
11 managing now.

12 MEMBER DEMUZIO: That you're serving now?
13 That you're currently serving?

14 DR. MC FADDEN: It's probably higher at this
15 point.

16 MEMBER DEMUZIO: Is there any explanation as
17 to how many -- you had 77 out of Morris.

18 Is there -- I'm just -- I -- to me, that
19 seems like a high number of renal patients. I don't
20 know. Maybe that's not.

21 DR. MC FADDEN: Well, if you -- you know, if
22 you look at the demographics of that area, again, it's
23 mostly elderly patients. And at that time most of
24 them have had diabetes for 10 or 20 years and

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1 subsequently developed end stage renal disease.

2 MEMBER DEMUZIO: Okay.

3 DR. MC FADDEN: And another component of
4 that, the end stage renal disease population, is heart
5 failure. This past week I must have put two or
6 three patients on just for heart failure.

7 It's not just renal disease --

8 MEMBER DEMUZIO: Okay. It's heart failure,
9 also.

10 DR. MC FADDEN: -- it's because of heart
11 failure. And you can't breathe and I have to dialyze
12 you in order for you to breathe.

13 MEMBER DEMUZIO: Okay.

14 DR. MC FADDEN: And so that has made the
15 census increase significantly, just by heart failure
16 alone.

17 MEMBER DEMUZIO: Okay. That helps me kind
18 of understand where you're -- what you're doing there.

19 Okay. I'm good.

20 CHAIRWOMAN OLSON: Okay.

21 Any other questions or comments?

22 (No response.)

23 CHAIRWOMAN OLSON: Seeing none, I would ask
24 for a roll call vote.

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1 MR. ROATE: Thank you, Madam Chair.

2 Motion made by Mr. Bradley; seconded by
3 Justice Greiman.

4 Mr. Bradley.

5 MEMBER BRADLEY: Staff looked at
6 20 criteria, they met all but 2 of them, and I believe
7 this is an improvement in patient access.

8 And I vote yes.

9 MR. ROATE: Thank you.
10 Senator Burzynski.

11 MEMBER BURZYNSKI: Due to the fact it
12 appears to be an improvement in patient access, I,
13 too, will vote yes.

14 MR. ROATE: Thank you.

15 Senator Demuzio.

16 MEMBER DEMUZIO: I vote yes as -- or I vote
17 yes due to patient access in the service area that
18 you're providing.

19 MR. ROATE: Thank you.

20 Mr. Galassie.

21 MEMBER GALASSIE: Yes, previous comments.

22 MR. ROATE: Thank you.

23 Mr. Hayes.

24 VICE CHAIRMAN HAYES: I'm going to vote no

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1 because of -- you know, I understand that this could
2 be a good project for patient access as well as, you
3 know, replacing Fresenius and even the DaVita, but
4 I still am concerned about the financing and the
5 financial viability.

6 So I'm going to vote no.

7 MR. ROATE: Thank you.

8 Justice Greiman.

9 MEMBER GREIMAN: For the reasons stated,
10 I vote yes.

11 MR. ROATE: Thank you, sir.

12 Mr. Johnson.

13 MEMBER JOHNSON: For previously stated
14 reasons, I'm going to vote yes.

15 MR. ROATE: Thank you, sir.

16 Madam Chair.

17 CHAIRWOMAN OLSON: Yes, as well, for
18 previous stated reasons.

19 MR. ROATE: 7 votes in the affirmative;
20 1 vote in the negative.

21 CHAIRWOMAN OLSON: The motion passes,
22 gentlemen. Good luck.

23 DR. MC FADDEN: Thank you.

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1 CHAIRWOMAN OLSON: Next order of business is
2 Applicants subsequent to deny. We have none.

3 Next we have permit renewal requests.

4 I would call to the table Project 09-030,
5 Addison Rehabilitation & Living Center in Elgin.

6 The Applicant will be sworn in.

7 THE COURT REPORTER: Would you raise your
8 right hands.

9 (Two witnesses sworn.)

10 THE COURT REPORTER: Thank you.

11 CHAIRWOMAN OLSON: Mr. Constantino, your
12 report.

13 MR. CONSTANTINO: Thank you, Madam
14 Chairwoman.

15 The Applicants are proposing their third
16 permit renewal for this project. This project is a
17 120-bed long-term care facility in Elgin, Illinois.

18 This project has been obligated, and the
19 current completion date is December 31st, 2015. The
20 project cost is \$14.1 million.

21 We had a negative finding on this renewal.
22 We believe the Applicants have the slows, and it looks
23 to us that they're not going to be able to finish,
24 even with the third permit renewal, by their stated

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1 July 31st, 2016, deadline -- which is for a
2 seven-month permit renewal -- from our review of the
3 information that's been provided to us.

4 CHAIRWOMAN OLSON: Thank you.

5 MR. CONSTANTINO: Thank you, Madam
6 Chairwoman.

7 CHAIRWOMAN OLSON: Mr. Sheets, comments for
8 the Board?

9 MR. SHEETS: Madam Chairman, this has been a
10 long, long process.

11 CHAIRWOMAN OLSON: I see that.

12 MR. SHEETS: We are now up to 75 percent
13 complete. We think we're going to be done with the
14 actual construction by the end of December, but
15 there's no way we'll get everything -- with the punch
16 list the State gives us and the operations end --
17 before December 31st.

18 We've had a few snags along the way which
19 were described in our permit renewal request, and
20 there were a few that were left out, specifically that
21 we had two strikes at the building. We found out that
22 there's a carpenters union that does carpeting, which
23 we didn't know. And, of course, we switched over and
24 hired the carpenters union to do the carpeting.

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1 And we also found out that the electricians
2 that we used weren't from the right union, so we had
3 to switch our electrical contractors. That delayed
4 the project about two months.

5 And last year the snow came a little early
6 and they weren't prepared for it, so we were set back
7 last year when we first went into ground.

8 Overall, although I'm -- I don't know that
9 I'm proud to own the only staff report I've ever known
10 with a negative finding on a permit renewal, I do
11 understand Mr. Constantino's, you know, evaluation.
12 It's been a long time.

13 But we're right at the finish line, and we
14 urge you to vote yes. And I promise I won't be back
15 here again on this project asking for another permit
16 renewal. We will be done.

17 CHAIRWOMAN OLSON: So you're not inclined to
18 want to change that July 31st, 2016, date?

19 MR. SHEETS: No. I think I am very
20 comfortable, since we're at, you know, 75 percent
21 completion, that July 1 -- or July 31st --

22 CHAIRWOMAN OLSON: You know it's supposed to
23 snow before then? You know that?

24 MR. SHEETS: Well, we're all under roof now,

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1 so --

2 CHAIRWOMAN OLSON: Okay.

3 MR. SHEETS: -- hopefully, everything that's
4 left to be done is inside.

5 CHAIRWOMAN OLSON: Okay.

6 MEMBER DEMUZIO: You're looking at me like
7 "I don't know."

8 CHAIRWOMAN OLSON: Other questions or
9 comments from Board members?

10 VICE CHAIRMAN HAYES: Madam Chairwoman.

11 CHAIRWOMAN OLSON: Yes.

12 VICE CHAIRMAN HAYES: The only thing I would
13 like to point out is that you're 70 or 75 percent
14 complete according to your cost reports, but the
15 amount of financing or the amount of money that is
16 spent is 56.1 percent of the total project funds have
17 been expended so far.

18 I understand there's -- you know, there's
19 going to be a wide gap between those two numbers.
20 They are far from being exact.

21 But could you explain a little bit about
22 that at all?

23 MR. SHEETS: Sure.

24 When we filed this report, we were at

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1 70 percent. I was giving you the as-of-today. We
2 have 8.5 million and 75 percent as of today.

3 But there is, of course, a large fee for the
4 developer that's sitting -- that won't come out until
5 the project's complete. So the developer's not taking
6 any of his costs out of the project, and he won't
7 until it's complete, which is probably, you know,
8 a million and a half or almost \$2 million. So it's a
9 significant amount of money.

10 The only other thing I would point out, too,
11 is you'll probably see me back again on other
12 projects. This project is fortunate in that the bank
13 loan was issued a long time ago, and we got funding to
14 do the construction in late 2014.

15 The projects that are underway now we're
16 having major problems with because there's no budget,
17 and no bank wants to let loose of a construction loan
18 for long-term care without a Medicaid budget of some
19 sort. So, just an FYI, we're probably going to be
20 back on some other projects.

