

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Swedish Hospital- Open Heart Surgery Discontinuation		
Street Address: 5145 N. California Ave.		
City and Zip Code: Chicago, IL 60625		
County: Cook	Health Service Area: 006	Health Planning Area: A-01

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

Exact Legal Name: NS-EE Holdings
Street Address: 1301 Central Street
City and Zip Code: Evanston, IL 60201
Name of Registered Agent: Chris J. Mollet
Registered Agent Street Address: 801 S. Washington Street
Registered Agent City and Zip Code: Naperville, IL 60540
Name of CEO: Gerald P. Gallagher
CEO Street Address: 1301 Central St.
CEO City and Zip Code: Evanston, IL 60201
CEO Telephone Number: 847-570-2000

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ Other	

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shivani Bautista
Title: System General Counsel
Company Name: NS-EE Holdings
Address: 1301 Central Street, Evanston, Illinois 60201
Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: (312) 873-3639
E-mail Address: kfriedman@polsinelli.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Swedish Hospital- Open Heart Surgery Discontinuation		
Street Address: 5145 N. California Ave.		
City and Zip Code: Chicago, IL 60625		
County: Cook	Health Service Area: 006	Health Planning Area: A-01

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

Exact Legal Name: Swedish Covenant Health d/b/a Swedish Hospital	
Street Address: 5145 N. California Ave.	
City and Zip Code: Chicago, IL 60625	
Name of Registered Agent: Anthony Guaccio	
Registered Agent Street Address: 5145 N. California Ave.	
Registered Agent City and Zip Code: Chicago, IL 60625	
Name of CEO: Anthony Guaccio	
CEO Street Address: 5145 N. California Ave.	
CEO City and Zip Code: Chicago, IL 60625	
CEO Telephone Number: 847-570-2000	

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shivani Bautista
Title: General Counsel
Company Name: NS-EE Holdings
Address: 1301 Central Street, Evanston, Illinois 60201
Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: (312) 873-3639
E-mail Address: kfriedman@polsinelli.com

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Shivani Bautista
Title: General Counsel
Company Name: NS-EE Holdings
Address: 1301 Central Street, Evanston, Illinois 60201
Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Swedish Covenant Health d/b/a Swedish Hospital
Address of Site Owner: 5145 N. California Ave. Chicago, IL 60625
Street Address or Legal Description of the Site: 5145 N. California Ave. Chicago, IL 60625
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Swedish Covenant Health d/b/a Swedish Hospital	
Address: 5145 N. California Ave. Chicago, IL 60625	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This project proposes to discontinue the Open Heart Surgery Category of Service at Swedish Hospital. In connection with this plan, Swedish Hospital's open heart surgery cases will shift to Evanston Hospital. Both Swedish Hospital and Evanston Hospital are owned and operated by NorthShore University HealthSystem ("NorthShore") and are located seven miles apart. Since the two hospitals are integrated and utilize a common medical record, clinical staff at either facility will be able to access and utilize patients' medical records. Further, patient access, care coordination, referral and scheduling will all transition seamlessly.

In the longer term, NorthShore plans to centralize its open heart surgery activity at Glenbrook Hospital, which has obtained a Certificate of Need permit (#21-016) to establish an open heart surgery category of service with an estimated completion date of December 31, 2024. Prior to the relocation of open heart surgery services to Glenbrook Hospital, NorthShore will submit a Certificate of Exemption applications to discontinue Open Heart Surgery at Evanston Hospital.

The project is exempt from requiring a CON permit and eligible for a COE under 77 Ill. Adm. Code 1130.410(b).

