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Transcript of Full Meeting

Date: November 14, 2017
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 14, 2017

9:15 a.m.

BOARD MEMBERS PRESENT:

KATHY OLSON, Chairwoman

RICHARD SEWELL, Vice Chairman

BRAD BURZYNSKI

JOEL K. JOHNSON

MEMBER JOHNSON MC GLASSON, SR.

MARIANNE ETERNO MURPHY

Job No. 126148

Pages: 1 - 144

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, FAPR

1 EX OFFICIO MEMBERS PRESENT:
2 BILL DART, IDPH
3 ARVIND K. GOYAL, IHFS
4
5 ALSO PRESENT:
6 JEANNIE MITCHELL, General Counsel
7 COURTNEY AVERY, Administrator
8 MICHAEL CONSTANTINO, IDPH Staff
9 GEORGE ROATE, IDPH Staff
10 ANN GUILD, Compliance Manager
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12
13
14
15
16
17
18
19
20
21
22
23
24

1 C O N T E N T S

2 PAGE

3 CALL TO ORDER 6
4 ROLL CALL 6
5 EXECUTIVE SESSION 6
6 COMPLIANCE ISSUES/SETTLEMENT ARRANGEMENTS/
7 FINAL ORDERS
8 Referrals to Legal Counsel 7
9 Final Orders 8
10 APPROVAL OF AGENDA 8
11 APPROVAL OF TRANSCRIPTS 10
12 PUBLIC PARTICIPATION 10
13 Centegra Hospital-Woodstock 12
14 Fresenius Medical Care, South Elgin 23
15 Palos Hills Surgery Center 29
16 ITEMS APPROVED BY THE CHAIRWOMAN 32
17 ITEMS FOR STATE BOARD ACTION
18 PERMIT RENEWAL REQUESTS 34
19 EXTENSION REQUESTS 34
20 ALTERATION REQUESTS 34
21 DECLARATORY RULINGS/OTHER BUSINESS 34
22 HEALTH CARE WORKER SELF-REFERRAL ACT 34
23
24

1 C O N T E N T S C O N T I N U E D

2 PAGE
3 STATUS REPORTS ON CONDITIONAL/CONTINGENT 34
4 PERMITS
5 APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
6 Provident Hospital of Cook County 35
7 Meadowbrook Manor Geneva 35
8 Adventist Medical Center of La Grange 36
9 SwedishAmerican Medical Office Building 52
10 DaVita Illini Renal Dialysis 59
11 Fresenius Medical Care Naperbrook 63
12 Centegra Hospital-Woodstock 67
13 EXEMPTION REQUESTS 34
14 Centegra Hospital-McHenry 71
15 Centegra Hospital-Woodstock. 74
16 APPLICATIONS SUBSEQUENT TO INITIAL
17 REVIEW (Continued)
18 Centegra Hospital-Huntley 77
19 Fresenius Medical Care, South Elgin 81
20 DaVita Alpine Dialysis 101
21 Palos Hills Surgery Center 116
22 St. Alexius Medical Center 127
23
24

C O N T E N T S C O N T I N U E D

	PAGE
OTHER BUSINESS	
Corrections to Profiles	
Advocate Trinity Hospital	140
RULES DEVELOPMENT	141
NEW BUSINESS	
Financial Reports	142
ADJOURNMENT	144

1 P R O C E E D I N G S
2 (Ms. Guild was not present.)
3 CHAIRWOMAN OLSON: I'm going to call the
4 meeting to order. We have our quorum. We can get
5 started. I apologize for the delay.
6 May I have a roll call, please.
7 MR. ROATE: Thank you, Madam Chairwoman.
8 Senator Burzynski.
9 MEMBER BURZYNSKI: Present.
10 MR. ROATE: Senator Demuzio is absent.
11 Mr. Johnson.
12 MEMBER JOHNSON: Present.
13 MR. ROATE: Mr. McGlasson.
14 MEMBER MC GLASSON: Yes, sir.
15 MR. ROATE: Ms. Murphy.
16 MEMBER MURPHY: Here.
17 MR. ROATE: Mr. Sewell.
18 VICE CHAIRMAN SEWELL: Here.
19 MR. ROATE: Chairwoman Olson.
20 CHAIRWOMAN OLSON: Here.
21 MR. ROATE: There are six members in
22 attendance.
23 CHAIRWOMAN OLSON: Thank you.
24 The first order of business is executive

1 session.
2 May I have a motion to go into closed
3 session, pursuant to Sections 2(c)(1), 2(c)(5),
4 2(c)(11), and 2(c)21 of the Open Meetings Act.
5 VICE CHAIRMAN SEWELL: So moved.
6 CHAIRWOMAN OLSON: A second, please.
7 MEMBER MURPHY: Second.
8 CHAIRWOMAN OLSON: All those in favor
9 signify by saying aye.
10 (Ayes heard.)
11 CHAIRWOMAN OLSON: We're now in executive
12 session for approximately 20 to 25 minutes.
13 Thank you.
14 I'll need everybody to clear the room.
15 (At 9:16 a.m. the Board adjourned into
16 executive session. Ms. Guild joined the
17 proceedings. Open session proceedings resumed at
18 9:36 a.m. as follows:)
19 CHAIRWOMAN OLSON: Are there motions to
20 come out of executive session?
21 MS. MITCHELL: Yes.
22 May I please have a motion to refer to
23 legal Dialysis Access Center, LLC, and DaVita
24 Foxpoint Dialysis, Granite City, Project

1 No. 16-037.
2 MEMBER JOHNSON: So moved.
3 VICE CHAIRMAN SEWELL: Second.
4 CHAIRWOMAN OLSON: All those in favor
5 say aye.
6 (Ayes heard.)
7 CHAIRWOMAN OLSON: The two projects listed
8 will be referred to legal.
9 MS. MITCHELL: May I also have a motion to
10 approve a final order for Carle Foundation
11 Hospital, HFSRB 17-01.
12 CHAIRWOMAN OLSON: Motion?
13 MEMBER JOHNSON: So moved.
14 CHAIRWOMAN OLSON: Second?
15 May I have a second.
16 VICE CHAIRMAN SEWELL: Second.
17 CHAIRWOMAN OLSON: All those in favor
18 say aye.
19 (Ayes heard.)
20 CHAIRWOMAN OLSON: The final order is
21 approved.
22 The next order of business is approval of
23 the agenda, and we do have some changes to the
24 agenda.

1 May I have a motion to move Item C-02,
2 Centegra Hospital-McHenry, discontinuation of a
3 22-bed physical rehab category of service, to be
4 heard prior to Item H-07, Centegra Hospital-
5 Woodstock, to establish a 22-bed physical
6 rehabilitation category service.
7 A motion, please.
8 MEMBER BURZYNSKI: So moved.
9 CHAIRWOMAN OLSON: Second, please.
10 MEMBER JOHNSON: Second.
11 CHAIRWOMAN OLSON: All those in favor
12 say aye.
13 (Ayes heard.)
14 CHAIRWOMAN OLSON: Opposed?
15 (No response.)
16 CHAIRWOMAN OLSON: Hearing no opposition,
17 the motion is approved.
18 May I also have a motion to move
19 Item C-01, Centegra Hospital-Woodstock, for a
20 discontinuation of a 60-bed med/surg category of
21 service and a 12-bed ICU category of service to be
22 heard prior to Item H-08, Centegra Hospital-
23 Huntley, to add four intensive care beds and add
24 four med/surg beds.

1 A motion, please.
2 MEMBER JOHNSON: So moved.
3 CHAIRWOMAN OLSON: And a second.
4 VICE CHAIRMAN SEWELL: Second.
5 CHAIRWOMAN OLSON: All those in favor
6 say aye.
7 (Ayes heard.)
8 CHAIRWOMAN OLSON: Opposed?
9 (No response.)
10 CHAIRWOMAN OLSON: The motion passes. The
11 item will be moved.
12 May I have approval of the transcripts
13 from the September 26th meeting.
14 Motion to approve, please.
15 MEMBER MURPHY: So moved.
16 VICE CHAIRMAN SEWELL: Second.
17 CHAIRWOMAN OLSON: All those in favor
18 say aye.
19 (Ayes heard.)
20 CHAIRWOMAN OLSON: The transcripts are
21 approved.
22 The next order of business is public
23 participation.
24 MS. MITCHELL: Okay.

1 Please come and sit at the table when your
2 name is called.
3 Please do not forget to sign in. And
4 before you begin your remarks, please --
5 MS. AVERY: They don't need to sign in.
6 MS. MITCHELL: Never mind. You do not
7 have to sign in.
8 Before you begin your remarks, please
9 state and spell your name for the court reporter.
10 And you do not have to speak in the order in which
11 you are called.
12 First up, for Project E-036-17, Paul
13 Lockwood, Chief Michael Hill, Dr. Brian Sager; and
14 for Project 17-038, Dr. Mohammad Zahid and James
15 Dilts. And Fauzia Javaid.
16 I apologize for butchering names.
17 CHAIRWOMAN OLSON: As your name is called,
18 please come to the table.
19 MS. MITCHELL: Again, those were Paul
20 Lockwood, Chief Michael Hill, Dr. Brian Sager,
21 Dr. Mohammad Zahid, James Dilts, and Fauzia
22 Javaid.
23 CHAIRWOMAN OLSON: Are we missing some
24 people?

1 You can't hear us?
2 UNIDENTIFIED MALE: No.
3 UNIDENTIFIED MALE: No.
4 MS. MITCHELL: Paul Lockwood, Chief
5 Michael Hill, Mayor Dr. Brian Sager, Dr. Mohammad
6 Zahid, James Dilts, and Fauzia Javaid.
7 CHAIRWOMAN OLSON: Okay.
8 Please proceed.
9 MAYOR SAGER: My name is Dr. Brian
10 Sager -- B-r-i-a-n; last name, S-a-g-e-r -- mayor
11 of the City of Woodstock.
12 I speak today regarding Centegra Health
13 Systems' application for a certificate of
14 exemption, No. E-036-17.
15 First, I wish to thank the Board for
16 holding public hearings regarding this and
17 associated applications in the city of Woodstock
18 on October 2nd, with special thanks to Honorable
19 Chair Cathy Olson and Board Member Marianne Murphy
20 for their presence.
21 With respect to the Board's heavy agenda
22 and inherent time limitations, I will refrain from
23 repeating comments made at those public hearings;
24 rather, I will focus on the very positive,

1 collaborative community partnership enjoyed
2 between Centegra Health System and Woodstock for
3 many years.
4 I have the utmost respect and appreciation
5 for the many contributions Centegra has made, not
6 only to the provision of health care but as
7 corporate citizens, serving as sponsors and
8 supporters of so many constructive efforts across
9 our community.
10 We say Woodstock is a community that
11 identifies areas of need and then works together
12 to make good things happen, and Centegra has
13 worked with us to make many good things happen for
14 our residents and those of the larger region. We
15 will not deny those significant contributions but
16 uphold them and emphatically state we are most
17 grateful.
18 Further, while today's social character
19 seems to revel in finding and pointing blame, that
20 is not my character. I acknowledge the leadership
21 of Centegra Health System, like so many of us in
22 highly visible public arenas, is charged with
23 making very complex, very difficult decisions of
24 immense impact on the lives of individuals,

1 families, the community, and the larger region.
2 The onerous nature of that responsibility does not
3 escape me. Rather, I will publicly state
4 I believe they understand and acknowledge their
5 burden, and I choose to believe they have tried,
6 in light of given circumstances and current
7 trends, to make the best decisions they could and
8 did not enter the decision-making process with
9 intrinsic malice. I choose to believe they acted
10 and will continue to act with the best of
11 intentions.
12 It must also be noted our community is
13 well aware of the statutory requirements this
14 Board has to approve the requested certificate of
15 exemption when information required by the Board
16 by rule is submitted. We also acknowledge the
17 summary of findings which states the applicants
18 have provided all of the information required by
19 the State Board.
20 We thank Centegra Health System for its
21 presence in our community and its many
22 contributions. I choose to believe Centegra's
23 decision --
24 MR. ROATE: Two minutes.

1 MAYER SAGER: -- makers acted with proper
2 intent in the most difficult of circumstances. We
3 accept that due process has been followed,
4 including the opportunity for our community to
5 express its concerns through public hearings, for
6 which we are most grateful, and we know the
7 prescribed outcome. None of that --
8 CHAIRWOMAN OLSON: Mr. Mayor, I need you
9 to conclude.
10 MAYER SAGER: -- diminishes the underlying
11 sense of betrayal, abandonment, outrage, and anger
12 felt among our residents, however, and that is the
13 challenge Centegra now faces.
14 CHAIRWOMAN OLSON: I need you to conclude.
15 MAYOR SAGER: The challenge this Board
16 faces is how to respond to other health care
17 providers that will inevitably forward an interest
18 in filling the void created the approval of this
19 certificate of exemption.
20 MR. ROATE: Two minutes.
21 MAYER SAGER: I will not be so impudent or
22 churlish to point to the mission of the Board.
23 I will boldly request, however, that the Board,
24 when other health care providers express interest

1 in providing quality, comprehensive, accessible,
2 and reliable hospital and emergency services, will
3 discover an equally --
4 CHAIRWOMAN OLSON: Please conclude.
5 MAYER SAGER: -- compelling obligation to
6 approve that certificate of need.
7 Thank you.
8 CHAIRWOMAN OLSON: Thank you.
9 Next, please.
10 Please proceed.
11 MR. LOCKWOOD: Good morning.
12 I'm Paul Lockwood, speaking about
13 E-036-17, L-o-c-k-w-o-o-d.
14 My wife and I have lived in Woodstock for
15 almost 17 years. When we decided to move from our
16 apartment in Bloomingdale, the presence of a
17 full-service hospital in Woodstock was a big plus.
18 If we had an emergency, we knew we'd be able to
19 get medical help quickly.
20 Years later, when Centegra successfully
21 sought your okay to build a new 128-bed hospital
22 in Huntley, some worried it would have an impact
23 on the services offered in Woodstock. I was one
24 who thought that we were safe. I was naive.

1 In June this Board approved Mercy Health's
2 request to build a 13-bed small hospital in
3 Crystal Lake. The very next day Centegra
4 announced its plans to downgrade our Woodstock
5 hospital to an immediate care-type facility with a
6 basic emergency room and with 60 medical/surgical
7 beds and 12 intensive care beds eliminated.
8 At the October 2nd public hearings in
9 Woodstock, attended by 240 concerned citizens,
10 Centegra's attorney gave testimony that the
11 difficult decisions Centegra is making are the
12 result of the kind of, quote, "careful planning
13 and evaluation that has allowed Centegra to
14 continue to serve McHenry County for over a
15 century." He neglected to mention that it's the
16 Woodstock hospital that's been around that long.
17 And if Centegra truly engaged in "careful planning
18 and evaluation," it might not have built such a
19 large, expensive hospital in Huntley.
20 I know the rules you abide by won't let
21 you reject Centegra's exemption. And with their
22 emergency action to remove these services back in
23 mid-August plus shed hundreds of jobs through
24 layoffs and outsourcing in mid-September, Centegra

1 clearly doesn't want the expense of truly meeting
2 Woodstock's medical needs. But the large turnout
3 at the public hearing should prove that Woodstock
4 wants and needs a full-service hospital.
5 I strongly urge all of you to keep that in
6 mind when another health care provider asks
7 permission to bring a real hospital back to
8 Woodstock. The jigsaw puzzle that contains
9 everything you want in a community is missing a
10 vital piece that you can help us restore.
11 Thank you.
12 CHAIRWOMAN OLSON: Thank you.
13 Next.
14 CHIEF HILL: My name is Michael Hill,
15 H-i-l-l. I'm speaking on Item E-036-17.
16 I am the chief of the Woodstock Fire/
17 Rescue District, and I'd like to talk about some
18 of the effects that the Centegra health care
19 system changes have had on our daily EMS
20 operations.
21 As of August 10, Centegra-Woodstock was
22 downgraded to a basic emergency department.
23 Because of that change, patients having the
24 following diagnoses are no longer accepted at

1 Centegra-Woodstock and must be transported to
2 either Centegra-McHenry or Centegra-Huntley:
3 Mutisystem or serious trauma; fractures other than
4 isolated extremities; infections that might
5 require admission to the hospital, including
6 pneumonia, sepsis, influenza, epiglottitis, or
7 croup; respiratory distress that cannot be
8 controlled by bronchodilators; serious allergic
9 reactions; obstetrics patients; patients
10 presenting with chest pain; patients requiring --
11 THE COURT REPORTER: I'm sorry. I
12 couldn't hear you. After "chest pain."
13 CHIEF HILL: Patients presenting with
14 chest pain --
15 MS. AVERY: Bring the mic -- bring the mic
16 closer to you.
17 CHIEF HILL: -- patients requiring
18 surgical intervention; patients requiring
19 in-patient admission.
20 In some situations these changes in
21 transport destination are merely inconvenient, but
22 one of our greatest transport concerns is that
23 Woodstock hospital will no longer accept patients
24 with severe airway compromise. These patients are

1 already experiencing what we consider to be a true
2 life-threatening emergency and will now require an
3 extra 10 minutes or more of transport time before
4 they can be seen in the emergency department.
5 Given the fact that the Centegra EMS
6 system will not allow our paramedics to intubate
7 patients in the field, we are concerned about an
8 increase in negative outcomes for these patients.
9 And another concern is the financial
10 impact of these changes on our fire district and
11 to our residents. We staff three ambulances per
12 day and have built our response plans and standard
13 of coverage around the fact that there's a full-
14 service hospital here in our town, within five to
15 seven minutes of travel from most areas in our
16 district.
17 Historically, around 90 percent of our EMS
18 transports have been to Centegra-Woodstock, with
19 the remaining 10 percent going to either Huntley
20 or McHenry for specialty services; for example,
21 cardiac catheterization, which is not offered at
22 Centegra-Woodstock.
23 Since the implementation of changes to
24 Centegra-Woodstock hospital in mid-August,

1 including downgrading of ER capabilities and the
2 removal of inpatient services, we have seen our
3 out-of-town transport frequency jump from
4 10 percent of our total transports to almost
5 50 percent.
6 With an average travel time of 15 to
7 20 minutes to either Centegra-McHenry or
8 Huntley -- and when you take into account that we
9 run an average of 12 calls per day -- the amount
10 of time that our ambulances are unavailable to
11 answer calls for aid to our residents increases
12 dramatically.
13 At the very least, a review of our
14 standards of coverage must take place, and it is
15 likely that, in order to continue to provide the
16 level of service that our residents currently
17 enjoy, we will need to add additional ambulances,
18 along with the personnel to operate them, to our
19 daily staffing.
20 Because we are almost totally dependent on
21 property tax revenues for funding, the money
22 needed to pay for these resources will come
23 directly from our residents, most likely
24 necessitating an increase in property taxes.

1 Increased taxes are not the only financial
2 burden placed upon our residents. Currently, any
3 patient that is seen at Centegra-Woodstock but
4 requires hospital admission or surgical services
5 is transported to either McHenry or Huntley via
6 private ambulance.
7 According to billing records for a patient
8 transported from Centegra-Woodstock to Huntley on
9 August 25th of this year, a charge of $4200 --
10 MR. ROATE: Three minutes.
11 CHIEF HILL: -- for specialty care
12 transport --
13 CHAIRWOMAN OLSON: Please conclude.
14 CHIEF HILL: -- plus 514 for mileage
15 charges was incurred for a total of $4,714. The
16 patient was a hundred percent responsible for
17 the payment of these charges.
18 CHAIRWOMAN OLSON: Please conclude your
19 remarks.
20 CHIEF HILL: I'm aware of that these
21 changes were necessary due to the financial
22 situation that Centegra's currently experiencing,
23 but I want to stress to you that the need for
24 medical services in this area has not diminished.

1 I urge the Board to strongly consider that
2 fact should a certificate of needs be presented to
3 them for medical services in the Woodstock area at
4 any time in the future.
5 Thank you.
6 CHAIRWOMAN OLSON: Thank you.
7 Next, please.
8 Please -- we are giving you three minutes.
9 I need you to conclude at three minutes, please.
10 MR. DILTS: Good morning. My name is
11 James Dilts, D-i-l-t-s, and I'm here to oppose
12 Project No. 17-038.
13 I'm the divisional vice president of
14 American Renal Associates in South Barrington, and
15 I'm grateful for the opportunity to express my
16 concerns regarding a new dialysis center that
17 Fresenius has proposed in Elgin.
18 We agree with the negative finding in the
19 State Board report that there are excess stations
20 in the planning area and believe that the staff
21 findings should be important in denying the
22 application.
23 My understanding is that each year your
24 staff calculates a bed or station need formula

1 based upon a number of factors set out in your
2 rules. You recently adopted new inventories for
3 all facilities, including ESRD facilities. When
4 you made this calculation and adopted this
5 inventory at the last meeting, you calculated that
6 there were an excess of 10 stations in the
7 planning area.
8 I know that you often hear competing
9 facilities opposing other projects and think it's
10 a squabble amongst competitors. That's possible,
11 but if the Planning Act and planning policies are
12 to have value, the planning process must be
13 transparent and predictable.
14 Under your newly adopted inventory, there
15 is no need for a new facility in this area. The
16 applicants have argued that there's a growing need
17 in the area, even though your inventory showed
18 that the need actually declined, as reflected in
19 the excess stations.
20 Presumably, a year from now you will
21 similarly collect data and calculate a new need.
22 When you award a CON to a provider before your
23 rules reflect a need, you essentially are
24 rewarding those facilities that show the least

1 respect for your rules and the planning process.
2 Please allow other providers to consider expanding
3 after you've calculated a need. If Fresenius is
4 correct that there will be a growing need, your
5 inventory should reflect it a year from now.
6 You adopted an inventory last meeting. If
7 you have confidence in your process and rules, we
8 ask that you deny the application until there is a
9 calculated need.
10 Thank you.
11 CHAIRWOMAN OLSON: Thank you.
12 Next.
13 MS. JAVAID: Good morning.
14 THE COURT REPORTER: I can't --
15 CHAIRWOMAN OLSON: You need to speak right
16 into the microphone.
17 MS. AVERY: Bring the mic all the way up.
18 Yes.
19 MS. JAVAID: Good morning. My name is
20 Fauzia Javaid, J-a-v-a-i-d --
21 MS. AVERY: Miss, you're going to have to
22 bring it right up because you have a soft voice.
23 The court reporter can't hear you.
24 THE COURT REPORTER: Can you turn up the

1 system? It's really faint.
2 MS. JAVAID: Can you hear me?
3 MS. AVERY: Thank you.
4 MS. JAVAID: All right.
5 My name is Fauzia Javaid, J-a-v-a-i-d, and
6 I appreciate the opportunity to provide you with
7 information on a proposed new dialysis center in
8 Elgin.
9 It gives me no pleasure to oppose an
10 application, but before you vote later, I want you
11 to have perspective of our facility, ARA South
12 Barrington, where we presently serve patients in
13 this area.
14 Your inventory confirms what I can tell
15 you from working in that area, that there are
16 presently more stations than needed in this
17 location. The applicants claim that their project
18 will not harm other facilities. I wish it were
19 the case that we were at full utilization. That
20 is not the case. Our facility operates at only
21 63 percent capacity. Another facility in our area
22 operates at only 54 percent. Our facility has
23 capacity to accept 31 new patients. It is a
24 challenge for a facility such as ours, without the

1 market domination that Fresenius enjoys --
2 THE COURT REPORTER: I can't hear you,
3 ma'am. I'm sorry.
4 MS. JAVAID: It is a challenge for a
5 faculty such as ours, without the market
6 domination that Fresenius enjoys, to obtain
7 comparable volume. Awarding yet another Fresenius
8 CON makes it even more difficult.
9 The applicants' argument is that they will
10 not harm our facility because they are not talking
11 about taking our current patients, only future
12 patients needing dialysis. Every facility depends
13 upon an ongoing influx of new patients to replace
14 current patients, and I hope you can recognize the
15 fallacy of applicants' argument.
16 More importantly, several of the
17 physicians that are involved in the new project
18 appear to be investors in the Fresenius faculty.
19 We would hope those physicians remain with us but
20 fear that physicians currently using our facility
21 will have considerable financial incentive to
22 steer patients to a facility in which they are
23 investors.
24 One of your review standards is to gauge

1 whether the project will adversely affect other
2 providers. Your State Board report determined
3 that this project will have an adverse effect. We
4 agree. Let me assure you that we would have no
5 reason to take up your time and ours this morning
6 if we were not certain of the negative impact that
7 this will cause.
8 We ask you to deny this application.
9 Thank you.
10 MS. AVERY: Thank you.
11 CHAIRWOMAN OLSON: Thank you.
12 That concludes the public participation --
13 MS. AVERY: No.
14 CHAIRWOMAN OLSON: Oh, I'm sorry.
15 I thought you read everybody.
16 MS. MITCHELL: Next up, for Project
17 17-041, Dr. Gourineni, Dr. Jackson, and
18 Dr. Bedikian.
19 CHAIRWOMAN OLSON: Again, we are giving
20 you three minutes today because we have short --
21 we don't have as many, but I'm going to cut you
22 off at three minutes and ask that you conclude.
23 And please speak into the microphone. The
24 court reporter's having a very difficult time

1 hearing this morning.
2 THE COURT REPORTER: Thank you.
3 MS. AVERY: You can start.
4 CHAIRWOMAN OLSON: Please start.
5 DR. GOURINENI: Good morning.
6 My name is Dr. Prasad Gourineni, and I'm
7 fully supporting the proposal to expand and
8 modernize Palos Hills Surgery Center, 17-041.
9 THE COURT REPORTER: Speak into the mic,
10 please.
11 DR. GOURINENI: I'm a pediatric orthopedic
12 surgeon, and I treat a lot of Medicaid patients,
13 and most of the surgeries I perform are outpatient
14 procedures.
15 I recently joined MidAmerica Orthopedics
16 and Palos Hills Surgery Center. It made a big
17 difference in how my patients -- how I treated my
18 patients and how they are satisfied with the care
19 at the surgery center compared to the prior
20 experience, treating all these cases at an
21 inpatient setting at a hospital.
22 Palos Hills Surgery Center allowed me to
23 provide my pediatric patients with a safe,
24 friendly, and low-cost setting -- and a low-cost

1 setting for my surgical needs.
2 The problem today is the surgery center
3 does not have enough capacity to see my patients.
4 Palos Hills Surgery Center requires additional
5 operating rooms and recovery rooms to enable
6 access for my patients, so I ask the Board to
7 approve the proposed expansion and ensure
8 continued access to my patients.
9 Thank you.
10 CHAIRWOMAN OLSON: Thank you, Doctor.
11 DR. BEDIKIAN: My name is Sarkis Bedikian,
12 S-a-r-k-i-s B-e-d-i-k-i-a-n. I'm an adult
13 reconstruction orthopedic surgeon, trauma
14 orthopedic surgeon. I've worked at Palos
15 Hills Surgery Center for the last couple years.
16 I do primarily hip and knee replacements
17 and revisions, and this is something of great
18 demand over the years. I've been doing some cases
19 at Palos Hills Surgery Center, and I've seen that
20 facility grow.
21 And as a total joint surgeon, the
22 evolution of total joints is to expand this into
23 the outpatient setting -- again, to go out of the
24 hospital -- to improve costs, improve efficiency.

1 I support the 17-041 expansion of Palos Hills
2 Surgery Center to be able to get total joint
3 patients into the surgery center setting and have
4 this done on a outpatient basis. I approve the
5 expansion.
6 CHAIRWOMAN OLSON: Thank you, Doctor.
7 Please, go.
8 DR. JACKSON: Good morning. My name is
9 Kevin Jackson, K-e-v-i-n J-a-c-k-s-o-n. I'm a
10 board-certified neurological surgeon, and I fully
11 support this proposal to expand and modernize the
12 Palos Hills Surgery Center.
13 As with total joint replacements, I cannot
14 offer the most advanced spinal surgery offered
15 within the operating room at Palos Hills Surgery
16 Center as it exists today. The proposed project
17 will include larger operating rooms and allow us
18 to implement the most advanced equipment for
19 spinal surgery.
20 This is about improving our patient care.
21 Today, the greatest cost related to surgical site
22 infections are among patients undergoing
23 neurosurgery. With a 0 percent infection rate,
24 Palos Hills Surgery Center can eliminate this

1 concern for my patients and is the optimal site of
2 care.
3 Other key benefits of providing minimally
4 invasive spinal procedures in the ASTC setting
5 include decreased risk of infection, decreased
6 hospital stays, overall decreased costs, improved
7 pain management protocols, early mobilization,
8 careful home monitoring, fewer complications,
9 improved outcomes, increased patient satisfaction,
10 and increased patient comfort.
11 This project would make a difference in
12 the lives of my patients. To do this, we need
13 your support and approval. We have demonstrated
14 our ability to execute a vision about fulfilling
15 the center of excellence in hand and upper
16 extremity injuries at our facility. We now need
17 your support to advance the care of our patients
18 within the realm of gross spinal surgery.
19 Please approve this project. Thank you.
20 CHAIRWOMAN OLSON: Thank you.
21 Now, that concludes the public
22 participation?
23 MS. MITCHELL: Thank you.
24 CHAIRWOMAN OLSON: Mr. Constantino, items

1 approved by the Chairwoman, please.
2 MR. CONSTANTINO: Thank you, Madam Chair.
3 The following items have been approved by
4 the Chair: Alteration to Permit 16-042, Fresenius
5 Medical Care, Paris community; Exemption
6 No. E-039-17, Naperville Fertility Center, change
7 of ownership; Exemption No. E-040-17, Rogers Park
8 One-Day Surgery Center, change of ownership;
9 Exemption No. E-041-17, Vista Medical Center West,
10 discontinue physical rehabilitation service;
11 Exemption No. 042-17, Midwest Medical Center,
12 change of ownership; Exemption No. E-044-17,
13 Presence Covenant Medical Center, change of
14 ownership; Exemption No. E-045-17, Presence United
15 Samaritans Medical Center, change of ownership;
16 Permit Renewal No. 14-043, St. Elizabeth Hospital
17 in O'Fallon; Permit Renewal No. 14-044,
18 St. Elizabeth Medical Office Building in O'Fallon;
19 Permit Renewal 15-050, Fresenius Medical Care,
20 Chicago Heights; Permit Renewal 15-062, Fresenius
21 Medical Care, Belleville; Permit Renewal 16-011,
22 Northbrook Behavioral Hospital; Permit Renewal
23 16-035, Fresenius Medical Care, Evergreen Park.
24 Thank you, Madam Chair.

1 (Chairwoman Olson left the proceedings.)
2 VICE CHAIRMAN SEWELL: The Chair had to
3 step out for a second.
4 Some of the items for State Board action,
5 permit renewal requests, there are none.
6 There are no extension requests.
7 For the exemption requests, we moved
8 Items C-01 and C-02 on the agenda.
9 There are no alteration requests.
10 There are no declaratory rulings or other
11 business.
12 There are no Health Care Worker
13 Self-Referral Act items.
14 And there are no status reports on
15 conditional or contingent permits.
16 (An off-the-record discussion was held.)
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1 VICE CHAIRMAN SEWELL: H-01, Project
2 17-017, Provident Hospital of Cook County, has
3 been removed from the agenda.
4 H-02, Project 17-012, Meadowbrook Manor
5 Geneva, has been removed from the agenda.
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1 VICE CHAIRMAN SEWELL: So now we are
2 looking at H-03, Project 17-028, Adventist Medical
3 Center of La Grange.
4 There are no opposition findings -- or
5 findings -- oh, there are findings. Sorry about
6 that.
7 (Chairwoman Olson returned to the
8 proceedings.)
9 VICE CHAIRMAN SEWELL: I'll turn it back
10 over to the Chair.
11 CHAIRWOMAN OLSON: Thank you, Mr. Sewell.
12 Sorry for the interruption. We are at --
13 VICE CHAIRMAN SEWELL: Adventist.
14 CHAIRWOMAN OLSON: Okay.
15 Would you please identify yourselves for
16 the court reporter and be sworn in.
17 MR. THORDARSON: My name is Thor
18 Thordarson. I'm the chief operating officer and
19 executive vice president of AMITA Health.
20 We also have with us Jack Axel, who is
21 president of Axel & Associates, management
22 consultants; Dr. Bruce Hallmann, who is an
23 orthopedic surgeon and medical director of the
24 orthopedic program; and Michael Murrill, president

1 and CEO of Adventist La Grange Medical Center.
2 THE COURT REPORTER: Would you raise your
3 right hands, please.
4 (Four witnesses sworn.)
5 THE COURT REPORTER: Thank you.
6 And the microphones don't seem to be
7 working so just shout, please.
8 CHAIRWOMAN OLSON: I know you can be loud,
9 Jack, so let's have your best outside voice,
10 please.
11 MR. AXEL: We'll try.
12 Madam Chair and members of the Board, as
13 I'm sure that you will recall, there was a lengthy
14 hearing on this project at the Board's last
15 meeting with the focus of that discussion being on
16 whether physician referral letters -- I just
17 realized something.
18 Is Mr. Constantino going to --
19 CHAIRWOMAN OLSON: Yeah.
20 Would you like to say something,
21 Mr. Constantino, please?
22 MR. CONSTANTINO: Well, are we going to
23 make a motion first or --
24 CHAIRWOMAN OLSON: Oh, I'm sorry. I'm --

1 I'm not really on my game today. I had a car
2 accident this morning in the parking lot. I was
3 just with the police so -- I didn't get a ticket.
4 That's the good news.
5 May I have a motion to approve
6 Project 17-028, Adventist Medical Center,
7 La Grange, for a major modernization and expansion
8 project.
9 A motion, please.
10 MEMBER JOHNSON: So moved.
11 CHAIRWOMAN OLSON: And a second?
12 MEMBER MURPHY: Second.
13 CHAIRWOMAN OLSON: Okay. Now,
14 Mr. Constantino.
15 MR. CONSTANTINO: Thank you, Madam Chair.
16 The applicants are proposing to add a
17 three-level addition to La Grange Memorial
18 Hospital and modernize and expand their surgical
19 suite and support areas.
20 The cost of the project is approximately
21 $43.3 million. There was no public hearing; there
22 was no opposition. This project was deferred from
23 the last State Board meeting, and there were
24 findings regarding this project.

1 Thank you, Madam Chair.
2 CHAIRWOMAN OLSON: Thank you.
3 Now, Jack, please.
4 MR. AXEL: I'll take it from the top, if
5 I may.
6 CHAIRWOMAN OLSON: All right.
7 MR. AXEL: As I'm sure that you will
8 recall, there was a lengthy hearing on this
9 project at the Board's last meeting, with the
10 focus of that discussion being on whether
11 physician referral letters in support of a
12 surgical program required zip code-specific
13 patient-origin analyses.
14 The referral letters that we originally
15 provided included physician estimates of the
16 percentage of their patients that would reside
17 within 30 minutes of AMITA Health Adventist
18 La Grange Medical Center.
19 After what I recall to be about a
20 15-minute discussion on the issue, Madam Chair
21 suggested the potential for a deferral so that we
22 could work with staff to come up with a process
23 that was acceptable to both staff and the
24 applicant.

