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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

217-782-3516

REPORT OF PROCEEDINGS

(June 3, 2014)

Report of proceedings of the meeting of the State of Illinois Health Facilities and Services Review Board held on June 3, 2014, at the Northfield Inn & Conference Center, 3280 Northfield Drive, Springfield, Illinois.

1 PRESENT:

Kathy Olson- Chairperson

2 John Hayes

James Burden

3 Alan Greiman

Richard Sewell

4 David Penn

Philip Bradley

5 Deanna Demuzio

6

ALSO PRESENT:

7 Courtney Avery - Administrator

Frank Urso - General Counsel

8 Catherine Clark - Board Staff

Michael Mills - Board Staff

9 Nelson Agbodo - Board Staff

Claire Burman - Board Staff

10 Michael Constantino - IDPH Staff

George Roate - IDPH Staff

11 Bonnie Hills - IDPH Staff

David Carvalho - IDPH

12 Bill Dart - IDPH

Michael C. Jones - DHFS

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Reported by:

21 Karen K. Keim

CRR, RPR, CSR-IL, CRR-MO

22 Midwest Litigation Services

115 S. Lasalle Street, Suite 2600

23 Chicago, IL 60611

24

1 START TIME: 9:02 A.M.

2

3 CHAIRPERSON OLSON: I'd like to call the
4 meeting to order. May I have a roll call, please.

5 MR. CONSTANTINO: Thank you, Madam Chairman.

6 Mr. Bradley?

7 MR. BRADLEY: Here.

8 MR. CONSTANTINO: Dr. Burden?

9 MR. BURDEN: Here.

10 MR. CONSTANTINO: Senator Demuzio?

11 MS. DEMUZIO: Here.

12 MR. CONSTANTINO: Justice Greiman? Absent.

13 Mr. Galassie? Absent.

14 Mr. Hayes?

15 MR. HAYES: Here.

16 MR. CONSTANTINO: Mr. Penn?

17 MR. PENN: Here.

18 MR. CONSTANTINO: Mr. Sewell?

19 MR. SEWELL: Here.

20 MR. CONSTANTINO: Madam Chair Olson?

21 CHAIRPERSON OLSON: Here.

22 MR. CONSTANTINO: Thank you.

23 CHAIRPERSON OLSON: Okay. We have a quorum.

24 The next order of business is Executive

1 Session. I'd like a motion to go into closed session
2 pursuant to Section 2(c)(1), 2(c)(5), 2(c)(11), and
3 2(c)(21) of the Open Meetings Act. May I have a motion?

4 MS. DEMUZIO: Motion.

5 MR. SEWELL: Second.

6 CHAIRPERSON OLSON: It's been moved and
7 seconded to go into Executive Session. Can we do a voice
8 vote, please? All in favor?

9 ("Ayes" heard)

10 CHAIRPERSON OLSON: Opposed, like sign.

11 (No response)

12 CHAIRPERSON OLSON: We are now in Executive
13 Session.

14

15

16 (EXECUTIVE SESSION HELD)

17

18

19 THE FOLLOWING PROCEEDINGS WERE HELD IN OPEN SESSION,
20 BEGINNING AT 9:25 A.M.

21

22 CHAIRPERSON OLSON: I will call the meeting
23 back to order.

24 Are there compliance issues or settlement

1 issues or final orders, Frank?

2 MR. URSO: Yes, Madam Chair. Thank you.

3 First thing I'd like to ask the Board to do is
4 close a file on Transitional Care Center of Arlington
5 Heights. After further review, this matter, which was
6 referred by the Board, has been found not to have any
7 compliance issues. So I'm asking for the Board's approval
8 to close that file.

9 MR. SEWELL: So moved.

10 MS. DEMUZIO: Second.

11 CHAIRPERSON OLSON: All in favor?

12 ("Ayes" heard)

13 CHAIRPERSON OLSON: Opposed, like sign.

14 (No response)

15 CHAIRPERSON OLSON: The motion passes. The
16 file will be closed on Transitional Care of Arlington
17 Heights.

18 MR. URSO: Madam Chair, I have a Legal
19 referral on Project No. 03-054, Grand Oak Surgery Center,
20 Libertyville. It's docketed as HFSRB 14-09. I'm asking
21 for a motion to refer these matters to Legal Counsel for
22 review and filing of any notices of non-compliance, which
23 may include sanctions detailed and specified in the Board's
24 Act and in the Board's Rules.

1 CHAIRPERSON OLSON: May I have a motion to
2 refer Project 03-054, Grand Oaks Surgery Center, to Legal
3 Counsel?

4 MS. DEMUZIO: Motion.

5 MR. SEWELL: Second.

6 CHAIRPERSON OLSON: All in favor?

7 ("Ayes" heard)

8 CHAIRPERSON OLSON: Opposed, like sign.

9 (No response)

10 CHAIRPERSON OLSON: The motion passes.

11 MR. URSO: Thank you, Madam Chair. I believe
12 that's all I have at this point.

13 CHAIRPERSON OLSON: I would like to
14 acknowledge, as we get going, Mr. Mike Mills. We would
15 like to sincerely thank him for all of his help in helping
16 us get caught up with compliance issues. And welcome back
17 to the Board as a valued member of the Staff. Thank you,
18 Mike.