The discontinuation of Swedish Hospital's Open Heart Surgery Category of Service will occur within 30 days of COE approval, which is anticipated to occur by January 31, 2023.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes x No . If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

- Northwest Community Hospital Cancer Center, Schaumburg (Proj. No. 22-018)
- Skokie Hospital (Proj. No. 20-008)
- Glenbrook Hospital (Proj. No. 21-016)

Anticipated exemption completion date (refer to Part 1130.570): Within 30 days of COE approval, which is anticipated to occur by January 31, 2023.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

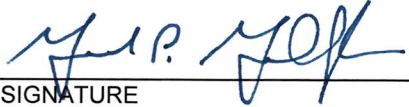
Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Swedish Covenant Health d/b/a Swedish Hospital * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Gerald P. Gallagher
PRINTED NAME

Board Director
PRINTED TITLE


SIGNATURE

Anthony Guacero
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:

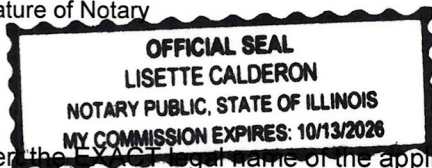
Subscribed and sworn to before me
this 1 day of December

2022



Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

Notarization:

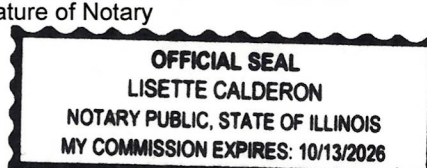
Subscribed and sworn to before me
this 1 day of December

2022



Signature of Notary

Seal

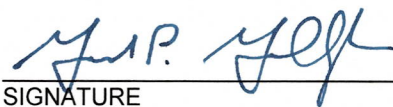


CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of NS-EE Holdings* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Gerald P. Gallagher
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE


SIGNATURE

Shivani Bautista
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1 day of December

2022

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

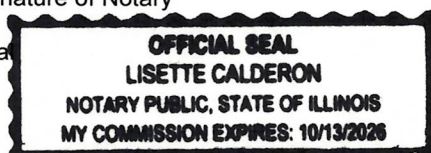
Notarization:

Subscribed and sworn to before me
this 1 day of December

2022

Signature of Notary

Seal



SECTION II. DISCONTINUATION**Type of Discontinuation**☒ Discontinuation of a single category of service**Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)				
Inpatient				
Outpatient				
Total				

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		16-18
2	Site Ownership		19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		20-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22
5	Discontinuation General Information Requirements		23-24
6	Reasons for Discontinuation		25
7	Impact on Access		26-39
8	Background of the Applicant		40-41
9	Safety Net Impact Statement		42-44
10	Charity Care Information		45-46

Attachment 1
Applicants

Certificates of Good Standing for the Applicants are attached at Attachment – 1.

File Number

1024-301-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SWEDISH COVENANT HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1907, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2124600964 verifiable until 09/03/2022
Authenticate at: <http://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 3RD
day of SEPTEMBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE

File Number

7305-903-8

***To all to whom these Presents Shall Come, Greeting:***

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NS-EE HOLDINGS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2125703034 verifiable until 09/14/2022
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of SEPTEMBER A.D. 2021 .

SECRETARY OF STATE

Attachment 2
Site Ownership

By signing the certification pages within this application, the Applicants attest that Swedish Covenant Health d/b/a Swedish Hospital owns the property at 5145 N. California Ave., Chicago, IL 60625.

Attachment 3
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Swedish Covenant Health d/b/a Swedish Hospital is attached at Attachment – 3.

Attachment – 3

File Number

1024-301-7



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I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

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the State of Illinois, this 3RD
day of SEPTEMBER A.D. 2021 .

