CAPITAL EXPENDITURES TO FEMALE-OWNED, MINORITY-OWNED, VETERAN-OWNED, AND SMALL BUSINESS ENTERPRISES

Under the provisions of the Illinois Health Facilities Planning Act (20 ILCS 3960/5.3 (b) (2)), **any hospital having more than 100 authorized beds, and having any capital expenditures in excess of $350,000 for the erection, building, alteration, reconstruction, modernization, improvement, extension, or demolition of or by the hospital,** is required to complete this section of the annual hospital questionnaire (items A through J). The hospital may include capital expenditures below the $350,000 threshold, if desired.

A health care system may develop a system-wide annual report that includes all hospitals to comply with this requirement. If the health care system chooses to report in this manner, please indicate it as the reporting entity. The health care system shall use as much State-specific data as possible in this report. If State-specific data is not available, the health care system shall include national data and explain why State-specific data is not available, and what steps the system will take to provide State-specific data in future reports.

If information about the open-ended questions in this section is currently available online for the hospital or health care system, the hospital or health care system may provide the online reference for the pertinent information.

Hospital or Health Care System*	Ascension Health
Contact Person for this Section	Michael Bathe
Contact Telephone	(630) 926-5542
Contact E-Mail	michael.bathe@medxcel.com

* If the reported information is for a Health Care System, please indicate in the space below the hospitals included in the Health Care System.

If the reporting entity cannot provide all State-specific data, explain why State-specific data is not available, and what steps will be taken to provide State-specific data in future reports:

Please provide the following information based on your hospital or health system's most recently completed fiscal year.

For this section, **Qualifying capital expenditures** include "only expenditures ... for the erection, building, alteration, reconstruction, modernization, improvement, extension, or demolition of or by a hospital" [20 ILCS 3960/5.3(b)(1)].

A. What was your organization's goal for qualifying capital expenditures to the following categories of businesses?

	Percentage
Female-Owned Businesses	0.0 %
Minority-Owned Businesses	0.0 %
Veteran-Owned Businesses	0.0 %
Small Business Enterprises	0.0 %

B. What was the amount of your organization's total qualifying capital expenditures for the reporting period? **If your organization had no qualifying capital expenditures, proceed to question D.**

Total Qualifying Capital Expenditures for the Reporting Period (Dollars)	$ 80,828,631.00

C. What amount of your organization's qualifying capital expenditures actually were to the following types of businesses?

	Actual Amount Expended (Dollars)	Percentage of Total (Calculated)
Female-Owned Businesses	$ 2,238,953.00	2.77 %
Minority-Owned Businesses	$ 1,899,472.00	2.35 %
Veteran-Owned Businesses	$ 3,912,105.00	4.84 %
Small Business Enterprises	$ 0.00	0.00 %

D. For what type or types of qualifying capital expenditures is/are your organization actively seeking supplier diversity?

We are actively seeking diverse suppliers who can meet the needs of our specific capital projects:

-Building Expansion
-Air Handler installation and removal
-Internal Renovation Projects
-Life Safety Code corrections
-Infrastructure Upgrades
-Installation of Hybrid Cath Lab
-Bathroom and patient room upgrade
-Bi-Plane installation
-Project planning studies for potential future projects
-Material suppliers

CAPITAL EXPENDITURES TO FEMALE-OWNED, MINORITY-OWNED, VETERAN-OWNED AND SMALL BUSINESS ENTERPRISES

E. What is your organization's plan for alerting and encouraging enterprises of your efforts to promote supplier diversity in your planned qualifying capital expenditures?

Ascension leaders, in partnership with The Resource Group (supplies/services) and Medxcel (facilities) continue to monitor diverse supplier spending and are committed to on-going improvements. Resources have been dedicated to this pursuit, and goals are being developed in partnership with hospital and system leadership, as well as local and state agencies as required.

We are working with the IHA Supplier Diversity Task-force, which is looking to engage more deeply in diversity supply chain discussions and share best practices.

We are also working with West Side United, an organization that has a mission to improve neighborhood health by addressing inequities in healthcare, education, economic vitality and the physical environment particularly focused on the West Side of Chicago. Ascension will work with WSU on aligned procurement efforts to ensure that M/WBE companies are afforded opportunities to contract/ subcontract for specific projects over the next several years throughout our health system.

F. What challenges has your organization encountered in its efforts to promote and encourage supplier diversity?

A significant challenge is finding companies that have the expertise and qualifications to work within the regulatory requirements of hospital services, particularly those qualified vendors that can handle large scale construction projects.

The COVID-19 pandemic and the associated response have also drawn resources towards short-term challenges as each surge has presented itself. The associated supply chain interruptions, higher material costs and business closures have impacted processes that were previously more straightforward.

G. What could the Illinois Health Facilities and Services Review Board do to assist your efforts to increase supplier diversity?

The Board could help by providing a link with organizations that are, or can become, "hospital ready," and provide that listing to the hospitals and hospital systems on a regular basis. Identifying and regularly sharing lists of diverse suppliers that have a history of work conducted at other anchor hospitals would also be helpful.

In addition, if multiple anchor hospitals are able to identify the need for a particular trade for which a diverse supplier is not available, perhaps training can be done on a larger scale for those companies who would like to develop the capacity to fill the need for for all hospitals that may have a similar need.

H. What certifications does your organization recognize in the recruitment of diverse-owned vendors/suppliers?

We recognize all certifications from third-party agencies, including NMSDC,WBENC, MVBDC, utility companies and all other various certifying agencies. Credentialing can be shared with Medxcel and Ascension's GPO, The Resource Group.

CAPITAL EXPENDITURES TO FEMALE-OWNED, MINORITY-OWNED, VETERAN-OWNED AND SMALL BUSINESS ENTERPRISES

I. How should a potential vendor/supplier contact your organization (point of contact)?

Michael Bathe
Project Manager
Medxcel

Michael.Bathe@medxcel.com

J. How would a vendor/supplier enroll with your organization to be recognized as a vendor/supplier of diversity ownership?

Contact Michael Bathe at Michael.Bathe@medxcel.com,

Also, for opportunities outside of construction and related services, vendors may access The Resource Group Supplier Registration Portal:

https://www.theresourcegroup.com/suppliers/supplier-registration-portal

K. Do you have particular examples of successful recruitment of diverse-owned vendors/suppliers which could be instructive to other organizations to emulate in their efforts to recruit diverse vendors/suppliers?

No new examples this year