21 VICE CHAIRMAN HAYES: Okay. Thank you.

22 CHAIRWOMAN OLSON: Other questions or
23 comments?

24 (No response.)

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1 CHAIRWOMAN OLSON: Seeing none, I would ask
2 for a roll call.

3 MR. ROATE: Thank you, Madam Chair.

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

5 MR. ROATE: I apologize. I didn't catch the
6 motion and second. I was going to ask you.

7 CHAIRWOMAN OLSON: Oh, okay. Maybe we
8 didn't. I thought I did.

9 I think you're right, George. We'll just do
10 it again.

11 MR. ROATE: Okay.

12 CHAIRWOMAN OLSON: May I have a motion to
13 approve a seven-month permit renewal for Addison
14 Rehabilitation & Living Center.

15 MEMBER GREIMAN: Aye. I vote that.

16 MEMBER GALASSIE: Second.

17 MR. ROATE: Motion made by Justice Greiman;
18 seconded by Mr. Galassie.

19 Mr. Bradley is absent.

20 Senator Burzynski.

21 MEMBER BURZYNSKI: I will vote yes for the
22 extension for the last time.

23 MR. SHEETS: Thank you.

24 MR. ROATE: Senator Demuzio.

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1 MEMBER DEMUZZIO: I'm going to vote yes just
2 for the fact I see a December 31st -- is that like
3 New Year's Eve, when that was supposed to be done?

4 MR. SHEETS: Yes.

5 MEMBER DEMUZZIO: Okay. I'm going to vote
6 yes just for the mere fact I want to see if you can
7 get it done.

8 MR. ROATE: Thank you, ma'am.

9 Justice Greiman.

10 MEMBER GREIMAN: I'll vote aye with the same
11 kind of reservations about not seeing them again.

12 MR. ROATE: Thank you, sir.

13 Mr. Galassie.

14 MEMBER GALASSIE: Yes, to bring closure.

15 (Laughter.)

16 MR. ROATE: Thank you, sir.

17 Mr. Hayes.

18 VICE CHAIRMAN HAYES: Yes, because of the
19 reasons stated.

20 MR. ROATE: Thank you.

21 Mr. Johnson.

22 MEMBER JOHNSON: Yes, previously mentioned
23 reasons.

24 MR. ROATE: Thank you, sir.

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Madam Chair.

CHAIRWOMAN OLSON: Yes, also for the last
time.

MR. ROATE: Thank you, ma'am.

That's 7 votes in the affirmative; 1 absent.

CHAIRWOMAN OLSON: The motion passes.

Good luck to you.

MR. SHEETS: Thank you very much.

MEMBER DEMUZIO: New Year's Eve.

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1 CHAIRWOMAN OLSON: Next we have 10-073,
2 University of Illinois Medical Center at Chicago.

3 May I have a motion to approve a 17-month
4 permit renewal for the University of Illinois Medical
5 Center at Chicago.

6 MEMBER GALASSIE: So moved.

7 MEMBER GREIMAN: Second.

8 CHAIRWOMAN OLSON: Would you please swear in
9 the Applicant.

10 (One witness sworn.)

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

13 MR. LOFFING: I'm David Loffing, chief
14 operating officer, University of Illinois Hospital.

15 CHAIRWOMAN OLSON: Mr. Constantino, your
16 report.

17 MR. CONSTANTINO: Thank you, Madam
18 Chairwoman.

19 The Board approved this project in March of
20 2011. The Applicants are here for a second permit
21 renewal.

22 This project was for the modernization of
23 various clinical and nonclinical areas on the campus
24 of the University of Illinois Medical Center at

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1 Chicago.

2 It has been obligated and the current
3 project completion date is January 15th, 2016.
4 They're requesting a completion date of June 30th,
5 2017, a 17-month extension.

6 Thank you, Madam Chairwoman.

7 CHAIRWOMAN OLSON: Comments for the Board?

8 MR. LOFFING: I do not. I'll entertain any
9 questions.

10 MEMBER GALASSIE: Thank you.

11 CHAIRWOMAN OLSON: Questions from the Board?

12 (No response.)

13 CHAIRWOMAN OLSON: So we're three years
14 later, but you feel confident that it will be
15 completed on the June 15th, 2017, date?

16 MR. LOFFING: Yes, we are.

17 CHAIRWOMAN OLSON: Okay.

18 Seeing no further questions, I would ask for
19 a roll call vote.

20 MR. ROATE: Thank you, Madam Chair.

21 Motion made by Mr. Galassie; seconded by
22 Justice Greiman.

23 Mr. Bradley is still absent.

24 MEMBER BRADLEY: I'm still here. I'm here.

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1 I vote yes.

2 MR. ROATE: Thank you, sir.

3 Senator Burzynski.

4 MEMBER BURZYNSKI: Yes. I vote yes, as
5 well, based on our staff's recommendation on this one.

6 MR. ROATE: Senator Demuzio.

7 MEMBER DEMUZIO: I'm going to vote yes.

8 Do you think you can get it done?

9 MR. LOFFING: Yes, we will.

10 MEMBER DEMUZIO: Okay. I vote yes.

11 MR. ROATE: Thank you.

12 Justice Greiman.

13 MEMBER GREIMAN: I vote yes.

14 MR. ROATE: Thank you.

15 Mr. Galassie.

16 MEMBER GALASSIE: Yes, for closure.

17 MR. ROATE: Thank you.

18 Mr. Hayes.

19 VICE CHAIRMAN HAYES: I'm going to vote yes
20 because of, you know, the opportunity -- 82 percent of
21 the approved project cost has been expended.

22 And I understand that you'll be coming
23 before us with a revision in the next few months. Is
24 that correct?

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1 MR. LOFFING: That is very likely, yes.

2 MR. ROATE: Thank you, sir.

3 Mr. Johnson.

4 MEMBER JOHNSON: Yes, for previously stated
5 reasons.

6 MR. ROATE: Thank you.

7 Madam Chair.

8 CHAIRWOMAN OLSON: Yes, as well, for
9 previous stated reasons.

10 MR. ROATE: Thank you.

11 That's 8 votes in the affirmative.

12 CHAIRWOMAN OLSON: The motion passes.

13 Good luck to you.

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1 CHAIRWOMAN OLSON: Next we have
2 Project 12-029, Fresenius BMA Southwestern Illinois in
3 Alton, Illinois.

4 May I have a motion to approve a 12-month
5 permit renewal request for Fresenius BMA Southwestern
6 Illinois.

7 MEMBER GALASSIE: So moved.

8 VICE CHAIRMAN HAYES: Second.

9 CHAIRWOMAN OLSON: The Applicant will be
10 sworn in.

11 THE COURT REPORTER: Raise your right hands,
12 please.

13 (Two witnesses sworn.)

14 THE COURT REPORTER: Thank you.

15 CHAIRWOMAN OLSON: Mr. Constantino.

16 MR. CONSTANTINO: Thank you, Madam Chair.

17 The Applicants are here for a second permit
18 renewal request. This project was approved in
19 September of 2012. It was for the discontinuation and
20 reestablishment of a 19-station ESRD facility in
21 Alton.

22 The project has been obligated, and we
23 received notice of project completion last week. The
24 project has been completed. We're asking the Board to

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1 approve the permit renewal so we can ensure that our
2 records are complete.

3 CHAIRWOMAN OLSON: Thank you,
4 Mr. Constantino.

5 In light of that, can we call for a vote?

6 MS. RANALLI: Sure.

7 CHAIRWOMAN OLSON: Does anybody have any
8 questions about that? It's really -- it's done.
9 We're just --

10 MEMBER GALASSIE: No, ma'am.

11 MEMBER DEMUZIO: Just one quick question.

12 I see where --

13 THE COURT REPORTER: Could you use your mic,
14 please? I'm sorry. Could you use your microphone?

15 MEMBER DEMUZIO: Okay. I see where staff
16 had a reason why the project has not been completed.

17 Has your Medicare certification money come
18 in? That's all taken care of?

19 MS. WRIGHT: Yes, it's in place.

20 MEMBER DEMUZIO: Okay. That's all I needed
21 to know.

22 Thank you.

23 CHAIRWOMAN OLSON: George, roll call vote.

24 MR. ROATE: Thank you, Madam Chair.

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1 Motion made by Mr. Galassie; seconded by
2 Mr. Hayes.