1 We indicated at that time that we would be
2 happy to do so and that we questioned our ability
3 to be able to get the required information from
4 all 16 of the surgeons that have provided referral
5 letters but that we'd give it a go.
6 The day after the hearing, I had a
7 technical assistance call with staff, at which
8 time a format for the data was agreed upon. We
9 immediately started the process of attempting to
10 collect the patient-origin data.
11 I should note that we were also able to
12 secure a referral letter during that process from
13 one additional surgeon, bringing our group of
14 targeted surgeons to 17. Every physician or
15 physician's practice was contacted, and, frankly,
16 we were more successful than I anticipated.
17 We were able to get patient-origin
18 information consistent with the format that staff
19 and I agreed upon from three of the surgeons using
20 our own electronic health records system because
21 they perform all their cases at AMITA facilities.
22 In addition, the practices of nine
23 physicians were able to pull the data through
24 their own internal EHR systems. These 12 surgeons

1 accounted for 83.6 percent of the incremental
2 cases identified to be referred to La Grange.
3 The remaining five surgeons either could
4 not or elected not to provide the patient-origin
5 data that we were requesting. Those five surgeons
6 cumulatively accounted for only 16.4 percent of
7 the cases used to justify the project.
8 Having provided this data, the issue of
9 zip codes has been removed from the staff report,
10 and we thank Mike for doing so. By providing the
11 zip code data, our referral letters support the
12 project based on projected utilization in the only
13 fashion that should be accepted by the Board, that
14 being physician referral letters.
15 Nevertheless, we are unable to support the
16 additional two operating rooms that we are
17 proposing based on historical utilization alone.
18 This has resulted in the only two negative
19 findings.
20 As the Board is aware, the inability of
21 an applicant to justify a project based on
22 historical utilization alone is commonplace. As
23 I mentioned a minute ago, filed referral letters
24 do, in fact, justify the project, the project's

1 two additional ORs.
2 This project meets every criterion
3 relating to size of the project as well as every
4 criterion relating to the costs and financing
5 aspects of the project. This project has received
6 no opposition, and letters of support have been
7 provided by the State senator, as well as the
8 State representative.
9 With that, we'd be happy to answer any
10 questions.
11 CHAIRWOMAN OLSON: Thank you.
12 Questions or comments from Board members?
13 Mr. Sewell.
14 VICE CHAIRMAN SEWELL: Yes.
15 Under "Projected Utilization," you have
16 two more --
17 (An off-the-record discussion was held.)
18 VICE CHAIRMAN SEWELL: I sound really
19 loud.
20 THE COURT REPORTER: You don't. That's
21 good.
22 VICE CHAIRMAN SEWELL: Okay.
23 Under "Projected Utilization," you have
24 two more operating rooms than the State's

1 standards.
2 Now, if you had a total of 12 rather than
3 14, would you still need those 2 dedicated to
4 cardiovascular and neurology?
5 I guess I want to hear you talk about why
6 two of the operating rooms have to be dedicated to
7 that. You can't -- you don't have the ability --
8 because of equipment or something to -- you
9 know --
10 MR. AXEL: Yes, Mr. Sewell, and that's --
11 yeah, that's typical for most hospitals.
12 You're required, if you have an open-heart
13 surgery program, to have a room dedicated for that
14 available for cases that come into the ER.
15 In terms of neurology, that's the cysto
16 room. It's not the environment that you would
17 want to use for open-incision cases. So that,
18 again, is the norm at most hospitals.
19 VICE CHAIRMAN SEWELL: And then the --
20 under the projected utilization standard, having
21 the two additional rooms then puts you in
22 violation of the service modernization standard
23 because you have more recovery rooms than the
24 standard suggests.

1 So I guess, you know, that the
2 disagreement, it appears, between the State agency
3 and your own planning has to do with projected
4 increases in surgical cases. The State agency
5 report is saying that you have to increase the
6 number of surgical cases by about 8 percent
7 per year by the second year after project
8 completion.
9 Now, your own estimates exceed that? Or
10 they meet that? Or what -- where's the
11 disagreement? I'm trying to --
12 MR. AXEL: Yes.
13 VICE CHAIRMAN SEWELL: -- understand why
14 the additional rooms.
15 MR. AXEL: Absolutely.
16 And you brought up two issues. I'm going
17 to address one of them and then start on the
18 second one and let Thor finish up on that.
19 The recovery room issue, we are proposing
20 the number of recovery rooms consistent with the
21 number of operating rooms that we are proposing,
22 the proposed number of operating rooms. It's four
23 per operating room.
24 That's how we failed to come into

1 compliance with the review criteria. That is
2 based on historical. Okay?
3 The projected -- our projected utilization
4 does, in fact, support the -- every operating room
5 that we are proposing. And, yes, there -- it does
6 bring in an 8 percent annual increase in
7 utilization by the end of the project.
8 That is supported by letters that we have
9 in the application, but it's also supported by
10 other factors, and I'm going to turn the
11 microphone over for that discussion.
12 MR. THORDARSON: The primarily objective
13 for this project is to create an orthopedic center
14 of distinction. And by doing so, we're not just
15 looking at Adventist La Grange Medical Center but,
16 also, all of our medical staff that services both
17 Hinsdale Hospital and La Grange Hospital.
18 Those are hospitals that are less than
19 five minutes away from each other, and the intent
20 is, over time, to look at consolidating the
21 surgical cases for both hospitals for certain
22 specialties; orthopedic, for example, at
23 La Grange.
24 And we're also getting cases from the

1 Bolingbrook Hospital right here down the street
2 that will also be coming to La Grange. Those are
3 cases that are higher acuity.
4 And when you look at all those, that would
5 result in a significant additional number of OR hours
6 per year, perhaps as many as 8,220 incremental
7 hours from Hinsdale and 442 incremental hours from
8 Bolingbrook. Then we have an additional --
9 the letters documented 1,081 cases from other
10 hospitals and surgical centers that would result
11 in 3,280 incremental hours.
12 So the total incremental hours when you
13 add those to the current caseload, resulting in
14 18,493 hours per year, so we believe that we have
15 sufficient justification for the number of ORs
16 that we have put in the application.
17 MR. AXEL: Thor mentioned the
18 18,493 hours. The target for the number of
19 operating rooms that we are proposing is 16,500,
20 so that should not be a problem even if we don't
21 quite reach our expectations.
22 Dr. Hallmann mentioned something else to
23 me, and it relates to the recovery stations. We
24 need the recovery stations that we are proposing.

1 Not only do they meet licensure code, but with
2 more complicated cases coming in on an outpatient
3 basis, we're seeing patients staying in recovery
4 stations for longer periods of time.
5 CHAIRWOMAN OLSON: Please.
6 VICE CHAIRMAN SEWELL: This designation of
7 orthopedic center of distinction, do any of --
8 your competitors in the planning area, do they
9 have that status? Do you know?
10 MR. MURRILL: Centers of distinction?
11 I don't believe --
12 MR. AXEL: I don't think so.
13 MR. MURRILL: I don't believe so.
14 VICE CHAIRMAN SEWELL: So you would be the
15 only one upon completion of this project?
16 The only one in your planning area.
17 MR. AXEL: Yes.
18 DR. HALLMANN: That was our intention.
19 MR. AXEL: And the two hospitals literally
20 are five minutes apart.
21 CHAIRWOMAN OLSON: Mr. Constantino, do you
22 want to comment on the remarks that were made, or
23 do you --
24 MR. CONSTANTINO: Yeah. I didn't -- this

1 is the first I heard that it was going to be an
2 orthopedic center of distinction. I hadn't seen
3 that before.
4 CHAIRWOMAN OLSON: Okay. Thank you.
5 Other questions or comments?
6 Doctor.
7 MEMBER GOYAL: Madam Chair, my name is
8 Arvind Goyal, and I do not vote, and I wasn't here
9 at the last meeting. So I do want to make two
10 comments.
11 One is, on the recovery room issue,
12 I believe it's a quality issue because if a
13 patient had surgery and needs to stay in a
14 monitored room with all the technology and
15 dedicated nursing time, et cetera, I think it is
16 safer, from public's point of view, to have more
17 recovery rooms than less. So I speak in favor of
18 the recovery room part.
19 The second comment that I would make also
20 is that the dedicated specialty operating rooms is
21 a norm these days. You wouldn't want a heart
22 patient wheeled into a general operating room
23 because you need a heart-lung machine; you need
24 staff that is trained. You need all those things

1 that are specific to high-risk surgery.
2 So just those two points and we'll let the
3 chips fall where they do with the Board.
4 Thanks.
5 CHAIRWOMAN OLSON: Thank you, Doctor.
6 Other comments or comments?
7 (No response.)
8 CHAIRWOMAN OLSON: I would like to
9 thank you for going back and getting the
10 information that we asked. And I'm glad that you
11 were able to get it from as many of the physicians
12 as you were. I appreciate that.
13 MR. THORDARSON: You're welcome.
14 CHAIRWOMAN OLSON: Seeing no further
15 questions or comments, I would ask for a roll call
16 vote.
17 MR. ROATE: Thank you, Madam Chair.
18 Motion made by Mr. Johnson; seconded by
19 Ms. Murphy.
20 Senator Burzynski.
21 MEMBER BURZYNSKI: Well, I'll vote yes
22 based on the applicant's response to the findings
23 and, also, the fact that there's no opposition to
24 the project.

1 MR. ROATE: Thank you.
2 Mr. Johnson.
3 MEMBER JOHNSON: Yes, based on the
4 response and the discussion this morning.
5 MR. ROATE: Thank you.
6 Mr. McGlasson.
7 MEMBER MC GLASSON: Yes, based on reasons
8 previously stated.
9 MR. ROATE: Thank you.
10 Ms. Murphy.
11 MEMBER MURPHY: Yes, based on the reasons
12 stated.
13 MR. ROATE: Thank you.
14 Mr. Sewell.
15 VICE CHAIRMAN SEWELL: I vote yes.
16 I think they've made the case for what they're
17 proposing.
18 MR. ROATE: Thank you.
19 Madam Chair.
20 CHAIRWOMAN OLSON: I vote yes, as well.
21 MR. ROATE: 6 votes in the affirmative.
22 CHAIRWOMAN OLSON: The motion passes.
23 Congratulations.
24 MR. AXEL: Thank you.

1 MR. THORDARSON: Thank you very much.
2 CHAIRWOMAN OLSON: Thank you.
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1 CHAIRWOMAN OLSON: Next to the table we
2 have Project H-04, 17-030, SwedishAmerican medical
3 office building, in Rockford.
4 May I have a motion to approve
5 Project 17-030, SwedishAmerican Hospital in
6 Rockford, to establish a medical office building.
7 MEMBER BURZYNSKI: So moved.
8 CHAIRWOMAN OLSON: Second, please.
9 VICE CHAIRMAN SEWELL: Second.
10 CHAIRWOMAN OLSON: The applicant will
11 introduce themselves and be sworn in, please.
12 THE COURT REPORTER: Would you raise your
13 right hands, please.
14 (Three witnesses sworn.)
15 THE COURT REPORTER: Thank you.
16 MS. CANTRELL: Good morning.
17 CHAIRWOMAN OLSON: Mr. Constantino, your
18 report.
19 MR. CONSTANTINO: Thank you, Madam Chair.
20 The applicants are proposing a medical
21 clinics building in Rockford, Illinois. The
22 proposed cost of the project is approximately
23 $23.8 million, and the expected completion date is
24 October 1st, 2018.

1 There was one finding related to this
2 project. There was no public hearing and no
3 opposition to this project.
4 CHAIRWOMAN OLSON: Thank you,
5 Mr. Constantino.
6 MR. CONSTANTINO: Thank you, Madam Chair.
7 CHAIRWOMAN OLSON: Thank you.
8 Comment for the Board?
9 MS. CANTRELL: Good morning. My name is
10 Jedediah Cantrell. First name is J-e-d-e-d-i-a-h.
11 My last name is Cantrell, C-a-n-t-r-e-l-l.
12 MR. DANIELS: My name is Don Daniels. I'm
13 an executive vice president and chief operating
14 officer. First name is spelled D-o-n; last name,
15 D-a-n-i-e-l-s.
16 DR. BORN: Good morning. Mike --
17 Michael -- Born, M-i-c-h-a-e-l B-o-r-n.
18 CHAIRWOMAN OLSON: Let her swear you in
19 before you start, please, Doctor.
20 THE COURT REPORTER: We did.
21 CHAIRWOMAN OLSON: You're messing me up.
22 I think I rattled my brain this morning.
23 Please, Doctor, proceed.
24 DR. BORN: Good morning.

1 Thank you, Chairwoman and members of the
2 Health Facilities and Services Review Board.
3 I'm Dr. Michael Born, the president and
4 CEO of the SwedishAmerican division of UW Health,
5 and I'm honored to be here today to ask for your
6 approval for the certificate of need for our
7 clinic in Rockford, Project 17-030.
8 Seated with me are Don Daniels, our
9 executive vice president and chief operating
10 officer, and Jedediah Cantrell, vice president of
11 operations. Both of them have worked tirelessly
12 on this project.
13 This new multispecialty clinic will help
14 SwedishAmerican meet the needs of our patients by
15 providing convenient access to high-quality care.
16 We are very encouraged this clinic has received
17 such strong community support from area
18 legislators and our mayor. We truly see this
19 project as an investment in helping Rockford
20 residents stay healthy.
21 The single negative finding in the staff
22 report was that the reviewable portion of our site
23 preparation costs exceeded the State standard by
24 $54,228.

1 The reason for that overage relates to
2 stormwater requirements implemented by the City of
3 Rockford. This proposed clinic will be situated
4 on property adjacent to our existing cancer center
5 that was built years ago and provided appropriate
6 drainage and retention required at that time.
7 The City of Rockford stormwater
8 requirements to enhance environmental protection
9 requires us to resize the existing water detention
10 basin to City codes when the proposed clinic is
11 built. This will be costly, and the amount of
12 these costs allocated to the reviewable portion of
13 the project resulted in our project's one negative
14 finding.
15 I thank you for your time this morning and
16 respectfully ask for your support of this worthy
17 CON.
18 Thank you.
19 CHAIRWOMAN OLSON: Thank you, Doctor.
20 Questions or comments from Board members?
21 (No response.)
22 CHAIRWOMAN OLSON: I actually had one
23 question. It's just a point of interest.
24 Several times in the application you've

1 referred to the fact that you're going to combine
2 four clinics into the -- I'm just curious which
3 ones are those that you're thinking of.
4 MS. CANTRELL: Which clinic?
5 CHAIRWOMAN OLSON: Which clinic are you
6 going to -- yeah. I'm just curious.
7 MS. CANTRELL: There will be providers
8 from Woodside Clinic, Brookside Clinic, Rock
9 Valley Clinic, as well as some providers from our
10 Midtown Clinic.
11 CHAIRWOMAN OLSON: Okay. Thanks.
12 Other questions or comments?
13 (No response.)
14 CHAIRWOMAN OLSON: Seeing none, I would
15 ask for a roll call vote -- oh, I do want to
16 clarify.
17 There is one mistake on your State Board
18 staff report. The completion date is October 1st
19 of 2019, not 2018. That would be pretty heroic to
20 get that done by October 2018.
21 Okay. Roll call vote, please.
22 MR. ROATE: Thank you, Madam Chair.
23 Motion made by Senator Burzynski; seconded
24 by Mr. Sewell.

1 Senator Burzynski.
2 MEMBER BURZYNSKI: I vote aye based on
3 community support.
4 MR. ROATE: Thank you.
5 Mr. Johnson.
6 MEMBER JOHNSON: Yes, based on the
7 explanation of the one negative finding.
8 MR. ROATE: Thank you.
9 Mr. McGlasson.
10 MEMBER MC GLASSON: Yes, for the same
11 reasons.
12 MR. ROATE: Thank you.
13 Ms. Murphy.
14 MEMBER MURPHY: Yes, based on the report
15 and today's testimony.
16 MR. ROATE: Thank you.
17 Mr. Sewell.
18 VICE CHAIRMAN SEWELL: Yes, for the
19 reasons stated.
20 MR. ROATE: Thank you.
21 Madam Chair.
22 CHAIRWOMAN OLSON: I vote yes, as well.
23 MR. ROATE: Thank you.
24 That's 6 votes in the affirmative.

1 CHAIRWOMAN OLSON: The motion passes.
2 Congratulations. I look forward to seeing
3 it go up.
4 DR. BORN: Thank you.
5 MR. DANIELS: Thank you.
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1 CHAIRWOMAN OLSON: Next we have H-05,
2 Project 17-032, DaVita Illini Renal Dialysis in
3 Champaign.
4 May I have a motion to approve
5 Project 17-032, DaVita Renal Dialysis Center,
6 Champaign, to discontinue an existing 12-station
7 ESRD facility and establish an 18-station
8 replacement facility.
9 VICE CHAIRMAN SEWELL: So moved.
10 MEMBER JOHNSON: Second.
11 CHAIRWOMAN OLSON: Okay. The applicant
12 will be -- introduce yourselves and be sworn in,
13 please.
14 MS. FRIEDMAN: I'm Kara Friedman with
15 Polsinelli.
16 MS. HIKE: Lynanne Hike, L-y-n-a-n-n-e
17 H-i-k-e, regional operations director for DaVita.
18 MS. COOPER: Anne Cooper with Polsinelli.
19 THE COURT REPORTER: Would you raise your
20 right hands, please.
21 (Three witnesses sworn.)
22 THE COURT REPORTER: Thank you.
23 CHAIRWOMAN OLSON: Your report,
24 Mr. Constantino.

1 MR. CONSTANTINO: Thank you, Madam Chair.
2 The applicants are proposing to
3 discontinue a 12-station dialysis facility in
4 Champaign, Illinois, and relocate and establish an
5 18-station facility in the same city.
6 The proposed facility will include
7 8,400 gross square feet of leased space at a cost
8 of $4.1 million. The date of completion is
9 May 31st, 2019.
10 There were no findings, no public hearing
11 requested, and no opposition to this project.
12 Thank you, Madam Chair.
13 CHAIRWOMAN OLSON: Thank you,
14 Mr. Constantino.
15 In light of your favorable staff -- Board
16 staff report, would you like to make comments?
17 You're welcome to.
18 MS. FRIEDMAN: I just want to thank the
19 staff for its review and also thank Carle
20 Foundation Hospital for their support letter.
21 And we're happy to answer any questions.
22 CHAIRWOMAN OLSON: Okay. Questions or
23 comments from Board members?
24 (No response.)

1 CHAIRWOMAN OLSON: Seeing none, I would
2 ask for a roll call vote.
3 MR. ROATE: Thank you, Madam Chair.
4 Motion made by Mr. Sewell; seconded by
5 Mr. Johnson.
6 Senator Burzynski.
7 MEMBER BURZYNSKI: Yes, based on the
8 findings.
9 MR. ROATE: Thank you.
10 Mr. Johnson.
11 MEMBER JOHNSON: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 Mr. McGlasson.
15 MEMBER MC GLASSON: Yes, based on the
16 staff report.
17 MR. ROATE: Thank you.
18 Ms. Murphy.
19 MEMBER MURPHY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Mr. Sewell.
23 VICE CHAIRMAN SEWELL: I vote yes based on
24 the State agency report.

1 MR. ROATE: Thank you.
2 Madam Chair.
3 CHAIRWOMAN OLSON: I vote yes, as well.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 CHAIRWOMAN OLSON: The motion passes.
7 Congratulations.
8 MS. FRIEDMAN: Thank you.
9 MS. HIKE: Thank you.
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1 CHAIRWOMAN OLSON: Next, we have
2 Project 17-034, Fresenius Medical Care Naperbrook.
3 May I have a motion to approve
4 Project 17-034, Fresenius Medical Care Naperbrook,
5 to add six stations to an existing ESRD facility.
6 MS. MURPHY: So moved.
7 MEMBER JOHNSON: Second.
8 CHAIRWOMAN OLSON: And a second --
9 thank you.
10 Please introduce yourselves and be
11 sworn in.
12 MS. CONNOR: Yes. Thank you.
13 Claire Connor, C-o-n-n-o-r; Lori Wright,
14 W-r-i-g-h-t; and Coleen Muldoon, C-o-l-e-e-n.
15 THE COURT REPORTER: Raise your right
16 hands, please.
17 (Three witnesses sworn.)
18 THE COURT REPORTER: Thank you.
19 CHAIRWOMAN OLSON: Mr. Constantino, your
20 report, please.
21 MR. CONSTANTINO: Thank you, Madam Chair.
22 The applicants are proposing to add 6 ESRD
23 stations to an existing 18-station facility. The
24 cost of the project is approximately $231,000, and

1 expected completion date is December 31st, 2018.
2 There was no public hearing requested, no
3 opposition, and no findings.
4 Thank you, Madam Chair.
5 CHAIRWOMAN OLSON: Do you have comments?
6 Or in light of the positive report, would you
7 open?
8 MS. CONNOR: No. Thank you. We're happy
9 to answer any questions.
10 CHAIRWOMAN OLSON: Comments or questions
11 from Board members?
12 (No response.)
13 CHAIRWOMAN OLSON: Seeing none, I would
14 ask for a roll call vote.
15 MR. ROATE: Thank you, Madam Chair.
16 Motion made by Ms. Murphy; seconded by
17 Mr. Johnson.
18 Senator Burzynski.
19 MEMBER BURZYNSKI: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Mr. Johnson.
23 MEMBER JOHNSON: Yes, based on previously
24 stated reasons.

1 MR. ROATE: Thank you.
2 Mr. McGlasson.
3 MEMBER MC GLASSON: Yes, based on the
4 staff report.
5 MR. ROATE: Thank you.
6 Ms. Murphy.
7 MEMBER MURPHY: Yes, based on the staff
8 report.
9 MR. ROATE: Thank you.
10 Mr. Sewell.
11 VICE CHAIRMAN SEWELL: I vote yes, based
12 on the State agency report.
13 MR. ROATE: Thank you.
14 Madam Chair.
15 CHAIRWOMAN OLSON: I vote yes, as well,
16 based on the positive State Board report.
17 MR. ROATE: Thank you.
18 That's 6 votes in the affirmative.
19 CHAIRWOMAN OLSON: The motion passes.
20 Congratulations.
21 MS. CONNOR: Thank you.
22 MS. WRIGHT: Thank you.
23 CHAIRWOMAN OLSON: I'm going to ask to
24 take just a 10-minute break right now.

1 MEMBER MC GLASSON: Thank you.
2 (A recess was taken from 10:28 a.m. to
3 10:38 a.m.)
4 CHAIRWOMAN OLSON: We'll get started
5 again.
6 I've been told that you can't hear me out
7 there. If you can't hear me, just wave your hand
8 up and I'll be louder.
9 UNIDENTIFIED FEMALE: Thank you.
10 CHAIRWOMAN OLSON: It feels very loud up
11 here. But if you can't hear me, wave your hand.
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1 CHAIRWOMAN OLSON: Okay. Next, we have
2 Project 17-036, Centegra Hospital-Woodstock.
3 May I have a motion to approve
4 Project 17-036, Centegra Hospital-Woodstock, to
5 establish a 22-bed physical rehabilitation
6 category of service.
7 MEMBER BURZYNSKI: So moved.
8 CHAIRWOMAN OLSON: And a second, please.
9 MEMBER JOHNSON: Second.
10 CHAIRWOMAN OLSON: Good morning.
11 MS. STRENG: Good morning.
12 CHAIRWOMAN OLSON: The applicant will
13 introduce themselves and be sworn in.
14 MS. STRENG: Hadley Streng, senior vice
15 president of strategy.
16 MS. AVERY: Pull the mic in.
17 MS. STRENG: Hadley Streng, senior vice
18 president of strategy and development for
19 Centegra.
20 MR. SHEPLEY: And good morning. My name
21 is Aaron Shepley. I'm the general counsel for
22 Centegra. It's good to see you again.
23 THE COURT REPORTER: Would you raise your
24 right hands, please.

1 (Two witnesses sworn.)
2 THE COURT REPORTER: Thank you.
3 CHAIRWOMAN OLSON: Mr. Constantino, your
4 report.
5 MR. CONSTANTINO: Thank you, Madam Chair.
6 The applicants are proposing to establish
7 a 22-bed comprehensive physical rehabilitation
8 category of service at Centegra hospital in
9 Woodstock at a cost of approximately $3.9 million.
10 The expected completion date is September 30th,
11 2019.
12 There was a public hearing requested.
13 There was no opposition and no opposition letters
14 received and no findings.
15 Thank you, Madam Chair.
16 CHAIRWOMAN OLSON: Thank you,
17 Mr. Constantino.
18 Do you have comments? Or would you like
19 to open for questions in light of the positive
20 report? It's up to you.
21 MS. STRENG: We'd be happy to answer
22 questions.
23 CHAIRWOMAN OLSON: Okay.
24 Questions or comments from Board members?

1 (No response.)
2 CHAIRWOMAN OLSON: Seeing none, I would
3 ask for a roll call vote.
4 MR. ROATE: Thank you, Madam Chair.
5 Motion made by Senator Burzynski; seconded
6 by Mr. Johnson.
7 Senator Burzynski.
8 MEMBER BURZYNSKI: Yes, based on the
9 report.
10 MR. ROATE: Thank you.
11 Mr. Johnson.
12 MEMBER JOHNSON: Yes, based on the staff
13 report.
14 MR. ROATE: Thank you.
15 Mr. McGlasson.
16 MEMBER MC GLASSON: Yes, based on the
17 staff report.
18 MR. ROATE: Thank you.
19 Ms. Murphy.
20 MEMBER MURPHY: Yes, based on the staff
21 report.
22 MR. ROATE: Thank you.
23 Mr. Sewell.
24 VICE CHAIRMAN SEWELL: Yes, based on the

1 State agency report.
2 MR. ROATE: Thank you.
3 Madam Chair.
4 CHAIRWOMAN OLSON: Yes, for reasons
5 stated.
6 MR. ROATE: Thank you.
7 That's 6 votes in the affirmative.
8 CHAIRWOMAN OLSON: The motion passes.
9 Congratulations.
10 MR. SHEPLEY: Thank you.
11 CHAIRWOMAN OLSON: And I believe you'll be
12 staying at the table.
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1 CHAIRWOMAN OLSON: Next, we have C-02.
2 This is an exemption request, 037-17, Centegra
3 Hospital-McHenry.
4 May I have a motion to approve an
5 exemption, E-037-17, Centegra Hospital-McHenry, to
6 discontinue a 22-bed physical rehabilitation
7 category of service.
8 MEMBER JOHNSON: So moved.
9 VICE CHAIRMAN SEWELL: Second.
10 CHAIRWOMAN OLSON: Mr. Constantino.
11 MR. CONSTANTINO: Thank you, Madam Chair.
12 The applicants are proposing to
13 discontinue a 22-bed comprehensive physical
14 rehabilitation category of service at Centegra
15 Hospital-McHenry.
16 The cost of the project -- there is no
17 cost to the project. There was no opposition.
18 A public hearing was held. And all of the
19 information required by the State Board was
20 provided.
21 Thank you, Madam Chair.
22 CHAIRWOMAN OLSON: Thank you,
23 Mr. Constantino.
24 Again, I will offer you the opportunity to

1 speak, or would you like to --
2 MS. STRENG: Happy to answer questions.
3 CHAIRWOMAN OLSON: Thank you.
4 Questions from Board members?
5 (No response.)
6 CHAIRWOMAN OLSON: Seeing none, I would
7 ask for a roll call vote.
8 MR. ROATE: Thank you, Madam Chair.
9 Motion made by Mr. Johnson; seconded by
10 Mr. Sewell.
11 Senator Burzynski.
12 MEMBER BURZYNSKI: I vote yes based on the
13 staff report.
14 MR. ROATE: Thank you.
15 Mr. Johnson.
16 MEMBER JOHNSON: Yes, based on the staff
17 report.
18 MR. ROATE: Thank you.
19 Mr. McGlasson.
20 MEMBER MC GLASSON: Yes, based on the
21 staff report.
22 MR. ROATE: Thank you.
23 Ms. Murphy.
24 MEMBER MURPHY: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 Mr. Sewell.
4 VICE CHAIRMAN SEWELL: Yes, based on the
5 staff report.
6 MR. ROATE: Thank you.
7 Madam Chair.
8 CHAIRWOMAN OLSON: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 That's 6 votes in the affirmative.
12 CHAIRWOMAN OLSON: The motion passes.
13 Congratulations.
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1 CHAIRWOMAN OLSON: We will move along to
2 C-01. This is an exemption, E-036-17, Centegra
3 Hospital-Woodstock.
4 May I have a motion to approve
5 Exemption E-036-17, Centegra Hospital-Woodstock,
6 to discontinue its 60-bed med/surg category of
7 service and 12-bed ICU category of service.
8 MEMBER JOHNSON: So moved.
9 CHAIRWOMAN OLSON: A motion --
10 VICE CHAIRMAN SEWELL: Second.
11 CHAIRWOMAN OLSON: Thank you.
12 Mr. Constantino, your report.
13 MR. CONSTANTINO: Thank you, Madam Chair.
14 The applicants are proposing to
15 discontinue a 60-bed medical/surgical category of
16 service and a 12-bed intensive care category of
17 service at Centegra Hospital-Woodstock. There is
18 no cost to this project.
19 There was a public hearing held, there was
20 opposition, and we did receive opposition comments
21 on this project. All the information required by
22 the State Board has been provided.
23 Thank you, Madam Chair.
24 CHAIRWOMAN OLSON: Thank you,

1 Mr. Constantino.
2 Again, I'll offer you --
3 MS. STRENG: We'd be happy to answer
4 questions.
5 CHAIRWOMAN OLSON: Okay. Thank you.
6 Questions or comments from Board members?
7 (No response.)
8 CHAIRWOMAN OLSON: I just want to say I do
9 appreciate, when the comments were made in the
10 public hearing portion, that it was clarified
11 that, by statute, this Board has no choice at this
12 point but to approve this project since all of the
13 information provided -- needed was provided.
14 Okay. I'll ask for a roll call vote.
15 MR. ROATE: Thank you, Madam Chair.
16 Motion made by Mr. Johnson; seconded by
17 Mr. Sewell.
18 Senator Burzynski.
19 MEMBER BURZYNSKI: I vote yes based on the
20 fact that all the information has been provided
21 that is necessary.
22 MR. ROATE: Thank you.
23 Mr. Johnson.
24 MEMBER JOHNSON: Yes, for the stated

1 reasons.
2 MR. ROATE: Thank you.
3 Mr. McGlasson.
4 MEMBER MC GLASSON: Yes, for the stated
5 reasons.
6 MR. ROATE: Thank you.
7 Ms. Murphy.
8 MEMBER MURPHY: Yes, for the stated
9 reasons.
10 MR. ROATE: Thank you.
11 Mr. Sewell.
12 VICE CHAIRMAN SEWELL: Yes, for reasons
13 stated.
14 MR. ROATE: Thank you.
15 Madam Chair.
16 CHAIRWOMAN OLSON: I vote yes, as well,
17 for reasons stated.
18 MR. ROATE: Thank you.
19 That's 6 votes in the affirmative.
20 CHAIRWOMAN OLSON: The motion passes.
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1 CHAIRWOMAN OLSON: And, finally,
2 Project 17-037, Centegra Hospital-Huntley.
3 May I have a motion to approve
4 Project 17-037, Centegra Hospital-Huntley, to
5 discontinue four med/surg beds and establish --
6 that's not right, is it?
7 Aren't you establishing four? Are you
8 discontinuing --
9 MS. STRENG: Convert --
10 CHAIRWOMAN OLSON: To discontinue four
11 med/surg beds and establish four ICU beds? Is
12 that correct?
13 MS. STRENG: We're converting four.
14 CHAIRWOMAN OLSON: Converting it. Okay.
15 That's right. Okay.
16 May I have a motion.
17 They're converting the four beds, is what
18 they're doing.
19 May I have a motion, please.
20 MEMBER BURZYNSKI: So moved.
21 CHAIRWOMAN OLSON: And a second?
22 MEMBER JOHNSON: Second.
23 CHAIRWOMAN OLSON: Mr. Constantino.
24 MR. CONSTANTINO: Thank you, Madam Chair.

1 The applicants are proposing to add 4
2 intensive care beds for a total of 12 ICU beds and
3 discontinue 4 medical/surgical beds for a total of
4 96 medical/surgical beds at Centegra
5 Hospital-Huntley.
6 There is no cost to this project. The
7 expected completion date is June 30th, 2018.
8 There was a public hearing held. There was no
9 opposition to this project and no findings.
10 Thank you, Madam Chair.
11 CHAIRWOMAN OLSON: Thank you,
12 Mr. Constantino.
13 MS. STRENG: Again, given that there's no
14 negative findings, we'd be happy to answer
15 questions.
16 CHAIRWOMAN OLSON: Thank you.
17 Questions or comments from Board members?
18 (No response.)
19 CHAIRWOMAN OLSON: Seeing none, I would
20 ask for a roll call vote.
21 MR. ROATE: Thank you, Madam Chair.
22 Motion made by Senator Burzynski; seconded
23 by Mr. Johnson.
24 Senator Burzynski.

1 MEMBER BURZYNSKI: Yes, based on the staff
2 report.
3 MR. ROATE: Thank you.
4 Mr. Johnson.
5 MEMBER JOHNSON: Yes, for the stated
6 reasons.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, for the stated
10 reasons.
11 MR. ROATE: Thank you.
12 Ms. Murphy.
13 MEMBER MURPHY: Yes, based on the report.
14 MR. ROATE: Thank you.
15 Mr. Sewell.
16 VICE CHAIRMAN SEWELL: Yes, based on the
17 State agency report.
18 MR. ROATE: Thank you.
19 Madam Chair.
20 CHAIRWOMAN OLSON: Yes, for reasons
21 stated.
22 MR. ROATE: Thank you.
23 That's 6 votes in the affirmative.
24 CHAIRWOMAN OLSON: The motion passes.

1 Congratulations.
2 MS. STRENG: Thank you.
3 CHAIRWOMAN OLSON: Thank you.
4 MR. SHEPLEY: I'd just like to thank you
5 all for your time and attention to this matter.
6 We appreciate it.
7 CHAIRWOMAN OLSON: Thank you.
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1 CHAIRWOMAN OLSON: Okay. Next, we have
2 Project 17-038, Fresenius Medical Care, South
3 Elgin.
4 May I have a motion to approve
5 Project 17-038, Fresenius Medical Care, to
6 establish a 12-station ESRD facility in South
7 Elgin.
8 VICE CHAIRMAN SEWELL: So moved.
9 MEMBER JOHNSON: Second.
10 CHAIRWOMAN OLSON: Thank you.
11 The applicant will introduce themselves
12 and be sworn in.
13 MS. CONNOR: Yes. Thank you.
14 Claire Connor again. With me is
15 Lori Wright; Coleen Muldoon, whom you know; and
16 the newcomer here is Jim Easterbrook. He is the
17 senior director of market development for
18 Fresenius.
19 THE COURT REPORTER: Would you spell
20 Easterbrook, please.
21 MS. CONNOR: Easter-b-r-o-o-k.
22 THE COURT REPORTER: Would you raise your
23 right hands, please.
24 (Four witnesses sworn.)

THE COURT REPORTER: Thank you.

