



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-04	BOARD MEETING: June 24, 2025	PROJECT NO: 25-016	PROJECT COST: Original: \$22,626,261
FACILITY NAME: AdventHealth Hinsdale Hospital		CITY: Hinsdale	
TYPE OF PROJECT: Non-substantive			HSA: VII

PROJECT DESCRIPTION: The Applicants (Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., The University of Chicago Medical Center) propose modernizing the Level I, Level II, and Level III nurseries. The Level II and Level III nurseries will be combined and operate as the hospital's "specialty nursery." The cost of the modernization is \$22,626,261, and the expected completion date is September 1, 2025.

Information regarding this Application for Permit can be found at this link:

<https://hfsrb.illinois.gov/project.25-016-adventhealth-hinsdale.html>

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., The University of Chicago Medical Center) propose modernizing the Level I, Level II, and Level III nurseries. The Level II and Level III nurseries will be combined and operate as the hospital's "specialty nursery."¹ The cost of the modernization is \$22,626,261, and the expected completion date is September 1, 2025.
- This Application is being proposed to replace Permit #22-033. Following the approval of Permit #22-033, it was determined that the renovation of the Level I nursery should have been included in the original application, and that the cost of that renovation required for the Level I nursery would exceed 7%, which is allowable as an alteration to Permit #22-033. The decision was made to file a replacement Application for Permit, identical to the approved application, except for adding the Level I nursery. Should the State Board approve this project Permit #22-033 would need to be relinquished.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This modernization is before the State Board because the cost of the project exceeds the capital expenditure minimum of **\$17,252,704**.

PURPOSE OF THE PROJECT:

- The purpose of the project is to replace the hospital's nurseries, with the focus of the project being the replacement of the hospital's Level II and Level III nurseries.

PUBLIC HEARING/COMMENT:

- No public hearing was requested, and no letters of support or opposition have been received.

SUMMARY:

- AdventHealth Hinsdale Hospital currently has 14 Neonatal Intensive Care Beds (NICU), and no additional NICU beds are being requested with this Application for Permit. According to the data submitted to the State Board by the Hospital, the Hospital's NICU Unit has had an average daily census of 12 patients and an average length of stay of 17 days. The Applicants believe this utilization will continue.
- The State Board Staff found the Applicants not in compliance with one Criterion 1120.140 – Reasonableness of Project Costs.

¹ "Special Care Nursery" or "SCN" means a nursery that provides intermediate intensive care, directed by a board-certified pediatrician with subspecialty certification in neonatal/perinatal medicine, to infants who weigh more than 1250 grams. (Source: 77 Ill. Adm. Code 640.20 – Definitions)

Criterion	Reasons for Non-Compliance
Criterion 1120.140 (c) – Reasonableness of Project Costs	Modernization and contingency costs are \$16,907,196 or \$1,079.99 per GSF. This appears HIGH when compared to the State Board Standard of \$375.63. <i>Applicants in response to this criterion stated:</i> <i>“The estimated modernization cost for this project was developed by Jacobs Engineering Group Inc. ("Jacobs"), one of the nation's largest engineering and construction management firms, with health care projects comprising a major portion of its portfolio. Jacobs developed early-stage project cost estimates shortly after planning for the project was initiated in November 2021. Since that time, and as a result of significant changes in the global economy caused by issues such as supply chain delays, rapidly increasing costs for construction materials, rising salaries within the construction industry, and tariffs, the applicants have seen their modernization cost estimates increase significantly. As the Board is aware, this issue has plagued numerous applicants over the past year. In addition to the issues identified above, the estimated modernization cost incorporates three factors that, while not unique to this project, cannot necessarily be considered commonplace to all hospital modernization projects, with all three contributing to the overall modernization cost. These factors are: 1) the need to maintain an "operational" specialty care nursery during the entirety of the project, eliminating/limiting disruptions to patient care to the greatest extent possible, 2) the need to "phase" the project over a more extended period that would be generally required for a project addressing 19,000 DGSF of modernization, and 3) the age and construction of the existing building, increasing the cost of modernization beyond that experienced with many other hospital modernization projects.”</i>