3 Mr. Bradley.

4 MEMBER BRADLEY: I'm in favor of completed
5 records and I vote yes.

6 MR. ROATE: Thank you, sir.

7 Senator Burzynski.

8 MEMBER BURZYNSKI: I vote yes based on
9 previous comments.

10 MR. ROATE: Thank you.

11 Justice -- Senator Demuzio.

12 MEMBER DEMUZIO: Yes, based on staff
13 reports.

14 MR. ROATE: Thank you.

15 Justice Greiman.

16 MEMBER GREIMAN: Yes, but I'm not sure why
17 we have to wait until April 30th, 2016, if it's all
18 done now. I'm not sure I understand that.

19 But I'll vote yes anyway.

20 MR. ROATE: Thank you, sir.

21 Mr. Galassie.

22 MEMBER GALASSIE: Yes, previous comments.

23 MR. ROATE: Thank you.

24 Mr. Hayes.

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

3 MR. ROATE: Thank you.

4 Mr. Johnson.

5 MEMBER JOHNSON: Yes, previous comments.

6 MR. ROATE: Thank you.

7 Madam Chair.

8 CHAIRWOMAN OLSON: Yes, based on previous
9 comments.

10 MR. ROATE: That's 8 votes in the
11 affirmative.

12 CHAIRWOMAN OLSON: Motion passes.

13 MS. RANALLI: Thank you.

14 MS. WRIGHT: Thank you.

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1 CHAIRWOMAN OLSON: Next we have
2 Project 13-003, St. Paul's Home in Belleville.

3 May I have a motion to approve an
4 eight-month permit renewal request for St. Paul's
5 Home.

6 MEMBER DEMUZIO: Motion.

7 MEMBER JOHNSON: Second.

8 CHAIRWOMAN OLSON: The Applicant will be
9 sworn in, please.

10 (One witness sworn.)

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

13 CHAIRWOMAN OLSON: Mr. Constantino.

14 MR. CONSTANTINO: Thank you, Madam
15 Chairwoman.

16 The Applicants are requesting a second
17 permit renewal request for St. Paul's Home for the
18 Aged in Belleville, Illinois. The anticipated project
19 cost is approximately \$29.3 million. They're asking
20 for an eight-month extension from January 1, 2016, to
21 June 2016.

22 CHAIRWOMAN OLSON: Thank you,
23 Mr. Constantino.

24 Comments for the Board?

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1 MR. SILBERMAN: I'll just be brief. The
2 facility's done. Everybody's in and happy. We're
3 just at the point of taking down the old facility and
4 turning it into a parking lot, and we wanted to make
5 sure that there was appropriate time to get that done.

6 The first renewal was because we reduced our
7 costs but went through the alteration process. The
8 only reason here is to finish up.

9 CHAIRWOMAN OLSON: Thank you.

10 THE COURT REPORTER: And your name for the
11 record, please.

12 MR. SILBERMAN: Mark Silberman, here on
13 behalf of St. Paul's.

14 THE COURT REPORTER: Thank you.

15 CHAIRWOMAN OLSON: Questions, comments from
16 Board members?

17 (No response.)

18 CHAIRWOMAN OLSON: Seeing none, I would ask
19 for a roll call vote.

20 MR. ROATE: Thank you, Madam Chair.

21 Motion made by Senator Demuzio; seconded by
22 Mr. Johnson.

23 Mr. Bradley.

24 MEMBER BRADLEY: Yes.

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1 MR. ROATE: Thank you.

2 Senator Burzynski.

3 MEMBER BURZYNSKI: Based on staff
4 recommendation, yes.

5 MR. ROATE: Thank you, sir.

6 Senator Demuzio.

7 MEMBER DEMUZIO: Yes, based on staff
8 recommendation.

9 MR. ROATE: Thank you.

10 Justice Greiman.

11 MEMBER GREIMAN: Aye, based on the staff
12 recommendation.

13 MR. ROATE: Thank you.

14 Mr. Galassie.

15 MEMBER GALASSIE: Yes, previous comments.

16 MR. ROATE: Thank you.

17 Mr. Hayes.

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

20 MR. ROATE: Thank you.

21 Mr. Johnson.

22 MEMBER JOHNSON: Yes, based on the report
23 and the testimony here today.

24 MR. ROATE: Thank you.

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Madam Chair.
CHAIRWOMAN OLSON: Yes, for reasons stated.
MR. ROATE: Thank you.
That's 8 votes in the affirmative.
CHAIRWOMAN OLSON: Motion passes.
MR. SILBERMAN: Thank you.

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1 CHAIRWOMAN OLSON: We have no extension
2 requests.

3 We have one -- we had two exemption
4 requests.

5 The first one is C-01. This is pertaining
6 to E-007-15, Kishwaukee Community Hospital in DeKalb,
7 for a change of ownership; E-008-15, Valley West
8 Hospital, Sycamore, for a change of ownership;
9 E-009-15, Midland Surgical Center in Sycamore, for a
10 change of ownership.

11 May I have a motion to approve the exemption
12 on these three projects for a change of ownership.

13 MEMBER GALASSIE: So moved.

14 VICE CHAIRMAN HAYES: Second.

15 CHAIRWOMAN OLSON: Please be sworn in.

16 (Six witnesses sworn.)

17 THE COURT REPORTER: Thank you.

18 CHAIRWOMAN OLSON: Mr. Constantino.

19 MR. CONSTANTINO: Thank you, Madam Chair.

20 The Applicants are before you today for a
21 change of ownership of three facilities, Kishwaukee
22 Community Hospital in DeKalb, Valley West Community
23 Hospital in Sycamore, and the Midland Surgical Center
24 in Sycamore.

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1 Northwestern Memorial HealthCare is
2 proposing to become the sole corporate member of
3 KishHealth System, which controls these three
4 entities. The approximate value of KishHealth System
5 is in a range of 329 million to 362 million.

6 There was a public hearing conducted, and
7 there was opposition to this project. The anticipated
8 project completion date is December 31st, 2015. The
9 Applicants have provided us with all the requirements
10 of Public Act 99-0154.

11 Thank you, Madam Chairwoman.

12 MEMBER BURZYNSKI: Madam Chair, could we
13 have the locations of those facilities clarified for
14 the record, please?

15 MR. POORTEN: Valley West is in Sandwich.
16 That's the correction.

17 Thank you, Senator.

18 MR. CONSTANTINO: Oh, I'm sorry.

19 CHAIRWOMAN OLSON: Thank you, Mr. Poorten.
20 Any comments for the Board?

21 MR. HARRISON: Good afternoon.

22 I'm Dean Harrison. I'm the president and
23 CEO of Northwestern Memorial HealthCare. With me
24 today are Kevin Poorten, the president and CEO of

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1 KishHealth System; Mike Vivoda, president of
2 Northwestern Medicine's western region; Dr. Michael
3 Kulisz, who's our chief medical officer at KishHealth;
4 Joe Dant, who's our vice president of business
5 development at KishHealth; and Bridget Orth, director
6 of regulatory planning at Northwestern Memorial
7 HealthCare.

8 We're pleased to be here before you today
9 with another important step to expand access to
10 Northwestern Medicine to more residents in Illinois.
11 As always, we thank the Board staff for its technical
12 assistance during our application preparation and for
13 working with us to ensure a timely transaction
14 process.

15 With your approval today, KishHealth will be
16 integrated into Northwestern Medicine, an integrated
17 academic health system operated in close affiliation
18 with Northwestern University and Feinberg School of
19 Medicine, our primary teaching affiliate.

20 By joining Northwestern Medicine, KishHealth
21 patients will have a seamless pathway to access
22 advanced specialty care and clinical trials across our
23 health system. If approved, we look forward to the
24 opportunity to work closely with the community to

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1 identify and develop plans to meet health care needs
2 of the residents of DeKalb and the surrounding area.

3 MR. POORTEN: Thank you, Dean, and good
4 afternoon.

5 I'm Kevin Poorten, the president and chief
6 executive officer with KishHealth System in DeKalb.

7 The KishHealth System leadership and board
8 of directors are very excited about the benefits the
9 community will see once KishHealth System becomes a
10 part of Northwestern Medicine. In a unique synergy of
11 community-based providers practicing as part of an
12 integrated academic health system, the community will,
13 indeed, see an expansion of resources and services.

14 The ability to address our existing clinical
15 gaps -- such as neurology, pulmonology, cardiology,
16 and behavioral health -- was the highest priority in
17 choosing a partner. Coordination across all patient
18 care settings will drastically enhance the patients'
19 experience, quality of care, and safety. The sole
20 purpose of our board's decision was to improve health
21 care for the communities we serve.