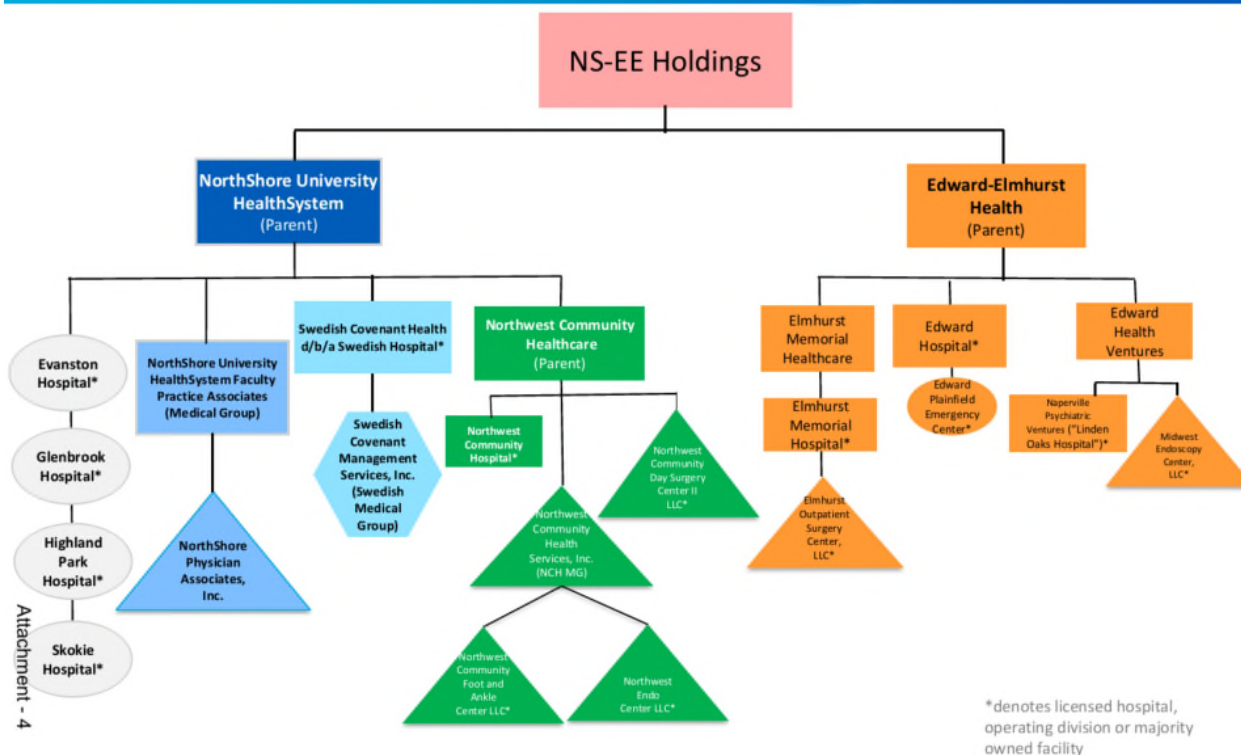
Jesse White

SECRETARY OF STATE

Attachment – 3

Attachment 4
Organizational Relationships

NorthShore - Edward-Elmhurst Health
Corporate Organizational Chart



Attachment - 4

Attachment 5
General Information and Requirements

1. **Identify the category of service and the number of beds, if any, that are to be discontinued.**
 The Applicants propose to discontinue the Open Heart Surgery Category of Service at Swedish Hospital.
2. **Identify all of the other clinical services that are to be discontinued.**
 No other clinical services will be discontinued as part of the COE application.
3. **Provide the anticipated date of discontinuation for each identified service.**
 The discontinuation of Swedish Hospital's Open Heart Surgery Category of Service will occur within 30 days of COE approval, which is anticipated to occur by January 31, 2023.
4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**
 Following the closure of Swedish Hospital's Open Heart Surgery program, Swedish Hospital's Operating Room #4 will be used for other surgical cases (e.g. thoracic and vascular surgery) and to accommodate community need. Niche CABG equipment will be transferred to Evanston Hospital where feasible.
5. **Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.**
 Attached at Attachment -5 is the notice published in the Chicago Tribune on December 1, 2022.

Classified Ad Copy:

Swedish Covenant Health d/b/a Swedish Hospital, 5145 N. California Ave., Chicago, IL 60625, intends to discontinue its open heart surgery category of service, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). Following submission of the required Certificate of Exemption application, a copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Jonathan Lind at 773-878-8200.