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STATE BOARD STAFF REPORT

#25-016

AdventHealth Hinsdale

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., The University of Chicago Medical Center
Facility Name	AdventHealth Hinsdale
Location	120 North Oak Street, Hinsdale, Illinois
Application Received	March 31, 2025
Application Deemed Complete	April 4, 2025
Review Period Ends	June 3, 2025
Permit Holder	Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., The University of Chicago Medical Center
Operating Entity	Adventist Midwest Health
Owner of the Site	Adventist Midwest Health
Project Completion Date	September 1, 2025
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The Applicants (Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., and The University of Chicago Medical Center) propose modernizing the Level I, Level II, and Level III nurseries. The Level II and Level III nurseries will be combined and operate as the hospital's "specialty nursery." The modernization will cost \$22,626,261; the expected completion date is September 1, 2025.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project does **not** conform to the provisions of Part 1120.

III. General Information

The Applicants are Adventist Midwest Health d/b/a AdventHealth Hinsdale, Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth, Adventist Health System/Sunbelt, Inc., and The University of Chicago Medical Center. In October 2022,

the State Board approved a change of control of AdventHealth Hinsdale Hospital to The University of Chicago Medical Center (#E-062-22).

This project is subject to a Part 1110 and Part 1120 review. Financial commitment will occur after project approval. Table One below outlines the CY 2024 AdventHealth Hinsdale Hospital utilization.

TABLE ONE AdventHealth Hinsdale Hospital CY 2024							
	Auth	Staffed					
	Beds	Beds	Admissions	Days	ALOS	ADC	Occ
Medical Surgical	118	118	8,538	29,983	3.51	82.15	69.61%
Obstetric	35	35	2,026	4,654	2.30	12.75	36.43%
Pediatric	18	18	158	278	1.76	0.76	4.23%
Intensive Care	44	44	1,326	3,480	2.62	9.53	21.67%
Acute Mental Illness	17	17	603	4,894	8.12	13.41	78.87%
Neonatal	14	14	262	4,429	16.90	12.13	86.67%
Total	246	246	12,913	47,718	3.70	130.73	53.14%

IV. Health Service Area

AdventHealth Hinsdale Hospital is in DuPage County, Health Service Area VII, and the HSA 6, 7, 8, and 9 Neonatal Intensive Care Planning Area. The State Board is projecting a population of 3,313,897 in the HAS VII Service Area by 2030, a decrease of approximately 3.7% from 2021. The Applicants state that the service area for this project is a 10-mile radius from the ASTC

V. Project Uses and Sources of Funds

The project is being funded in its entirety with \$22,626,261 in cash. Table Two shows the difference in cost between Permit #22-033 and the proposed project #25-016. The total increase in cost is \$1,371,671.

TABLE TWO Project Costs and Sources of Funds ⁽¹⁾							
	#22-033			#25-016			
Uses of Funds	Reviewable	Non-Reviewable	Total	Reviewable	Non-Reviewable	Total	Difference
Preplanning Costs	\$220,000	\$30,000	\$250,000	\$200,000	\$20,000	\$220,000	(\$30,000)
Modernization Contracts	\$11,189,024	\$1,525,776	\$12,714,800	\$15,511,189	\$1,558,775	\$17,069,964	\$4,355,164
Contingency	\$588,896	\$80,304	\$669,200	\$1,396,007	\$140,290	\$1,536,297	\$867,097
A/E Fees	\$771,760	\$105,240	\$877,000	\$1,350,000	\$135,000	\$1,485,000	\$608,000
Consulting and Other Fees	\$561,958	\$76,532	\$638,490	\$552,000	\$48,000	\$600,000	(\$38,490)