22 There has been some recent public commentary
23 addressing the perceived need for inpatient behavioral
24 health services in DeKalb. The decision of our board

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1 to close the Kishwaukee Hospital inpatient unit in
2 2009 was a difficult one but necessary and appropriate
3 given our low utilization, lack of dedicated physician
4 coverage, and resulting inability to provide
5 consistent quality of care to the patients we serve.

6 While those limitations prevent us from
7 operating an inpatient unit, we have been and remain
8 committed to meeting our community's behavioral health
9 needs through expanded outpatient services and capital
10 investment. We maintain an active role, engaging
11 alongside other local agencies and other behavioral
12 health providers in the community, to continually
13 examine the community's needs and find the most
14 appropriate resources to fulfill them.

15 We were pleased to receive a positive State
16 staff report for our proposed affiliation. We
17 thank you for your thoughtful consideration of our
18 application, and we welcome any questions at this
19 time.

20 Thank you.

21 CHAIRWOMAN OLSON: Thank you.

22 Questions from Board members?

23 VICE CHAIRMAN HAYES: Yes, I have a
24 question, Madam Chairman.

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1 Yes. You know, how long is the drive from
2 Kishwaukee or DeKalb to Central DuPage?

3 MR. DANT: Mr. Hayes, my name is Joe Dant,
4 vice president of business development for KishHealth.

5 The drive is 39 miles, approximately
6 42 minutes, and there's been comments about patients
7 having to transfer -- to transfer to that facility.
8 We always honor patient and family requests regarding
9 transportation and intend to do so in the future with
10 Northwestern Memorial HealthCare.

11 We went back and looked at the last
12 12 months of utilization of transfers coming out of
13 the emergency room and our floors. 74 percent of
14 patients that were transferred for inpatient
15 behavioral health admissions were transferred to
16 facilities farther than Central DuPage Hospital in
17 Winfield.

18 VICE CHAIRMAN HAYES: Now, you would also
19 transfer patients for neurology and cardiology, as
20 well?

21 MR. DANT: If it's for services beyond our
22 capabilities, yes, we would.

23 MR. POORTEN: But if I may comment, that's
24 one of the clear benefits of this potential

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1 partnership with Northwestern, the ability to tap into
2 the clinical breadth and depth of services that
3 Northwestern has through the entire Northwestern
4 family, not just downtown but also through CDH and
5 Delnor.

6 And the hope is that we're going to be able
7 to bring those -- specialized care out to DeKalb and
8 Sandwich and then, where we can't, make sure that we
9 ensure the most appropriate and efficient coordination
10 of care on behalf of that patient and the family.

11 VICE CHAIRMAN HAYES: Thank you.

12 MR. POORTEN: Thank you.

13 CHAIRWOMAN OLSON: Mr. Johnson.

14 MEMBER JOHNSON: With the absence of
15 inpatient behavioral health capacity in DeKalb, are
16 there crisis beds available to complement the enhanced
17 outpatient services that you talked about?

18 MR. POORTEN: We'll let Dr. Kulisz, our
19 chief medical officer, answer that.

20 DR. KULISZ: Yes. So even though we don't
21 have an inpatient setting in DeKalb, the emergency
22 department is staffed with board-certified ER docs as
23 well as social workers that can do the acute
24 assessment of those patients that do need to be

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1 transferred to an appropriate facility. We have
2 extensive outpatient settings that allow those that
3 don't need inpatient admission to be taken care of
4 very appropriately, as well.

5 As Joe had stated -- as Mr. Dant had stated,
6 if appropriate for the transfer, we do make every
7 effort to transfer those sort of patients to the
8 desired location and can usually get them to their
9 desired location.

10 CHAIRWOMAN OLSON: Senator.

11 MEMBER DEMUZIO: Yes, just a quick question.

12 What are your statistics on transfers on
13 your -- on the mental health issues, for your mental
14 health?

15 MR. POORTEN: Mr. Dant.

16 MEMBER DEMUZIO: We've had individuals
17 testify about the mental health -- about your mental
18 health facility there, and I wanted to make sure that
19 we see how your transfer is.

20 MR. DANT: Senator, from a period of time
21 from October of 2014 through September of 2015, we've
22 had 297 total transfers, most of them coming from the
23 emergency room but several of them do come from our
24 inpatient floors. They go to our inpatient floors for

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1 medical stabilization and then the transfer.

2 MEMBER DEMUZIO: And their mental health --
3 they have mental health issues; correct?

4 MR. DANT: That's correct.

5 MEMBER DEMUZIO: Okay.

6 MR. DANT: To give you a scale on the
7 297 patients --

8 MEMBER DEMUZIO: Yeah.

9 MR. DANT: -- our annual admissions at Kish
10 are about 5,500.

11 MEMBER DEMUZIO: That's what I was trying to
12 get around.

13 And so what's your length of time, basically?
14 if they come into the emergency room, do you have a
15 bed available? I know that that's always an issue,
16 particularly when your police officers come in, they
17 bring in, say, a distraught individual --

18 MR. POORTEN: Thank you.

19 And, Dr. Kulisz, if you'd be so kind to
20 reference the arrangement that we put in place with
21 Alexian to ensure that there, in fact, would be that
22 availability.

23 DR. KULISZ: The question that you're
24 getting at, Senator, is the warding of the psychiatric

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1 patients --

2 MEMBER DEMUZIO: Right.

3 DR. KULISZ: -- in the emergency room, which
4 was a problem that we had numerous years ago.

5 To Mr. Poorten's point, we have made
6 arrangements with Alexian Brothers. So if we know
7 that somebody's going to be admitted and we've
8 exhausted every effort to get them a place where they
9 want to go or any other facility, we have an
10 arrangement with Alexian Brothers that they will take
11 those patients at our cost, and that's within a
12 24-hour period. So we do not have long boarders in
13 the emergency room.

14 MEMBER DEMUZIO: That's what I was getting
15 at because most police departments have a hard time
16 now in placing individuals at a hospital or the
17 hospital's not -- in smaller areas -- not equipped to
18 handle mental health.

19 MR. POORTEN: If I may, that was a
20 commitment our board made. Dr. Kulisz referenced at
21 the end of his comments that we actually serve as the
22 payer on behalf of that patient. So we actually have
23 a contractual arrangement with Alexian, and we, in
24 essence, serve as the insurance provider in that

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1 scenario.

2 MEMBER DEMUZIO: And that's also helpful to
3 the parents where they -- if they happen to bring
4 their child in.

5 Thank you.

6 CHAIRWOMAN OLSON: Other questions or
7 comments?

8 (No response.)

9 CHAIRWOMAN OLSON: Seeing none, I would ask
10 for a roll call vote.

11 MR. ROATE: Thank you, Madam Chair.

12 Motion made by Mr. Galassie; seconded by
13 Mr. Hayes.

14 Mr. Bradley.

15 MEMBER BRADLEY: Based on the State agency
16 report, I vote yes.

17 MR. ROATE: Senator Burzynski.

18 MEMBER BURZYNSKI: I vote yes. I think this
19 is in the best interests of the community.

20 MR. ROATE: Senator Demuzio.

21 MEMBER DEMUZIO: Yes. I vote yes.

22 Thank you.

23 MR. ROATE: Justice Greiman.

24 MEMBER GREIMAN: I vote aye. I think it's

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1 in the best interests of the community, also.

2 MR. ROATE: Thank you.

3 Mr. Galassie.

4 MEMBER GALASSIE: Yes, prior comments.

5 MR. ROATE: Mr. Hayes.

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

8 MR. ROATE: Mr. Johnson.

9 MEMBER JOHNSON: Yes, previous comments.

10 MR. ROATE: Madam Chair.

11 CHAIRWOMAN OLSON: Yes, previous comments.

12 MR. ROATE: That's 8 votes in the
13 affirmative.

14 CHAIRWOMAN OLSON: The motion passes.

15 Congratulations.

16 MR. POORTEN: Thank you. Much appreciated.

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1 CHAIRWOMAN OLSON: Next, we have C-02. This
2 is an exemption request for Exemptions E-019-15
3 through E-031-15 for a change of ownership. The
4 entities are all listed on your application. I'm not
5 going to read them all --

6 MEMBER GALASSIE: Thank you.

7 CHAIRWOMAN OLSON: -- and on the agenda.
8 Please be sworn in.

9 THE COURT REPORTER: Raise your right hands.
10 (Three witnesses sworn.)

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

13 CHAIRWOMAN OLSON: Can I have an approval --
14 or a first on that motion and a second?

15 VICE CHAIRMAN HAYES: So moved.

16 MEMBER JOHNSON: Second.

17 MEMBER BURZYNSKI: Second.

18 CHAIRWOMAN OLSON: Thank you.

19 Mr. Constantino.

20 MR. CONSTANTINO: Thank you, Madam
21 Chairwoman.

22 Community Health System is spinning off the
23 named health care facilities to Quorum Health
24 Corporation. The transaction is considered a change

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1 of ownership of a health care facility under the
2 Health Facilities Planning Act.