PUBLIC NOTICE

Swedish Covenant Health d/b/a Swedish Hospital, 5145 N. California Ave., Chicago, IL 60625, intends to discontinue its open heart surgery category of service, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). Following submission of the required Certificate of Exemption application, a copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Jonathan Lind at 773-878-8200.

Attachment 6
Reasons for discontinuation

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

This project proposes to discontinue the Open Heart Surgery Category of Service at Swedish Hospital in order to enhance the overall quality and efficiency of NorthShore University HealthSystem's ("NorthShore") heart program by centralizing resources. In connection with this plan, Swedish Hospital's open heart surgery cases will shift to Evanston Hospital. Both Swedish Hospital and Evanston Hospital are owned and operated by NorthShore University HealthSystem ("NorthShore") and are located seven miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility will be able to access and utilize patients' medical records. Further, patient access, care coordination, referral and scheduling will all transition seamlessly.

With the proliferation of minimally invasive heart procedures, open heart surgery volumes have decreased markedly in recent years, both nationally and locally. By consolidating its open heart surgery offerings at Evanston Hospital, NorthShore will ensure a larger procedure volume for highly specialized clinical staff. In doing so, the system will improve clinical outcomes, patient experience and efficiency.

Attachment 7
Impact on Access

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.**

Access to care will not be adversely affected and combining smaller programs is likely to have a positive correlation to optimal outcomes. In connection with this plan, Swedish Hospital's open heart surgery cases will shift to Evanston Hospital. Both Swedish Hospital and Evanston Hospital are owned and operated by NorthShore University HealthSystem ("NorthShore") and are located seven miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility will be able to access and utilize patients' medical records. Also, notably patients can be stabilized and transferred safely to complete an open heart procedure at another location.

- 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.**

The following hospitals within a 10-mile radius of Swedish Hospital offer the open heart surgery Category of service:

Hospital	Street Address	City	Zip Code
Northwestern Memorial Hospital	251 E Huron St	Chicago	60611
Rush University Medical Center	1653 West Congress Parkway	Chicago	60612
AMITA Health Resurrection Medical Center Chicago	7435 West Talcott Avenue	Chicago	60631
Ann & Robert H. Lurie Children's Hosp of Chicago	225 E. Chicago	Chicago	60611
Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	60068
Evanston Hospital	2650 Ridge Avenue	Evanston	60201
John H Stroger Jr. Hospital of Cook County	1901 W. Harrison St	Chicago	60612
Advocate Illinois Masonic Medical Center	836 West Wellington Avenue	Chicago	60657
University of Illinois Hospital & Clinics	1740 West Taylor Street	Chicago	60612
Mount Sinai Hospital	2750 W 15th Street	Chicago	60608

A copy of the letters notifying these hospitals of the pending closing are provided in Attachment 7.