TABLE TWO Project Costs and Sources of Funds ⁽¹⁾							
	#22-033			#25-016			
Uses of Funds	Reviewable	Non-Reviewable	Total	Reviewable	Non-Reviewable	Total	Difference
Movable and Other Equipment	\$5,372,488	\$732,612	\$6,105,100	\$1,577,800	\$137,500	\$1,715,300	(\$4,389,800)
Total Uses of Funds	\$18,704,126	\$2,550,464	\$21,254,590	\$20,586,996	\$2,039,565	\$22,626,561	\$1,371,971
Cash and Securities			\$21,254,590			\$22,626,261	\$1,371,671
Total Sources of Funds			\$21,254,590			\$22,626,261	\$1,371,671
1. The project cost estimates used in developing CON application 22-033 were created in mid-2022 and approved in December 2022. As the project proceeded through 2023 and 2024, the project costs became more refined, with the application for Project 25-016 filed in March of this year. Two significant changes to the project costs identified in the two applications resulted from the continued planning and the progress made toward the completion of the project. First, the cost of equipment, and to a lesser extent, the modernization costs, were refined; and second, a significant portion of the equipment costs were re-allocated to modernization. As a result, the project cost increased by \$1.37M (6.5%), which included a reduction in the equipment cost estimate of \$4.39M and an increase in the modernization cost estimate of \$ 4.35 M.							

VI. Background of the Applicants, Purpose of the Project, Alternatives

- Criterion 1110.110 (a) – Background of the Applicants
- Criterion 1110.110 (b) – Purpose of the Project
- Criterion 1110.110 (c) – Safety Net Impact Statement
- Criterion 1110.110 (d) – Alternatives to the Project

A) Background of the Applicants

An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6]

The Applicants attest that in the last three years before the filing of this Application for Permit, there has been no “adverse action” against any Illinois health care facility owned and operated by the Applicants and subject to State Board jurisdiction. The Applicants authorize the State Board and Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted with this application relating to Applicants, including, but not limited to official records of IDPH or other State agencies, the licensing or certification records of different states, and the records of nationally recognized accreditation organizations. The Medicare Compare website granted Adventist Hinsdale Hospital a 4-star quality rating. The Joint Commission has accredited Adventist Hinsdale Hospital. It appears the Applicants are fit, willing, and able, and have the qualifications, background and character to adequately provide a proper standard of health care service for the community.

B) Purpose of the Project

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area, market area, or other area according to the applicant's definition.

The proposed project aims to address the replacement of the hospital's nurseries, focusing on replacing the hospital's Level II and Level III nurseries. The Applicants state that the

replacement will be accomplished through reconfiguring and renovating the existing special care nursery and a limited amount of adjacent vacant space on the hospital's fourth and fifth floors, and according to the Applicants, will significantly improve patient/family privacy and staff flow. The proposed project does not involve adding HFSRB-designated Level III (NICU) beds.

The Applicants state that historically, the hospital's NICU patients have come from a broad area, with no more than 6.11 % of its admissions coming from any one ZIP Code area during a recent 3-year sample period. During that period, newborns having mothers residing in a total of 155 ZIP Code areas were admitted to the NICU, with 28 of the ZIP Code areas cumulatively accounting for 60.25% of the babies, and 127 of the ZIP Code areas accounting for less than 1.00% of the admissions, each.

C) Safety Net Impact Statement

All health care facilities, except for skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are those offered by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation.

This is a non-substantive project; a safety net impact statement is unnecessary.

TABLE THREE			
Adventist Hinsdale Hospital			
Charity Care			
Net Patient Rev	\$292,536,542	\$315,202,795	\$351,742,332
Charity Care	\$9,596,852	\$10,539,411	\$11,145,754
Cost of Charity Care	\$2,697,074	\$2,763,082	\$2,856,909
% Cost of Charity Care to Net Patient Rev	0.92%	0.88%	0.81%

D) Alternatives to the Proposed Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population it will serve.