3 There was no public hearing, no opposition,
4 no letters of support, and the Applicants have met the
5 requirements of Public Act 99-0154.

6 Thank you, Madam Chairwoman.

7 CHAIRWOMAN OLSON: In light of that report,
8 would you like to make comments or open for questions?

9 MS. MARTIN: Just brief comments.

10 Good afternoon. My name is Barb Martin, and
11 I'm the CEO of Vista Health System. And with me today
12 is Tom Miller, who's currently division president of
13 Community Health System and has been named the new CEO
14 of Quorum Health Corporation.

15 We're here today representing CHS and Quorum
16 Health Corporation with respect to the planned change
17 of ownership of the CHS Illinois hospitals, which
18 include Heartland Regional Medical Center, Gateway
19 Regional Medical Center, Union County Hospital,
20 MetroSouth Medical Center, Red Bud Regional Hospital,
21 Granite City Hospital, Galesburg Hospital, Crossroads
22 Community Hospital, and Vista Medical Center East and
23 Vista Medical Center West hospitals.

24 The State Board report under our exemption

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1 application notes we meet all criteria. And I will
2 forgo a presentation, but I'm happy to answer any
3 questions or comments you might have.

4 Thank you.

5 CHAIRWOMAN OLSON: Thank you. I appreciate
6 that.

7 Any questions or comments from Board
8 members?

9 MEMBER GALASSIE: Yes.

10 I'd just like to say hello to Barb. She and
11 I had the pleasure of working together for several
12 years in Lake County.

13 It's good to see you.

14 There will be a CEO for Quorum?

15 MR. MILLER: That's me.

16 MS. MARTIN: It's Tom Miller.

17 MEMBER GALASSIE: Of all these facilities
18 listed?

19 MR. MILLER: I'll be the corporate CEO.
20 Each facility has a CEO that is currently, and they
21 will stay in their current roles.

22 MEMBER GALASSIE: Great. That's just what
23 I wanted to know. Thank you.

24 MR. MILLER: Barb is not leaving.

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1 MEMBER GALASSIE: That's good to hear.

2 VICE CHAIRMAN HAYES: Madam Chair.

3 CHAIRWOMAN OLSON: Yes.

4 VICE CHAIRMAN HAYES: Is Quorum Health
5 Corporation -- if -- that's going to be basically spun
6 off of Community Health Systems, Inc. And will that
7 be a publicly traded company?

8 MR. MILLER: Yes, it will be.

9 VICE CHAIRMAN HAYES: And when you're
10 talking about the -- they're going to be having,
11 basically, 38 hospitals; is that correct?

12 MR. MILLER: Yes, sir.

13 VICE CHAIRMAN HAYES: And not all of these
14 are going to be in Illinois; is that correct?

15 MR. MILLER: That is correct.

16 VICE CHAIRMAN HAYES: Well, what is the
17 reason for the -- and have they been spun off? Is
18 Quorum Health Corporation already trading on a stock
19 exchange or over the counter?

20 MR. MILLER: It is not. It's pending
21 approvals by boards such as this. The date that we're
22 anticipating going -- publicly trading is
23 January 28th.

24 VICE CHAIRMAN HAYES: Well, why did

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1 Community Health Systems spin these operations off,
2 then?

3 MR. MILLER: As you might expect, a company
4 with 198 hospitals focuses on a lot of different
5 regions, and Community Health is refocusing its
6 efforts on network-type developments where you can
7 acquire other hospitals in the same regions and,
8 really, an emphasis by Quorum Health Corporation to
9 manage the hospitals that are independent hospitals
10 in, really, nonurban settings in a way that really can
11 focus attention and give them the greatest opportunity
12 for success.

13 VICE CHAIRMAN HAYES: Now, in a lot of
14 spin-offs of this type on Wall Street here is that
15 Quorum Health Corporation -- Community Health may have
16 spun these hospitals off into Quorum Health
17 Corporation to be able to improve their stock price,
18 and Quorum Health Corporation is basically looking at
19 having independent, rural hospitals or hospitals that
20 may or may not be as profitable as the remaining
21 160 hospitals in Community Health; is that a fair
22 statement?

23 MR. MILLER: That is a fair statement.

24 VICE CHAIRMAN HAYES: Okay. Thank you.

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1 CHAIRWOMAN OLSON: Other questions or
2 comments?

3 MEMBER GREIMAN: I have one.

4 CHAIRWOMAN OLSON: Yes, Justice.

5 MEMBER GREIMAN: What -- there are all kind
6 of owners listed in the -- in your material.

7 What do they get? What -- how are they
8 handled here?

9 MS. RANALLI: Judge Greiman, that had to do
10 with your rules of who had to be co-Applicants, so we
11 had to list the hospitals -- which are not changing.
12 The same corporate ownership of the hospitals at the
13 local level will remain.

14 But their licensed facilities had to be
15 co-Applicants along with Community Health System, the
16 current owner -- ultimate parent, if you will -- and
17 then Quorum Health Care, the proposed owner, should
18 you approve this.

19 MEMBER GREIMAN: Okay. So there's a
20 Christopher -- so a -- Christopher Vulin is a legal
21 owner of an ambulatory surgical treatment -- Monroe
22 County Surgical Center.

23 What happens to his interests?

24 MS. RANALLI: They will not change as a

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1 result of this. None of that will change at the local
2 level. This is on up to the ultimate parent entity --

3 MEMBER GREIMAN: I see. Okay.

4 MS. RANALLI: -- with the change of
5 ownership.

6 MEMBER GREIMAN: And when you go public,
7 what's the name of the company you're going to go
8 public with?

9 MS. RANALLI: Quorum Health Corporation.

10 MEMBER GREIMAN: Quorum?

11 MS. RANALLI: Yes.

12 MEMBER GREIMAN: I see.

13 CHAIRWOMAN OLSON: Other questions or
14 comments?

15 (No response.)

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

17 CHAIRWOMAN OLSON: We have a motion on the
18 floor that's been moved and seconded.

19 Can I have a roll call vote?

20 MR. ROATE: Thank you, ma'am.

21 Motion made by Mr. Hayes; seconded by
22 Senator Burzynski.

23 Mr. Bradley.

24 MEMBER BRADLEY: Based on the State agency

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1 report, I vote yes.

2 MR. ROATE: Senator Burzynski.

3 MEMBER BURZYNSKI: I vote yes, same
4 criteria.

5 MR. ROATE: Senator Demuzio.

6 MEMBER DEMUZIO: Yes. I vote yes due to the
7 report from the State agency.

8 MR. ROATE: Thank you.

9 Justice Greiman.

10 MEMBER GREIMAN: I vote yes and will not
11 discuss this with my stockbroker.

12 MR. ROATE: Mr. Galassie.

13 MEMBER GALASSIE: I vote yes. It's seamless
14 to the community, and I think that's a good thing.

15 MR. ROATE: Mr. Hayes.

16 VICE CHAIRMAN HAYES: I'm going to vote yes
17 based on the State agency report.

18 MR. ROATE: Thank you.

19 Mr. Johnson.

20 MEMBER JOHNSON: Yes, based on the State
21 agency report.

22 MR. ROATE: Thank you.

23 Madam Chair.

24 CHAIRWOMAN OLSON: Yes, for reasons stated.

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MR. ROATE: 8 votes in the affirmative.

CHAIRWOMAN OLSON: The motion passes.

Congratulations.

MS. MARTIN: Thank you.

MEMBER GALASSIE: Good luck.

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1 CHAIRWOMAN OLSON: Finally, E-17-15,
2 St. Mary's Hospital in Streator for a discontinuation.

3 The Applicant will be sworn in, please.

4 (Four witnesses sworn.)

5 THE COURT REPORTER: Thank you. And please
6 print your names.

7 CHAIRWOMAN OLSON: Sir, you're not -- are
8 you with the Applicant, sir? I'm going to have to ask
9 you to step back from the table, please.