U.S. Postal Service [®] CERTIFIED MAIL [®] RECEIPT <i>Domestic Mail Only</i>		U.S. Postal Service [®] CERTIFIED MAIL [®] RECEIPT <i>Domestic Mail Only</i>	
USPS [®] ARTICLE NUMBER		USPS [®] ARTICLE NUMBER	
9414 7266 9904 2204 2315 13		9414 7266 9904 2204 2315 20	
Certified Mail Fee	\$ Certified	Certified Mail Fee	\$ Certified
Return Receipt (Hardcopy) Return Receipt		Return Receipt (Hardcopy) Return Receipt	
Return Receipt (Electronic)	\$ pt	Return Receipt (Electronic)	\$ pt
Certified Mail Restricted Delivery	\$ \$0.00	Certified Mail Restricted Delivery	\$ \$0.00
Postage	\$ \$0.00	Postage	\$ \$0.00
Total Postage and Fees	\$	Total Postage and Fees	\$
Sent to: \$0.00 Advocate Lutheran General Hospital Attention: Terika Richardson 1775 Dempster Road Park Ridge, IL 60068		Sent to: \$0.00 Evanston Hospital Attention: Sean T. O'Grady 2650 Ridge Avenue Evanston, IL 60201	
Reference Information		Reference Information	
PS Form 3800, Facsimile, July 2015		PS Form 3800, Facsimile, July 2015	
U.S. Postal Service [®] CERTIFIED MAIL [®] RECEIPT <i>Domestic Mail Only</i>		U.S. Postal Service [®] CERTIFIED MAIL [®] RECEIPT <i>Domestic Mail Only</i>	
USPS [®] ARTICLE NUMBER		USPS [®] ARTICLE NUMBER	
9414 7266 9904 2204 2313 46		9414 7266 9904 2204 2315 06	
Certified Mail Fee	\$ Certified	Certified Mail Fee	\$ Certified
Return Receipt (Hardcopy) Return Receipt		Return Receipt (Hardcopy) Return Receipt	
Return Receipt (Electronic)	\$ pt	Return Receipt (Electronic)	\$ pt
Certified Mail Restricted Delivery	\$ \$0.00	Certified Mail Restricted Delivery	\$ \$0.00
Postage	\$ \$0.00	Postage	\$ \$0.00
Total Postage and Fees	\$	Total Postage and Fees	\$
Sent to: \$0.00 Mount Sinai Hospital Attention: Airica Steed 2750 W. 15 th Street Chicago, IL 60608		Sent to: \$0.00 Ann & Robert H. Lurie Hospital Attention: Thomas Shanley, MD 225 E. Chicago Chicago, IL 60611	
Reference Information		Reference Information	

U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
USPS® ARTICLE NUMBER		USPS® ARTICLE NUMBER	
9414 7266 9904 2204 2314 83		9414 7266 9904 2204 2314 76	
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Sent to: \$0.00 Rush University Medical Center Attention: Omar Lateef, DO 1653 West Congress Parkway Chicago, IL 60612		Sent to: \$0.00 Northwestern Memorial Hospital Attention: Julie Creamer 251 E. Huron Street Chicago, IL 60611	
Reference Information		Reference Information	
PS Form 3820, Facsimile, July 2015		PS Form 3820, Facsimile, July 2015	
U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
USPS® ARTICLE NUMBER		USPS® ARTICLE NUMBER	
9414 7266 9904 2204 2313 22		9414 7266 9904 2204 2314 90	
Certified Mail Fee \$ Certified Return Receipt (Hardcopy) Return Recei Return Receipt (Electronic) \$ pt Certified Mail Restricted Delivery \$ \$0.00 Postage \$ \$0.00 Total Postage and Fees \$	 Postmark Here	Certified Mail Fee \$ Certified Return Receipt (Hardcopy) Return Recei Return Receipt (Electronic) \$ pt Certified Mail Restricted Delivery \$ \$0.00 Postage \$ \$0.00 Total Postage and Fees \$	 Postmark Here
Sent to: \$0.00 Advocate Illinois Masonic Med Center Attention: Susan Nordstrom-Lopez 836 W. Wellington Avenue Chicago, IL 60657		Sent to: \$0.00 AMITA Health Resurrection Medical Center Chicago Attention: Scott Teffeteller 7435 W. Talcott Avenue Chicago, IL 60631	
Reference Information		Reference Information	

U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
USPS® ARTICLE NUMBER 9414 7266 9904 2204 2313 39		USPS® ARTICLE NUMBER 9414 7266 9904 2204 2315 37	
Certified Mail Fee	\$ Certified	Certified Mail Fee	\$ Certified
Return Receipt (Hardcopy)	Return Receipt	Return Receipt (Hardcopy)	Return Receipt
Return Receipt (Electronic)	\$ pt	Return Receipt (Electronic)	\$ pt
Certified Mail Restricted Delivery	\$ \$0.00	Certified Mail Restricted Delivery	\$ \$0.00
Postage	\$ \$0.00	Postage	\$ \$0.00
Total Postage and Fees	\$	Total Postage and Fees	\$
Sent to: \$0.00 University of IL Hospital & Clinics Attention: Michael Zenn 1740 West Taylor Street Chicago, IL 60612		Sent to: \$0.00 John H. Stroger Jr. Hospital of Cook Cnty Attention: Robert Sumter 1901 W. Harrison Street Chicago, IL 60612	
<u>Reference Information</u>		<u>Reference Information</u>	
PS Form 3800, Facsimile, July 2015		PS Form 3800, Facsimile, July 2015	