The Applicants considered two alternatives to the proposed project: doing nothing or relocating the specialty care nursery to another area of the Hospital. The relocation of the specialty care nursery was rejected because it would not provide proximity to the other obstetrics and newborn services afforded by the current location.

VII. Project Size of the Project and Projected Utilization

- A. 77 ILAC 1110.120 (a) – Size of the Project
- B. 77 ILAC 1110.120 (b) – Projected Utilization

A) Size of the Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the range indicated in Appendix B or exceed the square footage standard in Appendix B if the standard is a single number.

The Applicants are proposing 11,350 DGSF for Level III and Level II Stations. The State Board Standard is 13,552 for Level III and Level II Stations at Adventist Hinsdale Hospital. The State Board Standard for NICU beds is 568 DGSF per bed or 7,952 DGSF for the 14 NICU beds. The State Board Standard for Level II stations is 160 DGSF per Obstetric bed. The Hospital has 35 obstetric beds for 5,600 DGSF (35 beds × 160 DGSF = 5,600 DGSF). The size of the NICU and Special Care Nursery has met the State Board's Standards. (7,952 DGSF + 5,600 DGSF = 13,552 DGSF)

B) Projected Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in Appendix B or service areas do not have utilization standards in 77 Ill. Adm.. Code 1100, the applicant shall justify its utilization standard by providing published data or studies, as applicable and available from a recognized source.

In addressing this criterion, the Applicants provided the following narrative.

“Contemporary special care nurseries, providing Level III and Level II/II+, do so with a seamless care delivery between the levels, with a fully cross-trained staff, and with as little disruption as possible to the patient and their parents. The American Academy of Pediatrics and the American Academy of Obstetricians and Gynecologists have defined the various levels of neonatal care and the required clinical capabilities in each setting. Separate billing codes have been established for each level of care, with clinical conditions that must be present for a patient to meet the various care classifications and reimbursement qualifications. Each patient is evaluated every midnight, with the patient's classification (Level II, Level III, etc.) often changing daily, either up or down. Through this type of delivery of the system, the need to physically move a patient as its care classification level changes (either up or down), is eliminated, maximized continuity in staffing is maintained, and the vital relationship that is developed between the care team and the parents remains in place. As a result, changing a patient's care/reimbursement level is transformed from physically relocating the patient (and parents) from one location to another, to a simple "paperwork" process. The overall focus shifts from the type of station (with most equipment now being portable), to one based on clinical factors. Further, recent discussions with the State Perinatal Network have revealed that when the Network evaluates a "need" for stations, they combine the utilization of existing Level II, Level II +, and Level III stations.”

The State Board does not have utilization standards for Level I, Level II, and Level II+ stations. The utilization standard for Level III NICU is 75%. The Applicants had an average daily census of 12 patients, or approximately 86%, in the NICU unit from 2018 through 2024. They believe that utilization will continue at that level.

VIII. Neonatal Intensive Care

Criterion 1110.215 (a) – Staffing

Criterion 1110.215 (b) – Additional NICU beds

Criterion 1110.215 (c) - Obstetric Service

Advent Hinsdale Hospital is part of the UChicago Medicine Perinatal Network. The State Board has jurisdiction over Level III NICU stations, not Level I, Level II, or Level II+ stations. The State Board does not have a need methodology for neonatal intensive care services, and the applicants are not adding neonatal intensive care beds. The proposed project seeks to replace and modernize AdventHealth Hinsdale's Level II, Level II+, and Level III nursery stations. Upon the project's completion, 28 stations will be provided, 14 of which will be designated Level III by the State Board. The special care nursery will be located on the hospital's fourth floor, and the project includes renovating the space occupied by the hospital's Level II, Level II+, and Level III nurseries and expanding into adjacent currently vacant space.

A) Staffing

The applicant must document that the personnel possessing proper credentials in the following categories are available to staff the service:

The Applicants have a Level III NICU unit in place and operating. All staff are in place.