10 UNIDENTIFIED MALE: I'm a fun speaker.

11 CHAIRWOMAN OLSON: That's great. Can you
12 have a seat in the front row, then?

13 UNIDENTIFIED MALE: Okay.

14 CHAIRWOMAN OLSON: This is a --

15 UNIDENTIFIED MALE: I wasn't here at the
16 beginning, so I know none of these ground rules.

17 MS. AVERY: Yeah.

18 CHAIRWOMAN OLSON: That's fine. I
19 understand.

20 Thank you.

21 Mr. Constantino, your report.

22 MR. CONSTANTINO: The Applicants are
23 proposing the discontinuation of St. Mary's Hospital
24 in Streator, Illinois. St. Mary's Hospital is a

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1 90-bed acute care hospital with 79 medical/surgical
2 beds, 3 pediatric, and 8 intensive care beds.

3 There was a public hearing on this project.
4 There has been opposition and support letters received
5 by the State Board staff.

6 The Applicants have submitted all the
7 requirements of Public Act 99-0154.

8 Thank you, Madam Chairwoman.

9 CHAIRWOMAN OLSON: Thank you,
10 Mr. Constantino.

11 Comments for the Board?

12 SISTER STARMANN-HARRISON: Good afternoon.

13 My name is Mary Starmann-Harrison. I'm the
14 president and CEO of Hospital Sisters Health System.

15 I'd like to thank the State Board for its
16 assistance on this project and its report on the
17 exemption application.

18 Normally on a project where we have all
19 met -- we have met all the findings, we would not make
20 a presentation; however, given the 128 years of
21 service by the Hospital Sisters in Streator and the
22 fact that this discontinuation has caused concern
23 within the community, Sister Trudy O'Connor and I have
24 prepared brief remarks. If you would prefer, we can

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1 simply go to questions that you might have. We leave
2 it up to the Board's preference.

3 CHAIRWOMAN OLSON: Yeah, if your remarks
4 are -- I'm assuming it's not a half an hour long.

5 SISTER STARMANN-HARRISON: No. Very short.

6 CHAIRWOMAN OLSON: Thank you.

7 SISTER STARMANN-HARRISON: Okay. I would
8 like to first ask Sister Trudy O'Connor to make a few
9 remarks about our decision to close St. Mary's
10 Hospital and transition our health care services in
11 the Streator area to OSF HealthCare.

12 SISTER O'CONNOR: Good afternoon.

13 MEMBER GALASSIE: Good afternoon.

14 SISTER O'CONNOR: I am Sister Trudy
15 O'Connor, the provincial vicaress of the Hospital
16 Sisters of St. Francis. And on behalf of the Sisters,
17 I affirmed the decision to discontinue our health care
18 ministry in Streator and transition many of the
19 services we provide to OSF HealthCare.

20 This was not an easy decision. Our founding
21 sisters arrived in Streator in 1887 and, through the
22 support of the community, they founded St. Mary's
23 Hospital. Through the intervening years our health
24 care ministry has evolved to ensure that the care of

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1 the patient was always the priority. The people of
2 Streator and the surrounding communities have taken
3 great pride in St. Mary's Hospital, and we are
4 profoundly grateful for their generosity, dedication,
5 and commitment to our mission.

6 The physicians, colleagues, volunteers, and
7 Sisters who served at St. Mary's throughout its
8 history and who continue to serve today have been the
9 common thread of our Franciscan health care ministry,
10 bringing Christ's healing presence to those in need.

11 Together, we have seen the face of Christ in
12 each person who came to St. Mary's for care. We
13 firmly believe that OSF HealthCare is in the best
14 position to lead this health care ministry into the
15 future so that the health care needs of the residents
16 are met over the long term.

17 OSF HealthCare has a very strong presence in
18 this area. Through their extensive network of
19 hospitals, physician clinics, and outpatient services
20 in the geographic area closer to Streator, they are
21 well-positioned to deliver highly integrated, high-
22 quality, cost-effective care to residents in this
23 community.

24 In summary, our decision to close St. Mary's

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1 was made only after OSF agreed to assume
2 responsibility for this local ministry and to ensure
3 health care will be available in Streator well into
4 the future.

5 Thank you for your time and consideration.

6 CHAIRWOMAN OLSON: Thank you.

7 SISTER STARMANN-HARRISON: Thank you,
8 Sister.

9 Is it okay if I go ahead?

10 CHAIRWOMAN OLSON: Please.

11 SISTER STARMANN-HARRISON: Yes. As a
12 follow-up to Sister's remarks, I simply want to say
13 that there are two main factors in our decision to
14 close the hospital and transition services to OSF.

15 The first factor is the trend towards
16 outpatient care, and this trend has been evident at
17 St. Mary's over the past 10 years. In 2005 there were
18 3500 inpatient admissions at St. Mary's. Last year
19 St. Mary's had 1300 inpatient admissions or a little
20 more than a third of the admissions of just a decade
21 ago. Today we have a census of zero.

22 During the same period outpatient visits
23 have been on the rise. In 2005 St. Mary's had
24 71,000 outpatient visits. Last year that number was

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1 120,000 outpatient visits. Today, more than
2 75 percent of care -- patient care encounters at
3 St. Mary's -- are outpatient.

4 This trend of treating patients in
5 outpatient services has occurred as hospitals
6 increasingly rely on physician partners to provide the
7 right care for the patients at the right time in the
8 right setting.

9 However, providing robust outpatient care
10 requires access to specialists and tertiary inpatient
11 care, as well, so the second factor for our decision
12 to close St. Mary's is to have a highly integrated
13 health care network in place to provide quality care
14 effectively.

15 For HSHS, providing an integrated delivery
16 model in Streator has been a challenge due to the
17 system's geography. Geography matters. The closest
18 HSHS hospital to Streator is in Springfield, two hours
19 away. Our remaining Illinois hospitals are all in the
20 southern half of the state. The distance makes it
21 very difficult for us to share clinical resources that
22 are necessary to deliver highly effective, integrated
23 care. For example, a physician specialist from
24 Springfield needs to spend half a day in the car in

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1 order to provide a clinic in Streator.

2 We have attempted to recruit specialists and
3 primary care directly to the community, and over the
4 past decade St. Mary's has recruited 28 physicians to
5 Streator. Of those 28 physicians, only 1 remains in
6 the community today.

7 Due to the trend towards outpatient care and
8 the fact that OSF has a fully integrated health care
9 delivery system in the Streator area while HSHS does
10 not, we decided it would be best for the community to
11 transition our health care services in the Streator
12 area to OSF. We are so pleased that OSF has provided
13 a firm commitment to provide a strong network of care,
14 including a new major outpatient facility for
15 Streator.

16 Behind me are representatives from OSF,
17 including Dr. Dave Gorenz, who is the regional CEO for
18 OSF; and with me at the table today is John Flanders,
19 the president and CEO of St. Mary's; and Clare
20 Ranalli, our legal counsel. And we're happy to answer
21 any questions you may have.

22 CHAIRWOMAN OLSON: Thank you.

23 Questions from Board members?

24 MEMBER GALASSIE: So you're donating the

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1 campus to OSF?

2 SISTER STARMANN-HARRISON: We're donating
3 the hospital campus to OSF. We have -- and we have
4 sold them the Ottawa clinic and some of our larger
5 assets.

6 MEMBER GALASSIE: And we believe OSF
7 intends, within a two- or three-year period, to build
8 a building there?

9 SISTER STARMANN-HARRISON: Yes. They will
10 build, within two to three years, a large outpatient
11 building of approximately 30,000 square feet or larger
12 to include all lab services, radiology, MRI, CT,
13 physician -- specialty physician offices, primary care
14 specialty offices, 24-hour urgent care until such time
15 that the ER can -- a freestanding ER could be provided
16 by State law.

17 MEMBER GALASSIE: And that freestanding ER
18 would be part of the old hospital or new construction?

19 SISTER STARMANN-HARRISON: It would be --
20 initially they're going to use the old hospital to
21 keep open all of these outpatient services, including
22 urgent care and/or a freestanding ER while the new
23 facility is being built.

24 MEMBER GALASSIE: How old is St. Mary's?

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1 SISTER STARMANN-HARRISON: Well, it's been
2 in the community 128 years. Parts of the building are
3 extremely old, and then parts of it are newer. So
4 it --

5 UNIDENTIFIED MALE: Which parts are newer?

6 MR. FLANDERS: The original building that's
7 still standing is about 1904, and the newest building
8 was built in -- starting in 1959 and opened in 1962.