CHAIRWOMAN OLSON: Mr. Constantino, your report.

MR. CONSTANTINO: Thank you, Madam Chair.

The applicants are proposing to establish a 12-station ESRD facility in South Elgin, Illinois.

The cost of the project is approximately $6.2 million, and the expected completion date is December 31st, 2019. There was no public hearing requested. There was opposition to this project, and there are findings.

I will also point out we did receive a comment on the State Board staff report that is in front of you, and it was emailed to you earlier last week.

Thank you, Madam Chair.

MS. MITCHELL: Was the report submitted timely?

MR. CONSTANTINO: Yes.

MS. MITCHELL: And is the report responsive to the State Board staff report?

MR. CONSTANTINO: Yes.

CHAIRWOMAN OLSON: Thank you.

1 Comments for the Board?
2 MS. CONNOR: Yes. Thank you.
3 I would like to briefly make some comments
4 regarding some opposition that you heard here
5 today, and then I'm going to turn it over to
6 Ms. Muldoon, who will talk about the project, why
7 it's necessary and being proposed. She will also
8 further address the negative findings in the State
9 Board report.
10 And Jim Easterbrook is here to talk about
11 an innovative program that Fresenius is engaged in
12 with Medicare and is the only provider of dialysis
13 services in Illinois that is involved in that
14 program. And the proposed facility, as well as
15 the existing Elgin facility, participate in that
16 program.
17 First, I'd like to briefly say that the
18 opposition you heard from today was from a clinic
19 in South Barrington. South Barrington is
20 28 minutes away by MapQuest from the proposed
21 site. None of the patients that are targeted for
22 referral to this facility live in the South
23 Barrington area. There are no patients of the
24 physician practice that will be supporting this

1 facility, NANI, that are currently dialyzing at
2 the South Barrington facility. So, quite frankly,
3 we're rather perplexed as to why it would have
4 opposed this project. This project will serve
5 50 percent or more of patients from the Elgin
6 area.
7 We also would like to point out that the
8 comments on the inventory with respect to need
9 reflect the location where this facility will be
10 placed in Elgin -- South Elgin -- but South Elgin
11 is divided -- directly divided by an HSA
12 line between HSA 8 -- where there is an excess of
13 stations. That's where our clinic will be
14 located, but right -- minutes away is the border
15 with HSA 7 where there is a need for 51 stations.
16 So we would hope that you would take that into
17 account with respect to the inventory that you
18 have.
19 Also, Ms. Muldoon will talk to the
20 extremely high utilization of the current clinic
21 in Elgin, not only ours but one of DaVita's, as
22 well as the next closest clinic.
23 And, lastly, I would like to say that one
24 of the comments during opposition was, well, why

1 don't we expand because our current Elgin clinic
2 is at 94 percent utilization. That's one of the
3 reasons we need another clinic in Elgin.
4 We did expand six months ago. Since last
5 January this clinic has grown 38 percent. We
6 expanded just six months ago, and we are already
7 at 94 percent utilization.
8 So we went the expansion route. And,
9 quite frankly, if another clinic isn't approved,
10 what's going to happen is we will be forced to
11 open a fourth shift, which is not positive for
12 staff or patients or the community but would be
13 necessary to serve the patients of Elgin.
14 With that, I will turn it over to
15 Ms. Muldoon, who will talk further about the
16 project, and then Mr. Easterbrook will speak to
17 ESCO. And we're, of course, happy to answer any
18 questions about the letter that you received
19 today.
20 MS. MULDOON: Okay. Let me know if --
21 can you hear me okay?
22 CHAIRWOMAN OLSON: That mic is really
23 weak.
24 MS. MULDOON: Is this better?

1 MS. AVERY: Are you going to --
2 MS. MULDOON: Claire has mentioned a lot
3 of things I was going to talk about, but I'll just
4 briefly touch on some of those. First of all, I'd
5 like to thank the Board for reviewing this
6 project, the South Elgin project, which meets
7 19 of the 21 Board criteria.
8 Addressing the two findings, the need and
9 the maldistribution, I would ask you to consider
10 that the three closest facilities, as Claire
11 mentioned, in South Elgin are operating at a
12 combined utilization rate of 100 percent.
13 Our Elgin facility has grown 38 percent in
14 just the last nine months. We have added
15 additional stations, we have increased our home
16 therapies department, and we still are at
17 93 percent utilization. Your Board staff report
18 shows the average utilization of all the clinics
19 within the 30 minutes is at 79 percent.
20 The ESRD station-to-population ratio in
21 Illinois is 1 to 2800, and in Elgin it is 1 to
22 6,000. This shows maldistribution, which favors a
23 new facility. There simply are not enough
24 dialysis stations in this immediate area for the

1 high utilization of the Elgin facilities as
2 evidenced in that maldistribution.
3 The South Elgin/Elgin market where we're
4 proposing the clinic is 38 percent Hispanic and
5 6 percent African-American. This population is
6 1 1/2 to 4 times more likely to have a disease
7 leading to kidney failure, which may be why there
8 is a higher prevalence in this Elgin market.
9 Elgin demographics show 10 percent of the
10 residents living in poverty, 27 percent covered by
11 public insurance policies, and 13 percent
12 uninsured. It is not fair to assume that many of
13 the people who will be needing dialysis can easily
14 travel to the clinics outside of the Elgin area.
15 And even if they could, there would be very few
16 shift choices available, given the area average
17 utilization of 79 percent.
18 As Claire mentioned, HSA 8, with an excess
19 of 10 stations -- has an excess of 10 stations --
20 straddles HSA 7, which has a need for 51 stations.
21 The South Elgin facility will service both those
22 areas.
23 Considering the very high utilization of
24 the two existing clinics in Elgin, we need to make

1 room for growth.
2 Fresenius' Elgin facility is a four-star
3 rated clinic based on 2015 data, and preliminary
4 data show that most likely it will be a five-star
5 with the new data released in 2018. In addition,
6 contrary to what you have heard others say about
7 our star rating, Fresenius and DaVita both have
8 the same exact percentage of four- and five-star
9 facilities, which is 45 percent for each.
10 Also, the proposed Fresenius South Elgin
11 facility will benefit from the coordinated care
12 through the CMS ESCO, ESRD seamless care
13 organization.
14 Fresenius is the only provider in Illinois
15 participating in this value-based care model that
16 improves the quality and reduces health care cost.
17 Our director of market development, Jim Easterbrook,
18 is here, and he's going to explain in a little bit
19 more detail so you can understand what we're
20 involved with.
21 I'd just ask -- so I'm going to hand it
22 over to Jim.
23 MR. EASTERBROOK: Thank you and good
24 morning.

1 Thank you for the opportunity to provide
2 information on the ESCO program as it relates to
3 the South Elgin project.
4 An ESCO -- or ESRD seamless care
5 organization -- is a Medicare demonstration
6 project that is designed to increase quality and
7 lower costs for dialysis patients. The current
8 Fresenius Elgin facility participates in our
9 Chicagoland ESCO and as will the proposed
10 facility.
11 Approximately 80 percent of the patients
12 on dialysis are insured through Medicare. These
13 patients often have several comorbid conditions
14 that cause them to use more health care resources.
15 They are more likely to be admitted to the
16 hospital than the general population, and they're
17 often readmitted to the hospital within 30 days of
18 a previous stay.
19 This not only increases the cost to the
20 health care system but significantly reduces the
21 quality of life for these patients and their
22 families.
23 In 2015 CMS -- or Medicare -- reached out
24 to the dialysis providers to see if they would be

1 willing to work on this innovative demonstration
2 project. Fresenius Kidney Care applied and was
3 approved to pioneer the only ESCO in Illinois, in
4 addition to several others around the country.
5 We made significant improvements in
6 technology, including our electronic health
7 record, and significant investments in personnel
8 and staff training as a way to participate in the
9 ESCO.
10 We have more resources to focus on the
11 whole patient, consistently doing eye checks, foot
12 checks, and even extra screening for depression
13 and social services issues needs that the patient
14 might have.
15 We are in partnership with CMS,
16 transforming the way that care has traditionally
17 been delivered in our industry.
18 For calendar year 2016 the Chicagoland
19 ESCO saved Medicare more than $11 million while
20 meeting all quality and patient satisfaction
21 goals. Based upon this success, CMS approved an
22 expansion that will more than -- that more than
23 doubled the size and even approved another
24 Fresenius ESCO in central Illinois for 2017 and

1 beyond.
2 Today, over 4300 patients in Illinois
3 benefit from being part of the Fresenius ESCO.
4 These patients continue to maintain complete and
5 total freedom of choice for all aspects of their
6 care. It's important to note that as a Medicare
7 beneficiary.
8 The only difference is that they have
9 additional resources to assist them, their
10 caregivers, and other health care providers that
11 are providing care for them.
12 An important feature of the ESCO is what
13 we call our care navigation unit. This is a team
14 of specially trained nurses and technicians that
15 provide support and care management for patients,
16 physicians, and hospitals that they -- that the
17 patients go to.
18 They help identify patients at risk for
19 hospitalization and provide interventions that may
20 prevent unnecessary or duplicative care. The care
21 navigation unit is available 24 hours a day to
22 provide vital information to emergency departments
23 or other health care providers so that they can
24 make more informed choices about services the

1 patients need.
2 The care navigation unit has proven that,
3 through rigorous patient monitoring and
4 appropriate interventions, they can significantly
5 improve health outcomes. Hospitalizations are
6 reduced by up to 20 percent, and readmissions are
7 reduced by up to 27 percent in ESRD populations.
8 The ESCO is allowed to assist with
9 providing certain types of transportation when it
10 is a barrier for a patient needing important
11 health services so they don't end up using other
12 costly emergency services later on.
13 Fresenius' participation in the CMS ESCO
14 demonstrates our commitment to enhance the already
15 high level of care that we provide to our patients
16 while being mindful of overall health care costs.
17 With our current Elgin clinic at
18 94 percent utilization, please approve the
19 proposed clinic so that these patients will get
20 the care in their own community and can
21 participate in the ESCO program benefits that
22 Fresenius offers.
23 Thank you for your time.
24 CHAIRWOMAN OLSON: Questions or comments

1 from Board members?
2 Mr. McGlasson.
3 MEMBER MC GLASSON: The cost of this
4 facility surprises me.
5 I'm sorry. Would you -- the cost seems
6 quite high. Could you explain?
7 MS. WRIGHT: Because this is a build-from-
8 ground-up facility, the cost of the lease that's
9 in the application represents 15 years rather than
10 10 years, so that does make the project cost seem
11 much higher than usual.
12 CHAIRWOMAN OLSON: Doctor.
13 MEMBER GOYAL: Thank you very kindly.
14 My name is still Arvind Goyal, and
15 I represent Medicaid on this Board without a vote.
16 My question to you is, what is the closest
17 Fresenius facility to South Elgin at this time?
18 MS. WRIGHT: The current Elgin facility.
19 MEMBER GOYAL: Okay.
20 MS. WRIGHT: We only have one.
21 MEMBER GOYAL: And could you tell us what
22 the star rating from Medicare is for that
23 facility?
24 MS. WRIGHT: It was four in 2015 and, from

1 what we've seen so far, it looks it's likely going
2 to be five stars when the data comes out
3 next year.
4 MEMBER GOYAL: Thank you very kindly.
5 CHAIRWOMAN OLSON: Mr. Sewell.
6 VICE CHAIRMAN SEWELL: Yeah. I wanted to
7 ask Mr. Constantino a question.
8 So the utilization standard is -- what? --
9 80 percent?
10 MR. CONSTANTINO: Yes.
11 VICE CHAIRMAN SEWELL: So we want to see
12 the overall mean in the planning area to be at
13 80 percent? And it's at 79 percent.
14 You -- in the State agency report I guess
15 I don't understand what you mean. Are either --
16 yeah, I don't understand what you're saying here.
17 You say half of the facilities are
18 operating above the State standard. So that's
19 more than 80 percent?
20 MR. CONSTANTINO: Yeah. Half of the
21 facilities within that 30-minute-drive-time area
22 are above the 80 percent and half are below.
23 VICE CHAIRMAN SEWELL: Okay.
24 But it seems like -- it's just worded in a

1 way where it seems like the problem is that their
2 utilization is too high.
3 MR. CONSTANTINO: Oh.
4 VICE CHAIRMAN SEWELL: Do you see what I
5 mean?
6 MR. CONSTANTINO: Yeah. I apologize.
7 VICE CHAIRMAN SEWELL: I've got to stop
8 being such a literalist on these kind of things
9 because that threw me off.
10 So when you do the formula for that
11 planning area, there's excess capacity of
12 10 stations? And that's because of, obviously,
13 the low utilization of the other five?
14 MR. CONSTANTINO: Well, that planning area
15 need is the entire HSA that that facility's going
16 to be located in.
17 VICE CHAIRMAN SEWELL: Uh-huh.
18 MR. CONSTANTINO: That's what we ask you
19 to do, to take that into consideration and then
20 look at the 30-minute area, too.
21 VICE CHAIRMAN SEWELL: Okay. I see. All
22 right.
23 MS. CONNOR: And just on that point --
24 because I think it's something to note -- the

1 planning area is a three-county area, and some of
2 the counties have fairly rural populations,
3 whereas, obviously, Elgin is one of the biggest
4 cities in Illinois with a population of
5 approximately 134,000 and, as described in
6 graphics, a high prevalence of ESRD,
7 unfortunately. But that's one of the reasons the
8 utilization at the DaVita, Fresenius, and -- is it
9 Crest Hill or Carpentersville? -- are all -- they
10 average 100 percent utilization, those clinics
11 that are right -- focused in this area.
12 And 1130.660 of your rule does state a
13 failure of a project to meet one or more of the
14 applicable review criteria shall not prohibit
15 issuance of a permit.
16 I think this is a project that really -- a
17 permit should be issued despite the negative
18 findings.
19 CHAIRWOMAN OLSON: So I have a question.
20 I think you may have just answered it.
21 Because -- you said that the ratio of ESRD
22 stations in South Elgin is 1 to 6,000 and the
23 State ratio is 1 to --
24 MS. WRIGHT: -- 2800.

1 CHAIRWOMAN OLSON: So that's because -- so
2 while if you look at the whole HSA, because of the
3 rural pockets in that HSA, it might look like
4 there's enough stations, but if you look at just
5 South Elgin, you're at -- you're at one station
6 for every 6,000 population?
7 MS. WRIGHT: Correct.
8 MR. CONSTANTINO: That's that 30-minute
9 area, Kath.
10 MS. CONNOR: 30 minutes.
11 CHAIRWOMAN OLSON: Oh, okay.
12 MR. CONSTANTINO: It's not just South
13 Elgin; it's the 30-minute area.
14 CHAIRWOMAN OLSON: Okay. So -- because
15 that 1 to 6,000 ratio is above the State standard?
16 MR. CONSTANTINO: That's correct.
17 And to have a surplus -- see, we -- to
18 have a surplus in that area, they'd have to be
19 close to 1 station per every 1,800-and-some
20 residents to -- for us to determine whether or not
21 there's a surplus of stations in that area.
22 The standard is 1 1/2 times the State
23 standard.
24 CHAIRWOMAN OLSON: On Table 4, like

1 Mr. Sewell pointed out, overall the utilization is
2 at 79 percent?
3 MR. CONSTANTINO: That's correct.
4 CHAIRWOMAN OLSON: When was that
5 calculated? How long ago?
6 MR. CONSTANTINO: That's based on the
7 second-quarter utilization data.
8 CHAIRWOMAN OLSON: Second quarter of --
9 MR. CONSTANTINO: As of June 30th.
10 CHAIRWOMAN OLSON: Of 2017?
11 MR. CONSTANTINO: Yes.
12 CHAIRWOMAN OLSON: So it is possible that
13 that -- if we did that today -- it could be at
14 80 percent?
15 MR. CONSTANTINO: Sure. It could be, yes.
16 MS. WRIGHT: Even, in fact, our Elgin
17 clinic was at 89 percent in the Board staff report
18 and it's now at 94.
19 CHAIRWOMAN OLSON: Okay.
20 Other questions or comments?
21 (No response.)
22 CHAIRWOMAN OLSON: Seeing none, I would
23 ask for a roll call vote.
24 MR. ROATE: Thank you, Madam Chair.

1 Motion made by Mr. Sewell; seconded by
2 Mr. Johnson.
3 Senator Burzynski.
4 MEMBER BURZYNSKI: I'm going to vote yes
5 based on the applicant's responses to the staff
6 findings as well as the response to the opposition
7 that we've heard.
8 MR. ROATE: Thank you.
9 Mr. Johnson.
10 MEMBER JOHNSON: Yes, based on the
11 testimony here today and in conjunction with the
12 staff report.
13 MR. ROATE: Thank you.
14 Mr. McGlasson.
15 MEMBER MC GLASSON: Yes, based on reasons
16 previously stated.
17 MR. ROATE: Thank you.
18 Ms. Murphy.
19 MEMBER MURPHY: Yes, based on the
20 testimony here today.
21 MR. ROATE: Thank you.
22 Mr. Sewell.
23 VICE CHAIRMAN SEWELL: I vote yes. To
24 vote no on this, you'd have to believe that the

precision of these estimates is much more refined than reality suggests. So I vote yes.

MR. ROATE: Thank you.

Madam Chair.

CHAIRWOMAN OLSON: I don't think that was a slam.

I vote yes, as well. I mean, I -- for the same kind of reason. I think we can probably -- if we figured it out today, we would hit 80 percent, and then I'm disturbed by that 1-to-6,000 ratio in South Elgin. I think that needs to be corrected.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

CHAIRWOMAN OLSON: The motion passes.

Thank you.

MS. CONNOR: Thank you very much.

MS. WRIGHT: Thank you.

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1 CHAIRWOMAN OLSON: Next, we have
2 Project 17-039, DaVita Alpine Dialysis in
3 Rockford.
4 Can I have a motion to approve
5 Project 17-039, DaVita Alpine Dialysis, to
6 establish an eight-station ESRD facility.
7 MEMBER BURZYNSKI: Moved -- so moved.
8 CHAIRWOMAN OLSON: And a second, please.
9 MS. MURPHY: Second.
10 CHAIRWOMAN OLSON: Applicant, introduce
11 yourselves and be sworn in, please.
12 THE COURT REPORTER: Would you raise your
13 right hands, please.
14 (Three witnesses sworn.)
15 THE COURT REPORTER: Thank you.
16 CHAIRWOMAN OLSON: Mr. Constantino, your
17 report.
18 MR. CONSTANTINO: Thank you, Madam Chair.
19 CHAIRWOMAN OLSON: Can you tell your
20 names, just for the record.
21 I'm sorry, Mr. Constantino.
22 MS. FRIEDMAN: I'm Kara Friedman from
23 Polsinelli.
24 MS. HIKE: Lynanne Hike from DaVita.

1 MS. COOPER: Anne Cooper from Polsinelli.
2 CHAIRWOMAN OLSON: Thank you.
3 Now, Mr. Constantino, please.
4 MR. CONSTANTINO: The applicants are
5 proposing to establish an eight-station ESRD
6 facility in Rockford, Illinois.
7 The cost of the project is approximately
8 $2.8 million. The expected completion date is
9 November 30th, 2019. No public hearing was
10 requested. There was no opposition. And we did
11 have findings related to this project.
12 Thank you, Madam Chair.
13 CHAIRWOMAN OLSON: Thank you, Mike.
14 Comments for the Board, please.
15 MS. HIKE: Good morning.
16 My name is Lynanne Hike. I am the
17 director supervising the proposed establishment of
18 the Alpine DaVita, which is planned to be located
19 in southeast Rockford.
20 With me are Kara Friedman and Anne Cooper
21 from Polsinelli, our legal counsel, who assisted
22 in the preparation of this application. I'm so
23 glad there is a quorum today, as I will not be
24 here in January due to the impending delivery of

1 my child.
2 First, this project is unopposed, and I'd
3 like to thank Dr. Marc Whitman, from OSF Surgical
4 Group, for supporting this project and
5 highlighting the need for these additional
6 services.
7 I'd also like to thank the Board for their
8 thorough review of this project and generally
9 positive State Board report. I will touch on the
10 slight deviations from full compliance with the
11 applicable criteria in one moment.
12 I did want to note that, if we did have
13 the ability to expand our existing Rockford
14 locations, we would have chosen to do so. We have
15 recently expanded two of the three Rockford
16 locations, and we are now at capacity in those
17 facilities, as well.
18 This project is for the establishment of a
19 small, eight-station dialysis facility. For those
20 Board members who are unfamiliar with Rockford,
21 Rockford was a thriving city up until the 1970s,
22 when the manufacturing companies started leaving
23 and the blue-collar population faced high
24 unemployment. Rockford has now one of the highest

1 unemployment rates in the state.
2 Roughly 80 percent of the students in the
3 Rockford public school system come from low-income
4 families, and educational attainment is
5 disproportionately low.
6 Unfortunately, in the '90s, Money Magazine
7 regularly ranked Rockford at the bottom of the
8 rung among 300 US cities in terms of quality of
9 life. Money's reasoning was simple: Few jobs and
10 not great health care, and this was a time when
11 the tech boom was fueling one of the fastest
12 periods of economic expansion in recent American
13 history.
14 As for the area where we are seeking to
15 locate this project, the southeast part of
16 Rockford, it's one of more economically
17 disadvantaged areas. Further, the community is
18 22 percent Hispanic and 19 percent African-
19 American.
20 This Board hasn't heard much in
21 recent years about the health disparities based on
22 income and race, but it is important to understand
23 that economic status and race are closely tied to
24 health conditions that are risk factors for kidney

1 disease. African-Americans, Hispanics, and
2 low-income individuals are disproportionately
3 affected by kidney failure.
4 According to the most current data,
5 African-Americans are 3.5 times more likely to
6 develop ESRD than Caucasians, and Hispanics are
7 1.5 times more likely to develop ESRD than
8 non-Hispanics.
9 As for income-based health disparities
10 within the African-American community, individuals
11 with incomes less than 20 percent are three times
12 more likely to develop ESRD than those earning
13 over $75,000.
14 DaVita accepts and treats all patients
15 with renal failure needing dialysis without
16 their -- without regard to their ability to pay.
17 In fact, the payer mix for our Rockford dialysis
18 facilities is only 8 percent commercial patients.
19 The remaining patients rely on government payment
20 programs to receive their care. Compare this to
21 the statewide average payer mix for outpatient
22 hospital services, which is over 40 percent
23 commercial cases.
24 With DaVita's patient admission policy

1 accepting all patients regardless of their ability
2 to pay, this proposed dialysis facility will
3 ensure access to dialysis services to the Rockford
4 residents.
5 As for the State Board report negative
6 finding, while there is technically an excess of
7 three stations over the broader HSA 1 planning
8 area, there is a need for the dialysis services in
9 the immediate area of the proposed Alpine
10 Dialysis. As of September 30th, 2017, utilization
11 of the existing facilities that had been
12 operational for at least two years was at
13 81 percent.
14 Over the past three years, this area has
15 experienced a 6 percent increase in patient
16 census. Due to the socioeconomic conditions of
17 the community, the incidence and prevalence of
18 kidney disease, it's expected to increase for the
19 foreseeable future.
20 In addition to our capacity issues, we
21 also have an issue with public transportation. At
22 this point when we accept new patients to
23 dialysis, we have to offer them a third shift,
24 which causes hardship for our patients to come to

1 dialysis so late in the evening, causing them to
2 miss dialysis, which then affects their health.
3 The projected need for additional stations
4 is based upon current utilization, coupled with
5 the progression of patients diagnosed with chronic
6 kidney disease who are currently under a
7 nephrologist's care.
8 Importantly, it does not take into
9 consideration undiagnosed patients. The
10 prevalence of crashed or unplanned dialysis status
11 varies, but, overall, the prevalence is high.
12 Studies have found that 23 percent to 38 percent
13 of patients crash onto dialysis and 33 to
14 63 percent of patients initiate dialysis in an
15 unplanned fashion. Crash or unplanned dialysis
16 starts are both associated with increased patient
17 morbidity and mortality and lower quality-of-life
18 scores.
19 DaVita preliminary plans to develop this
20 facility began over a year ago. DaVita
21 continually monitors the utilization of area
22 facilities. Once utilization had reached
23 65 percent in Rockford, DaVita began to identify
24 areas for a new dialysis facility based upon

1 zip codes of residents of its existing dialysis
2 patients.
3 DaVita tries to locate its facilities in
4 the center where patients reside, given that the
5 regular course of dialysis requires 156 facility
6 visits per year. This makes services more
7 accessible to the most patients. As a smaller
8 facility with eight stations, it will have a
9 regular census of only 38 patients at any given
10 time.
11 The primary purpose of this project is to
12 relieve overutilization at existing facilities and
13 ensure access for new patients. As previously
14 stated, average utilization of the existing
15 facilities is 81 percent, which is above the State
16 Board target utilization.
17 Further, the two closest facilities to the
18 proposed Alpine Dialysis, Roxbury and Stonecrest,
19 are operating at 96 percent and 88 percent
20 utilization respectively. The only facilities not
21 operating at target utilization are Machesney
22 Park, Belvidere, Forest City, and Churchview.
23 Machesney Park and Belvidere are in the two-year
24 ramp-up period, and Forest City is still awaiting

1 Medicare certification.
2 Given the increased prevalence --
3 incidence and prevalence of kidney disease in
4 Rockford, additional stations are needed to ensure
5 continued access to lifesaving dialysis,
6 particularly on the southeast side of Rockford.
7 Thank you for your time and attention.
8 I respectfully request the Board approve our
9 project to establish an eight-station dialysis
10 facility in Rockford, and I'm happy to answer any
11 questions.
12 CHAIRWOMAN OLSON: Thank you.
13 Questions from Board members?
14 Mr. Sewell.
15 VICE CHAIRMAN SEWELL: Your current
16 pressure in terms of utilization, is that a
17 phenomenon -- I mean, what impact will the one
18 that's under construction in the area and the two
19 that are still in the ramp-up phase have on that?
20 MS. HIKE: Sure.
21 VICE CHAIRMAN SEWELL: If you didn't do
22 anything, if you didn't have the eight stations.
23 MS. HIKE: Well, the Belvidere facility is
24 not located within the same county, and so

1 patients from Rockford would not go to the
2 Belvidere facility.
3 The Machesney Park facility is in the
4 northernmost part of Winnebago County, and so the
5 patients in Rockford would also not travel to that
6 facility.
7 DaVita Forest City, which is awaiting
8 Medicare certification, is on the western edge of
9 Rockford. Our proposed facility is on the
10 easternmost side of Rockford, so, likely, our
11 patients would not travel to that western
12 facility.
13 MS. FRIEDMAN: And you might want to state
14 that --
15 (An off-the-record discussion was held.)
16 MS. HIKE: Yes. The nephrologist is --
17 it's a different nephrologist for that facility,
18 so the patients would likely stay with their
19 current nephrologist at Alpine.
20 VICE CHAIRMAN SEWELL: Okay.
21 CHAIRWOMAN OLSON: Other questions?
22 Doctor.
23 MEMBER GOYAL: Thank you for the
24 opportunity, Madam Chair.

1 Arvind Goyal representing Medicaid.
2 Could you answer one question for me?
3 MS. HIKE: Sure.
4 MEMBER GOYAL: What percentage of your
5 patients in existing facilities in the area are
6 referred for renal transplantation evaluation?
7 MS. HIKE: I -- we don't have that
8 specific data, but I will tell you that DaVita has
9 huge focuses on educating our patients on
10 transplant within their first 30 days of dialysis.
11 MEMBER GOYAL: All of them? All patients?
12 MS. HIKE: All patients, yes.
13 MEMBER GOYAL: And the reason I ask this
14 for purposes of this Board who would be voting
15 on your application, if I may, is the costwise.
16 The dialysis costs are forever, and the patient
17 needs dialysis until, you know, they end their
18 life.
19 In case of transplantation, the same cost
20 we figure for one year of dialysis or two years of
21 dialysis would get them over transplant as long as
22 they can get the list or get a live donor.
23 MS. HIKE: Yeah.
24 In Rockford we have no transplant

1 facilities, and so, generally, our patients are
2 referred to the Chicago area or even out of state,
3 into Iowa.
4 And so, you know, we do talk to the
5 patients about the transplant, but there is, you
6 know, a shortage of organs available for our
7 patients.
8 MEMBER GOYAL: Yes. And that's why
9 I mentioned live donor. Sometimes that's a great
10 option. State of Illinois currently allows --
11 under Medicaid program undocumented people can do
12 it as long as they find a live donor.
13 And I would also say to you that the
14 effectiveness by UNOS is running over 95 percent
15 right now. For some Chicago area facilities, it's
16 97 percent.
17 MS. HIKE: Thank you.
18 CHAIRWOMAN OLSON: Thank you, Doctor.
19 I have a question. I'm a little bit
20 confused because you kept throwing out the number
21 that the utilization's 81 percent.
22 So how do we get from 60.2 percent in
23 Table 6 to 81 percent?
24 I know the last -- we went from 79 to 80,

1 but you're taking a 21 percent jump. How are we
2 getting that?
3 MS. FRIEDMAN: Right. The 81 percent is
4 just at Rockford facilities, and it doesn't take
5 into account the facilities that are still in
6 ramp-up.
7 CHAIRWOMAN OLSON: Oh, okay.
8 Other questions or comments?
9 (No response.)
10 CHAIRWOMAN OLSON: Seeing none, I'd ask
11 for a roll call vote.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Senator Burzynski; seconded
14 by Ms. Murphy.
15 Senator Burzynski.
16 MEMBER BURZYNSKI: I would vote yes based
17 on the fact there's no opposition and on the
18 testimony we've heard today.
19 MR. ROATE: Thank you.
20 Mr. Johnson.
21 MEMBER JOHNSON: Yes, for stated reasons.
22 MR. ROATE: Thank you.
23 Mr. McGlasson.
24 MEMBER MC GLASSON: Yes, because I found

1 the testimony regarding the location very
2 compelling.
3 MR. ROATE: Thank you.
4 Ms. Murphy.
5 MS. MURPHY: Yes, based on today's very
6 informative testimony.
7 MR. ROATE: Thank you.
8 Mr. Sewell.
9 VICE CHAIRMAN SEWELL: I'm going to vote
10 no, based on the State agency report.
11 MR. ROATE: Thank you.
12 Madam Chair.
13 CHAIRWOMAN OLSON: I'm going to vote no,
14 as well, based on the State agency report.
15 I don't think that that 60 percent utilization is
16 close enough to our target.
17 MR. ROATE: Thank you.
18 That's 4 notes in the affirmative, 2 votes
19 in the negative.
20 CHAIRWOMAN OLSON: The motion fails.
21 MS. MITCHELL: You've been given an intent
22 to deny. You'll receive a letter and you'll have
23 an opportunity to come before the Board to provide
24 additional information.

1 MS. HIKE: Thank you.
2 CHAIRWOMAN OLSON: Okay.
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1 CHAIRWOMAN OLSON: Next, we have
2 Project 17-041, Palos Hills Surgery Center in
3 Palos Hills.
4 May I have a motion to approve
5 Project 17-041, Palos Hills Surgery Center, for a
6 modernization and expansion.
7 MEMBER JOHNSON: So moved.
8 VICE CHAIRMAN SEWELL: Second.
9 CHAIRWOMAN OLSON: If the applicant
10 will introduce themselves and be sworn in, please.
11 DR. NIEHAUS: Brian Niehaus.
12 DR. FAKHOURI: Dr. Anton Fakhouri.
13 DR. KRONEN: Dr. Cary Kronen.
14 MS. HON: Monica Hon.
15 THE COURT REPORTER: I need you to spell
16 your names, please.
17 CHAIRWOMAN OLSON: That microphone is not
18 working.
19 DR. NIEHAUS: Dr. Brian Niehaus,
20 N-i-e-h-a-u-s.
21 THE COURT REPORTER: Thank you.
22 DR. FAKHOURI: Anton Fakhouri,
23 F-a-k-h-o-u-r-i.
24 THE COURT REPORTER: Thank you.