19 May I have a motion to approve the agenda?

20 MR. HAYES: So moved.

21 MS. DEMUZIO: Second.

22 CHAIRPERSON OLSON: All in favor?

23 ("Ayes" heard)

24 CHAIRPERSON OLSON: Opposed, like sign.

1 (No response)

2 CHAIRPERSON OLSON: The motion passes; the
3 agenda is approved.

4 May I have a motion to approve the transcripts
5 of the April 22nd, 2014 meeting?

6 MR. HAYES: So moved.

7 MS. DEMUZIO: Second.

8 CHAIRPERSON OLSON: All in favor, please say
9 "aye".

10 ("Ayes" heard)

11 CHAIRPERSON OLSON: Opposed, like sign.

12 (No response)

13 CHAIRPERSON OLSON: The motion passes.

14 The next order of business is Public
15 Participation. Courtney?

16 MS. AVERY: Okay. We have for public
17 participation Project No. 13-072, NorthPointe ASTC; Gary
18 Kaatz, Nancy Garry, Edward Green, Lemont Johnson, and Tom
19 Sink can come to the table.

20 (Pause)

21 MS. AVERY: Remarks will be limited to two
22 minutes.

23 CHAIRPERSON OLSON: Nelson will be our
24 timekeeper, and he will loudly tell you when your two

1 minutes are up.

2 Mr. Kaatz?

3 MR. KAATZ: Good morning, Madam Chair, Members
4 of the Illinois Health Facilities and Services Review
5 Board. I'm Gary Kaatz, CEO of Rockford Health System,
6 which includes our flagship hospital of Rockford Memorial
7 Hospital.

8 I come before you today to join many other
9 members of the Rockford community in registering our strong
10 opposition to the Beloit Health System's application to
11 establish an ambulatory treatment center in Roscoe, which
12 is directly north of Rockford. As you know, this
13 opposition has been expressed in a public hearing, public
14 comment period at the April 22nd hearing, and in the
15 letters that have been submitted to the Agency.

16 Rockford Health System believes that the
17 Beloit application runs counter to the spirit and specific
18 law and regulations that govern the Illinois Certificate of
19 Need process. Simply put, this project would result in a
20 significant and unnecessary duplication of surgical
21 services in our area. As your staff has documented in the
22 State Agency Report, the Rockford area has substantial
23 excess surgical capacity, and the proposed facility is not
24 needed.

1 As Rockford Health System looks to the future,
2 we're well aware that we need to become more efficient in
3 the delivery of outpatient surgical services. Rockford
4 Memorial's existing surgical suite was built in 1954, and
5 we're now evaluating how best to address its deficiencies
6 while prioritizing the healthcare needs of our community.
7 As we plan for these necessary improvements, and also
8 acknowledge that our system does not afford an ASTC option
9 to our patients, we have committed to consider only those
10 options that do not increase surgical capacity in the area.
11 In other words, were Rockford Health System to apply for
12 permission to establish an ASTC for our patients, we would
13 be prepared to commit to you that our proposal would not
14 add surgical capacity to area.

15 If, for example, we were to propose new
16 operating rooms in an ASTC setting, we would couple that
17 proposal with a commitment to reduce Rockford Memorial's
18 operating rooms by the same number. Our plan, taken in
19 total, would respect your Agency's determination that
20 surgical capacity should not be added to the area.

21 The Beloit project before you today ignores
22 this Board's standards, and the many negative findings in
23 their State Agency Report is an indication of how
24 incompatible this project is with Illinois health facility

1 planning.

2 You should be aware that Rockford Health
3 System and our --

4 MR. AGBODO: Two minutes.

5 MR. KAATZ: Do I need to stop?

6 CHAIRPERSON OLSON: You can conclude your
7 remarks quickly.

8 MR. KAATZ: It would greatly -- it would cause
9 a disruption in the referral patterns of patients. Many
10 patients that need more intense and intensive care would be
11 going to Wisconsin providers. It would cause reputational
12 and financial hardships on the hospitals and the other
13 providers and the medical staff of Rockford; and not to
14 mention that the loss of patients to Wisconsin would
15 trigger economic injury to Winnebago County and our state
16 in the form of lost jobs and tax revenue.

17 Thank you for this opportunity to offer
18 Rockford Health System's opposition.

19 CHAIRPERSON OLSON: Thank you, sir.

20 MS. GARRY: My name is Nancy Garry,
21 representing Rockford Endoscopy Center's opposition to the
22 construction of an ASTC on the NorthPointe campus in
23 Roscoe, Illinois. We have listened to testimony related to
24 this project and our position has not changed.