9 It has been remodeled, as you can imagine,
10 over that time.

11 SISTER STARMANN-HARRISON: The ER is the
12 newest addition.

13 MR. FLANDERS: The ER would be -- yeah, the
14 newest addition is the ER in 2005.

15 MEMBER GALASSIE: Thank you.

16 CHAIRWOMAN OLSON: Other questions or
17 comments from Board members?

18 (No response.)

19 CHAIRWOMAN OLSON: Seeing none, I'll ask for
20 a roll call vote.

21 MR. ROATE: Thank you, Madam Chair. Did we
22 get a motion and a second?

23 CHAIRWOMAN OLSON: May I have a motion to
24 approve Exemption E-017-15 to discontinue operations

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1 at St. Mary's Hospital.

2 MEMBER DEMUZIO: I motion.

3 MEMBER BRADLEY: May I ask a question?

4 MEMBER JOHNSON: Second.

5 MR. ROATE: Motion made by --

6 CHAIRWOMAN OLSON: I'm sorry.

7 Mr. Bradley, you had a question?

8 MEMBER BRADLEY: Under State law do we have
9 to vote on approving this?

10 MR. MORADO: In order for a motion to pass
11 before this Board, it requires 5 votes in the
12 affirmative.

13 MEMBER BRADLEY: No, I understand that. But
14 our staff says they've met the criteria.

15 MR. MORADO: Correct.

16 MEMBER BRADLEY: Isn't that all that's
17 required?

18 MR. MORADO: It still formally requires a
19 vote of the Board.

20 MEMBER BRADLEY: Does it? Okay.

21 UNIDENTIFIED MALE: I object to this.

22 MR. MORADO: Sir, I appreciate that you
23 didn't get an opportunity to speak earlier, but we did
24 have an extensive public comment period. And I'm

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1 sorry that you didn't get a chance.

2 CHAIRWOMAN OLSON: Do you have a motion and
3 a second?

4 MR. ROATE: Motion made by Senator Demuzio;
5 seconded by Mr. Johnson.

6 CHAIRWOMAN OLSON: Roll call vote.

7 MR. ROATE: Mr. Bradley.

8 MEMBER BRADLEY: Due to the fact that
9 they've met all criteria, I vote, as we must vote,
10 yes.

11 UNIDENTIFIED MALE: Bullshit.

12 MR. ROATE: Senator Burzynski.

13 MEMBER BURZYNSKI: I vote yes based on the
14 same criteria.

15 MR. ROATE: Senator Demuzio.

16 MEMBER DEMUZIO: I just want to say to the
17 Sisters -- I just want to say to the Sisters and to
18 the community there was some very compelling testimony
19 here today. And I just wish that we could make
20 another decision, but I know that, financially and
21 going forward, you have already made this arrangement.

22 It hurts me to have to put a yes vote on
23 this. I know it does you, too.

24 MR. ROATE: Thank you.

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1 MEMBER DEMUZIO: And I hope that -- I hope
2 that the community of Streator supports and continues
3 to be the strong advocates that they were today for
4 you guys in the future because the -- it was very,
5 very compelling testimony and some heartbreaking
6 stories here about the involvement that they have had
7 with you and your hospital over the years.

8 I vote yes but I know that they're going to
9 be in good hands.

10 Thank you.

11 MR. ROATE: Justice Greiman.

12 UNIDENTIFIED FEMALE: It's going to be torn
13 down.

14 MEMBER GREIMAN: Yes.

15 UNIDENTIFIED FEMALE: Yeah, it's going to be
16 torn down. This is awful.

17 CHAIRWOMAN OLSON: Please --

18 UNIDENTIFIED MALE: Streator is getting the
19 worst. Streator is getting the worst.

20 CHAIRWOMAN OLSON: Please -- I'm going to
21 ask you to leave the room. I'm going to ask you to
22 leave the room, sir.

23 UNIDENTIFIED MALE: I will.

24 CHAIRWOMAN OLSON: Please leave the room.

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1 UNIDENTIFIED MALE: Gladly.

2 CHAIRWOMAN OLSON: Thank you.

3 UNIDENTIFIED MALE: I'll -- the director of
4 environmental health --

5 CHAIRWOMAN OLSON: Please leave the room,
6 sir. I'm going to ask you to leave the room one more
7 time.

8 George, would you escort this gentleman out
9 of the room, please.

10 UNIDENTIFIED MALE: Where's our patient
11 advocate?

12 MEMBER GREIMAN: What I was about to say --

13 CHAIRWOMAN OLSON: I'm please going to ask
14 you people to refrain from commenting, and I would ask
15 that you read Public Law 99-0154 that became law on
16 July 29th of 2015 that basically says it makes no
17 difference what this Board votes. Streator Hospital
18 has met the requirements. We can all vote no and it
19 makes no difference.

20 So we gave you an opportunity to speak.
21 I applaud you all for coming to speak. I feel your
22 pain. I live in a small, rural community --

23 UNIDENTIFIED MALE: You don't live in ours.

24 CHAIRWOMAN OLSON: -- but, unfortunately,

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1 there's nothing that this Board can do. So please
2 respect our time and let us finish this meeting.

3 George.

4 MR. ROATE: Justice Greiman.

5 MEMBER GREIMAN: Yes. I'm going to vote
6 aye, but I vote with some sorrow.

7 I've seen hundreds of these documents,
8 reports since I've been on this committee over
9 the years, and this is the largest amount of charity
10 that I've ever seen any agency give. It's almost
11 5 percent of their gross, and I'm -- I guess we won't
12 see that again. But thank you.

13 But I vote aye.

14 MR. ROATE: Thank you.

15 Mr. Galassie.

16 MEMBER GALASSIE: You know, two quick
17 comments.

18 I just wish that the new building that's
19 going to be built could be expedited for Streator's
20 sake. And as the Judge suggested -- I've seen this,
21 as well, in my own community. And I just hate to see
22 an order who's spent 128 years giving to the community
23 and being very much a part of the community be
24 vilified.

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I vote yes.

MR. ROATE: Thank you.

Mr. Hayes.

VICE CHAIRMAN HAYES: Based on the State agency report, I'm going to vote yes.

MR. ROATE: Thank you.

Mr. Johnson.

MEMBER JOHNSON: Based on the State agency report, I'm going to vote yes.

MR. ROATE: Madam Chair.

CHAIRWOMAN OLSON: Based on the State agency report, I vote yes.

MR. ROATE: That's 8 votes in the affirmative.

CHAIRWOMAN OLSON: The motion passes.

Thank you.

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CHAIRWOMAN OLSON: The next order of
business is alteration requests. There are none.

The next order of business is declaratory
rulings and other business. There is none.

The next order of business is Health Care
Worker Self-Referral Act. There is none.

Next, status report on conditional -- please
quietly leave the room. We are not done with our
business.

Status report on conditional/contingent
permits, there is none.

There is nothing under other business.

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1 CHAIRWOMAN OLSON: Rules development,
2 Jeannie.

3 MS. MITCHELL: First, I'm going to speak on
4 the 1126 rules.

5 At the June meeting the Board approved these
6 rules with --

7 THE COURT REPORTER: I'm sorry.

8 MS. MITCHELL: First, I'm going to speak
9 about the 1126 rules, which deal with the Specialized
10 Mental Health Rehabilitation Facilities Act.

11 The Board voted on this at the June meeting
12 to -- they approved it for publication. The rules
13 were published on July 31st. Public comment period
14 ended on September 14th.

15 We're getting ready to publish this for
16 second notice, and we made a few minor changes, simply
17 adding or correcting citations to the law or rewording
18 some of the phrasing.

19 And we want the Board to approve it and for
20 the Board to -- approve this draft and for the Board
21 to approve to allow us to work with JCAR on any
22 changes they request.

23 CHAIRWOMAN OLSON: May I have a motion to
24 approve this draft for second notice, for approval to

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1 work with JCAR and other entities on any changes that
2 are requested.

3 This is the 1126 --

4 MEMBER BURZYNSKI: So moved.

5 CHAIRWOMAN OLSON: Can we do them both?

6 MEMBER GALASSIE: Second.

7 CHAIRWOMAN OLSON: Separate votes. Okay.

8 1126 vote. I have a motion and a second.

9 All those in favor say aye.

10 (Ayes heard.)

11 CHAIRWOMAN OLSON: Opposed, like sign.

12 (No response.)