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Northwestern Memorial Hospital
Attention: Julie Creamer
251 E. Huron Street
Chicago, IL 60611

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

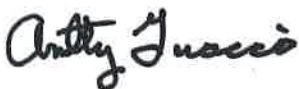
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The closure is expected to occur within 30 days of COE approval, which is anticipated to occur in 2023 if not sooner. For your information, Swedish Hospital performed 109 and 88 cardiac surgeries in 2020 and 2021, respectively. All of these cases are expected to be accommodated at Evanston Hospital going forward.

If you have any questions about NorthShore's plans, please feel free to contact Jonathan Lind at 773-878-8200.

Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Rush University Medical Center
Attention: Omar Lateef, DO
1653 West Congress Parkway
Chicago, IL 60612

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

Swedish Hospital, Part of NorthShore University HealthSystem ("NorthShore"), is in the process of preparing a certificate of exemption application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the closure of the open heart surgery category of service at Swedish Hospital. In connection with this plan, Swedish Hospital's open heart surgery cases will shift to Evanston Hospital within the broader NorthShore System, as both Swedish Hospital and Evanston Hospital are owned and operated by NorthShore and are located seven miles apart. Since the two hospitals utilize a common medical record, patient access, care coordination, referral and scheduling will all transition seamlessly.

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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

AMITA Health Resurrection
Medical Center Chicago
Attention: Scott Teffeteller
7435 West Talcott Avenue
Chicago, Illinois 60631

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

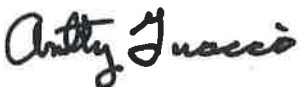
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Ann & Robert H. Lurie Children's
Hospital of Chicago
Attention: Thomas Shanley, MD
225 E. Chicago
Chicago, IL 60611

**Re: Notice of Planned COE Application for Discontinuation of Open Heart
Surgery Program**

Dear Administrator:

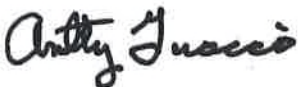
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Advocate Lutheran General Hospital
Attention: Terika Richardson
1775 Dempster Street
Park Ridge, IL 60068

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

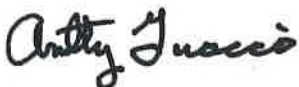
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Evanston Hospital
Attention: Sean T. O'Grady
2650 Ridge Avenue
Evanston, IL 60201

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

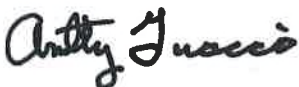
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

John H. Stroger Jr. Hospital
of Cook County
Attention: Robert Sumter
1901 W. Harrison Street
Chicago, IL 60612

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

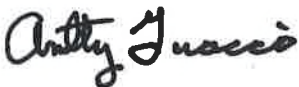
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Advocate Illinois Masonic
Medical Center
Attention: Susan Nordstrom-Lopez
836 West Wellington Avenue
Chicago, IL 60657

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

University of Illinois
Hospital & Clinics
Attention: Michael Zenn
1740 West Taylor Street
Chicago, IL 60612

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

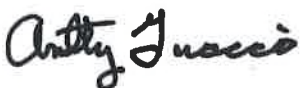
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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Swedish Hospital

Part of  NorthShore

OFFICE OF THE PRESIDENT

November 29, 2022

Via Certified Mail

Mount Sinai Hospital
Attention: Airica Steed
2750 W. 15th Street
Chicago, IL 60608