1 DR. KRONEN: Cary Kronen, K-r-o-n-e-n.
2 MS. HON: Monica Hon, H-o-n.
3 THE COURT REPORTER: Thank you.
4 CHAIRWOMAN OLSON: Mr. Constantino -- oh,
5 you can swear them in.
6 THE COURT REPORTER: Would you raise your
7 right hands, please.
8 (Four witnesses sworn.)
9 THE COURT REPORTER: Thank you.
10 CHAIRWOMAN OLSON: Mr. Constantino, your
11 report.
12 MR. CONSTANTINO: Thank you, Madam Chair.
13 The applicants are proposing to modernize
14 and expand an existing limited specialty ASTC in
15 Palos Hills, Illinois.
16 The project cost is approximately
17 $5.1 million, and the expected completion date is
18 December 1st, 2019. No public hearing was
19 requested. We did have findings related to this
20 project.
21 I would like to mention, the
22 reasonableness of project and related costs, this
23 was an error on my part. I had given the
24 applicants the wrong information, the wrong

1 standard. I apologize for that mistake.
2 That finding should go away. I apologize
3 to the applicants.
4 CHAIRWOMAN OLSON: Apology accepted?
5 DR. NIEHAUS: Absolutely. Thank you.
6 MR. CONSTANTINO: They do have one finding
7 remaining regarding the financial viability.
8 Thank you, Madam Chair.
9 CHAIRWOMAN OLSON: Thank you,
10 Mr. Constantino.
11 Comments for the Board?
12 DR. NIEHAUS: Yes. Thank you.
13 I would like to thank Mike and the Board
14 staff. Throughout the process they've been very
15 candid in helping us resolve some of the
16 identified issues.
17 I would just like to note the financial
18 viability finding is related to one of the five
19 standards, the cushion ratio from 2014, the year
20 this facility became operational. It has no
21 significant impact on the abilities of the
22 applicant to finance the application.
23 I'd just like to reiterate that there was
24 no opposition, speaking to the support this

1 facility had from the community when it was built,
2 as it continues to grow.
3 Thank you.
4 CHAIRWOMAN OLSON: Thank you.
5 DR. KRONEN: I would like to start by
6 thanking the Board and staff for the opportunity
7 to present this project.
8 In 2012 we came before this Board
9 requesting a CON for an ASTC in order to develop a
10 center of excellence for hand and upper extremity
11 surgery. The idea was to provide excellent
12 quality, cost-effective care in an outpatient
13 setting.
14 We offer extended hours, urgent and
15 emergent service to not only serve our community
16 but also substantially to reduce the time from
17 diagnosis to surgery and rehabilitation to obtain
18 superior outcomes for treatment of all injuries.
19 The Board showed great confidence in us
20 then and unanimously voted for approval. This
21 allowed us to obtain maximum medical improvement,
22 reduce time off of work, and return individuals to
23 their normal lifestyles and employment faster
24 while reducing costs associated with time off from

1 work and disability payments for both work- and
2 nonwork-related conditions.
3 Since then our practice and ASTC have
4 grown exponentially. We are now before this Board
5 requesting an expansion of our ASTC. Through this
6 development and modernization project, we seek to
7 build on those initial goals with the addition of
8 two operating rooms.
9 This will allow for increased surgical
10 volumes for hand and pediatric surgery. It would
11 also allow us to construct the larger rooms
12 necessary to expand our outpatient and total joint
13 replacement and spine surgery programs. This
14 coincides with employers and private insurance
15 plans to move more of these cases to the ASTC
16 environment, greatly reducing costs, on average,
17 from 181 to 243 percent, increases in quality and
18 lower infection rates than current inpatient
19 hospital costs and practices.
20 The volumes at the ASC have increased each
21 year and we are exceeding our current capacity.
22 Driving additional growth, we added new physicians
23 with specialties in pediatric orthopedics, joint
24 replacement, shoulder and elbow surgery, spine,

1 orthopedic pain, and another hand specialist who
2 started yesterday, our new practice location on
3 the South Side of Chicago with expanded orthopedic
4 coverage to this underserved community.
5 We are known as a center for excellence in
6 hand and upper extremity surgery but also a center
7 for excellence in total specialty orthopedic care,
8 and we wish to expand our mission.
9 We respectfully request that the Board
10 approve this expansion project.
11 Thank you.
12 CHAIRWOMAN OLSON: Thank you.
13 DR. FAKHOURI: Good morning.
14 We thank you for giving us this
15 opportunity to present our project to modernize
16 and expand our surgery center, but we're also very
17 grateful to the Board for giving us the
18 opportunity in 2012 to develop our center for
19 excellence in hand and upper extremity surgery.
20 Your support enabled us to offer the
21 southwest suburbs vital surgical access for
22 specialized hand and upper extremity injuries and
23 a relief valve for overburdened emergency rooms
24 and hospitals in the area. We presented our

1 vision, you said yes, and we responded.
2 We responded by providing the people in
3 our community with immediate orthopedic care
4 clinics and prompt surgical care, lower costs,
5 highest quality care, and lower complication rate.
6 The patient satisfaction rate at our
7 surgery center during the last three years has
8 been 98 to 99 percent. Our immediate operative
9 and nonoperative care of our patients allows the
10 injured patients to return to school sooner and an
11 injured worker to his job faster.
12 The community significantly benefited. As
13 a result, in 2014 they voted our practice as the
14 best orthopedic practice on the South Side, as
15 recognized by Daily Southtown. We're again
16 recognized as the best place for orthopedic care
17 for four years in a row, 2014, '15, '16, and '17.
18 We've been very successful on behalf of
19 our community; however, the hand care is still
20 underserved on the South Side. In fact, many of
21 the hospitals that are near us don't even have
22 hand surgeons or hand surgery call and reach out
23 to us for such care. There's still a vital need
24 for more hand surgeons. We added another hand

1 surgeon with plans to add more during the next
2 12 to 18 months.
3 The same patients that have previously
4 came to us with their hand injury requested the
5 same outstanding prompt care for their children,
6 their elbow injuries, their foot fractures, their
7 knee injuries. We responded. We added two
8 outstanding orthopedic pediatric specialists, one
9 of whom you met this morning.
10 But these hands and pediatric orthopedic
11 doctors also need operative time in our surgery
12 center, but our surgery center is saturated and we
13 need more space.
14 We respectfully ask the Board to help us
15 accommodate these patients. We hope you support
16 our request to modernize and expand the facility
17 to continue meeting the needs of our community on
18 the South Side.
19 Thank you very much.
20 CHAIRWOMAN OLSON: Thank you.
21 Questions or comments from Board members?
22 (No response.)
23 VICE CHAIRMAN SEWELL: Just a comment.
24 I wanted to share with the Board a

1 question I addressed to Mr. Constantino yesterday
2 about this cushion ratio.
3 It says in here -- but just wanted to be
4 clear -- that it was substandard for one of the
5 three years that the applicant was required to
6 submit data on.
7 And I just wanted the rest of the Board to
8 know that because I know it because I talked to
9 him yesterday.
10 CHAIRWOMAN OLSON: So in 2015 and 2016
11 they --
12 MEMBER SEWELL: It was okay.
13 CHAIRWOMAN OLSON: -- met that criteria?
14 MEMBER SEWELL: Yeah.
15 CHAIRWOMAN OLSON: Thank you, Mr. Sewell.
16 Other questions or comments?
17 DR. NIEHAUS: That's accurate.
18 CHAIRWOMAN OLSON: Yes. Thank you.
19 Okay. Seeing none, I'd ask for a roll
20 call vote.
21 MR. ROATE: Thank you, Madam Chair.
22 Motion made by Mr. Johnson; seconded by
23 Mr. Sewell.
24 Senator Burzynski.

1 MEMBER BURZYNSKI: I vote yes based on the
2 staff findings and the clarification that we
3 received today.
4 MR. ROATE: Thank you.
5 Mr. Johnson.
6 MEMBER JOHNSON: Yes, based on the
7 clarification and the explanation of the other
8 outstanding criteria.
9 MR. ROATE: Thank you.
10 Mr. McGlasson.
11 MEMBER MC GLASSON: I'm voting yes for the
12 same reasons.
13 MR. ROATE: Thank you.
14 Ms. Murphy.
15 MEMBER MURPHY: Yes, based on the report
16 and today's testimony.
17 MR. ROATE: Thank you.
18 Mr. Sewell.
19 VICE CHAIRMAN SEWELL: I vote yes based on
20 the State agency report.
21 MR. ROATE: Thank you.
22 Madam Chair.
23 CHAIRWOMAN OLSON: I vote yes for reasons
24 stated.

1 MR. ROATE: Thank you.
2 That's 6 votes in the affirmative.
3 CHAIRWOMAN OLSON: The motion passes.
4 Congratulations.
5 DR. NIEHAUS: Thank you.
6 DR. FAKHOURI: Thank you very much.
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1 CHAIRWOMAN OLSON: Next, we have
2 Project 17-046, AMITA Health, St. Alexius Medical
3 Center, Hoffman Estates.
4 May I have a motion to approve
5 Project 17-046, AMITA Health, St. Alexius Medical
6 Center, for an expansion and modernization.
7 MEMBER MURPHY: So moved.
8 CHAIRWOMAN OLSON: A second, please.
9 MEMBER JOHNSON: Second.
10 CHAIRWOMAN OLSON: Thank you.
11 If the applicant will introduce themselves
12 and be sworn in, please.
13 MR. THORDARSON: Good morning.
14 My name is Thor Thordarson, chief
15 operating officer and executive vice president for
16 AMITA Health.
17 With me this morning I have Len Wilk, who
18 is the president and CEO of AMITA Health,
19 St. Alexius Medical Center; also, Jack Axel,
20 president of Axel & Associates, management
21 consultants; and Dr. Hasham Alvi, orthopedic
22 surgeon.
23 CHAIRWOMAN OLSON: Thank you.
24 I'll get you sworn in here in a second.

1 THE COURT REPORTER: Would you raise your
2 right hands, please.
3 (Four witnesses sworn.)
4 THE COURT REPORTER: Thank you.
5 CHAIRWOMAN OLSON: Mr. Constantino, your
6 report.
7 MR. CONSTANTINO: Thank you, Madam Chair.
8 The applicants are proposing to modernize
9 and expand their surgical suite and support areas.
10 The cost of the project is approximately
11 $16.4 million, and the expected completion date is
12 November 1st, 2020. There was no opposition to
13 this project, no public hearing requested. We did
14 have findings related to this project.
15 Thank you, Madam Chair.
16 CHAIRWOMAN OLSON: Thank you,
17 Mr. Constantino.
18 Comments for the Board, please.
19 MR. THORDARSON: Madam Chair, we're
20 presenting for approval a renovation project.
21 This is primarily addressing needed enhancement
22 for the hospital's ability to provide surgical
23 services.
24 18,855 square feet will be renovated for

1 clinical functions, and 91 percent of that space
2 will be surgery related. Our number of operating
3 rooms will increase by two, and the number of GI,
4 pain management, and minor procedures rooms will
5 remain at their current levels.
6 Our proposed number of Stage I and
7 Stage II recovery stations are consistent with the
8 standard for the proposed number of ORs and the
9 procedure rooms. The only other clinical area to
10 be addressed through the project is a small
11 physical therapy gym that's adjacent to the
12 orthopedics unit.
13 This is a nonsubstantive project. It does
14 not involve any beds. The project will be
15 entirely funded by cash. The project has received
16 no opposition, and we do have letters of support
17 from our State legislators that are also on the --
18 in the Board's file.
19 And before we address or entertain
20 questions, I'd like Jack to address the findings.
21 MR. AXEL: Thank you.
22 This project is in full compliance with
23 all Section 1120 criteria and is out of compliance
24 with only two Section 1110 criteria.

1 Criterion 1110-234(b) and .3030 relate to
2 the same issue. They compare the number of
3 operating and recovery rooms that the hospital is
4 proposing to the hospital's historic utilization.
5 These two criteria, as by now you understand, are
6 based on historical utilization. We have,
7 however, met the criteria for general ORs and
8 neurological ORs based on projected utilization,
9 and that is confirmed in the staff report.
10 Compliance was achieved through providing of the
11 requisite letters from area surgeons.
12 As mentioned, this project results in the
13 addition of only two ORs and no procedure rooms.
14 The letters from the 18 surgeons that were
15 included in the application make us confident that
16 we can hit the utilization targets by 2022.
17 The only projection standard that we are
18 not meeting is that for ophthalmic surgery rooms,
19 where we are proposing two ORs rather than one.
20 The second OR is needed so that we can compete
21 with ASTCs. We'd be happy to discuss that further
22 with you if you'd like.
23 We've met every criterion related to the
24 size of the project as well as every criterion

1 relating to the cost and financing aspects of the
2 project. This project is of a narrower scope than
3 the La Grange project you heard earlier today. It
4 does not involve any new construction.
5 Last, this project will provide a more
6 contemporary surgical environment for the
7 hospital's patients, which include the highest
8 percentage of Medicaid recipients, both inpatient
9 and outpatient, among all of the hospitals in the
10 planning area.
11 With those comments, we'd be happy to
12 entertain your questions.
13 CHAIRWOMAN OLSON: Thank you.
14 Questions? Comments?
15 Mr. Sewell.
16 VICE CHAIRMAN SEWELL: I want you to say
17 more about this -- by State agency standards --
18 extra ophthalmology operating room. You're so
19 close that -- you've got 15 and the State agency
20 report says 14.
21 You said that you needed two ophthalmology
22 ORs to compete with ambulatory surgery treatment
23 centers. Say a little more about that. I'm not
24 sure I completely understand.

1 MR. THORDARSON: I'll start.
2 The standard in the industry seems to be
3 diverging or emerging on using two operating rooms
4 to speed the process so ophthalmologists tend to
5 go from one operating room to another room in
6 order to speed the throughput and be able to do
7 more cases, and that is a critical component to
8 attract ophthalmologists. They simply will not
9 come to an operating department or a surgery
10 department that only has one ophthalmology OR.
11 I don't know if you want to add anything
12 to that.
13 MR. AXEL: Yeah, I can add a little bit to
14 that, and Dr. Alvi's going to mention -- or speak
15 to this point, also.
16 But what you're seeing in ambulatory
17 surgery centers is -- are ophthalmologists coming
18 in -- they're given two rooms. The procedures are
19 extraordinarily short. Half the time the
20 procedures take less time than the room turnover.
21 So when they're given two procedures,
22 they'll do a procedure in Room A, then, while
23 Room A is being turned over, they're doing a
24 procedure in Room B and vice versa, and they'll do

1 six, eight procedures very efficiently. Dr. Alvi
2 has seen this in ASTCs. I see it in ASTCs all the
3 time.
4 And perhaps you'd like to comment on that.
5 DR. ALVI: Sure.
6 So in regards to the ophthalmologists and
7 duration of the procedures, they're more quick
8 procedures, you know, relatively fast, between 15
9 to 20 minutes, and the standard turnover time in
10 an ambulatory surgery center is roughly about 10
11 to 15 minutes.
12 So to do a procedure and to have to wait
13 that same amount of time when you can be operating
14 or performing a procedure on the next patient just
15 improves the efficiency and improves patient
16 quality of care on any given day for the surgery
17 center.
18 MR. AXEL: I'd like to add two more
19 comments to that: A couple years ago the hospital
20 was at a point where they had to make a decision,
21 "Do we continue to do ophthalmic surgery or do we
22 not?" and the decision was made ophthalmic surgery
23 is a reasonable service for a community hospital
24 to provide.

1 The ophthalmologists were leaving the
2 hospital. So the hospital started having
3 conversations with the ophthalmologists, and they
4 realized they were leaving to go to ASTCs because
5 they could do four cases at an ASTC in the time
6 that they would -- they could do two in a
7 hospital.
8 So the decision was made to convert two
9 C-section rooms that became vacant because the
10 hospital moved its obstetrical services from one
11 floor to another as a result of a project approved
12 by this Board in about 2011 and completed in 2014.
13 There were two C-section rooms open. Those were
14 converted to ophthalmology rooms. Ophthalmology
15 utilization increased by 61 percent over a
16 two-year period. That's expected to increase.
17 There's another point -- and I think this
18 is important and the Board is well aware of this.
19 ASTCs generally do not accept Medicaid patients.
20 St. Alexius not only accepts Medicaid patients for
21 its ophthalmic surgery and all of its other
22 services but it's the highest provider of Medicaid
23 services in the planning area.
24 In terms of outpatient admissions -- or

1 excuse me, in terms of outpatient procedures,
2 24.1 percent of the procedures done in 2016 were
3 on Medicaid recipients compared to the planning
4 area where it's 13.8. That's 24.1 compared to
5 13.8 percent, and you see similar spreads on the
6 inpatient side.
7 So providing an environment where
8 ophthalmologists can come in, do cases efficiently
9 rather than go to an ASTC seems to make a lot of
10 sense for the hospital.
11 There's no new construction involved.
12 This is all renovation.
13 Thank you.
14 CHAIRWOMAN OLSON: Thank you, Jack.
15 Mr. Sewell.
16 VICE CHAIRMAN SEWELL: Are the cases --
17 the ophthalmology cases that are done in a
18 hospital setting more complex than the ones in an
19 ambulatory surgery treatment center for purposes
20 of ophthalmology?
21 MR. THORDARSON: Some of them are.
22 For the most part they are very similar,
23 tend to be cataract cases. So there's -- or --
24 the majority of cases, they're very similar.

1 But hospitals, by their nature, can take
2 care of more complex procedures, corneal
3 transplants and things like that, so that would be
4 the primary difference.
5 And we do tend to take care of patients
6 who have more complex care, higher level of
7 comorbid conditions. And so we're able to accept
8 all comers.
9 CHAIRWOMAN OLSON: Thank you.
10 Other questions or comments?
11 Dr. Goyal.
12 MEMBER GOYAL: Thank you, Madam Chair.
13 My name is Arvind Goyal, and I've been --
14 during my more productive years -- been on the
15 staff at the hospital and still an honorary staff
16 member.
17 With that privilege, I want to make three
18 comments: One is St. Alexius has, as its
19 mission -- Alexian Brothers have as their
20 mission -- service to the poor, service to people
21 who do not have it any other way. So I think
22 that, in that context, it becomes very important
23 to support a mission like this.
24 The second comment I want to make is that

1 St. Alexius is located right on top of -- on a
2 very important highway, 90 that connects Chicago
3 throughout the area. And I think if there was a
4 trauma somewhere in that channel, it will go to
5 St. Alexius. And anytime there's a head-based
6 trauma, you have to worry about the eyes.
7 So I think it becomes important to have
8 that available, an operating room right away if it
9 becomes necessary. I recognize it does not meet
10 the volume test, but it does become an important
11 community service.
12 The third point and the last one I want to
13 make is that, with the Medicaid numbers already
14 recited, recognize that a lot of seniors -- as
15 people are progressing in age, living longer, they
16 need more eye surgery for all kind of things,
17 lasers, Avastin injections; cataracts have been
18 mentioned.
19 And I would say that to have a backup
20 ophthalmology room, which is very specialized --
21 kind of a microsurgical technique for the most
22 part -- I think it probably is important to
23 support that, actually.
24 CHAIRWOMAN OLSON: Thank you, Doctor.

1 Other questions or comments?
2 Seeing none, I'd ask for a roll call vote.
3 MR. ROATE: Thank you, Madam Chair.
4 Motion made by Ms. Murphy; seconded by
5 Mr. Johnson.
6 Senator Burzynski.
7 MEMBER BURZYNSKI: Yes. I vote aye based
8 on the lack of opposition, the testimony we heard
9 today, and, also, the other comments we've heard
10 today.
11 MR. ROATE: Thank you.
12 Mr. Johnson.
13 MEMBER JOHNSON: Yes, for the same
14 reasons.
15 MR. ROATE: Thank you.
16 Mr. McGlasson.
17 MEMBER MC GLASSON: Yes, for the same
18 reasons.
19 MR. ROATE: Thank you.
20 Ms. Murphy.
21 MEMBER MURPHY: Yes, for the report and
22 for the explanatory testimony here today.
23 MR. ROATE: Thank you.
24 Mr. Sewell.

1 VICE CHAIRMAN SEWELL: I vote yes.
2 I think Medicaid access creates an exception to
3 the State agency report.
4 MR. ROATE: Thank you.
5 Madam Chair.
6 CHAIRWOMAN OLSON: I vote yes, as well.
7 I totally understand your explanation for
8 the need for two rooms now, on that basis.
9 MR. ROATE: Thank you.
10 That's 6 notes in the affirmative.
11 CHAIRWOMAN OLSON: I'm going to take a
12 five-minute break. Somebody's waiting.
13 MR. AXEL: Thank you.
14 MR. THORDARSON: Thank you.
15 (An off-the-record discussion was held.)
16 CHAIRWOMAN OLSON: Mr. Sewell's going to
17 take over the meeting for a minute.
18 (Chairwoman Olson left the proceedings.)
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1 VICE CHAIRMAN SEWELL: Okay. We're down
2 to other business, and there's an issue related to
3 corrections to profiles.
4 Advocate Trinity Hospital, Chicago,
5 corrections to 2013, 2014, and 2015 hospital
6 profiles.
7 Do you want to say something about that?
8 MR. CONSTANTINO: Yes.
9 We received a request to correct
10 information for those three years. We need the
11 Board's approval to get that done. We will make
12 the changes once the Board approves it.
13 VICE CHAIRMAN SEWELL: So we should vote
14 to -- for you to just work on it?
15 MR. CONSTANTINO: Yes. As soon as you
16 approve it, we will make the changes in the
17 profile that is posted on our website.
18 VICE CHAIRMAN SEWELL: Okay. So we need a
19 motion; right?
20 MR. CONSTANTINO: Yeah.
21 MEMBER BURZYNSKI: So moved.
22 VICE CHAIRMAN SEWELL: Is there a second?
23 MS. MURPHY: Second.
24 VICE CHAIRMAN SEWELL: Show of hands

1 acceptable or roll call?
2 MR. ROATE: Yes, sir -- well --
3 VICE CHAIRMAN SEWELL: All in favor?
4 MS. AVERY: Do you want a roll call?
5 MR. ROATE: A show of hands is fine.
6 VICE CHAIRMAN SEWELL: All in favor
7 say aye.
8 (Ayes heard.)
9 VICE CHAIRMAN SEWELL: Opposed?
10 (No response.)
11 VICE CHAIRMAN SEWELL: I'm for it, too.
12 Rules development. Jeannie, do you have
13 something?
14 MS. MITCHELL: I have an update.
15 For the 1100, 1110, 1125 rules, these
16 rules were fueled mostly by the travel time study
17 conducted by Jesse and Nelson. I just have an
18 update.
19 We received written comments and we held a
20 public hearing last week, so we're going to have
21 some changes based on the comments that we
22 received.
23 And while this isn't on the agenda, we
24 will be sending 1235 rules, which is the

1 self-care -- health -- self -- Health Worker
2 Self-Referral Act rules. We will be sending that
3 up for adopted amendments soon.
4 That's it.
5 (Chairwoman Olson returned to the
6 proceedings.)
7 CHAIRWOMAN OLSON: Any questions on the
8 rules?
9 (No response.)
10 CHAIRWOMAN OLSON: Seeing none, we'll
11 move on.
12 MS. MITCHELL: Thanks.
13 CHAIRWOMAN OLSON: The financial reports.
14 Did everybody have a chance to review the
15 two financial reports included in your packet?
16 And if so, are there any questions?
17 (No response.)
18 CHAIRWOMAN OLSON: I don't see any
19 questions. I'm sure Courtney and the staff will
20 be glad to answer any questions that you have if
21 you want to review it further.
22 Our next meeting will be January 9th,
23 2018, in this same location.
24 At this point I would entertain a motion

1 to adjourn.
2 VICE CHAIRMAN SEWELL: So moved.
3 CHAIRWOMAN OLSON: And a second.
4 MEMBER JOHNSON: Second.
5 CHAIRWOMAN OLSON: All those in favor
6 say aye.
7 (Ayes heard.)
8 CHAIRWOMAN OLSON: We are adjourned.
9 (Off the record at 11:47 a.m.)
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CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, 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 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 11th day of December, 2017.
My commission expires July 3, 2021.

MELANIE L. HUMPHREY-SONNTAG
NOTARY PUBLIC IN AND FOR ILLINOIS

A
aaron 67:21
abandonment 15:11
abide 17:20
abilities 118:21
ability 32:14, 40:2, 43:7, 103:13, 105:16, 106:1, 128:22
able 16:18, 31:2, 40:3, 40:11, 40:17, 40:23, 49:11, 132:6, 136:7
about 16:12, 18:17, 20:7, 27:11, 31:20, 32:14, 36:5, 39:19, 43:5, 44:6, 83:6, 83:10, 85:15, 85:18, 86:3, 88:6, 91:24, 104:21, 112:5, 124:2, 131:17, 131:23, 133:10, 134:12, 137:6, 140:7
above 94:18, 94:22, 97:15, 108:15
absent 6:10
absolutely 44:15, 118:5
accept 15:3, 19:23, 26:23, 106:22, 134:19, 136:7
acceptable 39:23, 141:1
accepted 18:24, 41:13, 118:4
accepting 106:1
accepts 105:14, 134:20
access 7:23, 30:6, 30:8, 54:15, 106:3, 108:13, 109:5, 121:21, 139:2
accessible 16:1, 108:7
accident 38:2
accommodate 123:15
according 22:7, 105:4
account 21:8, 84:17, 113:5
accounted 41:1, 41:6
accurate 124:17
achieved 130:10
acknowledge 13:20, 14:4, 14:16
across 13:8
act 3:22, 7:4, 14:10, 24:11, 34:13, 142:2
acted 14:9, 15:1
action 3:17, 17:22, 34:4
actually 24:18, 55:22, 137:23
acuity 46:3
add 9:23, 21:17, 38:16, 46:13, 63:5, 63:22, 78:1, 123:1, 132:11, 132:13, 133:18
added 86:14, 120:22, 122:24, 123:7
addition 38:17, 40:22, 88:5, 90:4, 106:20, 120:7, 130:13
additional 21:17, 30:4, 40:13, 41:16, 42:1, 43:21, 44:14, 46:5, 46:8, 86:15, 91:9, 103:5, 107:3, 109:4, 114:24, 120:22
address 44:17, 83:8, 129:19, 129:20
addressed 124:1, 129:10
addressing 86:8, 128:21
adjacent 55:4, 129:11
adjourn 143:1
adjourned 7:15, 143:8
adjournment 5:9
administrator 2:7
admission 19:5, 19:19, 22:4, 105:24
admissions 134:24
admitted 89:15
adopted 24:2, 24:4, 24:14, 25:6, 142:3
adult 30:12
advance 32:17
advanced 31:14, 31:18
adventist 4:8, 36:2, 36:13, 37:1, 38:6, 39:17, 45:15
adverse 28:3
adversely 28:1
advocate 5:5, 140:4
affect 28:1
affected 105:3
affects 107:2
affirmative 50:21, 57:24, 62:5, 65:18, 70:7, 73:11, 76:19, 79:23, 100:14, 114:18, 126:2, 139:10
affixed 144:18
african 104:18
african-american 87:5, 105:10
african-americans 105:1, 105:5
after 19:12, 25:3, 39:19, 40:6, 44:7
again 11:19, 28:19,

30:23, 43:18, 66:5, 67:22, 71:24, 75:2, 78:13, 81:14, 122:15
age
137:15
agency
44:2, 44:4, 61:24, 65:12, 70:1, 79:17, 94:14, 114:10, 114:14, 125:20, 131:17, 131:19, 139:3
agenda
3:10, 8:23, 8:24, 12:21, 34:8, 35:3, 35:5, 141:23
ago
41:23, 55:5, 85:4, 85:6, 98:5, 107:20, 133:19
agree
23:18, 28:4
agreed
40:8, 40:19
aid
21:11
airway
19:24
alexian
136:19
alexius
4:22, 127:2, 127:5, 127:19, 134:20, 136:18, 137:1, 137:5
all
7:8, 8:4, 8:17, 9:11, 10:5, 10:17, 14:18, 18:5, 24:3, 25:17, 26:4, 29:20, 39:6, 40:4, 40:21, 45:16, 46:4, 48:14, 48:24, 71:18, 74:21, 75:12, 75:20, 80:5, 86:4, 86:18, 90:20, 91:5, 95:21, 96:9, 105:14, 106:1, 111:11, 111:12, 119:18, 129:23, 131:9, 133:2, 134:21, 135:12, 136:8, 137:16, 141:3, 141:6, 143:5
allergic
19:8
allocated
55:12
allow
20:6, 25:2, 31:17, 120:9, 120:11
allowed
17:13, 29:22, 92:8, 119:21
allows
112:10, 122:9
almost
16:15, 21:4, 21:20
alone
41:17, 41:22
along
21:18, 74:1
alpine
4:20, 101:2, 101:5, 102:18, 106:9, 108:18, 110:19
already
20:1, 85:6, 92:14, 137:13
also
2:5, 8:9, 9:18, 14:12, 14:16, 36:20, 40:11, 45:9, 45:16, 45:24, 46:2, 48:19, 49:23, 60:19, 82:13, 83:7, 84:7, 84:19, 88:10, 103:7, 106:21, 110:5, 112:13, 119:16, 120:11, 121:6, 121:16, 123:11, 127:19, 129:17, 132:15, 138:9
alteration
3:20, 33:4, 34:9
alvi
127:21, 133:1, 133:5
alvi's
132:14
ambulance
22:6
ambulances
20:11, 21:10, 21:17
ambulatory
131:22, 132:16, 133:10, 135:19
amendments
142:3
american
23:14, 104:12, 104:19
amita
36:19, 39:17, 40:21, 127:2, 127:5, 127:16, 127:18
among
15:12, 31:22, 104:8, 131:9
amongst
24:10
amount
21:9, 55:11, 133:13
analyses
39:13
and-some
97:19
anger
15:11
ann
2:10
anne
59:18, 102:1, 102:20
announced
17:4
annual
45:6
another
18:6, 20:9, 26:21, 27:7, 85:3, 85:9, 90:23, 121:1, 122:24, 132:5, 134:11, 134:17
answer
21:11, 42:9, 60:21, 64:9, 68:21, 72:2, 75:3, 78:14, 85:17, 109:10, 111:2, 142:20
answered
96:20
anticipated
40:16
anton
116:12, 116:22
any
22:2, 23:4, 42:9, 47:7, 60:21, 64:9, 85:17, 108:9, 109:10, 129:14, 131:4, 133:16, 136:21, 142:7, 142:16, 142:18, 142:20, 144:13
anything
109:22, 132:11
anytime
137:5
apart
47:20

apartment
16:16
apologize
6:5, 11:16, 95:6, 118:1, 118:2
apology
118:4
appear
27:18
appears
44:2
applicable
96:14, 103:11
applicant
39:24, 41:21, 52:10, 59:11, 67:12, 81:11, 101:10, 116:9, 118:22, 124:5, 127:11
applicant's
49:22, 99:5
applicants
14:17, 24:16, 26:17, 27:9, 27:15, 38:16, 52:20, 60:2, 63:22, 68:6, 71:12, 74:14, 78:1, 82:5, 102:4, 117:13, 117:24, 118:3, 128:8
application
12:13, 23:22, 25:8, 26:10, 28:8, 45:9, 46:16, 55:24, 93:9, 102:22, 111:15, 118:22, 130:15
applications
4:5, 4:16, 12:17
applied
90:2
appreciate
26:6, 49:12, 75:9, 80:6
appreciation
13:4
appropriate
55:5, 92:4
approval
3:10, 3:11, 8:22, 10:12, 15:18, 32:13, 54:6, 119:20, 128:20, 140:11
approve
8:10, 10:14, 14:14, 16:6, 30:7, 31:4, 32:19, 38:5, 52:4, 59:4, 63:3, 67:3, 71:4, 74:4, 75:12, 77:3, 81:4, 92:18, 101:4, 109:8, 116:4, 121:10, 127:4, 140:16
approved
3:16, 8:21, 9:17, 10:21, 17:1, 33:1, 33:3, 85:9, 90:3, 90:21, 90:23, 134:11
approves
140:12
approximately
7:12, 38:20, 52:22, 63:24, 68:9, 82:8, 89:11, 96:5, 102:7, 117:16, 128:10
ara
26:11
area
22:24, 23:3, 23:20, 24:7, 24:15, 24:17, 26:13, 26:15, 26:21, 47:8, 47:16, 54:17, 83:23, 84:6, 86:24, 87:14, 87:16, 94:12, 94:21, 95:11, 95:14, 95:20, 96:1, 96:11, 97:9, 97:13, 97:18, 97:21, 104:14, 106:8, 106:9, 106:14, 107:21, 109:18, 111:5, 112:2, 112:15, 121:24, 129:9, 130:11, 131:10, 134:23, 135:4, 137:3
areas
13:11, 20:15, 38:19, 87:22, 104:17, 107:24, 128:9
aren't
77:7
arenas
13:22
argued
24:16
argument
27:9, 27:15
around
17:16, 20:13, 20:17, 90:4
arrangements
3:6
arvind
2:3, 48:8, 93:14, 111:1, 136:13
asc
120:20
ask
25:8, 28:8, 28:22, 30:6, 49:15, 54:5, 55:16, 56:15, 61:2, 64:14, 65:23, 69:3, 72:7, 75:14, 78:20, 86:9, 88:21, 94:7, 95:18, 98:23, 111:13, 113:10, 123:14, 124:19, 138:2
asked
49:10
asks
18:6
aspects
42:5, 91:5, 131:1
assist
91:9, 92:8
assistance
40:7
assisted
102:21
associated
12:17, 107:16, 119:24
associates
23:14, 36:21, 127:20
assume
87:12
assure
28:4
astc
32:4, 117:14, 119:9, 120:3, 120:5, 120:15, 134:5, 135:9
astcs
130:21, 133:2, 134:4, 134:19
attainment
104:4
attempting
40:9
attendance
6:22
attended
17:9
attention
80:5, 109:7

attorney
17:10
attract
132:8
august
18:21, 22:9
available
43:14, 87:16, 91:21, 112:6, 137:8
avastin
137:17
average
21:6, 21:9, 86:18, 87:16, 96:10, 105:21, 108:14, 120:16
avery
2:7, 11:5, 19:15, 25:17, 25:21, 26:3, 28:10, 28:13, 29:3, 67:16, 86:1, 141:4
awaiting
108:24, 110:7
award
24:22
awarding
27:7
aware
14:13, 22:20, 41:20, 134:18
away
45:19, 83:20, 84:14, 118:2, 137:8
axel
36:20, 36:21, 37:11, 39:4, 39:7, 43:10, 44:12, 44:15, 46:17, 47:12, 47:17, 47:19, 50:24, 127:19, 127:20, 129:21, 132:13, 133:18, 139:13
aye
7:9, 8:5, 8:18, 9:12, 10:6, 10:18, 57:2, 138:7, 141:7, 143:6
ayes
7:10, 8:6, 8:19, 9:13, 10:7, 10:19, 141:8, 143:7

B

b-e-d-i-k-i-a-n
30:12
b-o-r-n
53:17
b-r-i-a-n
12:10
back
17:22, 18:7, 36:9, 49:9
backup
137:19
barrier
92:10
barrington
23:14, 26:12, 83:19, 83:23, 84:2
based
24:1, 41:12, 41:17, 41:21, 45:2, 49:22, 50:3, 50:7, 50:11, 57:2, 57:6, 57:14, 61:7, 61:11, 61:15, 61:19, 61:23, 64:19, 64:23, 65:3, 65:7, 65:11, 65:16, 69:8, 69:12, 69:16, 69:20, 69:24, 72:12, 72:16, 72:20, 72:24, 73:4, 73:8, 75:19, 79:1, 79:13, 79:16, 88:3, 90:21, 98:6, 99:5, 99:10, 99:15, 99:19, 104:21, 107:4, 107:24, 113:16, 114:5, 114:10, 114:14, 125:1, 125:6, 125:15, 125:19, 130:6, 130:8, 138:7, 141:21
basic
17:6, 18:22
basin
55:10
basis
31:4, 47:3, 139:8
became
118:20, 134:9
because
18:23, 21:20, 25:22, 27:10, 28:20, 40:20, 43:8, 43:23, 48:12, 48:23, 85:1, 93:7, 95:9, 95:12, 95:24, 96:21, 97:1, 97:2, 97:14, 112:20, 113:24, 124:8, 134:4, 134:9
become
137:10
becomes
136:22, 137:7, 137:9
bed
9:3, 9:5, 9:20, 9:21, 16:21, 17:2, 23:24, 67:5, 68:7, 71:6, 71:13, 74:6, 74:7, 74:15, 74:16
bedikian
28:18, 30:11
beds
9:23, 9:24, 17:7, 77:5, 77:11, 77:17, 78:2, 78:3, 78:4, 129:14
been
15:3, 17:16, 20:18, 30:18, 33:3, 35:3, 35:5, 41:9, 42:6, 66:6, 74:22, 75:20, 90:17, 106:11, 114:21, 118:14, 122:8, 122:18, 136:13, 136:14, 137:17
before
11:4, 11:8, 20:3, 24:22, 26:10, 48:3, 53:19, 114:23, 119:8, 120:4, 129:19, 144:7
began
107:20, 107:23
begin
11:4, 11:8
behalf
122:18
behavioral
33:22
being
37:15, 39:10, 41:14, 83:7, 91:3, 92:16, 95:8, 132:23
believe
14:4, 14:5, 14:9, 14:22, 23:20, 46:14, 47:11, 47:13, 48:12, 70:11, 99:24
belleville
33:21

below
94:22
belvidere
108:22, 108:23, 109:23, 110:2
beneficiary
91:7
benefit
88:11, 91:3
benefited
122:12
benefits
32:3, 92:21
best
14:7, 14:10, 37:9, 122:14, 122:16
betrayal
15:11
better
85:24
between
13:2, 44:2, 84:12, 133:8
beyond
91:1
big
16:17, 29:16
biggest
96:3
bill
2:2
billing
22:7
bit
88:18, 112:19, 132:13
blame
13:19
bloomingdale
16:16
blue-collar
103:23
board
1:2, 1:11, 3:17, 7:15, 12:15, 12:19, 14:14, 14:15, 14:19, 15:15, 15:22, 15:23, 17:1, 23:1, 23:19, 28:2, 30:6, 34:4, 37:12, 38:23, 41:13, 41:20, 42:12, 49:3, 53:8, 54:2, 55:20, 56:17, 60:15, 60:23, 64:11, 65:16, 68:24, 71:19, 72:4, 74:22, 75:6, 75:11, 78:17, 82:14, 82:22, 83:1, 83:9, 86:5, 86:7, 86:17, 93:1, 93:15, 98:17, 102:14, 103:7, 103:9, 103:20, 104:20, 106:5, 108:16, 109:8, 109:13, 111:14, 114:23, 118:11, 118:13, 119:6, 119:8, 119:19, 120:4, 121:9, 121:17, 123:14, 123:21, 123:24, 124:7, 128:18, 134:12, 134:18, 140:12
board's
12:21, 37:14, 39:9, 129:18, 140:11
board-certified
31:10
boldly
15:23
bolingbrook
1:6, 46:1, 46:8
boom
104:11
border
84:14
born
53:16, 53:17, 53:24, 54:3, 58:4
both
39:23, 45:16, 45:21, 54:11, 87:21, 88:7, 107:16, 120:1, 131:8
bottom
104:7
brad
1:14
brain
53:22
break
65:24, 139:12
brian
11:13, 11:20, 12:5, 12:9, 116:11, 116:19
briefly
83:3, 83:17, 86:4
bring
18:7, 19:15, 25:17, 25:22, 45:6
bringing
40:13
broader
106:7
bronchodilators
19:8
brookside
56:8
brothers
136:19
brought
44:16
bruce
36:22
build
16:21, 17:2, 120:7
build-from
93:7
building
4:9, 33:18, 52:3, 52:6, 52:21
built
17:18, 20:12, 55:5, 55:11, 119:1
burden
14:5, 22:2
burzynski
1:14, 6:8, 6:9, 9:8, 49:20, 49:21, 52:7, 56:23, 57:1, 57:2, 61:6, 61:7, 64:18, 64:19, 67:7, 69:5, 69:7, 69:8, 72:11, 72:12, 75:18, 75:19, 77:20, 78:22, 78:24, 79:1, 99:3, 99:4, 101:7, 113:13, 113:15, 113:16, 124:24, 125:1, 138:6, 138:7, 140:21
business
3:21, 5:3, 5:7, 6:24, 8:22, 10:22, 34:11, 140:2
butchering
11:16