13 CHAIRWOMAN OLSON: The motion passes.

14 Jeannie.

15 MS. MITCHELL: Next is the 1130 rules, which
16 are operational rules. And here -- you discussed this
17 in August, but we went through and found out that we
18 needed to make a few more changes. And all the
19 changes either fall into one of three categories,
20 generally, increasing our application fees.

21 Last -- in the first category, last time you
22 discussed increasing the exemption fees. We also want
23 to increase our permit fees and our permit renewal
24 fees. The increase for the permit renewal fees is

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1 not in the draft that you have before you, but staff
2 did discuss it and feel like it's the right thing
3 to do.

4 The other category of changes is in response
5 to changes to the Health Facilities Planning Act, and
6 the third category of changes is to clarify existing
7 language or requirements.

8 So I request approval for this draft and for
9 approval to increase the permit renewal fee and for
10 approval to work with JCAR and other entities on
11 changes that are requested.

12 CHAIRWOMAN OLSON: May I have -- thank you,
13 Jeannie.

14 May I have a motion to approve this draft,
15 approve the proposed increase to permit renewal fees,
16 and approve staff to work with JCAR and other entities
17 on changes that are requested.

18 May I have a motion.

19 MEMBER BURZYNSKI: So moved.

20 MEMBER GALASSIE: Second.

21 CHAIRWOMAN OLSON: All those in favor
22 say aye.

23 (Ayes heard.)

24 CHAIRWOMAN OLSON: Opposed, like sign.

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(No response.)

CHAIRWOMAN OLSON: The motion passes.

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CHAIRWOMAN OLSON: There's no unfinished
business.

Any financial report questions I would ask
that you would direct, via e-mail, to our staff.

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1 CHAIRWOMAN OLSON: We have one more item of
2 business. That's our HFSRB employee handbook. Juan
3 has three changes that he will explain quickly and
4 we'll vote on that.

5 MR. MORADO: I just wanted to explain these
6 changes that I made so you know.

7 The reasons this came about is, after having
8 some discussions with the general counsel for the
9 Department of Public Health as well as the
10 Department's human resources department, they advised
11 us to have our own employee handbook so, in case there
12 were any instances of -- any instances where what we
13 wanted to do didn't definitely coincide with what the
14 Department of Public Health's handbook would allow
15 for, that we would have our own.

16 And so I took the Department of Public
17 Health's employee handbook and made a number of
18 changes that I'll explain to you right now.

19 I, first and foremost, deleted all
20 references to collective bargaining since the Health
21 Facilities Services and Review Board has no employees
22 that are in a union. Our employees are at-will
23 employees, so I removed all those references.

24 I lowered the number of unexcused absences

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1 from 12 to 5 that are allowed to terminate an
2 employee. Under the Department's current handbook,
3 you can have up to 12 unexcused absences before you
4 can be terminated. I've lowered it down to 5 for the
5 Board.

6 Using language directly from the Central
7 Management Services personnel rules, I added the
8 earned equivalent time as an option for our employees.
9 I updated language regarding jury duty that was passed
10 down recently from the Department of Public Health.

11 In short, with regard to jury duty, we still
12 would get paid for it, but if you got let out early,
13 you're supposed to contact your supervisor to see if
14 you should come back to work to work the rest of the
15 day.

16 And, finally, I made a change allowing the
17 Board administrator to approve leaves of absences
18 versus IDPH human resources staff.

19 And so those are the changes, in short.
20 This was an e-mail that I sent out to you last week
21 with the handbook. We'd like to get this in place
22 right away, and then in the future, if any changes are
23 needed, we can go ahead come back to the Board and get
24 those approved.

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1 MEMBER GALASSIE: I don't believe I got that
2 e-mail --

3 MEMBER GOYAL: Neither did I. Can I?

4 MEMBER GALASSIE: -- and I'd like to see it.

5 MEMBER BURZYNSKI: And I was going to make a
6 comment to that effect.

7 MS. AVERY: Did you check your @illinois.gov?

8 MEMBER BURZYNSKI: I will not --

9 MEMBER GALASSIE: Oh, no.

10 MEMBER BURZYNSKI: -- unless I'm
11 informed to.

12 MEMBER GALASSIE: That's right.

13 MEMBER BURZYNSKI: I don't need to have
14 another stinking password and everything else.

15 MEMBER GALASSIE: I'm with you.

16 MEMBER BURZYNSKI: I'm sorry. That's on the
17 transcript. I'm sorry.

18 MR. MORADO: All right. This was sent to
19 your State e-mail addresses, the Illinois.gov e-mail
20 address.

21 MEMBER BURZYNSKI: No.

22 MR. MORADO: The Governor's office has
23 recently requested that all Board members appointed by
24 the Governor use the State e-mail addresses. This is

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1 probably a result of the Governor's education
2 secretary using her personal e-mail to communicate
3 and, thus, creating issues with FOIA.

4 So that's why we're now --

5 MEMBER GALASSIE: Well, send mine to her.

6 MR. MORADO: -- using the --

7 MEMBER BURZYNSKI: Yeah.

8 MR. MORADO: -- State e-mail address.

9 MEMBER BURZYNSKI: Send mine to Kathy. I'll
10 read hers.

11 MEMBER BRADLEY: Is the Senator saying he's
12 not using that e-mail address?

13 MEMBER BURZYNSKI: That's correct.

14 MEMBER BRADLEY: I am not using -- I have no
15 intention of using it. I've got enough e-mail.

16 MEMBER GALASSIE: We can be here until
17 five o'clock.

18 MS. AVERY: We'll begin to mail items --

19 MEMBER BRADLEY: Whatever you do --

20 MS. AVERY: -- because we can't -- we
21 can't --

22 MEMBER GALASSIE: Just send it --

23 MEMBER BRADLEY: -- if you want me to get
24 something, it's got to be on my e-mail or --

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1 MS. AVERY: We'll just e-mail it -- can we
2 mail it?

3 Because we can no longer use your personals
4 because it would subject you to FOIA with your personal
5 e-mails, also.

6 MEMBER BRADLEY: Oh, I don't care about
7 that. Hillary and I are fine with that.

8 (Laughter.)

9 MEMBER GALASSIE: Me, too.

10 CHAIRWOMAN OLSON: Okay.

11 MS. MITCHELL: Okay. Just --

12 CHAIRWOMAN OLSON: It's getting late. It's
13 getting late. We all want to go home.

14 Are you not prepared, then, to vote on the
15 employee handbook?

16 MEMBER BURZYNSKI: That's correct.

17 MEMBER GALASSIE: I'd like to see it.

18 CHAIRWOMAN OLSON: All right.

19 MS. AVERY: We'll mail it to each of you.

20 MEMBER GALASSIE: I'm more than willing to
21 look at it soon.

22 CHAIRWOMAN OLSON: So if it's e-mailed and
23 we give everybody a deadline if we have a -- we can't
24 have an e-mail vote if you're not interested --

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1 MS. AVERY: We'll bring it back in January.

2 CHAIRWOMAN OLSON: Okay. It will be back in
3 January.

4 I did just want to recognize Honey Skinner.
5 I know she's gone already, but this was her last
6 meeting today. I wanted to do that at the beginning
7 of the meeting, and she requested that I do it at the
8 end and --

9 MR. MORADO: There she is.

10 CHAIRWOMAN OLSON: So thanks to Honey
11 Skinner for all her many years of work.

12 MEMBER GALASSIE: Way to go, Honey.

13 CHAIRWOMAN OLSON: Go, Honey.

14 MEMBER GREIMAN: Where did she go?

15 CHAIRWOMAN OLSON: She's retiring.

16 MEMBER GALASSIE: She's retired.

17 MEMBER GREIMAN: She's retired? Yeah?

18 CHAIRWOMAN OLSON: I told her I'm very
19 jealous.

20 Our next meeting will be January 5th right
21 here at Bolingbrook Golf Club. It will hopefully not
22 be as long as this meeting.

23 MEMBER GALASSIE: Hear, hear.

24 CHAIRWOMAN OLSON: I would entertain a

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1 motion to adjourn.

2 VICE CHAIRMAN HAYES: So moved.

3 CHAIRWOMAN OLSON: Second?

4 MEMBER JOHNSON: Second.

5 CHAIRWOMAN OLSON: All those in favor?

6 (Ayes heard.)

7 (Off the record at 5:01 p.m.)

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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 December, 2015.

My commission expires: May 31, 2017

 

Notary Public in and for the
State of Illinois

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