Re: Notice of Planned COE Application for Discontinuation of Open Heart Surgery Program

Dear Administrator:

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Sincerely,



Anthony Guaccio
President and CEO, Swedish Hospital

Attachment 8
Background of Applicant

By signing the certification pages within this application, the Applicants attest to the following information addressing the four points of the subject criterion 1110.110 (a):

1. A list of healthcare facilities owned or operated by NS-EE Holdings is below:

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health			
Name	Address	License No.	Accreditation Identification No
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, Illinois 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, Illinois 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, Illinois 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, Illinois 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Edward Hospital	801 South Washington St. Naperville, Illinois 60540	0003905	7394
Elmhurst Memorial Hospital	155 E. Brush Hill Rd. Elmhurst, Illinois 60126	000575(1)	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, Illinois 60540	0005058	4973
Edward Plainfield Emergency Center	24600 W. 127 th Street Plainfield, Illinois 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	117454
Northwest Endo Center	1415 South Arlington Heights Rd. Arlington Heights, Illinois 60005	7003210	120139
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213	120139

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health Health Care Facilities with 5% or Greater Ownership		
Name	Address	License
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080

River North Same Day Surgery Center	1 East Street #300 Chicago, Illinois 60611	7002090
Elmhurst Outpatient Surgery Center	1200 South York Road, Suite 1400 Elmhurst, Illinois 60126	7002330
Midwest Endoscopy	3811 Highland Avenue Downers Grove, Illinois 60515	7001076
DMG Surgical Center	2725 Technology Drive Lombard, Illinois 60148	7003023
Plainfield Surgery Center	24600 W. 127 th Street, Building C Plainfield, Illinois 60585	7003135
Salt Creek Surgery Center	530 North Cass Avenue Westmont, Illinois 60559	7003189

2. Proof of current licensure and accreditation is attached as Attachment – 8.
3. There have been no adverse actions taken against the healthcare facilities owned or operated by the Applicants during the three years prior to the filing of this application.
4. The certification within this application serves as authorization permitting the State Board and the Illinois Department of Public Health access to information in order to verify any documentation or information submitted with this application including, but not limited to: official records of IDPH or other State of Illinois agencies and the records of nationally recognized accreditation organizations.



Illinois Department of **HF 123856**
PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of:
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0002717
General Hospital		
Effective: 01/01/2022		

Swedish Covenant Health
dba Swedish Hospital
5145 N California Avenue

Chicago, IL 60625

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

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 12/31/2022
Lic Number 0002717

Date Printed 9/27/2021

Swedish Covenant Health
dba Swedish Hospital
5145 N California Avenue
Chicago, IL 60625

FEE RECEIPT NO.



August 9, 2021

Anthony Guaccio
Chief Executive Officer
Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625-3661

Dear Mr. Guaccio:

Congratulations! HFAP's Survey Review Group has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on August 6, 2021.

In reviewing your survey report, the Survey Review Group made the observations contained on the Survey Progress Report. An Interim Progress Report is required to be submitted by **May 17, 2022**.

HFAP recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625-3661

Center for Ambulatory Surgery at Swedish
Covenant
5215 North California Avenue
Foster Medical Pavilion
Chicago, IL 60625

Foster Medical Pavilion OP Lab and X-ray
5215 North California
Chicago, IL 60625

Galter Life Center - Cardiac Rehab
5157 North Francisco
Chicago, IL 60625

Galter Life Center - Diabetes Community
Center
5157 North Francisco
Chicago, IL 60625

Galter Life Center - Pulmonary Rehab
5157 North Francisco
Chicago, IL 60625

Niles Infusion Center
6450 West Touhy
Niles, IL 60714

Program: Acute Care Hospital

CCN # 140114

HFAP ID: 119094

Triennial Survey Dates: 05/17/2021 – 05/20/2021

Plan(s) of Correction Received: 06/30/2021

Effective Date of Accreditation: 01/29/2021 – 01/29/2024

139 Weston Oaks Ct., Cary, NC 27513 | T (855) 937-2242
ACCREDITATION COMMISSION / AF HEALTH CARE
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Sauganash ICC - Outpatient Physical Therapy
6141 North Cicero Avenue
Chicago, IL 60646