C

c
9:1, 9:19, 34:8, 71:1, 74:2
c-a-n-t-r-e-l-l
53:11
c-o-l-e-e-n
63:14
c-o-n-n-o-r
63:13
c-section
134:9, 134:13

calculate
24:21
calculated
24:5, 25:3, 25:9, 98:5
calculates
23:24
calculation
24:4
calendar
90:18
call
3:3, 3:4, 6:3, 6:6, 40:7, 49:15, 56:15, 56:21, 61:2, 64:14, 69:3, 72:7, 75:14, 78:20, 91:13, 98:23, 113:11, 122:22, 124:20, 138:2, 141:1, 141:4
called
11:2, 11:11, 11:17
calls
21:9, 21:11
came
119:8, 123:4
can
6:4, 18:10, 20:4, 25:24, 26:2, 26:14, 27:14, 29:3, 31:24, 37:8, 85:21, 87:13, 88:19, 91:23, 92:4, 92:20, 100:8, 101:4, 101:19, 111:22, 112:11, 117:5, 130:16, 130:20, 132:13, 133:13, 135:8, 136:1
can't
12:1, 25:14, 25:23, 27:2, 43:7, 66:6, 66:7, 66:11
cancer
55:4
candid
118:15
cannot
19:7, 31:13
cantrell
52:16, 53:9, 53:10, 53:11, 54:10, 56:4, 56:7
capabilities
21:1
capacity
26:21, 26:23, 30:3, 95:11, 103:16, 106:20, 120:21
car
38:1
cardiac
20:21
cardiovascular
43:4
care
3:14, 3:22, 4:11, 4:19, 9:23, 13:6, 15:16, 15:24, 17:7, 18:6, 18:18, 22:11, 29:18, 31:20, 32:2, 32:17, 33:5, 33:19, 33:21, 33:23, 34:12, 54:15, 63:2, 63:4, 74:16, 78:2, 81:2, 81:5, 88:11, 88:12, 88:15, 88:16, 89:4, 89:14, 89:20, 90:2, 90:16, 91:6, 91:10, 91:11, 91:13, 91:15, 91:20, 91:23, 92:2, 92:15, 92:16, 92:20, 104:10, 105:20, 107:7, 119:12, 121:7, 122:3, 122:4, 122:5, 122:9, 122:16, 122:19, 122:23, 123:5, 133:16, 136:2, 136:5, 136:6
care-type
17:5
careful
17:12, 17:17, 32:8
caregivers
91:10
carle
8:10, 60:19
carpentersville
96:9
cary
116:13, 117:1
case
26:19, 26:20, 50:16, 111:19, 144:13
caseload
46:13
cases
29:20, 30:18, 40:21, 41:2, 41:7, 43:14, 43:17, 44:4, 44:6, 45:21, 45:24, 46:3, 46:9, 47:2, 105:23, 120:15, 132:7, 134:5, 135:8, 135:16, 135:17, 135:23, 135:24
cash
129:15
cataract
135:23
cataracts
137:17
category
9:3, 9:6, 9:20, 9:21, 67:6, 68:8, 71:7, 71:14, 74:6, 74:7, 74:15, 74:16
catheterization
20:21
cathy
12:19
caucasians
105:6
cause
28:7, 89:14
causes
106:24
causing
107:1
census
106:16, 108:9
centegra
3:13, 4:12, 4:14, 4:15, 4:18, 9:2, 9:4, 9:19, 9:22, 12:12, 13:2, 13:5, 13:12, 13:21, 14:20, 15:13, 16:20, 17:3, 17:11, 17:13, 17:17, 17:24, 18:18, 20:5, 67:2, 67:4, 67:19, 67:22, 68:8, 71:2, 71:5, 71:14, 74:2, 74:5, 74:17, 77:2, 77:4, 78:4
centegra's
14:22, 17:10, 17:21, 22:22
centegra-huntley
19:2
centegra-mchenry
19:2, 21:7

centegra-woodstock
18:21, 19:1, 20:18, 20:22, 20:24, 22:3, 22:8
center
3:15, 4:8, 4:21, 4:22, 7:23, 23:16, 26:7, 29:8, 29:16, 29:19, 29:22, 30:2, 30:4, 30:15, 30:19, 31:2, 31:3, 31:12, 31:16, 31:24, 32:15, 33:6, 33:8, 33:9, 33:11, 33:13, 33:15, 36:3, 37:1, 38:6, 39:18, 45:13, 45:15, 47:7, 48:2, 55:4, 59:5, 108:4, 116:2, 116:5, 119:10, 121:5, 121:6, 121:16, 121:18, 122:7, 123:12, 127:3, 127:6, 127:19, 133:10, 133:17, 135:19
centers
46:10, 47:10, 131:23, 132:17
central
90:24
century
17:15
ceo
37:1, 54:4, 127:18
certain
28:6, 45:21, 92:9
certificate
12:13, 14:14, 15:19, 16:6, 23:2, 54:6, 144:1
certification
109:1, 110:8
certified
144:3
certify
144:8
cetera
48:15
chair
12:19, 33:2, 33:4, 33:24, 34:2, 36:10, 37:12, 38:15, 39:1, 39:20, 48:7, 49:17, 50:19, 52:19, 53:6, 56:22, 57:21, 60:1, 60:12, 61:3, 62:2, 63:21, 64:4, 64:15, 65:14, 68:5, 68:15, 69:4, 70:3, 71:11, 71:21, 72:8, 73:7, 74:13, 74:23, 75:15, 76:15, 77:24, 78:10, 78:21, 79:19, 82:4, 82:17, 98:24, 100:4, 101:18, 102:12, 110:24, 113:12, 114:12, 117:12, 118:8, 124:21, 125:22, 128:7, 128:15, 128:19, 136:12, 138:3, 139:5
chairman
1:13, 6:18, 7:5, 8:3, 8:16, 10:4, 10:16, 34:2, 35:1, 36:1, 36:9, 36:13, 42:14, 42:18, 42:22, 43:19, 44:13, 47:6, 47:14, 50:15, 52:9, 57:18, 59:9, 61:23, 65:11, 69:24, 71:9, 73:4, 74:10, 76:12, 79:16, 81:8, 94:6, 94:11, 94:23, 95:4, 95:7, 95:17, 95:21, 99:23, 109:15, 109:21, 110:20, 114:9, 116:8, 123:23, 125:19, 131:16, 135:16, 139:1, 140:1, 140:13, 140:18, 140:22, 140:24, 141:3, 141:6, 141:9, 141:11, 143:2
challenge
15:13, 15:15, 26:24, 27:4
champaign
59:3, 59:6, 60:4
chance
142:14
change
18:23, 33:6, 33:8, 33:12, 33:13, 33:15
changes
8:23, 18:19, 19:20, 20:10, 20:23, 22:21, 140:12, 140:16, 141:21
channel
137:4
character
13:18, 13:20
charge
22:9
charged
13:22
charges
22:15, 22:17
checks
90:11, 90:12
chest
19:10, 19:12, 19:14
chicago
33:20, 112:2, 112:15, 121:3, 137:2, 140:4
chicagoland
89:9, 90:18
chief
11:13, 11:20, 12:4, 18:14, 18:16, 19:13, 19:17, 22:11, 22:14, 22:20, 36:18, 53:13, 54:9, 127:14
child
103:1
children
123:5
chips
49:3
choice
75:11, 91:5
choices
87:16, 91:24
choose
14:5, 14:9, 14:22
chosen
103:14
chronic
107:5
churchview
108:22
churlish
15:22
circumstances
14:6, 15:2
cities
96:4, 104:8

citizens
13:7, 17:9
city
7:24, 12:11, 12:17, 55:2, 55:7, 55:10, 60:5, 103:21, 108:22, 108:24, 110:7
claim
26:17
claire
63:13, 81:14, 86:2, 86:10, 87:18
clarification
125:2, 125:7
clarified
75:10
clarify
56:16
clear
7:14, 124:4
clearly
18:1
clinic
54:7, 54:13, 54:16, 55:3, 55:10, 56:4, 56:5, 56:8, 56:9, 56:10, 83:18, 84:13, 84:20, 84:22, 85:1, 85:3, 85:5, 85:9, 87:4, 88:3, 92:17, 92:19, 98:17
clinical
129:1, 129:9
clinics
52:21, 56:2, 86:18, 87:14, 87:24, 96:10, 122:4
close
97:19, 114:16, 131:19
closed
7:2
closely
104:23
closer
19:16
closest
84:22, 86:10, 93:16, 108:17
cms
88:12, 89:23, 90:15, 90:21, 92:13
code
41:11, 47:1
code-specific
39:12
codes
41:9, 55:10, 108:1
coincides
120:14
coleen
63:14, 81:15
collaborative
13:1
collect
24:21, 40:10
combine
56:1
combined
86:12
come
7:20, 11:1, 11:18, 21:22, 39:22, 43:14, 44:24, 104:3, 106:24, 114:23, 132:9, 135:8
comers
136:8
comes
94:2
comfort
32:10
coming
46:2, 47:2, 132:17
comment
47:22, 48:19, 53:8, 82:14, 123:23, 133:4, 136:24
comments
12:23, 42:12, 48:5, 48:10, 49:6, 49:15, 55:20, 56:12, 60:16, 60:23, 64:5, 64:10, 68:18, 68:24, 74:20, 75:6, 75:9, 78:17, 83:1, 83:3, 84:8, 84:24, 92:24, 98:20, 102:14, 113:8, 118:11, 123:21, 124:16, 128:18, 131:11, 131:14, 133:19, 136:10, 136:18, 138:1, 138:9, 141:19, 141:21
commercial
105:18, 105:23
commission
144:20
commitment
92:14
commonplace
41:22
community
13:1, 13:9, 13:10, 14:1, 14:12, 14:21, 15:4, 18:9, 33:5, 54:17, 57:3, 85:12, 92:20, 104:17, 105:10, 106:17, 119:1, 119:15, 121:4, 122:3, 122:12, 122:19, 123:17, 133:23, 137:11
comorbid
89:13, 136:7
companies
103:22
comparable
27:7
compare
105:20, 130:2
compared
29:19, 135:3, 135:4
compelling
16:5, 114:2
compete
130:20, 131:22
competing
24:8
competitors
24:10, 47:8
complete
91:4
completed
134:12
completely
131:24
completion
44:8, 47:15, 52:23, 56:18, 60:8, 64:1, 68:10, 78:7, 82:9, 102:8, 117:17, 128:11
complex
13:23, 135:18, 136:2, 136:6
compliance
2:10, 3:6, 45:1, 103:10, 129:22, 129:23, 130:10
complicated
47:2
complication
122:5
complications
32:8
component
132:7

comprehensive
16:1, 68:7, 71:13
compromise
19:24
con
24:22, 27:8, 55:17, 119:9
concern
20:9, 32:1
concerned
17:9, 20:7
concerns
15:5, 19:22, 23:16
conclude
15:9, 15:14, 16:4, 22:13, 22:18, 23:9, 28:22
concludes
28:12, 32:21
conditional
4:3, 34:15
conditions
89:13, 104:24, 106:16, 120:2, 136:7
conducted
141:17
confidence
25:7, 119:19
confident
130:15
confirmed
130:9
confirms
26:14
confused
112:20
congratulations
50:23, 58:2, 62:7, 65:20, 70:9, 73:13, 80:1, 126:4
conjunction
99:11
connects
137:2
connor
63:12, 63:13, 64:8, 65:21, 81:13, 81:14, 81:21, 83:2, 95:23, 97:10, 100:17
consider
20:1, 23:1, 25:2, 86:9
considerable
27:21
consideration
95:19, 107:9
considering
87:23
consistent
40:18, 44:20, 129:7
consistently
90:11
consolidating
45:20
constantino
2:8, 32:24, 33:2, 37:18, 37:21, 37:22, 38:14, 38:15, 47:21, 47:24, 52:17, 52:19, 53:5, 53:6, 59:24, 60:1, 60:14, 63:19, 63:21, 68:3, 68:5, 68:17, 71:10, 71:11, 71:23, 74:12, 74:13, 75:1, 77:23, 77:24, 78:12, 82:2, 82:4, 82:20, 82:23, 94:7, 94:10, 94:20, 95:3, 95:6, 95:14, 95:18, 97:8, 97:12, 97:16, 98:3, 98:6, 98:9, 98:11, 98:15, 101:16, 101:18, 101:21, 102:3, 102:4, 117:4, 117:10, 117:12, 118:6, 118:10, 124:1, 128:5, 128:7, 128:17, 140:8, 140:15, 140:20
construct
120:11
construction
109:18, 131:4, 135:11
constructive
13:8
consultants
36:22, 127:21
contacted
40:15
contains
18:8
contemporary
131:6
context
136:22
contingent
4:3, 34:15
continually
107:21
continue
14:10, 17:14, 21:15, 91:4, 123:17, 133:21
continued
4:17, 30:8, 109:5
continues
119:2
contrary
88:6
contributions
13:5, 13:15, 14:22
controlled
19:8
convenient
54:15
conversations
134:3
convert
77:9, 134:8
converted
134:14
converting
77:13, 77:14, 77:17
cook
4:6, 35:2
cooper
59:18, 102:1, 102:20
coordinated
88:11
corneal
136:2
corporate
13:7
correct
25:4, 77:12, 97:7, 97:16, 98:3, 140:9, 144:9
corrected
100:12
corrections
5:4, 140:3, 140:5
cost
31:21, 38:20, 52:22, 60:7, 63:24, 68:9, 71:16, 71:17, 74:18, 78:6, 82:8, 88:16, 89:19, 93:3, 93:5, 93:8, 93:10, 102:7, 111:19, 117:16, 128:10, 131:1
cost-effective
119:12
costly
55:11, 92:12
costs
30:24, 32:6,

42:4, 54:23, 55:12, 89:7, 92:16, 111:16, 117:22, 119:24, 120:16, 120:19, 122:4
costwise 111:15
could 14:7, 39:22, 41:3, 87:15, 93:6, 93:21, 98:13, 98:15, 111:2, 134:5, 134:6
couldn't 19:12
counsel 2:6, 3:8, 67:21, 102:21, 144:12
counties 96:2
country 90:4
county 4:6, 17:14, 35:2, 109:24, 110:4, 144:6
couple 30:15, 133:19
coupled 107:4
course 85:17, 108:5
court 11:9, 19:11, 25:14, 25:23, 25:24, 27:2, 28:24, 29:2, 29:9, 36:16, 37:2, 37:5, 42:20, 52:12, 52:15, 53:20, 59:19, 59:22, 63:15, 63:18, 67:23, 68:2, 81:19, 81:22, 82:1, 101:12, 101:15, 116:15, 116:21, 116:24, 117:3, 117:6, 117:9, 128:1, 128:4
courtney 2:7, 142:19
covenant 33:13
coverage 20:13, 21:14, 121:4
covered 87:10
crash 107:13, 107:15
crashed 107:10
crc 144:5
create 45:13
created 15:18
creates 139:2
crest 96:9
criteria 45:1, 86:7, 96:14, 103:11, 124:13, 125:8, 129:23, 129:24, 130:5, 130:7
criterion 42:2, 42:4, 130:1, 130:23, 130:24
critical 132:7
croup 19:7
crr 1:24, 144:4
crystal 17:3
csr 1:24, 144:4
cumulatively 41:6
curious 56:2, 56:6
current 14:6, 27:11, 27:14, 46:13, 84:20, 85:1, 89:7, 92:17, 93:18, 105:4, 107:4, 109:15, 110:19, 120:18, 120:21, 129:5
currently 21:16, 22:2, 22:22, 27:20, 84:1, 107:6, 112:10
cushion 118:19, 124:2
cut 28:21
cysto 43:15

D

d-a-n-i-e-l-s 53:15
d-i-l-t-s 23:11
d-o-n 53:14
daily 18:19, 21:19, 122:15
daniels 53:12, 54:8, 58:5
dart 2:2
data 24:21, 40:8, 40:10, 40:23, 41:5, 41:8, 41:11, 88:3, 88:4, 88:5, 94:2, 98:7, 105:4, 111:8, 124:6
date 52:23, 56:18, 60:8, 64:1, 68:10, 78:7, 82:9, 102:8, 117:17, 128:11
davita 4:10, 4:20, 7:23, 59:2, 59:5, 59:17, 88:7, 96:8, 101:2, 101:5, 101:24, 102:18, 105:14, 107:19, 107:20, 107:23, 108:3, 110:7, 111:8
davita's 84:21, 105:24
day 17:3, 20:12, 21:9, 40:6, 91:21, 133:16, 144:18
days 48:21, 89:17, 111:10
december 64:1, 82:10, 117:18, 144:19
decided 16:15
decision 14:23, 133:20, 133:22, 134:8
decision-making 14:8
decisions 13:23, 14:7, 17:11
declaratory 3:21, 34:10
declined 24:18
decreased 32:5, 32:6
dedicated 43:3, 43:6,

43:13, 48:15, 48:20
deferral 39:21
deferred 38:22
delay 6:5
delivered 90:17
delivery 102:24
demand 30:18
demographics 87:9
demonstrated 32:13
demonstrates 92:14
demonstration 89:5, 90:1
demuzio 6:10
deny 13:15, 25:8, 28:8, 114:22
denying 23:21
department 1:1, 18:22, 20:4, 86:16, 132:9, 132:10
departments 91:22
dependent 21:20
depends 27:12
depression 90:12
described 96:5
designation 47:6
designed 89:6
despite 96:17
destination 19:21
detail 88:19
detention 55:9
determine 97:20
determined 28:2
develop 105:6, 105:7, 105:12, 107:19, 119:9, 121:18
development 5:6, 67:18, 81:17, 88:17, 120:6, 141:12
deviations 103:10
diagnosed 107:5
diagnoses 18:24
diagnosis 119:17
dialysis 4:10, 4:20, 7:23, 7:24, 23:16, 26:7, 27:12, 59:2, 59:5, 60:3, 83:12, 86:24, 87:13, 89:7, 89:12, 89:24, 101:2, 101:5, 103:19, 105:15, 105:17, 106:2, 106:3, 106:8, 106:10, 106:23, 107:1, 107:2, 107:10, 107:13, 107:14, 107:15, 107:24, 108:1, 108:5, 108:18, 109:5, 109:9, 111:10, 111:16, 111:17, 111:20, 111:21
dialyzing 84:1
did 14:8, 53:20, 74:20, 82:13, 85:4, 98:13, 102:10, 103:12, 117:19, 128:13, 142:14
didn't 38:3, 47:24, 109:21, 109:22
difference 29:17, 32:11, 91:8, 136:4
different 110:17
difficult 13:23, 15:2, 17:11, 27:8, 28:24
dilts 11:15, 11:21, 12:6, 23:10, 23:11
diminished 22:24
diminishes 15:10
directly 21:23, 84:11
director 36:23, 59:17, 81:17, 88:17, 102:17
disability 120:1
disadvantaged 104:17
disagreement 44:2, 44:11
discontinuation 9:2, 9:20
discontinue 33:10, 59:6, 60:3, 71:6, 71:13, 74:6, 74:15, 77:5, 77:10, 78:3
discontinuing 77:8
discover 16:3
discuss 130:21
discussion 34:16, 37:15, 39:10, 39:20, 42:17, 45:11, 50:4, 110:15, 139:15
disease 87:6, 105:1, 106:18, 107:6, 109:3
disparities 104:21, 105:9
disproportionately 104:5, 105:2
distinction 45:14, 47:7, 47:10, 48:2
distress 19:7
district 18:17, 20:10, 20:16
disturbed 100:10
diverging 132:3
divided 84:11
division 54:4
divisional 23:13
doctor 30:10, 31:6, 48:6, 49:5, 53:19, 53:23, 55:19, 93:12, 110:22, 112:18, 137:24

doctors
123:11
documented
46:9
does
14:2, 30:3, 45:4, 45:5, 93:10, 96:12, 107:8, 129:13, 131:4, 137:9, 137:10
doesn't
18:1, 113:4
doing
30:18, 41:10, 45:14, 77:18, 90:11, 132:23
domination
27:1, 27:6
don
53:12, 54:8
don't
11:5, 28:21, 37:6, 42:20, 43:7, 46:20, 47:11, 47:12, 47:13, 85:1, 92:11, 94:15, 94:16, 100:5, 111:7, 114:15, 122:21, 132:11, 142:18
done
31:4, 56:20, 135:2, 135:17, 140:11
donor
111:22, 112:9, 112:12
doubled
90:23
down
46:1, 140:1
downgrade
17:4
downgraded
18:22
downgrading
21:1
dr
11:13, 11:14, 11:20, 11:21, 12:5, 12:9, 28:17, 28:18, 29:5, 29:6, 29:11, 30:11, 31:8, 36:22, 46:22, 47:18, 53:16, 53:24, 54:3, 58:4, 103:3, 116:11, 116:12, 116:13, 116:19, 116:22, 117:1, 118:5, 118:12, 119:5, 121:13, 124:17, 126:5, 126:6, 127:21, 132:14, 133:1, 133:5, 136:11
drainage
55:6
dramatically
21:12
driving
120:22
due
15:3, 22:21, 102:24, 106:16
duplicative
91:20
duration
133:7
during
40:12, 84:24, 122:7, 123:1, 136:14

E

e-
11:12, 12:14, 16:13, 18:15, 33:6, 33:7, 33:9, 33:12, 33:14, 71:5, 74:2, 74:5
each
23:23, 45:19, 88:9, 120:20
earlier
82:15, 131:3
early
32:7
earning
105:12
easily
87:13
easter-b-r-o-o-k
81:21
easterbrook
81:16, 81:20, 83:10, 85:16, 88:17, 88:23
easternmost
110:10
economic
104:12, 104:23
economically
104:16
edge
110:8
educating
111:9
educational
104:4
effect
28:3
effectiveness
112:14
effects
18:18
efficiency
30:24, 133:15
efficiently
133:1, 135:8
efforts
13:8
ehr
40:24
eight
108:8, 109:22, 133:1
eight-station
101:6, 102:5, 103:19, 109:9
either
19:2, 20:19, 21:7, 22:5, 41:3, 94:15
elbow
120:24, 123:6
elected
41:4
electronic
40:20, 90:6
elgin
3:14, 4:19, 23:17, 26:8, 81:3, 81:7, 82:6, 83:15, 84:5, 84:10, 84:21, 85:1, 85:3, 85:13, 86:6, 86:11, 86:13, 86:21, 87:1, 87:3, 87:8, 87:9, 87:14, 87:21, 87:24, 88:2, 88:10, 89:3, 89:8, 92:17, 93:17, 93:18, 96:3, 96:22, 97:5, 97:13, 98:16, 100:11
eliminate
31:24
eliminated
17:7
elizabeth
33:16, 33:18
else
46:22
emailed
82:15
emergency
16:2, 16:18, 17:6, 17:22, 18:22, 20:2, 20:4, 91:22, 92:12, 121:23
emergent
119:15
emerging
132:3

emphatically
13:16
employed
144:13
employers
120:14
employment
119:23
ems
18:19, 20:5, 20:17
enable
30:5
enabled
121:20
encouraged
54:16
end
45:7, 92:11, 111:17
engaged
17:17, 83:11
enhance
55:8, 92:14
enhancement
128:21
enjoy
21:17
enjoyed
13:1
enjoys
27:1, 27:6
enough
30:3, 86:23, 97:4, 114:16
ensure
30:7, 106:3, 108:13, 109:4
enter
14:8
entertain
129:19, 131:12, 142:24
entire
95:15
entirely
129:15
environment
43:16, 120:16, 131:6, 135:7
environmental
55:8
epiglottitis
19:6
equally
16:3
equipment
31:18, 43:8
er
21:1, 43:14
error
117:23
escape
14:3
esco
85:17, 88:12, 89:2, 89:4, 89:9, 90:3, 90:9, 90:19, 90:24, 91:3, 91:12, 92:8, 92:13, 92:21
esrd
24:3, 59:7, 63:5, 63:22, 81:6, 82:6, 86:20, 88:12, 89:4, 92:7, 96:6, 96:21, 101:6, 102:5, 105:6, 105:7, 105:12
essentially
24:23
establish
9:5, 52:6, 59:7, 60:4, 67:5, 68:6, 77:5, 77:11, 81:6, 82:5, 101:6, 102:5, 109:9
establishing
77:7
establishment
102:17, 103:18
estates
127:3
estimates
39:15, 44:9, 100:1
et
48:15
eterno
1:17
evaluation
17:13, 17:18, 111:6
even
24:17, 27:8, 46:20, 87:15, 90:12, 90:23, 98:16, 112:2, 122:21
evening
107:1
evergreen
33:23
every
27:12, 40:14, 42:2, 42:3, 45:4, 97:6, 97:19, 130:23, 130:24
everybody
7:14, 28:15, 142:14
everything
18:9
evidenced
87:2
evolution
30:22
ex
2:1
exact
88:8
example
20:20, 45:22
exceed
44:9
exceeded
54:23
exceeding
120:21
excellence
32:15, 119:10, 121:5, 121:7, 121:19
excellent
119:11
exception
139:2
excess
23:19, 24:6, 24:19, 84:12, 87:18, 87:19, 95:11, 106:6
excuse
135:1
execute
32:14
executive
3:5, 6:24, 7:11, 7:16, 7:20, 36:19, 53:13, 54:9, 127:15
exemption
4:13, 12:14, 14:15, 15:19, 17:21, 33:5, 33:7, 33:9, 33:11, 33:12, 33:14, 34:7, 71:2, 71:5, 74:2, 74:5
existing
55:4, 55:9, 59:6, 63:5, 63:23, 83:15, 87:24, 103:13, 106:11, 108:1, 108:12, 108:14, 111:5, 117:14
exists
31:16
expand
29:7, 30:22, 31:11, 38:18, 85:1, 85:4, 103:13, 117:14, 120:12, 121:8, 121:16, 123:16, 128:9

expanded
85:6, 103:15, 121:3
expanding
25:2
expansion
30:7, 31:1, 31:5, 38:7, 85:8, 90:22, 104:12, 116:6, 120:5, 121:10, 127:6
expectations
46:21
expected
52:23, 64:1, 68:10, 78:7, 82:9, 102:8, 106:18, 117:17, 128:11, 134:16
expense
18:1
expensive
17:19
experience
29:20
experienced
106:15
experiencing
20:1, 22:22
expires
144:20
explain
88:18, 93:6
explanation
57:7, 125:7, 139:7
explanatory
138:22
exponentially
120:4
express
15:5, 15:24, 23:15
extended
119:14
extension
3:19, 34:6
extra
20:3, 90:12, 131:18
extraordinarily
132:19
extremely
84:20
extremities
19:4
extremity
32:16, 119:10, 121:6, 121:19, 121:22
eye
90:11, 137:16
eyes
137:6

F

f-a-k-h-o-u-r-i
116:23
faced
103:23
faces
15:13, 15:16
facilities
1:2, 24:3, 24:9, 24:24, 26:18, 40:21, 54:2, 86:10, 87:1, 88:9, 94:17, 94:21, 103:17, 105:18, 106:11, 107:22, 108:3, 108:12, 108:15, 108:17, 108:20, 111:5, 112:1, 112:15, 113:4, 113:5
facility
17:5, 24:15, 26:11, 26:20, 26:21, 26:22, 26:24, 27:10, 27:12, 27:20, 27:22, 30:20, 32:16, 59:7, 59:8, 60:3, 60:5, 60:6, 63:5, 63:23, 81:6, 82:6, 83:14, 83:15, 83:22, 84:1, 84:2, 84:9, 86:13, 86:23, 87:21, 88:2, 88:11, 89:8, 89:10, 93:4, 93:8, 93:17, 93:18, 93:23, 101:6, 102:6, 103:19, 106:2, 107:20, 107:24, 108:5, 108:8, 109:10, 109:23, 110:2, 110:3, 110:6, 110:9, 110:12, 110:17, 118:20, 119:1, 123:16
facility's
95:15
fact
20:5, 20:13, 23:2, 41:24, 45:4, 49:23, 56:1, 75:20, 98:16, 105:17, 113:17, 122:20
factors
24:1, 45:10, 104:24
faculty
27:5, 27:18
failed
44:24
fails
114:20
failure
87:7, 96:13, 105:3, 105:15
faint
26:1
fair
87:12
fairly
96:2
fakhouri
116:12, 116:22, 121:13, 126:6
fall
49:3
fallacy
27:15
families
14:1, 89:22, 104:4
fapr
1:24, 144:5
far
94:1
fashion
41:13, 107:15
fast
133:8
faster
119:23, 122:11
fastest
104:11
fauzia
11:15, 11:21, 12:6, 25:20, 26:5
favor
7:8, 8:4, 8:17, 9:11, 10:5, 10:17, 48:17, 141:3, 141:6, 143:5
favorable
60:15
favors
86:22
fear
27:20
feature
91:12
feels
66:10
feet
60:7, 128:24
felt
15:12
female
66:9

fertility
33:6
few
87:15, 104:9
fewer
32:8
field
20:7
figure
111:20
figured
100:9
file
129:18
filed
41:23
filling
15:18
final
3:7, 3:9, 8:10, 8:20
finally
77:1
finance
118:22
financial
5:8, 20:9, 22:1, 22:21, 27:21, 118:7, 118:17, 142:13, 142:15, 144:14
financing
42:4, 131:1
find
112:12
finding
13:19, 23:18, 53:1, 54:21, 55:14, 57:7, 106:6, 118:2, 118:6, 118:18
findings
14:17, 23:21, 36:4, 36:5, 38:24, 41:19, 49:22, 60:10, 61:8, 64:3, 68:14, 78:9, 78:14, 82:12, 83:8, 86:8, 96:18, 99:6, 102:11, 117:19, 125:2, 128:14, 129:20
fine
141:5
finish
44:18
fire
18:16, 20:10
first
6:24, 11:12, 12:15, 37:23, 48:1, 53:10, 53:14, 83:17, 86:4, 103:2, 111:10
five
20:14, 41:3, 41:5, 45:19, 47:20, 94:2, 95:13, 118:18
five-minute
139:12
five-star
88:4, 88:8
floor
134:11
focus
12:24, 37:15, 39:10, 90:10
focused
96:11
focuses
111:9
followed
15:3
following
18:24, 33:3
follows:
7:18
foot
90:11, 123:6
forced
85:10
foregoing
144:7, 144:8
foreseeable
106:19
forest
108:22, 108:24, 110:7
forever
111:16
forget
11:3
format
40:8, 40:18
formula
23:24, 95:10
forward
15:17, 58:2
found
107:12, 113:24
foundation
8:10, 60:20
four
9:23, 9:24, 37:4, 44:22, 56:2, 77:5, 77:7, 77:10, 77:11, 77:13, 77:17, 81:24, 88:8, 93:24, 117:8, 122:17, 128:3, 134:5
four-star
88:2
fourth
85:11
foxpoint
7:24
fractures
19:3, 123:6
frankly
40:15, 84:2, 85:9
freedom
91:5
frequency
21:3
fresenius
3:14, 4:11, 4:19, 23:17, 25:3, 27:1, 27:6, 27:7, 27:18, 33:4, 33:19, 33:20, 33:23, 63:2, 63:4, 81:2, 81:5, 81:18, 83:11, 88:2, 88:7, 88:10, 88:14, 89:8, 90:2, 90:24, 91:3, 92:13, 92:22, 93:17, 96:8
friedman
59:14, 60:18, 62:8, 101:22, 102:20, 110:13, 113:3
friendly
29:24
from
10:13, 12:22, 16:15, 20:15, 21:3, 21:23, 22:8, 24:20, 25:5, 26:15, 35:3, 35:5, 38:22, 39:4, 40:3, 40:12, 40:19, 41:9, 42:12, 45:19, 45:24, 46:7, 46:9, 48:16, 49:11, 54:17, 55:20, 56:8, 56:9, 60:23, 64:11, 66:2, 68:24, 72:4, 75:6, 78:17, 83:18, 83:20, 84:5, 88:11, 91:3, 93:1, 93:22, 93:24, 101:22, 101:24, 102:1, 102:21, 103:3, 103:10, 104:3, 109:13, 110:1, 112:22,

112:24, 118:19, 119:1, 119:16, 119:24, 120:17, 123:21, 129:17, 130:11, 130:14, 132:5, 134:10
front
82:15
fueled
141:16
fueling
104:11
fulfilling
32:14
full
20:13, 26:19, 103:10, 129:22
full-service
16:17, 18:4
fully
29:7, 31:10
functions
129:1
funded
129:15
funding
21:21
further
13:18, 49:14, 83:8, 85:15, 104:17, 108:17, 130:21, 142:21
future
23:4, 27:11, 106:19