B) Additional NICU Beds

The applicant must document that the proposed neonatal intensive care beds are needed. Any of the following may demonstrate a Bed need:

- 1) No neonatal intensive care services exist within the planning area.
- 2) that for each of the last 2 years for which data is available, the yearly occupancy rate for the service at the affiliated perinatal center has exceeded the target occupancy rate.
- 3) existing providers of the service within the planning area cannot provide care to a patient caseload due to a limitation on funding for care provision; or
- 4) that for each of the last 2 years for which data is available, the yearly occupancy rate for the service at the applicant facility has exceeded the target occupancy rate.

The Applicants have 14 NICU beds; no new NICU beds are being added with this Application for Permit.

Obstetric Service

The applicant must document the availability of an obstetric service within the facility capable of providing care to high-risk mothers. The documentation must include a detailed assessment of obstetric service capability.

The Applicants have a 35-bed obstetric unit in place and operating.

IX. Clinical Service Areas Other Than Categories of Service

A) Criterion 1110.270 c) 2) – Service Modernization

A) Service Modernization

The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall include, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

The proposed project includes four clinical service areas that are not HFSRB-designated service categories: Level I nursery, Level II nursery, a nursing suite, and an obstetrics triage and observation area. The State Board does not have utilization standards for any of the above-identified areas. The Level II nursery, which currently has fourteen stations, will be combined with the hospital's Level III nursery, with fourteen stations continuing to be allocated to Level II care. The two Level I nurseries will have eighteen "set up" bassinets, and the hospital will store approximately eighty additional bassinets. Last, the nursing suite and the obstetrics triage and observation area will each contain four stations. It should be noted that the Level I nursery is rarely used, with most postpartum patients electing to "room in". Consistent with licensure requirements, Level I nurseries are located near the obstetrics units on the fourth and fifth floors.

X. Financial and Economic Feasibility

A) Criterion 1120.120 (a) - Availability of Funds

B) Criterion 1120.130 (b) – Financial Viability

C) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements

D) Criterion 1120.140 (b) – Terms of Debt Financing

The Applicants are funding this project with \$22,626,261 in cash. No debt is being used to finance this project. As the U Chicago Medicine AdventHealth Joint Venture is owned at 51% by UChicago Medicine, the financials consolidate into UChicago Medicine's financials. Beginning on page 80 of the Application for Permit, they provided evidence of an “A” or better bond rating. The Applicant's balance sheet indicates sufficient cash available to fund this project.

FitchRatings stated in part:

The “AA” reflects UChicago Medicine’s strong financial profile in the context of the system's broad and growing reach for high-acuity services throughout the Chicago metro area and into northwest Indiana. While UCM's cash-to-adjusted debt percentage is modest for a “AA” health system, the ratio should improve in the coming years.

TABLE FOUR					
University of Chicago Medical Center					
Audited as of June 30 th					
(In thousands)					
	2024	2023	2022	2021	2020
Cash	\$183,072	\$176,546	\$60,997	\$184,839	\$538,725
Current Assets	\$1,196,994	\$1,122,221	\$828,914	\$1,083,667	\$1,123,564
Total Assets	\$5,281,178	\$4,974,291	\$4,179,357	\$4,534,317	\$4,100,832
Current Liabilities	\$792,885	\$722,401	\$653,545	\$811,017	\$887,502
Total Liabilities	\$2,427,945	\$2,385,643	\$1,954,697	\$2,219,013	\$2,305,054
Patient Service Revenue	\$3,996,033	\$3,260,496	\$2,548,487	\$2,331,509	\$2,048,957
Other	\$629,140	\$508,677	\$436,961	\$457,645	\$497,747
Total Revenue	\$4,625,173	\$3,769,175	\$2,985,448	\$2,789,154	\$2,546,704
Operating Expenses	\$4,514,222	\$3,719,074	\$2,903,167	\$2,669,969	\$2,496,769
Operating Income over Expenses	\$110,951	\$50,101	\$82,281	\$119,191	\$50,915
Revenue and Gains over Expenses and Losses	\$210,690	\$93,333	-\$71,959	\$509,588	\$75,558