Swedish Covenant Hospital Hyperbaric Oxygen
Therapy
2751 West Winona
Chicago, IL 60625

Swedish Covenant Hospital Outpatient
Rehabilitation
5157 North Francisco
Chicago, IL 60625

Swedish Covenant Hospital Pain Center
5215 North California, Suite 600
Chicago, IL 60625

Swedish Covenant Hospital Wound Care
Center
2751 West Winona
Chicago, IL 60625

Condition Level Deficiencies: ☒ None

Swedish Covenant Hospital does not have Swing Beds and was not surveyed under those standards. Swedish Covenant Hospital has, a PPS Excluded Rehab Unit and a PPS Excluded Psych Unit and was surveyed under those standards. The organization met the requirements for PPS Excluded Rehab and Psych Units.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

A handwritten signature in cursive script that reads "Deanna Scatena".

Deanna Scatena, RN, BSN
Associate Program Director

DS/co

cc: CMS Central Office
Region V, CMS

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Attachment 9
Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

Safety net services in the community will not be affected. In connection with this plan, Swedish Hospital's open heart surgery cases will shift to Evanston Hospital. Both Swedish Hospital and Evanston Hospital are owned and operated by NorthShore University HealthSystem ("NorthShore") and are located seven miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility will be able to access and utilize patients' medical records. Further, patient access, care coordination, referral and scheduling will all transition seamlessly.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

The closure of the open heart surgery Category of Service at Swedish Hospital will result in a shift of patient volumes from one NorthShore hospital to another NorthShore hospital and will not affect other area providers in any way including their ability to cross-subsidize safety net services.

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

As noted above, the closure of the open heart surgery Category of Service at Swedish Hospital will result in a shift of patient volumes from one NorthShore hospital to another NorthShore hospital and will not affect other area safety net providers in any way.

Charity Care Information

Charity Care (# of patients)	FY 19	FY 20	FY 21
Inpatient	240	112	102
Outpatient	6,504	4,961	4,814
Charity Care (cost in dollars)	FY 19	FY 20	FY 21
Inpatient	\$2,467,845	\$1,737,286	\$3,214,187
Outpatient	\$5,240,861	\$4,975,922	\$8,384,529

Medicaid Information

Medicaid (# of patients)	FY 19	FY 20	FY 21
Inpatient	3,603	4,253	3,908
Outpatient	71,099	60,146	72,616
Medicaid (cost in dollars)	FY 19	FY 20	FY 21
Inpatient	\$31,884,817	\$35,341,205	\$34,848,329
Outpatient	\$24,702,619	\$18,762,886	\$50,223,079

Attachment 10**Charity Care Information**

The table below provides charity care information for the most recent three years for Swedish Hospital.

CHARITY CARE			
	2019	2020	2021
Net Patient Revenue	\$224,148,166	\$207,455,856	\$238,700,465
Amount of Charity Care (charges)	\$48,339,842	\$50,015,070	\$58,317,068
Cost of Charity Care	\$7,708,706	\$6,713,208	\$11,598,716



Kara Friedman
312-873-3639
kfriedman@polsinelli.com

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Re: Certificate of Exemption Application

Dear Mike:

NS-EE Holdings and Swedish Covenant Health d/b/a Swedish Hospital hereby submit the attached Certificate of Exemption application to discontinue the Open Heart Surgery Category of Service at Swedish Hospital. For your review, I have attached two copies of the application. The following will arrive under separate cover:

1. Check for \$2,500 for the application processing fee
2. Original signature pages

Thank you for your time and consideration of the Applicants' application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kara Friedman".

Kara Friedman