G

game
38:1
gauge
27:24
gave
17:10
general
2:6, 48:22, 67:21, 89:16, 130:7
generally
103:8, 112:1, 134:19
geneva
4:7, 35:5
george
2:9
get
6:4, 16:19, 31:2, 38:3, 40:3, 40:17, 49:11, 56:20, 66:4, 92:19, 111:21, 111:22, 112:22, 127:24, 140:11
getting
45:24, 49:9, 113:2
gi
129:3
give
40:5
given
14:6, 20:5, 78:13, 87:16, 108:4, 108:9, 109:2, 114:21, 117:23, 132:18, 132:21, 133:16
gives
26:9
giving
23:8, 28:19, 121:14, 121:17
glad
49:10, 102:23, 142:20
glasson
1:16, 6:14, 50:7, 57:10, 61:15, 65:3, 66:1, 69:16, 72:20, 76:4, 79:9, 93:3, 99:15, 113:24, 125:11, 138:17
go
7:2, 30:23, 31:7, 40:5, 58:3, 91:17, 110:1, 118:2, 132:5, 134:4, 135:9, 137:4
goals
90:21, 120:7
going
6:3, 20:19, 25:21, 28:21, 37:18, 37:22, 44:16, 45:10, 48:1, 49:9, 56:1, 56:6, 65:23, 83:5, 85:10, 86:1, 86:3, 88:18, 88:21, 94:1, 95:15, 99:4, 114:9, 114:13, 132:14, 139:11, 139:16, 141:20
good
13:12, 13:13, 16:11, 23:10, 25:13, 25:19, 29:5, 31:8, 38:4, 42:21, 52:16, 53:9, 53:16, 53:24, 67:10, 67:11, 67:20, 67:22, 88:23, 102:15, 121:13, 127:13
got
95:7, 131:19
gourineni
28:17, 29:5, 29:6, 29:11
government
105:19
goyal
2:3, 48:7, 48:8, 93:13, 93:14, 93:19, 93:21, 94:4, 110:23, 111:1, 111:4, 111:11, 111:13, 112:8, 136:11, 136:12, 136:13
grange
4:8, 36:3, 37:1, 38:7, 38:17, 39:18, 41:2, 45:15, 45:17, 45:23, 46:2, 131:3
granite
7:24
graphics
96:6
grateful
13:17, 15:6, 23:15, 121:17
great
30:17, 104:10, 112:9, 119:19
greatest
19:22, 31:21
greatly
120:16
gross
32:18, 60:7
ground-up
93:8
group
40:13, 103:4
grow
30:20, 119:2
growing
24:16, 25:4
grown
85:5, 86:13, 120:4
growth
88:1, 120:22
guess
43:5, 44:1, 94:14
guild
2:10, 6:2, 7:16
gym
129:11

H

h
9:4, 9:22,

35:1, 35:4, 36:2, 52:2, 59:1
h-i-k-e
59:17
h-i-l-l
18:15
h-o-n
117:2
had
16:18, 18:19, 34:2, 38:1, 40:6, 43:2, 48:13, 55:22, 106:11, 107:22, 117:23, 119:1, 133:20
hadley
67:14, 67:17
hadn't
48:2
half
94:17, 94:20, 94:22, 132:19
hallmann
36:22, 46:22, 47:18
hand
32:15, 66:7, 66:11, 88:21, 119:10, 120:10, 121:1, 121:6, 121:19, 121:22, 122:19, 122:22, 122:24, 123:4, 144:18
hands
37:3, 52:13, 59:20, 63:16, 67:24, 81:23, 101:13, 117:7, 123:10, 128:2, 140:24, 141:5
happen
13:12, 13:13, 85:10
happy
40:2, 42:9, 60:21, 64:8, 68:21, 72:2, 75:3, 78:14, 85:17, 109:10, 130:21, 131:11
hardship
106:24
harm
26:18, 27:10
has
13:5, 13:12, 14:14, 15:3, 17:13, 22:24, 23:17, 26:22, 35:2, 35:5, 41:9, 41:18, 42:5, 44:3, 54:16, 74:22, 75:11, 75:20, 85:5, 86:2, 86:13, 87:19, 87:20, 90:16, 92:2, 103:24, 106:14, 111:8, 118:20, 122:7, 129:15, 132:10, 133:2, 136:18
hasham
127:21
hasn't
104:20
having
18:23, 28:24, 41:8, 43:20, 134:2
he's
88:18
head-based
137:5
health
1:1, 1:2, 3:22, 12:12, 13:2, 13:6, 13:21, 14:20, 15:16, 15:24, 18:6, 18:18, 34:12, 36:19, 39:17, 40:20, 54:2, 54:4, 88:16, 89:14, 89:20, 90:6, 91:10, 91:23, 92:5, 92:11, 92:16, 104:10, 104:21, 104:24, 105:9, 107:2, 127:2, 127:5, 127:16, 127:18, 142:1
health's
17:1
healthy
54:20
hear
12:1, 19:12, 24:8, 25:23, 26:2, 27:2, 43:5, 66:6, 66:7, 66:11, 85:21
heard
7:10, 8:6, 8:19, 9:4, 9:13, 9:22, 10:7, 10:19, 48:1, 83:4, 83:18, 88:6, 99:7, 104:20, 113:18, 131:3, 138:8, 138:9, 141:8, 143:7
hearing
9:16, 18:3, 29:1, 37:14, 38:21, 39:8, 40:6, 53:2, 60:10, 64:2, 68:12, 71:18, 74:19, 75:10, 78:8, 82:10, 102:9, 117:18, 128:13, 141:20
hearings
12:16, 12:23, 15:5, 17:8
heart
48:21
heart-lung
48:23
heavy
12:21
heights
33:20
held
34:16, 42:17, 71:18, 74:19, 78:8, 110:15, 139:15, 141:19
help
16:19, 18:10, 54:13, 91:18, 123:14
helping
54:19, 118:15
her
53:18
here
6:16, 6:18, 6:20, 20:14, 23:11, 46:1, 48:8, 54:5, 66:11, 81:16, 83:4, 83:10, 88:18, 94:16, 99:11, 99:20, 102:24, 124:3, 127:24, 138:22
hereunto
144:17
heroic
56:19
hfsrb
8:11
high
84:20, 87:1, 87:23, 92:15, 93:6, 95:2, 96:6, 103:23, 107:11
high-quality
54:15
high-risk
49:1
higher
46:3, 87:8, 93:11, 136:6
highest
103:24, 122:5,

131:7, 134:22
highlighting
103:5
highly
13:22
highway
137:2
hike
59:16, 62:9, 101:24, 102:15, 102:16, 109:20, 109:23, 110:16, 111:3, 111:7, 111:12, 111:23, 112:17, 115:1
hill
11:13, 11:20, 12:5, 18:14, 19:13, 19:17, 22:11, 22:14, 22:20, 96:9
hills
3:15, 4:21, 29:8, 29:16, 29:22, 30:4, 30:15, 30:19, 31:1, 31:12, 31:15, 31:24, 116:2, 116:3, 116:5, 117:15
him
124:9
hinsdale
45:17, 46:7
hip
30:16
his
122:11
hispanic
87:4, 104:18
hispanics
105:1, 105:6
historic
130:4
historical
41:17, 41:22, 45:2, 130:6
historically
20:17
history
104:13
hit
100:9, 130:16
hoffman
127:3
holding
12:16
home
32:8, 86:15
hon
116:14, 117:2
honorable
12:18
honorary
136:15
honored
54:5
hope
27:14, 27:19, 84:16, 123:15
hospital
4:6, 5:5, 8:11, 9:4, 9:22, 16:2, 16:17, 16:21, 17:2, 17:5, 17:16, 17:19, 18:4, 18:7, 19:5, 19:23, 20:14, 20:24, 22:4, 29:21, 30:24, 32:6, 33:16, 33:22, 35:2, 38:18, 45:17, 46:1, 52:5, 60:20, 68:8, 89:16, 89:17, 105:22, 120:19, 130:3, 133:19, 133:23, 134:2, 134:7, 134:10, 135:10, 135:18, 136:15, 140:4, 140:5
hospital's
128:22, 130:4, 131:7
hospital-huntley
4:18, 77:2, 77:4, 78:5
hospital-mchenry
4:14, 9:2, 71:3, 71:5, 71:15
hospital-woodstock
3:13, 4:12, 4:15, 9:19, 67:2, 67:4, 74:3, 74:5, 74:17
hospitalization
91:19
hospitalizations
92:5
hospitals
43:11, 43:18, 45:18, 45:21, 46:10, 47:19, 91:16, 121:24, 122:21, 131:9, 136:1
hours
46:5, 46:7, 46:11, 46:12, 46:14, 46:18, 91:21, 119:14
how
15:16, 29:17, 29:18, 44:24, 98:5, 112:22, 113:1
however
15:12, 15:23, 122:19, 130:7
hsa
84:11, 84:12, 84:15, 87:18, 87:20, 95:15, 97:2, 97:3, 106:7
huge
111:9
humphrey-sonntag
1:23, 144:3, 144:23
hundred
22:16
hundreds
17:23
huntley
9:23, 16:22, 17:19, 20:19, 21:8, 22:5, 22:8

I

i'll
7:14, 36:9, 39:4, 49:21, 66:8, 75:2, 75:14, 86:3, 127:24, 132:1
i've
30:14, 30:18, 30:19, 66:6, 95:7, 136:13
icu
9:21, 74:7, 77:11, 78:2
idea
119:11
identified
41:2, 118:16
identifies
13:11
identify
36:15, 91:18, 107:23
idph
2:2, 2:8, 2:9
ihfs
2:3
ii
129:7
illini
4:10, 59:2
illinois
1:1, 1:6, 52:21, 60:4, 82:7, 83:13, 86:21, 88:14, 90:3, 90:24, 91:2, 96:4, 102:6, 112:10, 117:15, 144:6, 144:24

immediate
17:5, 86:24, 106:9, 122:3, 122:8
immediately
40:9
immense
13:24
impact
13:24, 16:22, 20:10, 28:6, 109:17, 118:21
impending
102:24
implement
31:18
implementation
20:23
implemented
55:2
important
23:21, 91:6, 91:12, 92:10, 104:22, 134:18, 136:22, 137:2, 137:7, 137:10, 137:22
importantly
27:16, 107:8
improve
30:24, 92:5
improved
32:6, 32:9
improvement
119:21
improvements
90:5
improves
88:16, 133:15
improving
31:20
impudent
15:21
in-patient
19:19
inability
41:20
incentive
27:21
incidence
106:17, 109:3
include
31:17, 32:5, 60:6, 131:7
included
39:15, 130:15, 142:15
including
15:4, 19:5, 21:1, 24:3, 90:6
income
104:22
income-based
105:9
incomes
105:11
inconvenient
19:21
increase
20:8, 21:24, 44:5, 45:6, 89:6, 106:15, 106:18, 129:3, 134:16
increased
22:1, 32:9, 32:10, 86:15, 107:16, 109:2, 120:9, 120:20, 134:15
increases
21:11, 44:4, 89:19, 120:17
incremental
41:1, 46:6, 46:7, 46:11, 46:12
incurred
22:15
indicated
40:1
individuals
13:24, 105:2, 105:10, 119:22
industry
90:17, 132:2
inevitably
15:17
infection
31:23, 32:5, 120:18
infections
19:4, 31:22
influenza
19:6
influx
27:13
information
14:15, 14:18, 26:7, 40:3, 40:18, 49:10, 71:19, 74:21, 75:13, 75:20, 89:2, 91:22, 114:24, 117:24, 140:10
informative
114:6
informed
91:24
inherent
12:22
initial
4:5, 4:16, 120:7
initiate
107:14
injections
137:17
injured
122:10, 122:11
injuries
32:16, 119:18, 121:22, 123:6, 123:7
injury
123:4
innovative
83:11, 90:1
inpatient
21:2, 29:21, 120:18, 131:8, 135:6
insurance
87:11, 120:14
insured
89:12
intensive
9:23, 17:7, 74:16, 78:2
intent
15:2, 45:19, 114:21
intention
47:18
intentions
14:11
interest
15:17, 15:24, 55:23, 144:14
internal
40:24
interruption
36:12
intervention
19:18
interventions
91:19, 92:4
into
7:2, 7:15, 21:8, 25:16, 28:23, 29:9, 30:22, 31:3, 43:14, 44:24, 48:22, 56:2, 84:16, 95:19, 107:8, 112:3, 113:5
intrinsic
14:9
introduce
52:11, 59:12, 63:10, 67:13, 81:11, 101:10, 116:10, 127:11
intubate
20:6
invasive
32:4
inventories
24:2
inventory
24:5, 24:14, 24:17, 25:5, 25:6, 26:14,

84:8, 84:17
investment
54:19
investments
90:7
investors
27:18, 27:23
involve
129:14, 131:4
involved
27:17, 83:13, 88:20, 135:11
iowa
112:3
isn't
85:9, 141:23
isolated
19:4
issuance
96:15
issue
39:20, 41:8, 44:19, 48:11, 48:12, 106:21, 130:2, 140:2
issued
96:17
issues
3:6, 44:16, 90:13, 106:20, 118:16
it's
17:15, 24:9, 26:1, 43:16, 44:22, 45:9, 48:12, 55:23, 67:22, 68:20, 83:7, 91:6, 94:1, 94:13, 94:24, 95:24, 97:12, 97:13, 98:18, 104:16, 106:18, 110:17, 112:15, 134:22, 135:4
item
9:1, 9:4, 9:19, 9:22, 10:11, 18:15
items
3:16, 3:17, 32:24, 33:3, 34:4, 34:8, 34:13
its
14:20, 14:21, 15:5, 17:4, 60:19, 74:6, 108:1, 108:3, 134:10, 134:21, 136:18, 144:14

J

j-a-c-k-s-o-n
31:9
j-a-v-a-i-d
25:20, 26:5
j-e-d-e-d-i-a-h
53:10
jack
36:20, 37:9, 39:3, 127:19, 129:20, 135:14
jackson
28:17, 31:8, 31:9
james
11:14, 11:21, 12:6, 23:11
january
85:5, 102:24, 142:22
javaid
11:15, 11:22, 12:6, 25:13, 25:19, 25:20, 26:2, 26:4, 26:5, 27:4
jeannie
2:6, 141:12
jedediah
53:10, 54:10
jesse
141:17
jigsaw
18:8
jim
81:16, 83:10, 88:17, 88:22
job
1:21, 122:11
jobs
17:23, 104:9
joel
1:15
johnson
1:15, 1:16, 6:11, 6:12, 8:2, 8:13, 9:10, 10:2, 38:10, 49:18, 50:2, 50:3, 57:5, 57:6, 59:10, 61:5, 61:10, 61:11, 63:7, 64:17, 64:22, 64:23, 67:9, 69:6, 69:11, 69:12, 71:8, 72:9, 72:15, 72:16, 74:8, 75:16, 75:23, 75:24, 77:22, 78:23, 79:4, 79:5, 81:9, 99:2, 99:9, 99:10, 113:20, 113:21, 116:7, 124:22, 125:5, 125:6, 127:9, 138:5, 138:12, 138:13, 143:4
joined
7:16, 29:15
joint
30:21, 31:2, 31:13, 120:12, 120:23
joints
30:22
july
144:20
jump
21:3, 113:1
june
17:1, 78:7, 98:9
just
37:7, 37:16, 38:3, 45:14, 49:2, 55:23, 56:2, 56:6, 60:18, 65:24, 66:7, 75:8, 80:4, 85:6, 86:3, 86:14, 88:21, 94:24, 95:23, 96:20, 97:4, 97:12, 101:20, 113:4, 118:17, 118:23, 123:23, 124:3, 124:7, 133:14, 140:14, 141:17
justification
46:15
justify
41:7, 41:21, 41:24

K

k-e-v-i-n
31:9
k-r-o-n-e-n
117:1
kane
144:6
kara
59:14, 101:22, 102:20
kath
97:9
kathy
1:12
keep
18:5
kept
112:20
kevin
31:9
key
32:3

kidney
87:7, 90:2, 104:24, 105:3, 106:18, 107:6, 109:3
kind
17:12, 95:8, 100:8, 137:16, 137:21
kindly
93:13, 94:4
knee
30:16, 123:7
knew
16:18
know
15:6, 17:20, 24:8, 37:8, 43:9, 44:1, 47:9, 81:15, 85:20, 111:17, 112:4, 112:6, 112:24, 124:8, 132:11, 133:8
known
121:5
kronen
116:13, 117:1, 119:5

L

l-o-c-k-w-o-o-d
16:13
l-y-n-a-n-n-e
59:16
la
4:8, 36:3, 37:1, 38:7, 38:17, 39:18, 41:2, 45:15, 45:17, 45:23, 46:2, 131:3
lack
138:8
lake
17:3
large
17:19, 18:2
larger
13:14, 14:1, 31:17, 120:11
lasers
137:17
last
12:10, 24:5, 25:6, 30:15, 37:14, 38:23, 39:9, 48:9, 53:11, 53:14, 82:16, 85:4, 86:14, 112:24, 122:7, 131:5, 137:12, 141:20
lastly
84:23
late
107:1
later
16:20, 26:10, 92:12
layoffs
17:24
leadership
13:20
leading
87:7
lease
93:8
leased
60:7
least
21:13, 24:24, 106:12
leaving
103:22, 134:1, 134:4
left
34:1, 139:18
legal
3:8, 7:23, 8:8, 102:21
legislators
54:18, 129:17
len
127:17
lengthy
37:13, 39:8
less
45:18, 48:17, 105:11, 132:20
let
17:20, 28:4, 44:18, 49:2, 53:18, 85:20
let's
37:9
letter
40:12, 60:20, 85:18, 114:22
letters
37:16, 39:11, 39:14, 40:5, 41:11, 41:14, 41:23, 42:6, 45:8, 46:9, 68:13, 129:16, 130:11, 130:14
level
21:16, 92:15, 136:6
levels
129:5
licensure
47:1
life
89:21, 104:9, 111:18
life-threatening
20:2
lifesaving
109:5
lifestyles
119:23
light
14:6, 60:15, 64:6, 68:19
like
13:21, 18:17, 37:20, 49:8, 60:16, 68:18, 72:1, 80:4, 83:3, 83:17, 84:7, 84:23, 86:5, 94:24, 95:1, 97:3, 97:24, 103:3, 103:7, 117:21, 118:13, 118:17, 118:23, 119:5, 129:20, 130:22, 133:4, 133:18, 136:3, 136:23
likely
21:15, 21:23, 87:6, 88:4, 89:15, 94:1, 105:5, 105:7, 105:12, 110:10, 110:18
limitations
12:22
limited
117:14
line
84:12
list
111:22
listed
8:7
literalist
95:8
literally
47:19
little
88:18, 112:19, 131:23, 132:13
live
83:22, 111:22, 112:9, 112:12
lived
16:14
lives
13:24, 32:12
living
87:10, 137:15
llc
7:23
locate
104:15, 108:3
located
84:14, 95:16, 102:18, 109:24, 137:1

location
26:17, 84:9, 114:1, 121:2, 142:23
locations
103:14, 103:16
lockwood
11:13, 11:20, 12:4, 16:11, 16:12
long
17:16, 98:5, 111:21, 112:12
longer
18:24, 19:23, 47:4, 137:15
look
45:20, 46:4, 58:2, 95:20, 97:2, 97:3, 97:4
looking
36:2, 45:15
looks
94:1
lori
63:13, 81:15
lot
29:12, 38:2, 86:2, 135:9, 137:14
loud
37:8, 42:19, 66:10
louder
66:8
low
95:13, 104:5
low-cost
29:24
low-income
104:3, 105:2
lower
89:7, 107:17, 120:18, 122:4, 122:5
lynanne
59:16, 101:24, 102:16

M

m-i-c-h-a-e-l
53:17
ma'am
27:3
machesney
108:21, 108:23, 110:3
machine
48:23
madam
6:7, 33:2, 33:24, 37:12, 38:15, 39:1, 39:20, 48:7, 49:17, 50:19, 52:19, 53:6, 56:22, 57:21, 60:1, 60:12, 61:3, 62:2, 63:21, 64:4, 64:15, 65:14, 68:5, 68:15, 69:4, 70:3, 71:11, 71:21, 72:8, 73:7, 74:13, 74:23, 75:15, 76:15, 77:24, 78:10, 78:21, 79:19, 82:4, 82:17, 98:24, 100:4, 101:18, 102:12, 110:24, 113:12, 114:12, 117:12, 118:8, 124:21, 125:22, 128:7, 128:15, 128:19, 136:12, 138:3, 139:5
made
12:23, 13:5, 24:4, 29:16, 47:22, 49:18, 50:16, 56:23, 61:4, 64:16, 69:5, 72:9, 75:9, 75:16, 78:22, 90:5, 99:1, 113:13, 124:22, 133:22, 134:8, 138:4
magazine
104:6
maintain
91:4
major
38:7
majority
135:24
make
13:12, 13:13, 14:7, 32:11, 37:23, 48:9, 48:19, 60:16, 83:3, 87:24, 91:24, 93:10, 130:15, 133:20, 135:9, 136:17, 136:24, 137:13, 140:11, 140:16
makers
15:1
makes
27:8, 108:6
making
13:23, 17:11
maldistribution
86:9, 86:22, 87:2
male
12:2, 12:3
malice
14:9
management
32:7, 36:21, 91:15, 127:20, 129:4
manager
2:10
manor
4:7, 35:4
manufacturing
103:22
many
13:3, 13:5, 13:8, 13:13, 13:21, 14:21, 28:21, 46:6, 49:11, 87:12, 122:20
mapquest
83:20
marc
103:3
marianne
1:17, 12:19
market
27:1, 27:5, 81:17, 87:3, 87:8, 88:17
matter
80:5
maximum
119:21
may
6:6, 7:2, 7:22, 8:9, 8:15, 9:1, 9:18, 10:12, 38:5, 39:5, 52:4, 59:4, 60:9, 63:3, 67:3, 71:4, 74:4, 77:3, 77:16, 77:19, 81:4, 87:7, 91:19, 96:20, 111:15, 116:4, 127:4
mayer
15:1, 15:10, 15:21, 16:5
mayor
12:5, 12:9, 12:10, 15:8, 15:15, 54:18
mc
1:16, 6:14, 50:7, 57:10, 61:15, 65:3, 66:1, 69:16, 72:20, 76:4, 79:9, 93:3, 99:15, 113:24,

125:11, 138:17
mcglasson
6:13, 50:6, 57:9, 61:14, 65:2, 69:15, 72:19, 76:3, 79:8, 93:2, 99:14, 113:23, 125:10, 138:16
mchenry
17:14, 20:20, 22:5
meadowbrook
4:7, 35:4
mean
94:12, 94:15, 95:5, 100:7, 109:17
med
9:20, 9:24, 74:6, 77:5, 77:11
medicaid
29:12, 93:15, 111:1, 112:11, 131:8, 134:19, 134:20, 134:22, 135:3, 137:13, 139:2
medical
3:14, 4:8, 4:9, 4:11, 4:19, 4:22, 16:19, 17:6, 18:2, 22:24, 23:3, 33:5, 33:9, 33:11, 33:13, 33:15, 33:18, 33:19, 33:21, 33:23, 36:2, 36:23, 37:1, 38:6, 39:18, 45:15, 45:16, 52:2, 52:6, 52:20, 63:2, 63:4, 74:15, 78:3, 78:4, 81:2, 81:5, 119:21, 127:2, 127:5, 127:19
medicare
83:12, 89:5, 89:12, 89:23, 90:19, 91:6, 93:22, 109:1, 110:8
meet
44:10, 47:1, 54:14, 96:13, 137:9
meeting
1:4, 6:4, 10:13, 18:1, 24:5, 25:6, 37:15, 38:23, 39:9, 48:9, 90:20, 123:17, 130:18, 139:17, 142:22
meetings
7:4
meets
42:2, 86:6
melanie
1:23, 144:3, 144:23
member
1:16, 6:9, 6:12, 6:14, 6:16, 7:7, 8:2, 8:13, 9:8, 9:10, 10:2, 10:15, 12:19, 38:10, 38:12, 48:7, 49:21, 50:3, 50:7, 50:11, 52:7, 57:2, 57:6, 57:10, 57:14, 59:10, 61:7, 61:11, 61:15, 61:19, 63:7, 64:19, 64:23, 65:3, 65:7, 66:1, 67:7, 67:9, 69:8, 69:12, 69:16, 69:20, 71:8, 72:12, 72:16, 72:20, 72:24, 74:8, 75:19, 75:24, 76:4, 76:8, 77:20, 77:22, 79:1, 79:5, 79:9, 79:13, 81:9, 93:3, 93:13, 93:19, 93:21, 94:4, 99:4, 99:10, 99:15, 99:19, 101:7, 110:23, 111:4, 111:11, 111:13, 112:8, 113:16, 113:21, 113:24, 116:7, 124:12, 124:14, 125:1, 125:6, 125:11, 125:15, 127:7, 127:9, 136:12, 136:16, 138:7, 138:13, 138:17, 138:21, 140:21, 143:4
members
1:11, 2:1, 6:21, 37:12, 42:12, 54:1, 55:20, 60:23, 64:11, 68:24, 72:4, 75:6, 78:17, 93:1, 103:20, 109:13, 123:21
memorial
38:17
mention
17:15, 117:21, 132:14
mentioned
41:23, 46:17, 46:22, 86:2, 86:11, 87:18, 112:9, 130:12, 137:18
mercy
17:1
merely
19:21
messing
53:21
met
123:9, 124:13, 130:7, 130:23
mic
19:15, 25:17, 29:9, 67:16, 85:22
michael
2:8, 11:13, 11:20, 12:5, 18:14, 36:24, 53:17, 54:3
microphone
25:16, 28:23, 45:11, 116:17
microphones
37:6
microsurgical
137:21
mid-august
17:23, 20:24
mid-september
17:24
midamerica
29:15
midtown
56:10
midwest
33:11
might
17:18, 19:4, 90:14, 97:3, 110:13
mike
41:10, 53:16, 102:13, 118:13
mileage
22:14
million
38:21, 52:23, 60:8, 68:9, 82:9, 90:19,

102:8, 117:17, 128:11
mind
11:6, 18:6
mindful
92:16
minimally
32:3
minor
129:4
minute
39:20, 41:23, 65:24, 95:20, 97:8, 97:13, 139:17
minute-drive-time
94:21
minutes
7:12, 14:24, 15:20, 20:3, 20:15, 21:7, 22:10, 23:8, 23:9, 28:20, 28:22, 39:17, 45:19, 47:20, 83:20, 84:14, 86:19, 97:10, 133:9, 133:11
miss
25:21, 107:2
missing
11:23, 18:9
mission
15:22, 121:8, 136:19, 136:20, 136:23
mistake
56:17, 118:1
mitchell
2:6, 7:21, 8:9, 10:24, 11:6, 11:19, 12:4, 28:16, 32:23, 82:18, 82:21, 114:21, 141:14, 142:12
mix
105:17, 105:21
mobilization
32:7
model
88:15
modernization
38:7, 43:22, 116:6, 120:6, 127:6
modernize
29:8, 31:11, 38:18, 117:13, 121:15, 123:16, 128:8
mohammad
11:14, 11:21, 12:5
moment
103:11
money
21:21, 104:6
money's
104:9
monica
116:14, 117:2
monitored
48:14
monitoring
32:8, 92:3
monitors
107:21
months
85:4, 85:6, 86:14, 123:2
morbidity
107:17
more
20:3, 26:16, 27:8, 27:16, 40:16, 42:16, 42:24, 43:23, 47:2, 48:16, 84:5, 87:6, 88:19, 89:14, 89:15, 90:10, 90:19, 90:22, 91:24, 94:19, 96:13, 100:1, 104:16, 105:5, 105:7, 105:12, 108:6, 120:15, 122:24, 123:1, 123:13, 131:5, 131:17, 131:23, 132:7, 133:7, 133:18, 135:18, 136:2, 136:6, 136:14, 137:16
morning
16:11, 23:10, 25:13, 25:19, 28:5, 29:1, 29:5, 31:8, 38:2, 50:4, 52:16, 53:9, 53:16, 53:22, 53:24, 55:15, 67:10, 67:11, 67:20, 88:24, 102:15, 121:13, 123:9, 127:13, 127:17
mortality
107:17
most
13:16, 15:2, 15:6, 20:15, 21:23, 29:13, 31:14, 31:18, 43:11, 43:18, 88:4, 105:4, 108:7, 135:22, 137:21
mostly
141:16
motion
7:2, 7:22, 8:9, 8:12, 9:1, 9:7, 9:17, 9:18, 10:1, 10:10, 10:14, 37:23, 38:5, 38:9, 49:18, 50:22, 52:4, 56:23, 58:1, 59:4, 61:4, 62:6, 63:3, 64:16, 65:19, 67:3, 69:5, 70:8, 71:4, 72:9, 73:12, 74:4, 74:9, 75:16, 76:20, 77:3, 77:16, 77:19, 78:22, 79:24, 81:4, 99:1, 100:15, 101:4, 113:13, 114:20, 116:4, 124:22, 126:3, 127:4, 138:4, 140:19, 142:24
motions
7:19
move
9:1, 9:18, 16:15, 74:1, 120:15, 142:11
moved
7:5, 8:2, 8:13, 9:8, 10:2, 10:11, 10:15, 34:7, 38:10, 52:7, 59:9, 63:6, 67:7, 71:8, 74:8, 77:20, 81:8, 101:7, 116:7, 127:7, 134:10, 140:21, 143:2
much
51:1, 93:11, 100:1, 100:17, 104:20, 123:19, 126:6
muldoon
63:14, 81:15, 83:6, 84:19, 85:15, 85:20, 85:24, 86:2
multispecialty
54:13
murphy
1:17, 6:15, 6:16, 7:7,

10:15, 12:19, 38:12, 49:19, 50:10, 50:11, 57:13, 57:14, 61:18, 61:19, 63:6, 64:16, 65:6, 65:7, 69:19, 69:20, 72:23, 72:24, 76:7, 76:8, 79:12, 79:13, 99:18, 99:19, 101:9, 113:14, 114:4, 114:5, 125:14, 125:15, 127:7, 138:4, 138:20, 138:21, 140:23
murrill
36:24, 47:10, 47:13
must
14:12, 19:1, 21:14, 24:12
mutisystem
19:3

N

n-i-e-h-a-u-s
116:20
naive
16:24
name
11:2, 11:9, 11:17, 12:9, 12:10, 18:14, 23:10, 25:19, 26:5, 29:6, 30:11, 31:8, 36:17, 48:7, 53:9, 53:10, 53:11, 53:12, 53:14, 67:20, 93:14, 102:16, 127:14, 136:13
names
11:16, 101:20, 116:16
nani
84:1
naperbrook
4:11, 63:2, 63:4
naperville
33:6
narrower
131:2
nature
14:2, 136:1
navigation
91:13, 91:21, 92:2
near
122:21
necessary
22:21, 75:21, 83:7, 85:13, 120:12, 137:9
necessitating
21:24
need
7:14, 11:5, 13:11, 15:8, 15:14, 16:6, 21:17, 22:23, 23:9, 23:24, 24:15, 24:16, 24:18, 24:21, 24:23, 25:3, 25:4, 25:9, 25:15, 32:12, 32:16, 43:3, 46:24, 48:23, 48:24, 54:6, 84:8, 84:15, 85:3, 86:8, 87:20, 87:24, 92:1, 95:15, 103:5, 106:8, 107:3, 116:15, 122:23, 123:11, 123:13, 137:16, 139:8, 140:10, 140:18
needed
21:22, 26:16, 75:13, 109:4, 128:21, 130:20, 131:21
needing
27:12, 87:13, 92:10, 105:15
needs
18:2, 18:4, 23:2, 30:1, 48:13, 54:14, 90:13, 100:12, 111:17, 123:17
negative
20:8, 23:18, 28:6, 41:18, 54:21, 55:13, 57:7, 78:14, 83:8, 96:17, 106:5, 114:19
neglected
17:15
neither
144:12
nelson
141:17
nephrologist
110:16, 110:17, 110:19
nephrologist's
107:7
neurological
31:10, 130:8
neurology
43:4, 43:15
neurosurgery
31:23
never
11:6
nevertheless
41:15
new
5:7, 16:21, 23:16, 24:2, 24:15, 24:21, 26:7, 26:23, 27:13, 27:17, 54:13, 86:23, 88:5, 106:22, 107:24, 108:13, 120:22, 121:2, 131:4, 135:11
newcomer
81:16
newly
24:14
news
38:4
next
8:22, 10:22, 16:9, 17:3, 18:13, 23:7, 25:12, 28:16, 52:1, 59:1, 63:1, 67:1, 71:1, 81:1, 84:22, 94:3, 101:1, 116:1, 123:1, 127:1, 133:14, 142:22
niehaus
116:11, 116:19, 118:5, 118:12, 124:17, 126:5
nine
40:22, 86:14
non-hispanics
105:8
none
15:7, 34:5, 56:14, 61:1, 64:13, 69:2, 72:6, 78:19, 83:21, 98:22, 113:10, 124:19, 138:2, 142:10
nonoperative
122:9
nonsubstantive
129:13
nonwork-related
120:2
nor
144:12
norm
43:18, 48:21
normal
119:23

northbrook
33:22
northernmost
110:4
not
6:2, 11:3, 11:6, 11:10, 13:5, 13:15, 13:20, 14:2, 14:8, 15:21, 17:18, 20:6, 20:21, 22:1, 22:24, 26:18, 26:20, 27:10, 28:6, 30:3, 38:1, 41:4, 43:16, 45:14, 46:20, 47:1, 48:8, 56:19, 77:6, 84:21, 85:11, 86:23, 87:12, 89:19, 96:14, 97:12, 97:20, 102:23, 104:10, 107:8, 108:20, 109:24, 110:1, 110:5, 110:11, 116:17, 119:15, 129:14, 130:18, 131:4, 131:23, 132:8, 133:22, 134:19, 134:20, 136:21, 137:9
notarial
144:18
notary
144:5, 144:24
note
40:11, 91:6, 95:24, 103:12, 118:17
noted
14:12
notes
114:18, 139:10
november
1:7, 102:9, 128:12
now
7:11, 15:13, 20:2, 24:20, 25:5, 32:16, 32:21, 36:1, 38:13, 39:3, 43:2, 44:9, 65:24, 98:18, 102:3, 103:16, 103:24, 112:15, 120:4, 130:5, 139:8
number
24:1, 44:6, 44:20, 44:21, 44:22, 46:5, 46:15, 46:18, 112:20, 129:2, 129:3, 129:6, 129:8, 130:2
numbers
137:13
nurses
91:14
nursing
48:15