TABLE FIVE Adventist Hinsdale Hospital Medicare Cost Report					
	2019	2020	2021	2022	2023
Total Patient Revenue	\$1,112,996,664	\$865,899,701	\$975,612,852	\$997,975,649	\$1,109,283,278
Contractual Allowance	\$771,413,024	\$597,655,490	\$680,539,456	\$705,439,107	\$794,080,483
Net Patient Revenue	\$341,583,640	\$268,244,211	\$295,073,396	\$292,536,542	\$315,202,795
Operating Expenses	\$325,733,655	\$271,285,523	\$277,251,236	\$335,540,522	\$329,502,755
Net Income from Patient Service	\$15,849,985	-\$3,041,312	\$17,822,160	-\$43,003,980	-\$14,299,960
Other Income	\$16,908,094	\$41,942,499	\$43,145,786	\$9,587,453	\$13,779,704
Net Income	\$32,758,079	\$38,901,187	\$60,953,496	-\$33,416,527	-\$520,256
Operating Margin*	4.64%	-1.13%	6.04%	-14.70%	-4.54%
*Operating Margin = Net Income from Patient Service ÷ Net Patient Revenue					

E) Criterion 1120.140 (c) – Reasonableness of Project Costs

Only clinical costs are reviewed under the reasonableness of project costs.

The Preplanning Costs are \$200,000, or 1.08% of modernization, contingencies, and movable equipment, or \$18,484,996. This appears reasonable compared to the State Board Standard of 1.8%.

Modernization and contingency costs are \$16,907,196 or \$1079.99 per GSF. This appears HIGH when compared to the State Board Standard of \$375.63.

Contingency Costs are \$1,396,007 or 9.00% of modernization costs. This is reasonable compared to the 10-15% State Board Standard.

Architectural and Engineering Fees total \$1,350,000 and are 7.98% of modernization and contingency costs. This is reasonable when compared to the State Board Standard of 9.02%

The State Board does not have a standard for the costs listed below.

Consulting and Other Fees	\$552,000
Movable and Other Equipment	\$1,577,800

F) Criterion 1120.140 (d) - Direct Operating Costs

G) Criterion 1120.140 (e) – Effect of the Project on Capital Costs

The total operating cost per patient day is \$1,995.72, and the capital costs are \$31.41 per equivalent patient day. The State Board does not have a standard for these criteria.

SECTION 250.1820 OBSTETRIC AND NEONATAL SERVICE (PERINATAL SERVICE)

Levels of Care to obstetric and neonatal patients.

- 1) Care shall be provided to obstetric and neonatal patients according to the following levels level of specialized care as defined in the Regionalized Perinatal Health Care Code:
 - A) **Non-Birthing Center hospitals** do not provide perinatal services but have a functioning emergency department. A letter of agreement shall delineate, but is not limited to, guidelines for transfer/transport of perinatal patients who are transferred to an appropriate perinatal care hospital in accordance with the non-birthing center hospital's letter of agreement with an Administrative Perinatal Center.
 - B) **Level I hospitals** provide care to low-risk pregnant women and newborns, operate general care nurseries and do not operate a Neonatal Intensive Care Unit (NICU) or a Special Care Nursery (SCN).
 - C) **Level II hospitals** provide care to women and newborns at moderate risk, operate intermediate care nurseries and do not operate a NICU or an SCN.
 - D) **Level II hospitals with Extended Neonatal Capabilities (IIE)** provide care to women and newborns at moderate risk and do operate an SCN but do not operate a NICU.
 - E) **Level III** hospitals care for patients requiring increasingly complex care, operate a NICU, and provide multidisciplinary consultation and supervision for those patients with medical and surgical problems that require highly specialized treatment and highly trained personnel.

25-016 UChicago AdventHealth Hinsdale Hospital - Hinsdale