O

o'fallon
33:17, 33:18
objective
45:12
obligation
16:5
obstetrical
134:10
obstetrics
19:9
obtain
27:6, 119:17, 119:21
obviously
95:12, 96:3
october
12:18, 17:8, 52:24, 56:18, 56:20
off
28:22, 95:9, 119:22, 119:24, 143:9
off-the-record
34:16, 42:17, 110:15, 139:15
offer
31:14, 71:24, 75:2, 106:23, 119:14, 121:20
offered
16:23, 20:21, 31:14
offers
92:22
office
4:9, 33:18, 52:3, 52:6
officer
36:18, 53:14, 54:10, 127:15, 144:6
officio
2:1
often
24:8, 89:13, 89:17
oh
28:14, 36:5, 37:24, 56:15, 95:3, 97:11, 113:7, 117:4
okay
10:24, 12:7, 16:21, 36:14, 38:13, 42:22, 45:2, 48:4, 56:11, 56:21, 59:11, 60:22, 67:1, 68:23, 75:5, 75:14, 77:14, 77:15, 81:1, 85:20, 85:21, 93:19, 94:23, 95:21, 97:11, 97:14, 98:19, 110:20, 113:7, 115:2, 124:12, 124:19, 140:1, 140:18
once
107:22, 140:12
one
16:23, 19:22, 27:24, 40:13, 44:17, 44:18, 47:15, 47:16, 48:11, 53:1, 55:13, 55:22, 56:17, 57:7, 84:21, 84:23, 85:2, 93:20, 96:3, 96:7, 96:13, 97:5, 103:11, 103:24, 104:11, 104:16, 109:17, 111:2, 111:20, 118:6, 118:18, 123:8, 124:4, 130:19, 132:5, 132:10, 134:10, 136:18, 137:12
one-day
33:8
onerous
14:2
ones
56:3, 135:18
ongoing
27:13
only
13:6, 22:1, 26:20, 26:22, 27:11, 41:6, 41:12, 41:18, 47:1, 47:15, 47:16, 83:12, 84:21, 88:14, 89:19, 90:3, 91:8, 93:20, 105:18, 108:9, 108:20, 119:15, 129:9, 129:24, 130:13, 130:17,

132:10, 134:20
onto
107:13
open
1:4, 7:4, 7:17, 64:7, 68:19, 85:11, 134:13
open-heart
43:12
open-incision
43:17
operate
21:18
operates
26:20, 26:22
operating
30:5, 31:15, 31:17, 36:18, 41:16, 42:24, 43:6, 44:21, 44:22, 44:23, 45:4, 46:19, 48:20, 48:22, 53:13, 54:9, 86:11, 94:18, 108:19, 108:21, 120:8, 127:15, 129:2, 130:3, 131:18, 132:3, 132:5, 132:9, 133:13, 137:8
operational
106:12, 118:20
operations
18:20, 54:11, 59:17
operative
122:8, 123:11
ophthalmic
130:18, 133:21, 133:22, 134:21
ophthalmologists
132:4, 132:8, 132:17, 133:6, 134:1, 134:3, 135:8
ophthalmology
131:18, 131:21, 132:10, 134:14, 135:17, 135:20, 137:20
opportunity
15:4, 23:15, 26:6, 71:24, 89:1, 110:24, 114:23, 119:6, 121:15, 121:18
oppose
23:11, 26:9
opposed
9:14, 10:8, 84:4, 141:9
opposing
24:9
opposition
9:16, 36:4, 38:22, 42:6, 49:23, 53:3, 60:11, 64:3, 68:13, 71:17, 74:20, 78:9, 82:11, 83:4, 83:18, 84:24, 99:6, 102:10, 113:17, 118:24, 128:12, 129:16, 138:8
optimal
32:1
option
112:10
order
3:3, 6:4, 6:24, 8:10, 8:20, 8:22, 10:22, 11:10, 21:15, 119:9, 132:6
orders
3:7, 3:9
organization
88:13, 89:5
organs
112:6
originally
39:14
ors
42:1, 46:15, 129:8, 130:7, 130:8, 130:13, 130:19, 131:22
orthopedic
29:11, 30:13, 30:14, 36:23, 36:24, 45:13, 45:22, 47:7, 48:2, 121:1, 121:3, 121:7, 122:3, 122:14, 122:16, 123:8, 123:10, 127:21
orthopedics
29:15, 120:23, 129:12
osf
103:3
other
3:21, 5:3, 15:16, 15:24, 19:3, 24:9, 25:2, 26:18, 28:1, 32:3, 34:10, 45:10, 45:19, 46:9, 48:5, 49:6, 56:12, 91:10, 91:23, 92:11, 95:13, 98:20, 110:21, 113:8, 124:16, 125:7, 129:9, 134:21, 136:10, 136:21, 138:1, 138:9, 140:2
others
88:6, 90:4
otherwise
144:14
ours
26:24, 27:5, 28:5, 84:21
out
7:20, 24:1, 30:23, 34:3, 66:6, 82:13, 84:7, 89:23, 94:2, 98:1, 100:9, 112:2, 112:20, 122:22, 129:23
out-of-town
21:3
outcome
15:7, 144:15
outcomes
20:8, 32:9, 92:5, 119:18
outpatient
29:13, 30:23, 31:4, 47:2, 105:21, 119:12, 120:12, 131:9, 134:24, 135:1
outrage
15:11
outside
37:9, 87:14
outsourcing
17:24
outstanding
123:5, 123:8, 125:8
over
17:14, 30:18, 36:10, 45:11, 45:20, 83:5, 85:14, 88:22, 91:2, 105:13, 105:22, 106:7, 106:14, 107:20, 111:21, 112:14, 132:23, 134:15, 139:17
overage
55:1
overall
32:6, 92:16, 94:12, 98:1, 107:11
overburdened
121:23
overutilization
108:12
own
40:20, 40:24,

44:3, 44:9, 92:20
ownership 33:7, 33:8, 33:12, 33:14, 33:15

P

packet 142:15
page 3:2, 4:2, 5:2
pages 1:22
pain 19:10, 19:12, 19:14, 32:7, 121:1, 129:4
palos 3:15, 4:21, 29:8, 29:16, 29:22, 30:4, 30:14, 30:19, 31:1, 31:12, 31:15, 31:24, 116:2, 116:3, 116:5, 117:15
paramedics 20:6
paris 33:5
park 33:7, 33:23, 108:22, 108:23, 110:3
parking 38:2
part 48:18, 91:3, 104:15, 110:4, 117:23, 135:22, 137:22
participate 83:15, 90:8, 92:21
participates 89:8
participating 88:15
participation 3:12, 10:23, 28:12, 32:22, 92:13
particularly 109:6
parties 144:13
partnership 13:1, 90:15
passes 10:10, 50:22, 58:1, 62:6, 65:19, 70:8, 73:12, 76:20, 79:24, 100:15, 126:3
past 106:14
patient 22:3, 22:7, 22:16, 31:20, 32:9, 32:10, 48:13, 48:22, 90:11, 90:13, 90:20, 92:3, 92:10, 105:24, 106:15, 107:16, 111:16, 122:6, 133:14, 133:15
patient-origin 39:13, 40:10, 40:17, 41:4
patients 18:23, 19:9, 19:10, 19:13, 19:17, 19:18, 19:23, 19:24, 20:7, 20:8, 26:12, 26:23, 27:11, 27:12, 27:13, 27:14, 27:22, 29:12, 29:17, 29:18, 29:23, 30:3, 30:6, 30:8, 31:3, 31:22, 32:1, 32:12, 32:17, 39:16, 47:3, 54:14, 83:21, 83:23, 84:5, 85:12, 85:13, 89:7, 89:11, 89:13, 89:21, 91:2, 91:4, 91:15, 91:17, 91:18, 92:1, 92:15, 92:19, 105:14, 105:18, 105:19, 106:1, 106:22, 106:24, 107:5, 107:9, 107:13, 107:14, 108:2, 108:4, 108:7, 108:9, 108:13, 110:1, 110:5, 110:11, 110:18, 111:5, 111:9, 111:11, 111:12, 112:1, 112:5, 112:7, 122:9, 122:10, 123:3, 123:15, 131:7, 134:19, 134:20, 136:5
paul 11:12, 11:19, 12:4, 16:12
pay 21:22, 105:16, 106:2
payer 105:17, 105:21
payment 22:17, 105:19
payments 120:1
pediatric 29:11, 29:23, 120:10, 120:23, 123:8, 123:10
people 11:24, 87:13, 112:11, 122:2, 136:20, 137:15
per 20:11, 21:9, 44:7, 44:23, 46:6, 46:14, 97:19, 108:6
percent 20:17, 20:19, 21:4, 21:5, 22:16, 26:21, 26:22, 31:23, 41:1, 41:6, 44:6, 45:6, 84:5, 85:2, 85:5, 85:7, 86:12, 86:13, 86:17, 86:19, 87:4, 87:5, 87:9, 87:10, 87:11, 87:17, 88:9, 89:11, 92:6, 92:7, 92:18, 94:9, 94:13, 94:19, 94:22, 96:10, 98:2, 98:14, 98:17, 100:10, 104:2, 104:18, 105:11, 105:18, 105:22, 106:13, 106:15, 107:12, 107:14, 107:23, 108:15, 108:19, 112:14, 112:16, 112:21, 112:22, 112:23, 113:1, 113:3, 114:15, 120:17, 122:8, 129:1, 134:15, 135:2, 135:5
percentage 39:16, 88:8, 111:4, 131:8
perform 29:13, 40:21
performing 133:14
perhaps 46:6, 133:4

period
108:24, 134:16
periods
47:4, 104:12
permission
18:7
permit
3:18, 33:4, 33:16, 33:17, 33:19, 33:20, 33:21, 33:22, 34:5, 96:15, 96:17
permits
4:4, 34:15
perplexed
84:3
personnel
21:18, 90:7
perspective
26:11
phase
109:19
phenomenon
109:17
physical
9:3, 9:5, 33:10, 67:5, 68:7, 71:6, 71:13, 129:11
physician
37:16, 39:11, 39:15, 40:14, 41:14, 83:24
physician's
40:15
physicians
27:17, 27:19, 27:20, 40:23, 49:11, 91:16, 120:22
piece
18:10
pioneer
90:3
place
21:14, 122:16
placed
22:2, 84:10
planned
102:18
planning
17:12, 17:17, 23:20, 24:7, 24:11, 24:12, 25:1, 44:3, 47:8, 47:16, 94:12, 95:11, 95:14, 96:1, 106:7, 131:10, 134:23, 135:3
plans
17:4, 20:12, 107:19, 120:15, 123:1
please
6:6, 7:6, 7:22, 9:7, 9:9, 10:1, 10:14, 11:1, 11:3, 11:4, 11:8, 11:18, 12:8, 16:4, 16:9, 16:10, 22:13, 22:18, 23:7, 23:8, 23:9, 25:2, 28:23, 29:4, 29:10, 31:7, 32:19, 33:1, 36:15, 37:3, 37:7, 37:10, 37:21, 38:9, 39:3, 47:5, 52:8, 52:11, 52:13, 53:19, 53:23, 56:21, 59:13, 59:20, 63:10, 63:16, 63:20, 67:8, 67:24, 77:19, 81:20, 81:23, 92:18, 101:8, 101:11, 101:13, 102:3, 102:14, 116:10, 116:16, 117:7, 127:8, 127:12, 128:2, 128:18
pleasure
26:9
plus
16:17, 17:23, 22:14
pneumonia
19:6
pockets
97:3
point
15:22, 48:16, 55:23, 75:12, 82:13, 84:7, 95:23, 106:22, 132:15, 133:20, 134:17, 137:12, 142:24
pointed
98:1
pointing
13:19
points
49:2
police
38:3
policies
24:11, 87:11
policy
105:24
polsinelli
59:15, 59:18, 101:23, 102:1, 102:21
poor
136:20
population
87:5, 89:16, 96:4, 97:6, 103:23
populations
92:7, 96:2
portion
54:22, 55:12, 75:10
positive
12:24, 64:6, 65:16, 68:19, 85:11, 103:9
possible
24:10, 98:12
posted
140:17
potential
39:21
poverty
87:10
practice
40:15, 83:24, 120:3, 121:2, 122:13, 122:14
practices
40:22, 120:19
prasad
29:6
precision
100:1
predictable
24:13
preliminary
88:3, 107:19
preparation
54:23, 102:22
prescribed
15:7
presence
12:20, 14:21, 16:16, 33:13, 33:14
present
1:11, 2:1, 2:5, 6:2, 6:9, 6:12, 119:7, 121:15
presented
23:2, 121:24
presenting
19:10, 19:13, 128:20
presently
26:12, 26:16
president
23:13, 36:19, 36:21, 36:24, 53:13, 54:3, 54:9, 54:10, 67:15, 67:18,

127:15, 127:18, 127:20
pressure 109:16
presumably 24:20
pretty 56:19
prevalence 87:8, 96:6, 106:17, 107:10, 107:11, 109:2, 109:3
prevent 91:20
previous 89:18
previously 50:8, 64:23, 99:16, 108:13, 123:3
primarily 30:16, 45:12, 128:21
primary 108:11, 136:4
prior 9:4, 9:22, 29:19
private 22:6, 120:14
privilege 136:17
probably 100:8, 137:22
problem 30:2, 46:20, 95:1
procedure 129:9, 130:13, 132:22, 132:24, 133:12, 133:14
procedures 29:14, 32:4, 129:4, 132:18, 132:20, 132:21, 133:1, 133:7, 133:8, 135:1, 135:2, 136:2
proceed 12:8, 16:10, 53:23
proceedings 7:17, 34:1, 36:8, 139:18, 142:6, 144:7, 144:9, 144:10
process 14:8, 15:3, 24:12, 25:1, 25:7, 39:22, 40:9, 40:12, 118:14, 132:4
productive 136:14
profile 140:17
profiles 5:4, 140:3, 140:6
program 36:24, 39:12, 43:13, 83:11, 83:14, 83:16, 89:2, 92:21, 112:11
programs 105:20, 120:13
progressing 137:15
progression 107:5
prohibit 96:14
project's 41:24, 55:13
projected 41:12, 42:15, 42:23, 43:20, 44:3, 45:3, 107:3, 130:8
projection 130:17
projects 8:7, 24:9
prompt 122:4, 123:5
proper 15:1
property 21:21, 21:24, 55:4
proposal 29:7, 31:11
proposed 23:17, 26:7, 30:7, 31:16, 44:22, 52:22, 55:3, 55:10, 60:6, 83:7, 83:14, 83:20, 88:10, 89:9, 92:19, 102:17, 106:2, 106:9, 108:18, 110:9, 129:6, 129:8
proposing 38:16, 41:17, 44:19, 44:21, 45:5, 46:19, 46:24, 50:17, 52:20, 60:2, 63:22, 68:6, 71:12, 74:14, 78:1, 82:5, 87:4, 102:5, 117:13, 128:8, 130:4, 130:19
protection 55:8
protocols 32:7
prove 18:3
proven 92:2
provide 21:15, 26:6, 29:23, 41:4, 89:1, 91:15, 91:19, 91:22, 92:15, 114:23, 119:11, 128:22, 131:5, 133:24
provided 14:18, 39:15, 40:4, 41:8, 42:7, 55:5, 71:20, 74:22, 75:13, 75:20
provident 4:6, 35:2
provider 18:6, 24:22, 83:12, 88:14, 134:22
providers 15:17, 15:24, 25:2, 28:2, 56:7, 56:9, 89:24, 91:10, 91:23
providing 16:1, 32:3, 41:10, 54:15, 91:11, 92:9, 122:2, 130:10, 135:7
provision 13:6
public 1:1, 3:12, 10:22, 12:16, 12:23, 13:22, 15:5, 17:8, 18:3, 28:12, 32:21, 38:21, 53:2, 60:10, 64:2, 68:12, 71:18, 74:19, 75:10, 78:8, 82:10, 87:11, 102:9, 104:3, 106:21, 117:18, 128:13, 141:20, 144:5, 144:24
public's 48:16
publicly 14:3
pull 40:23, 67:16
purpose 108:11

purposes
111:14, 135:19
pursuant
7:3
put
46:16
puts
43:21
puzzle
18:8

Q

quality
16:1, 48:12, 88:16, 89:6, 89:21, 90:20, 104:8, 119:12, 120:17, 122:5, 133:16
quality-of-life
107:17
quarter
98:8
question
55:23, 93:16, 94:7, 96:19, 111:2, 112:19, 124:1
questioned
40:2
questions
42:10, 42:12, 48:5, 49:15, 55:20, 56:12, 60:21, 60:22, 64:9, 64:10, 68:19, 68:22, 68:24, 72:2, 72:4, 75:4, 75:6, 78:15, 78:17, 85:18, 92:24, 98:20, 109:11, 109:13, 110:21, 113:8, 123:21, 124:16, 129:20, 131:12, 131:14, 136:10, 138:1, 142:7, 142:16, 142:19, 142:20
quick
133:7
quickly
16:19
quite
46:21, 84:2, 85:9, 93:6
quorum
6:4, 102:23
quote
17:12

R

race
104:22, 104:23
raise
37:2, 52:12, 59:19, 63:15, 67:23, 81:22, 101:12, 117:6, 128:1
ramp-up
108:24, 109:19, 113:6
ranked
104:7
rate
31:23, 86:12, 122:5, 122:6
rated
88:3
rates
104:1, 120:18
rather
12:24, 14:3, 43:2, 84:3, 93:9, 130:19, 135:9
rating
88:7, 93:22
ratio
86:20, 96:21, 96:23, 97:15, 100:11, 118:19, 124:2
rattled
53:22
rdr
1:24, 144:4
reach
46:21, 122:22
reached
89:23, 107:22
reactions
19:9
read
28:15
readmissions
92:6
readmitted
89:17
real
18:7
reality
100:2
realized
37:17, 134:4
really
26:1, 38:1, 42:18, 85:22, 96:16
realm
32:18
reason
28:5, 55:1, 100:8, 111:13
reasonable
133:23
reasonableness
117:22
reasoning
104:9
reasons
50:7, 50:11, 57:11, 57:19, 64:24, 70:4, 76:1, 76:5, 76:9, 76:12, 76:17, 79:6, 79:10, 79:20, 85:3, 96:7, 99:15, 113:21, 125:12, 125:23, 138:14, 138:18
recall
37:13, 39:8, 39:19
receive
74:20, 82:13, 105:20, 114:22
received
42:5, 54:16, 68:14, 85:18, 125:3, 129:15, 140:9, 141:19, 141:22
recent
104:12, 104:21
recently
24:2, 29:15, 103:15
recess
66:2
recipients
131:8, 135:3
recited
137:14
recognize
27:14, 137:9, 137:14
recognized
122:15, 122:16
reconstruction
30:13
record
90:7, 101:20, 143:9, 144:9
records
22:7, 40:20
recovery
30:5, 43:23, 44:19, 44:20, 46:23, 46:24, 47:3, 48:11, 48:17, 48:18, 129:7, 130:3
reduce
119:16, 119:22
reduced
92:6, 92:7, 144:11
reduces
88:16, 89:20
reducing
119:24, 120:16

refer
7:22
referral
37:16, 39:11, 39:14, 40:4, 40:12, 41:11, 41:14, 41:23, 83:22
referrals
3:8
referred
8:8, 41:2, 56:1, 111:6, 112:2
refined
100:1
reflect
24:23, 25:5, 84:9
reflected
24:18
refrain
12:22
regard
105:16
regarding
12:12, 12:16, 23:16, 38:24, 83:4, 114:1, 118:7
regardless
106:1
regards
133:6
region
13:14, 14:1
regional
59:17
regular
108:5, 108:9
regularly
104:7
rehab
9:3
rehabilitation
9:6, 33:10, 67:5, 68:7, 71:6, 71:14, 119:17
reiterate
118:23
reject
17:21
relate
130:1
related
31:21, 53:1, 102:11, 117:19, 117:22, 118:18, 128:14, 129:2, 130:23, 140:2, 144:12
relates
46:23, 55:1, 89:2
relating
42:3, 42:4, 131:1
relatively
133:8
released
88:5
reliable
16:2
relief
121:23
relieve
108:12
relocate
60:4
rely
105:19
remain
27:19, 129:5
remaining
20:19, 41:3, 105:19, 118:7
remarks
11:4, 11:8, 22:19, 47:22
removal
21:2
remove
17:22
removed
35:3, 35:5, 41:9
renal
4:10, 23:14, 59:2, 59:5, 105:15, 111:6
renewal
3:18, 33:16, 33:17, 33:19, 33:20, 33:21, 33:22, 34:5
renovated
128:24
renovation
128:20, 135:12
repeating
12:23
replace
27:13
replacement
59:8, 120:13, 120:24
replacements
30:16, 31:13
report
23:19, 28:2, 41:9, 44:5, 52:18, 54:22, 56:18, 57:14, 59:23, 60:16, 61:12, 61:16, 61:20, 61:24, 63:20, 64:6, 64:20, 65:4, 65:8, 65:12, 65:16, 68:4, 68:20, 69:9, 69:13, 69:17, 69:21, 70:1, 72:13, 72:17, 72:21, 73:1, 73:5, 73:9, 74:12, 79:2, 79:13, 79:17, 82:3, 82:14, 82:18, 82:21, 82:22, 83:9, 86:17, 94:14, 98:17, 99:12, 101:17, 103:9, 106:5, 114:10, 114:14, 117:11, 125:15, 125:20, 128:6, 130:9, 131:20, 138:21, 139:3
reported
1:23
reporter
11:9, 19:11, 25:14, 25:23, 25:24, 27:2, 29:2, 29:9, 36:16, 37:2, 37:5, 42:20, 52:12, 52:15, 53:20, 59:19, 59:22, 63:15, 63:18, 67:23, 68:2, 81:19, 81:22, 82:1, 101:12, 101:15, 116:15, 116:21, 116:24, 117:3, 117:6, 117:9, 128:1, 128:4, 144:1, 144:4
reporter's
28:24
reports
4:3, 5:8, 34:14, 142:13, 142:15
represent
93:15
representative
42:8
representing
111:1
represents
93:9
request
15:23, 17:2, 71:2, 109:8, 121:9, 123:16, 140:9
requested
14:14, 60:11,

64:2, 68:12, 82:11, 102:10, 117:19, 123:4, 128:13
requesting 41:5, 119:9, 120:5
requests 3:18, 3:19, 3:20, 4:13, 34:5, 34:6, 34:7, 34:9
require 19:5, 20:2
required 14:15, 14:18, 39:12, 40:3, 43:12, 55:6, 71:19, 74:21, 124:5
requirements 14:13, 55:2, 55:8
requires 22:4, 30:4, 55:9, 108:5
requiring 19:10, 19:17, 19:18
requisite 130:11
rescue 18:17
reside 39:16, 108:4
residents 13:14, 15:12, 20:11, 21:11, 21:16, 21:23, 22:2, 54:20, 87:10, 97:20, 106:4, 108:1
resize 55:9
resolve 118:15
resources 21:22, 89:14, 90:10, 91:9
respect 12:21, 13:4, 25:1, 84:8, 84:17
respectfully 55:16, 109:8, 121:9, 123:14
respectively 108:20
respiratory 19:7
respond 15:16
responded 122:1, 122:2, 123:7
response 9:15, 10:9, 20:12, 49:7, 49:22, 50:4, 55:21, 56:13, 60:24, 64:12, 69:1, 72:5, 75:7, 78:18, 98:21, 99:6, 113:9, 123:22, 141:10, 142:9, 142:17
responses 99:5
responsibility 14:2
responsible 22:16
responsive 82:22
rest 124:7
restore 18:10
result 17:12, 46:5, 46:10, 122:13, 134:11
resulted 41:18, 55:13
resulting 46:13
results 130:12
resumed 7:17
retention 55:6
return 119:22, 122:10
returned 36:7, 142:5
revel 13:19
revenues 21:21
review 1:2, 4:5, 4:17, 21:13, 27:24, 45:1, 54:2, 60:19, 96:14, 103:8, 142:14, 142:21
reviewable 54:22, 55:12
reviewing 86:5
revisions 30:17
rewarding 24:24
richard 1:13
right 25:15, 25:22, 26:4, 37:3, 39:6, 46:1, 52:13, 59:20, 63:15, 65:24, 67:24, 77:6, 77:15, 81:23, 84:14, 95:22, 96:11, 101:13, 112:15, 113:3, 117:7, 128:2, 137:1, 137:8, 140:19
rigorous 92:3
risk 32:5, 91:18, 104:24
roate 2:9, 6:7, 6:10, 6:13, 6:15, 6:17, 6:19, 6:21, 14:24, 15:20, 22:10, 49:17, 50:1, 50:5, 50:9, 50:13, 50:18, 50:21, 56:22, 57:4, 57:8, 57:12, 57:16, 57:20, 57:23, 61:3, 61:9, 61:13, 61:17, 61:21, 62:1, 62:4, 64:15, 64:21, 65:1, 65:5, 65:9, 65:13, 65:17, 69:4, 69:10, 69:14, 69:18, 69:22, 70:2, 70:6, 72:8, 72:14, 72:18, 72:22, 73:2, 73:6, 73:10, 75:15, 75:22, 76:2, 76:6, 76:10, 76:14, 76:18, 78:21, 79:3, 79:7, 79:11, 79:14, 79:18, 79:22, 98:24, 99:8, 99:13, 99:17, 99:21, 100:3, 100:13, 113:12, 113:19, 113:22, 114:3, 114:7, 114:11, 114:17, 124:21, 125:4, 125:9, 125:13, 125:17, 125:21, 126:1, 138:3, 138:11, 138:15, 138:19, 138:23,

139:4, 139:9, 141:2, 141:5
rock
56:8
rockford
52:3, 52:6, 52:21, 54:7, 54:19, 55:3, 55:7, 101:3, 102:6, 102:19, 103:13, 103:15, 103:20, 103:21, 103:24, 104:3, 104:7, 104:16, 105:17, 106:3, 107:23, 109:4, 109:6, 109:10, 110:1, 110:5, 110:9, 110:10, 111:24, 113:4
rogers
33:7
roll
3:4, 6:6, 49:15, 56:15, 56:21, 61:2, 64:14, 69:3, 72:7, 75:14, 78:20, 98:23, 113:11, 124:19, 138:2, 141:1, 141:4
room
7:14, 17:6, 31:15, 43:13, 43:16, 44:19, 44:23, 45:4, 48:11, 48:14, 48:18, 48:22, 88:1, 131:18, 132:5, 132:20, 132:22, 132:23, 132:24, 137:8, 137:20
rooms
30:5, 31:17, 41:16, 42:24, 43:6, 43:21, 43:23, 44:14, 44:20, 44:21, 44:22, 46:19, 48:17, 48:20, 120:8, 120:11, 121:23, 129:3, 129:4, 129:9, 130:3, 130:13, 130:18, 132:3, 132:18, 134:9, 134:13, 134:14, 139:8
roughly
104:2, 133:10
route
85:8
row
122:17
roxbury
108:18
rule
14:16, 96:12
rules
5:6, 17:20, 24:2, 24:23, 25:1, 25:7, 141:12, 141:15, 141:16, 141:24, 142:2, 142:8
rulings
3:21, 34:10
run
21:9
rung
104:8
running
112:14
rural
96:2, 97:3

S

s
104:6
s-a-g-e-r
12:10
s-a-r-k-i-s
30:12
safe
16:24, 29:23
safer
48:16
sager
11:13, 11:20, 12:5, 12:9, 12:10, 15:1, 15:10, 15:15, 15:21, 16:5
said
96:21, 122:1, 131:21, 144:9
samaritans
33:15
same
57:10, 60:5, 88:8, 100:8, 109:24, 111:19, 123:3, 123:5, 125:12, 130:2, 133:13, 138:13, 138:17, 142:23
sarkis
30:11
satisfaction
32:9, 90:20, 122:6
satisfied
29:18
saturated
123:12
saved
90:19
say
8:5, 8:18, 9:12, 10:6, 10:18, 13:10, 37:20, 75:8, 83:17, 84:23, 88:6, 94:17, 112:13, 131:16, 131:23, 137:19, 140:7, 141:7, 143:6
saying
7:9, 44:5, 94:16
says
124:3, 131:20
school
104:3, 122:10
scope
131:2
scores
107:18
screening
90:12
seal
144:18
seamless
88:12, 89:4
seated
54:8
second
7:6, 7:7, 8:3, 8:14, 8:15, 8:16, 9:9, 9:10, 10:3, 10:4, 10:16, 34:3, 38:11, 38:12, 44:7, 44:18, 48:19, 52:8, 52:9, 59:10, 63:7, 63:8, 67:8, 67:9, 71:9, 74:10, 77:21, 77:22, 81:9, 98:8, 101:8, 101:9, 116:8, 127:8, 127:9, 127:24, 130:20, 136:24, 140:22, 140:23, 143:3, 143:4
second-quarter
98:7
seconded
49:18, 56:23, 61:4, 64:16, 69:5, 72:9, 75:16, 78:22, 99:1, 113:13, 124:22, 138:4
section
129:23, 129:24
sections
7:3

secure
40:12
see
30:3, 54:18, 67:22, 89:24, 94:11, 95:4, 95:21, 97:17, 133:2, 135:5, 142:18
seeing
47:3, 49:14, 56:14, 58:2, 61:1, 64:13, 69:2, 72:6, 78:19, 98:22, 113:10, 124:19, 132:16, 138:2, 142:10
seek
120:6
seeking
104:14
seem
37:6, 93:10
seems
13:19, 93:5, 94:24, 95:1, 132:2, 135:9
seen
20:4, 21:2, 22:3, 30:19, 48:2, 94:1, 133:2
self
142:1
self-care
142:1
self-referral
3:22, 34:13, 142:2
senator
6:8, 6:10, 42:7, 49:20, 56:23, 57:1, 61:6, 64:18, 69:5, 69:7, 72:11, 75:18, 78:22, 78:24, 99:3, 113:13, 113:15, 124:24, 138:6
sending
141:24, 142:2
senior
67:14, 67:17, 81:17
seniors
137:14
sense
15:11, 135:10
sepsis
19:6
september
10:13, 68:10, 106:10
serious
19:3, 19:8
serve
17:14, 26:12, 84:4, 85:13, 119:15
service
9:3, 9:6, 9:21, 20:14, 21:16, 33:10, 43:22, 67:6, 68:8, 71:7, 71:14, 74:7, 74:16, 74:17, 87:21, 119:15, 133:23, 136:20, 137:11
services
1:2, 16:2, 16:23, 17:22, 20:20, 21:2, 22:4, 22:24, 23:3, 45:16, 54:2, 83:13, 90:13, 91:24, 92:11, 92:12, 103:6, 105:22, 106:3, 106:8, 108:6, 128:23, 134:10, 134:22, 134:23
serving
13:7
session
1:4, 3:5, 7:1, 7:3, 7:12, 7:16, 7:17, 7:20
set
24:1, 144:17
setting
29:21, 29:24, 30:1, 30:23, 31:3, 32:4, 119:13, 135:18
settlement
3:6
seven
20:15
several
27:16, 55:24, 89:13, 90:4
severe
19:24
sewell
1:13, 6:17, 6:18, 7:5, 8:3, 8:16, 10:4, 10:16, 34:2, 35:1, 36:1, 36:9, 36:11, 36:13, 42:13, 42:14, 42:18, 42:22, 43:10, 43:19, 44:13, 47:6, 47:14, 50:14, 50:15, 52:9, 56:24, 57:17, 57:18, 59:9, 61:4, 61:22, 61:23, 65:10, 65:11, 69:23, 69:24, 71:9, 72:10, 73:3, 73:4, 74:10, 75:17, 76:11, 76:12, 79:15, 79:16, 81:8, 94:5, 94:6, 94:11, 94:23, 95:4, 95:7, 95:17, 95:21, 98:1, 99:1, 99:22, 99:23, 109:14, 109:15, 109:21, 110:20, 114:8, 114:9, 116:8, 123:23, 124:12, 124:14, 124:15, 124:23, 125:18, 125:19, 131:15, 131:16, 135:15, 135:16, 138:24, 139:1, 140:1, 140:13, 140:18, 140:22, 140:24, 141:3, 141:6, 141:9, 141:11, 143:2
sewell's
139:16
shall
96:14
share
123:24
she
83:7
shed
17:23
shepley
67:20, 67:21, 70:10, 80:4
shift
85:11, 87:16, 106:23
short
28:20, 132:19
shortage
112:6
shorthand
144:1, 144:4
should
18:3, 23:2, 23:21, 25:5, 40:11, 41:13, 46:20, 96:17, 118:2, 140:13
shoulder
120:24

shout
37:7
show
24:24, 87:9, 88:4, 140:24, 141:5
showed
24:17, 119:19
shows
86:18, 86:22
side
109:6, 110:10, 121:3, 122:14, 122:20, 123:18, 135:6
sign
11:3, 11:5, 11:7
signature-i6yhl
144:21
significant
13:15, 46:5, 90:5, 90:7, 118:21
significantly
89:20, 92:4, 122:12
signify
7:9
similar
135:5, 135:22, 135:24
similarly
24:21
simple
104:9
simply
86:23, 132:8
since
20:23, 75:12, 85:4, 120:3
single
54:21
sir
6:14, 141:2
sit
11:1
site
31:21, 32:1, 54:22, 83:21
situated
55:3
situation
22:22
situations
19:20
six
6:21, 63:5, 85:4, 85:6, 133:1
size
42:3, 90:23, 130:24
slam
100:6
slight
103:10
small
17:2, 103:19, 129:10
smaller
108:7
social
13:18, 90:13
socioeconomic
106:16
soft
25:22
some
8:23, 11:23, 16:22, 18:17, 19:20, 30:18, 34:4, 56:9, 83:3, 83:4, 86:4, 96:1, 112:15, 118:15, 135:21, 141:21
somebody's
139:12
something
30:17, 37:17, 37:20, 43:8, 46:22, 95:24, 140:7, 141:13
sometimes
112:9
somewhere
137:4
soon
140:15, 142:3
sooner
122:10
sorry
19:11, 27:3, 28:14, 36:5, 36:12, 37:24, 93:5, 101:21
sought
16:21
sound
42:18
south
3:14, 4:19, 23:14, 26:11, 81:2, 81:6, 82:6, 83:19, 83:22, 84:2, 84:10, 86:6, 86:11, 87:3, 87:21, 88:10, 89:3, 93:17, 96:22, 97:5, 97:12, 100:11, 121:3, 122:14, 122:20, 123:18
southeast
102:19, 104:15, 109:6
southtown
122:15
southwest
121:21
space
60:7, 123:13, 129:1
speak
11:10, 12:12, 25:15, 28:23, 29:9, 48:17, 72:1, 85:16, 132:14
speaking
16:12, 18:15, 118:24
special
12:18
specialist
121:1
specialists
123:8
specialized
121:22, 137:20
specially
91:14
specialties
45:22, 120:23
specialty
20:20, 22:11, 48:20, 117:14, 121:7
specific
49:1, 111:8
speed
132:4, 132:6
spell
11:9, 81:19, 116:15
spelled
53:14
spinal
31:14, 31:19, 32:4, 32:18
spine
120:13, 120:24
sponsors
13:7
spreads
135:5
squabble
24:10
square
60:7, 128:24
sr
1:16
st
4:22, 33:16, 33:18, 60:9, 64:1, 82:10, 127:2, 127:5, 127:19, 134:20, 136:18, 137:1, 137:5
staff
2:8, 2:9,

20:11, 23:20, 23:24, 39:22, 39:23, 40:7, 40:18, 41:9, 45:16, 48:24, 54:21, 56:18, 60:15, 60:16, 60:19, 61:11, 61:16, 61:19, 64:19, 65:4, 65:7, 69:12, 69:17, 69:20, 72:13, 72:16, 72:21, 72:24, 73:5, 73:8, 79:1, 82:14, 82:22, 85:12, 86:17, 90:8, 98:17, 99:5, 99:12, 118:14, 119:6, 125:2, 130:9, 136:15, 142:19
staffing
21:19
stage
129:6, 129:7
standard
20:12, 43:20, 43:22, 43:24, 54:23, 94:8, 94:18, 97:15, 97:22, 97:23, 118:1, 129:8, 130:17, 132:2, 133:9
standards
21:14, 27:24, 43:1, 118:19, 131:17
star
88:7, 93:22
stars
94:2
start
29:3, 29:4, 44:17, 53:19, 119:5, 132:1
started
6:5, 40:9, 66:4, 103:22, 121:2, 134:2
starts
107:16
state
3:17, 11:9, 13:16, 14:3, 14:19, 23:19, 28:2, 34:4, 38:23, 42:7, 42:8, 44:2, 44:4, 54:23, 56:17, 61:24, 65:12, 65:16, 70:1, 71:19, 74:22, 79:17, 82:14, 82:22, 83:8, 94:14, 94:18, 96:12, 96:23, 97:15, 97:22, 103:9, 104:1, 106:5, 108:15, 110:13, 112:2, 112:10, 114:10, 114:14, 125:20, 129:17, 131:17, 131:19, 139:3, 144:6
state's
42:24
stated
50:8, 50:12, 57:19, 64:24, 70:5, 75:24, 76:4, 76:8, 76:13, 76:17, 79:5, 79:9, 79:21, 99:16, 108:14, 113:21, 125:24
states
14:17
statewide
105:21
station
23:24, 59:6, 59:7, 60:3, 60:5, 63:23, 81:6, 82:6, 97:5, 97:19
station-to-population
86:20
stations
23:19, 24:6, 24:19, 26:16, 46:23, 46:24, 47:4, 63:5, 63:23, 84:13, 84:15, 86:15, 86:24, 87:19, 87:20, 95:12, 96:22, 97:4, 97:21, 106:7, 107:3, 108:8, 109:4, 109:22, 129:7
status
4:3, 34:14, 47:9, 104:23, 107:10
statute
75:11
statutory
14:13
stay
48:13, 54:20, 89:18, 110:18
staying
47:3, 70:12
stays
32:6
steer
27:22
step
34:3
still
43:3, 86:16, 93:14, 108:24, 109:19, 113:5, 122:19, 122:23, 136:15
stonecrest
108:18
stop
95:7
stormwater
55:2, 55:7
straddles
87:20
strategy
67:15, 67:18
street
46:1
streng
67:11, 67:14, 67:17, 68:21, 72:2, 75:3, 77:9, 77:13, 78:13, 80:2
stress
22:23
strong
54:17
strongly
18:5, 23:1
students
104:2
studies
107:12
study
141:16
submit
124:6
submitted
14:16, 82:18
subsequent
4:5, 4:16
substandard
124:4
substantially
119:16
suburbs
121:21
success
90:21
successful
40:16, 122:18
successfully
16:20
such
17:18, 26:24,

27:5, 54:17, 95:8, 122:23
sufficient 46:15
suggested 39:21
suggests 43:24, 100:2
suite 38:19, 128:9
summary 14:17
superior 119:18
supervising 102:17
supervision 144:11
support 31:1, 31:11, 32:13, 32:17, 38:19, 39:11, 41:11, 41:15, 42:6, 45:4, 54:17, 55:16, 57:3, 60:20, 91:15, 118:24, 121:20, 123:15, 128:9, 129:16, 136:23, 137:23
supported 45:8, 45:9
supporters 13:8
supporting 29:7, 83:24, 103:4
sure 37:13, 39:7, 98:15, 109:20, 111:3, 131:24, 133:5, 142:19
surg 9:20, 9:24, 74:6, 77:5, 77:11
surgeon 29:12, 30:13, 30:14, 30:21, 31:10, 36:23, 40:13, 123:1, 127:22
surgeons 40:4, 40:14, 40:19, 40:24, 41:3, 41:5, 122:22, 122:24, 130:11, 130:14
surgeries 29:13
surgery 3:15, 4:21, 29:8, 29:16, 29:19, 29:22, 30:2, 30:4, 30:15, 30:19, 31:2, 31:3, 31:12, 31:14, 31:15, 31:19, 31:24, 32:18, 33:8, 43:13, 48:13, 49:1, 116:2, 116:5, 119:11, 119:17, 120:10, 120:13, 120:24, 121:6, 121:16, 121:19, 122:7, 122:22, 123:11, 123:12, 129:2, 130:18, 131:22, 132:9, 132:17, 133:10, 133:16, 133:21, 133:22, 134:21, 135:19, 137:16
surgical 17:6, 19:18, 22:4, 30:1, 31:21, 38:18, 39:12, 44:4, 44:6, 45:21, 46:10, 74:15, 78:3, 78:4, 103:3, 120:9, 121:21, 122:4, 128:9, 128:22, 131:6
surplus 97:17, 97:18, 97:21
surprises 93:4
swear 53:18, 117:5
swedishamerican 4:9, 52:2, 52:5, 54:4, 54:14
sworn 36:16, 37:4, 52:11, 52:14, 59:12, 59:21, 63:11, 63:17, 67:13, 68:1, 81:12, 81:24, 101:11, 101:14, 116:10, 117:8, 127:12, 127:24, 128:3
system 13:2, 13:21, 14:20, 18:19, 20:6, 26:1, 40:20, 89:20, 104:3
systems 12:13, 40:24

T

table 11:1, 11:18, 52:1, 70:12, 97:24, 112:23
take 21:8, 21:14, 28:5, 39:4, 65:24, 84:16, 95:19, 107:8, 113:4, 132:20, 136:1, 136:5, 139:11, 139:17
taken 66:2, 144:7, 144:10
taking 27:11, 113:1
talk 18:17, 43:5, 83:6, 83:10, 84:19, 85:15, 86:3, 112:4
talked 124:8
talking 27:10
target 46:18, 108:16, 108:21, 114:16
targeted 40:14, 83:21
targets 130:16
tax 21:21
taxes 21:24, 22:1
team 91:13
tech 104:11
technical 40:7
technically 106:6
technicians 91:14
technique 137:21
technology 48:14, 90:6
tell 26:14, 93:21, 101:19, 111:8
tend 132:4, 135:23, 136:5
terms 43:15, 104:8, 109:16, 134:24, 135:1
test 137:10

testimony
17:10, 57:15, 99:11, 99:20, 113:18, 114:1, 114:6, 125:16, 138:8, 138:22
th
10:13, 22:9, 68:10, 78:7, 98:9, 102:9, 106:10, 144:18
than
19:3, 26:16, 40:16, 42:24, 43:2, 43:23, 45:18, 48:17, 89:16, 90:19, 90:22, 93:9, 93:11, 94:19, 100:2, 105:6, 105:7, 105:11, 105:12, 120:18, 130:19, 131:2, 132:20, 135:9, 135:18
thanking
119:6
thanks
12:18, 49:4, 56:11, 142:12
that's
17:16, 24:10, 38:4, 42:20, 43:10, 43:11, 43:15, 44:24, 57:24, 62:5, 65:18, 70:7, 73:11, 76:19, 77:6, 77:15, 79:23, 84:13, 85:2, 93:8, 94:18, 95:12, 95:18, 96:7, 97:1, 97:8, 97:16, 98:3, 98:6, 100:14, 109:18, 112:8, 112:9, 114:18, 124:17, 126:2, 129:11, 134:16, 135:4, 139:10, 142:4
their
12:20, 14:4, 17:21, 26:17, 38:18, 39:16, 40:21, 40:24, 60:20, 89:21, 91:5, 91:9, 92:20, 95:1, 103:7, 105:16, 105:20, 106:1, 107:2, 110:18, 111:10, 111:17, 119:23, 123:4, 123:5, 123:6, 128:9, 129:5, 136:1, 136:19
them
13:16, 21:18, 23:3, 44:17, 54:11, 89:14, 91:9, 91:11, 106:23, 107:1, 111:11, 111:21, 117:5, 135:21
themselves
52:11, 67:13, 81:11, 116:10, 127:11
then
13:11, 43:19, 43:21, 44:17, 46:8, 83:5, 85:16, 95:19, 100:10, 107:2, 119:20, 120:3, 132:22
therapies
86:16
therapy
129:11
there
6:21, 7:19, 23:19, 24:6, 24:14, 25:4, 25:8, 26:15, 34:5, 34:6, 34:9, 34:10, 34:12, 34:14, 36:4, 36:5, 37:13, 38:21, 38:23, 39:8, 45:5, 53:1, 53:2, 56:7, 56:17, 60:10, 64:2, 66:7, 68:12, 68:13, 71:16, 71:17, 74:17, 74:19, 78:6, 78:8, 82:10, 82:11, 82:12, 83:23, 84:12, 84:15, 86:23, 87:7, 87:15, 102:10, 102:23, 106:6, 106:8, 112:5, 118:23, 128:12, 134:13, 137:3, 140:22, 142:16
there's
20:13, 24:16, 49:23, 78:13, 95:11, 97:4, 97:21, 113:17, 122:23, 134:17, 135:11, 135:23, 137:5, 140:2
thereafter
144:10
these
17:22, 19:20, 19:24, 20:8, 20:10, 21:22, 22:17, 22:20, 29:20, 40:24, 48:21, 55:12, 89:12, 89:21, 91:4, 92:19, 95:8, 100:1, 103:5, 120:15, 123:10, 123:15, 130:5, 141:15
they
11:5, 14:4, 14:5, 14:7, 14:9, 20:4, 27:9, 27:10, 27:22, 29:18, 40:21, 44:10, 47:1, 47:8, 49:3, 87:15, 89:15, 89:24, 91:8, 91:16, 91:18, 91:23, 92:4, 92:11, 96:9, 111:17, 111:22, 112:12, 118:6, 122:13, 124:11, 130:2, 132:8, 133:20, 134:3, 134:4, 134:5, 134:6, 135:22, 137:15
they'd
97:18
they'll
132:22, 132:24
they're
50:16, 77:17, 77:18, 89:16, 132:18, 132:21, 132:23, 133:7, 135:24
they've
50:16, 118:14
things
13:12, 13:13, 48:24, 86:3, 95:8, 136:3, 137:16
think
24:9, 47:12, 48:15, 50:16, 53:22, 95:24, 96:16, 96:20, 100:5, 100:8, 100:11, 114:15, 134:17, 136:21, 137:3, 137:7, 137:22, 139:2

thinking
56:3
third
106:23, 137:12
thor
36:17, 44:18, 46:17, 127:14
thordarson
36:17, 36:18, 45:12, 49:13, 51:1, 127:13, 127:14, 128:19, 132:1, 135:21, 139:14
thorough
103:8
those
7:8, 8:4, 8:17, 9:11, 10:5, 10:17, 11:19, 12:23, 13:14, 13:15, 24:24, 27:19, 41:5, 43:3, 45:18, 46:2, 46:4, 46:13, 48:24, 49:2, 56:3, 86:4, 87:21, 96:10, 103:16, 103:19, 105:12, 120:7, 131:11, 134:13, 140:10, 143:5
though
24:17
thought
16:24, 28:15
three
20:11, 22:10, 23:8, 23:9, 28:20, 28:22, 40:19, 52:14, 59:21, 63:17, 86:10, 101:14, 103:15, 105:11, 106:7, 106:14, 122:7, 124:5, 136:17, 140:10
three-county
96:1
three-level
38:17
threw
95:9
thriving
103:21
through
15:5, 17:23, 40:23, 88:12, 89:12, 92:3, 120:5, 129:10, 130:10
throughout
118:14, 137:3
throughput
132:6
throwing
112:20
ticket
38:3
tied
104:23
time
12:22, 20:3, 21:6, 21:10, 23:4, 28:5, 28:24, 40:1, 40:8, 45:20, 47:4, 48:15, 55:6, 55:15, 80:5, 92:23, 93:17, 104:10, 108:10, 109:7, 119:16, 119:22, 119:24, 123:11, 132:19, 132:20, 133:3, 133:9, 133:13, 134:5, 141:16
timely
82:19
times
55:24, 87:6, 97:22, 105:5, 105:7, 105:11
tirelessly
54:11
today
12:12, 28:20, 30:2, 31:16, 31:21, 38:1, 54:5, 83:5, 83:18, 85:19, 91:2, 98:13, 99:11, 99:20, 100:9, 102:23, 113:18, 125:3, 131:3, 138:9, 138:10, 138:22
today's
13:18, 57:15, 114:5, 125:16
together
13:11
told
66:6
too
95:2, 95:20, 141:11
top
39:4, 137:1
total
21:4, 22:15, 30:21, 30:22, 31:2, 31:13, 43:2, 46:12, 78:2, 78:3, 91:5, 120:12, 121:7
totally
21:20, 139:7
touch
86:4, 103:9
town
20:14
traditionally
90:16
trained
48:24, 91:14
training
90:8
transcript
144:8
transcripts
3:11, 10:12, 10:20
transforming
90:16
transparent
24:13
transplant
111:10, 111:21, 111:24, 112:5
transplantation
111:6, 111:19
transplants
136:3
transport
19:21, 19:22, 20:3, 21:3, 22:12
transportation
92:9, 106:21
transported
19:1, 22:5, 22:8
transports
20:18, 21:4
trauma
19:3, 30:13, 137:4, 137:6
travel
20:15, 21:6, 87:14, 110:5, 110:11, 141:16
treat
29:12
treated
29:17
treating
29:20
treatment
119:18, 131:22, 135:19
treats
105:14
trends
14:7
tried
14:5
tries
108:3
trinity
5:5, 140:4

true
20:1, 144:8
truly
17:17, 18:1, 54:18
try
37:11
trying
44:11
tuesday
1:7
turn
25:24, 36:9, 45:10, 83:5, 85:14
turned
132:23
turnout
18:2
turnover
132:20, 133:9
two
8:7, 14:24, 15:20, 41:16, 41:18, 42:1, 42:16, 42:24, 43:6, 43:21, 44:16, 47:19, 48:9, 49:2, 68:1, 86:8, 87:24, 103:15, 106:12, 108:17, 109:18, 111:20, 120:8, 123:7, 129:3, 129:24, 130:5, 130:13, 130:19, 131:21, 132:3, 132:18, 132:21, 133:18, 134:6, 134:8, 134:13, 139:8, 142:15
two-year
108:23, 134:16
types
92:9
typewriting
144:11
typical
43:11

U

uh-huh
95:17
unable
41:15
unanimously
119:20
unavailable
21:10
under
24:14, 42:15, 42:23, 43:20, 107:6, 109:18, 112:11, 144:11
undergoing
31:22
underlying
15:10
underserved
121:4, 122:20
understand
14:4, 44:13, 88:19, 94:15, 94:16, 104:22, 130:5, 131:24, 139:7
understanding
23:23
undiagnosed
107:9
undocumented
112:11
unemployment
103:24, 104:1
unfamiliar
103:20
unfortunately
96:7, 104:6
unidentified
12:2, 12:3, 66:9
uninsured
87:12
unit
91:13, 91:21, 92:2, 129:12
united
33:14
unnecessary
91:20
unopposed
103:2
unos
112:14
unplanned
107:10, 107:15
until
25:8, 103:21, 111:17
update
141:14, 141:18
uphold
13:16
upon
22:2, 24:1, 27:13, 40:8, 40:19, 47:15, 90:21, 107:4, 107:24
upper
32:15, 119:10, 121:6, 121:19, 121:22
urge
18:5, 23:1
urgent
119:14
use
43:17, 89:14
used
41:7
using
27:20, 40:19, 92:11, 132:3
usual
93:11
utilization
26:19, 41:12, 41:17, 41:22, 42:15, 42:23, 43:20, 45:3, 45:7, 84:20, 85:2, 85:7, 86:12, 86:17, 86:18, 87:1, 87:17, 87:23, 92:18, 94:8, 95:2, 95:13, 96:8, 96:10, 98:1, 98:7, 106:10, 107:4, 107:21, 107:22, 108:14, 108:16, 108:20, 108:21, 109:16, 114:15, 130:4, 130:6, 130:8, 130:16, 134:15
utilization's
112:21
utmost
13:4
uw
54:4

V

vacant
134:9
valley
56:9
value
24:12
value-based
88:15
valve
121:23
varies
107:11
versa
132:24
very
12:24, 13:23, 17:3, 21:13, 28:24, 51:1, 54:16, 66:10, 87:15, 87:23, 93:13, 94:4, 100:17, 114:1, 114:5, 118:14, 121:16, 122:18, 123:19, 126:6,

133:1, 135:22, 135:24, 136:22, 137:2, 137:20
via
22:5
viability
118:7, 118:18
vice
1:13, 6:18, 7:5, 8:3, 8:16, 10:4, 10:16, 23:13, 34:2, 35:1, 36:1, 36:9, 36:13, 36:19, 42:14, 42:18, 42:22, 43:19, 44:13, 47:6, 47:14, 50:15, 52:9, 53:13, 54:9, 54:10, 57:18, 59:9, 61:23, 65:11, 67:14, 67:17, 69:24, 71:9, 73:4, 74:10, 76:12, 79:16, 81:8, 94:6, 94:11, 94:23, 95:4, 95:7, 95:17, 95:21, 99:23, 109:15, 109:21, 110:20, 114:9, 116:8, 123:23, 125:19, 127:15, 131:16, 132:24, 135:16, 139:1, 140:1, 140:13, 140:18, 140:22, 140:24, 141:3, 141:6, 141:9, 141:11, 143:2
view
48:16
violation
43:22
visible
13:22
vision
32:14, 122:1
visits
108:6
vista
33:9
vital
18:10, 91:22, 121:21, 122:23
voice
25:22, 37:9
void
15:18
volume
27:7, 137:10
volumes
120:10, 120:20
vote
26:10, 48:8, 49:16, 49:21, 50:15, 50:20, 56:15, 56:21, 57:2, 57:22, 61:2, 61:23, 62:3, 64:14, 65:11, 65:15, 69:3, 72:7, 72:12, 75:14, 75:19, 76:16, 78:20, 93:15, 98:23, 99:4, 99:23, 99:24, 100:2, 100:7, 113:11, 113:16, 114:9, 114:13, 124:20, 125:1, 125:19, 125:23, 138:2, 138:7, 139:1, 139:6, 140:13
voted
119:20, 122:13
votes
50:21, 57:24, 62:5, 65:18, 70:7, 73:11, 76:19, 79:23, 100:14, 114:18, 126:2
voting
111:14, 125:11

W

w-r-i-g-h-t
63:14
wait
133:12
waiting
139:12
want
18:1, 18:9, 22:23, 26:10, 43:5, 43:17, 47:22, 48:9, 48:21, 56:15, 60:18, 75:8, 94:11, 103:12, 110:13, 131:16, 132:11, 136:17, 136:24, 137:12, 140:7, 141:4, 142:21
wanted
94:6, 123:24, 124:3, 124:7
wants
18:4
was
6:2, 16:17, 16:23, 16:24, 18:21, 22:15, 22:16, 34:16, 37:13, 38:2, 38:21, 38:22, 39:8, 39:23, 40:8, 40:15, 42:17, 47:18, 48:1, 53:1, 53:2, 54:22, 55:5, 64:2, 66:2, 68:12, 68:13, 71:17, 71:18, 71:19, 74:19, 75:10, 75:13, 78:8, 82:10, 82:11, 82:15, 82:18, 83:18, 84:24, 86:3, 90:2, 93:24, 98:4, 98:17, 100:5, 102:9, 102:10, 103:21, 104:9, 104:10, 104:11, 106:12, 110:15, 117:18, 117:23, 118:23, 119:1, 119:11, 124:4, 124:5, 124:12, 128:12, 130:10, 133:20, 133:22, 134:8, 137:3, 139:15
wasn't
48:8
water
55:9
wave
66:7, 66:11
way
25:17, 90:8, 90:16, 95:1, 136:21
we'd
16:18, 40:5, 42:9, 68:21, 75:3, 78:14, 130:21, 131:11
we'll
37:11, 49:2, 66:4, 142:10
we're
7:11, 45:14, 45:24, 47:3, 60:21, 64:8, 77:13, 84:3, 85:17, 87:3, 88:19, 121:16, 122:15, 128:19, 136:7, 140:1, 141:20
we've
94:1, 99:7, 113:18, 122:18,

130:23, 138:9
weak
85:23
website
140:17
week
82:16, 141:20
welcome
49:13, 60:17
well
14:13, 37:22, 42:3, 42:7, 49:21, 50:20, 56:9, 57:22, 62:3, 65:15, 76:16, 83:14, 84:22, 84:24, 95:14, 99:6, 100:7, 103:17, 109:23, 114:14, 130:24, 134:18, 139:6, 141:2
went
85:8, 112:24
were
11:19, 16:24, 22:21, 24:6, 26:18, 26:19, 28:6, 38:23, 40:11, 40:16, 40:17, 40:23, 41:5, 47:22, 49:11, 49:12, 60:10, 75:9, 130:14, 134:1, 134:4, 134:13, 135:2, 141:16, 144:7, 144:10
west
33:9
western
110:8, 110:11
what
20:1, 26:14, 39:19, 44:10, 50:16, 77:17, 88:6, 88:19, 91:12, 93:16, 93:21, 94:1, 94:8, 94:15, 94:16, 95:4, 95:18, 109:17, 111:4, 132:16
what's
85:10
wheeled
48:22
when
11:1, 14:15, 15:24, 16:15, 16:20, 18:6, 21:8, 24:3, 24:22, 46:4, 46:12, 55:10, 75:9, 92:9, 94:2, 95:10, 98:4, 103:22, 104:10, 106:22, 119:1, 132:21, 133:13
where
26:12, 49:3, 84:9, 84:12, 84:13, 84:15, 87:3, 95:1, 104:14, 108:4, 130:19, 133:20, 135:4, 135:7
where's
44:10
whereas
96:3
whereof
144:17
whether
28:1, 37:16, 39:10, 97:20
which
11:10, 14:17, 15:6, 20:21, 27:22, 40:7, 56:2, 56:4, 56:5, 85:11, 86:6, 86:22, 87:7, 87:20, 88:9, 102:18, 105:22, 106:24, 107:2, 108:15, 110:7, 131:7, 137:20, 141:24
while
13:18, 90:19, 92:16, 97:2, 106:6, 119:24, 132:22, 141:23
whitman
103:3
who
16:24, 36:20, 36:22, 83:6, 85:15, 87:13, 102:21, 103:20, 107:6, 111:14, 121:1, 127:17, 136:6, 136:21
whole
90:11, 97:2
whom
81:15, 123:9, 144:7
why
43:5, 44:13, 83:6, 84:3, 84:24, 87:7, 112:8
wife
16:14
wilk
127:17
will
8:8, 10:11, 12:22, 12:24, 13:15, 14:3, 14:10, 15:17, 15:21, 15:23, 16:2, 19:23, 20:2, 20:6, 21:17, 21:22, 24:20, 25:4, 26:18, 27:9, 27:21, 28:1, 28:3, 28:7, 31:17, 37:13, 39:7, 46:2, 52:10, 54:13, 55:3, 55:11, 56:7, 59:12, 60:6, 67:12, 71:24, 74:1, 81:11, 82:13, 83:6, 83:7, 83:24, 84:4, 84:9, 84:13, 84:19, 85:10, 85:14, 85:15, 85:16, 87:13, 87:21, 88:4, 88:11, 89:9, 90:22, 92:19, 102:23, 103:9, 106:2, 108:8, 109:17, 111:8, 116:10, 120:9, 127:11, 128:24, 129:2, 129:3, 129:4, 129:14, 131:5, 132:8, 137:4, 140:11, 140:16, 141:24, 142:2, 142:19, 142:22
willing
90:1
winnebago
110:4
wish
12:15, 26:18, 121:8
with
12:18, 12:21, 13:13, 13:22, 14:8, 14:10, 15:1, 17:5, 17:6, 17:21, 19:10, 19:13, 19:24, 20:18, 21:6, 21:18, 23:18, 26:6, 27:19, 29:18, 29:23, 31:13, 31:23, 36:20, 37:15, 38:3,

39:9, 39:22, 40:7, 40:18, 42:9, 44:3, 44:20, 45:1, 47:1, 48:14, 49:3, 54:8, 59:14, 59:18, 81:14, 83:12, 84:8, 84:15, 84:17, 85:14, 87:18, 88:5, 88:20, 90:15, 92:8, 92:17, 96:4, 99:11, 102:20, 103:10, 103:20, 105:11, 105:15, 105:24, 106:21, 107:4, 107:5, 107:16, 108:8, 110:18, 119:24, 120:7, 120:14, 120:23, 121:3, 122:3, 123:1, 123:4, 123:24, 127:17, 129:7, 129:22, 129:24, 130:21, 130:22, 131:11, 131:22, 134:3, 136:17, 137:13
within
20:14, 31:15, 32:18, 39:17, 86:19, 89:17, 94:21, 105:10, 109:24, 111:10
without
26:24, 27:5, 93:15, 105:15, 105:16
witness
144:17
witnesses
37:4, 52:14, 59:21, 63:17, 68:1, 81:24, 101:14, 117:8, 128:3
won't
17:20
woodside
56:8
woodstock
9:5, 12:11, 12:17, 13:2, 13:10, 16:14, 16:17, 16:23, 17:4, 17:9, 17:16, 18:3, 18:8, 18:16, 19:23, 23:3, 68:9
woodstock's
18:2
worded
94:24
work
39:22, 90:1, 119:22, 120:1, 140:14
worked
13:13, 30:14, 54:11
worker
3:22, 34:12, 122:11, 142:1
working
26:15, 37:7, 116:18
works
13:11
worried
16:22
worry
137:6
worthy
55:16
would
16:22, 27:19, 28:4, 32:11, 36:15, 37:2, 37:20, 39:16, 40:1, 43:3, 43:16, 46:4, 46:10, 47:14, 48:19, 49:8, 49:15, 52:12, 56:14, 56:19, 59:19, 60:16, 61:1, 64:6, 64:13, 67:23, 68:18, 69:2, 72:1, 72:6, 78:19, 81:19, 81:22, 83:3, 84:3, 84:7, 84:16, 84:23, 85:12, 86:9, 87:15, 89:24, 93:5, 98:22, 100:9, 101:12, 103:14, 110:1, 110:5, 110:11, 110:18, 111:14, 111:21, 112:13, 113:16, 117:6, 117:21, 118:13, 118:17, 119:5, 120:10, 128:1, 134:6, 136:3, 137:19, 142:24
wouldn't
48:21
wright
63:13, 65:22, 81:15, 93:7, 93:18, 93:20, 93:24, 96:24, 97:7, 98:16, 100:18
written
141:19
wrong
117:24

Y

yeah
37:19, 43:11, 47:24, 56:6, 94:6, 94:16, 94:20, 95:6, 111:23, 124:14, 132:13, 140:20
year
22:9, 23:23, 24:20, 25:5, 44:7, 46:6, 46:14, 90:18, 94:3, 107:20, 108:6, 111:20, 118:19, 120:21
years
13:3, 16:15, 16:20, 30:15, 30:18, 55:5, 93:9, 93:10, 104:21, 106:12, 106:14, 111:20, 122:7, 122:17, 124:5, 133:19, 136:14, 140:10
yes
6:14, 7:21, 25:18, 42:14, 43:10, 44:12, 45:5, 47:17, 49:21, 50:3, 50:7, 50:11, 50:15, 50:20, 57:6, 57:10, 57:14, 57:18, 57:22, 61:7, 61:11, 61:15, 61:19, 61:23, 62:3, 63:12, 64:19, 64:23, 65:3, 65:7, 65:11, 65:15, 69:8, 69:12, 69:16, 69:20, 69:24, 70:4, 72:12, 72:16, 72:20, 72:24, 73:4, 73:8, 75:19, 75:24, 76:4, 76:8, 76:12, 76:16, 79:1, 79:5, 79:9, 79:13, 79:16, 79:20, 81:13, 82:20, 82:23, 83:2, 94:10, 98:11,

98:15, 99:4, 99:10, 99:15, 99:19, 99:23, 100:2, 100:7, 110:16, 111:12, 112:8, 113:16, 113:21, 113:24, 114:5, 118:12, 122:1, 124:18, 125:1, 125:6, 125:11, 125:15, 125:19, 125:23, 138:7, 138:13, 138:17, 138:21, 139:1, 139:6, 140:8, 140:15, 141:2
yesterday
121:2, 124:1, 124:9
yet
27:7
you'd
99:24, 130:22, 133:4
you'll
70:11, 114:22
you're
25:21, 43:12, 49:13, 53:21, 56:1, 56:3, 60:17, 94:16, 97:5, 113:1, 131:18, 132:16
you've
25:3, 55:24, 114:21, 131:19
your
11:1, 11:4, 11:8, 11:9, 11:17, 16:21, 22:18, 23:23, 24:1, 24:14, 24:17, 24:22, 25:1, 25:4, 25:7, 26:14, 27:24, 28:2, 28:5, 32:13, 32:17, 37:2, 37:9, 44:3, 44:9, 47:8, 47:16, 52:12, 52:17, 54:5, 55:15, 55:16, 56:17, 59:19, 59:23, 60:15, 63:15, 63:19, 66:7, 66:11, 67:23, 68:3, 74:12, 80:5, 81:22, 82:2, 86:17, 92:23, 96:12, 101:12, 101:16, 101:19, 109:7, 109:15, 111:4, 111:15, 116:16, 117:6, 117:10, 121:20, 128:1, 128:5, 131:12, 139:7, 142:15
yourselves
36:15, 59:12, 63:10, 101:11

Z

zahid
11:14, 11:21, 12:6
zip
39:12, 41:9, 41:11, 108:1

$

$11
90:19
$16.4
128:11
$2.8
102:8
$23.8
52:23
$231,000
63:24
$3.9
68:9
$4,714
22:15
$4.1
60:8
$4200
22:9
$43.3
38:21
$5.1
117:17
$54,228
54:24
$6.2
82:9
$75,000
105:13

(

(b
130:1

.

.3030
130:1

0

0
35:2
004299
144:4
01
8:11, 9:19, 34:8, 35:1, 74:2
011
33:21
012
35:4
017
35:2
02
9:1, 34:8, 35:4, 71:1
028
36:2, 38:6
03
36:2
030
52:2, 52:5, 54:7
032
59:2, 59:5
034
63:2, 63:4
035
33:23
036
11:12, 12:14, 16:13, 18:15, 67:2, 67:4, 74:2, 74:5
037
8:1, 71:2, 71:5, 77:2, 77:4
038
11:14, 23:12, 81:2, 81:5
039
33:6, 101:2, 101:5
04
52:2
040
33:7
041
28:17, 29:8, 31:1, 33:9, 116:2, 116:5
042
33:4, 33:11
043
33:16
044
33:12, 33:17
045
33:14
046
127:2, 127:5
05
59:1
050
33:19
062
33:20
07
9:4
08
9:22

084
144:4

1

1,081
46:9
1,800
97:19
1-to
100:11
1.5
105:7
10
3:11, 3:12, 18:21, 20:3, 20:19, 21:4, 24:6, 65:24, 66:2, 66:3, 87:9, 87:19, 93:10, 95:12, 133:10
100
86:12, 96:10
101
4:20
11
7:4, 143:9, 144:18
1100
141:15
1110
129:24, 130:1, 141:15
1120
129:23
1125
141:15
1130.660
96:12
116
4:21
12
3:13, 9:21, 17:7, 21:9, 40:24, 43:2, 59:6, 60:3, 74:7, 74:16, 78:2, 81:6, 82:6, 123:2
1235
141:24
126148
1:21
127
4:22
128
16:21
13
17:2, 87:11
13.8
135:4, 135:5
134,000
96:5
14
1:7, 33:16, 33:17, 43:3, 131:20
140
5:5
141
5:6
142
5:8
144
1:22, 5:9
15
1:8, 21:6, 33:19, 33:20, 39:20, 93:9, 122:17, 131:19, 133:8, 133:11
156
108:5
16
7:15, 8:1, 33:4, 33:21, 33:23, 40:4, 122:17
16,500
46:19
16.4
41:6
17
8:11, 11:12, 11:14, 12:14, 16:13, 16:15, 18:15, 23:12, 28:17, 29:8, 31:1, 33:6, 33:7, 33:9, 33:11, 33:12, 33:14, 35:2, 35:4, 36:2, 38:6, 40:14, 52:2, 52:5, 54:7, 59:2, 59:5, 63:2, 63:4, 67:2, 67:4, 71:2, 71:5, 74:2, 74:5, 77:2, 77:4, 81:2, 81:5, 101:2, 101:5, 116:2, 116:5, 122:17, 127:2, 127:5
18
59:7, 60:5, 63:23, 123:2, 130:14
18,493
46:14, 46:18
18,855
128:24
181
120:17
19
86:7, 104:18
1970
103:21
1st
52:24, 56:18, 117:18, 128:12

2

2(c
7:4
2(c)(
7:4
2(c)(1
7:3
2(c)(5
7:3
20
7:12, 21:7, 92:6, 105:11, 133:9
2011
134:12
2012
119:8, 121:18
2013
140:5
2014
118:19, 122:13, 122:17, 134:12, 140:5
2015
88:3, 89:23, 93:24, 124:10, 140:5
2016
90:18, 124:10, 135:2
2017
1:7, 90:24, 98:10, 106:10, 144:19
2018
52:24, 56:19, 56:20, 64:1, 78:7, 88:5, 142:23
2019
56:19, 60:9, 68:11, 82:10, 102:9, 117:18
2020
128:12
2021
144:20
2022
130:16
21
7:4, 86:7, 113:1
22
9:3, 9:5, 67:5, 68:7, 71:6, 71:13, 104:18
23
3:14, 107:12
234
130:1

24
91:21
24.1
135:2, 135:4
240
17:9
243
120:17
25
7:12, 22:9
26
10:13
27
87:10, 92:7
28
66:2, 83:20
2800
86:21, 96:24
29
3:15
2nd
12:18, 17:8

3

3,280
46:11
3.5
105:5
30
39:17, 68:10, 78:7, 86:19, 89:17, 94:21, 95:20, 97:8, 97:10, 97:13, 98:9, 102:9, 106:10, 111:10
300
104:8
31
26:23, 60:9, 64:1, 82:10
32
3:16
33
107:13
34
3:18, 3:19, 3:20, 3:21, 3:22, 4:3, 4:13
35
4:6, 4:7
36
4:8, 7:18
38
66:3, 85:5, 86:13, 87:4, 107:12, 108:9

4

40
105:22
4300
91:2
442
46:7
45
88:9
47
143:9

5

50
21:5, 84:5
51
84:15, 87:20
514
22:14
52
4:9
54
26:22
59
4:10

6

6,000
86:22, 96:22, 97:6, 97:15, 100:11
60
9:20, 17:6, 74:6, 74:15, 114:15
60.2
112:22
60490
1:6
61
134:15
63
4:11, 26:21, 107:14
65
107:23
67
4:12

7

71
4:14
74
4:15
77
4:18
79
86:19, 87:17, 94:13, 98:2, 112:24

8

8,220
46:6
8,400
60:7
80
89:11, 94:9, 94:13, 94:19, 94:22, 98:14, 100:10, 104:2, 112:24
81
4:19, 106:13, 108:15, 112:21, 112:23, 113:3
83.6
41:1
88
108:19
89
98:17

9

9
1:8, 7:15, 7:18
90
20:17, 104:6, 137:2
91
129:1
93
86:17
94
85:2, 85:7, 92:18, 98:18
95
112:14
96
78:4, 108:19
97
112:16
98
122:8
99
122:8
9th
142:22