1 At the March meeting, Mr. Carvalho voiced
2 concerns about the applicant's plans to duplicate services
3 in the name of an integrated delivery system. Your
4 Chairperson, Ms. Olson, questioned the applicant's
5 conclusion that this project is their least expensive
6 option because their application outlines alternatives on
7 their own campus that are less expensive.

8 The applicant talks about the need to be more
9 efficient in the wake of the Affordable Care Act. Despite
10 this, Beloit Health System proposes to build a facility to
11 hospital standards with higher than standard construction
12 costs and marginal volume projections. To offset the
13 combination of high cost and low volume, the applicant will
14 need to bill facility services at outpatient hospital
15 rates. These rates are nearly double what ASTC rates would
16 be. The result is that state-line residents will not
17 realize the less costly healthcare facility they are
18 endorsing.

19 Beloit Health System continues to assert that
20 there's a demonstrated need for better access to healthcare
21 services in Winnebago County, yet they provide no real
22 evidence that this facility is the solution to improve
23 access to care. It is our experience that access is
24 limited to the indigent population. A new facility in

1 Roscoe is not likely to improve access for the low income
2 residents of either Rockford or Beloit.

3 We ask this Board to give serious
4 consideration to the opposition you have heard today, some
5 from your own membership. We hope you will stand by your
6 stated goals of promoting cost containment, better
7 management, and improved planning to prevent unnecessary
8 construction or modification of healthcare facilities. We
9 respectfully request that you deny this application.

10 CHAIRPERSON OLSON: Thank you.

11 Edward Green?

12 MR. GREEN: Good morning. My name is Edward
13 Green. I am outside counsel to Rockford Orthopedic Surgery
14 Center. Rockford Orthopedic Surgery Center is a joint
15 venture between OSF-St. Anthony Hospital in Rockford and
16 Rockford Orthopedic Associates.

17 I speak today in opposition to Project 13-072,
18 Beloit Health System's efforts to establish a
19 multi-specialty surgery center in Roscoe. I do not intend
20 to repeat all of the points that, quite frankly, have been
21 raised over the last couple months in the State Agency
22 Report, raised by various oppositions, all of which, by the
23 way are compelling. Instead, I want to focus on a few
24 theories set forth by the applicants in their application

1 and to focus on the applicant's own AHQ data, which
2 Dr. Burden did a great job of asking for, because it's very
3 illuminating.

4 First, I simply disagree with the notion that,
5 according to the applicant, the Affordable Care Act is
6 focused on consolidation. It's not focused on
7 consolidation. It is focused on efficiency, and it's
8 focused on forcing providers to better utilize what they
9 already have. In many respects, the Affordable Care Act is
10 attempting to end the arms race where providers compete to
11 build ever bigger and fancier buildings and buy ever more
12 expensive equipment.

13 Now, in order to get more efficient, I will
14 stipulate that some providers will have to consolidate.
15 But, just as importantly, I would submit that a number of
16 providers need to divest certain inefficient operations
17 that misallocate limited resources.

18 In the case at hand, the applicants argue that
19 they need to establish a new, four OR multi-specialty
20 because their current hospital lacks adequate OR space.
21 Noting that at the outset that your Staffers concluded that
22 they don't really need any additional OR's, they posit that
23 they need additional OR's because their current utilization
24 really only allows them to use five or six OR's.

1 MR. AGBODO: Two minutes.

2 MR. GREEN: More specifically, the applicants
3 assert that their OR's need to be used for open heart
4 surgeries and cystos. But I did some research on AHQ data.
5 They only did 41 open heart surgeries last year. In the
6 state of Illinois, we require 200 to establish an open
7 heart program. That's less than 20 percent of the average.
8 If they merely discontinue their open heart surgeries, they
9 would have their extra OR, and I'm speculating that that
10 open heart room is a giant operating room and that they
11 could easily convert it to not only one, not only two, but
12 probably three OR's.

13 CHAIRPERSON OLSON: Mr. Green, with respect,
14 I'm going to have to ask you to conclude your comments.

15 MR. GREEN: Okay. And the other comment was,
16 on GI, I look at their average daily census, which is only
17 43. Out of 256, that means they're only using 17 percent
18 of their licensed beds, which I would indicate means they
19 have a lot of space in their hospital.

20 And then also the notion that they need extra
21 OR's for outpatient surgery when their outpatient surgery,
22 non-GI, hasn't varied by more than two-tenths of one
23 percent from 2010 to 2014.

24 So with that, I would simply say that the

1 applicants can look within, fix what they need to fix,
2 discontinue services, reallocate resources within their own
3 hospital, and not negatively impact all of the other
4 providers in Rockford.

5 CHAIRPERSON OLSON: Thank you, Mr. Green.

6 Tom Sink?

7 MR. SINK: Good morning. First of all, I'd
8 like to say thank you to the Board for allowing me to speak
9 today on behalf of the NorthPointe expansion.

10 My name is Tom Sink. My wife and I are
11 30-year residents of the Roscoe/Rockford area, and I've
12 seen our community change a lot. One of the most
13 significant improvements to our community is the addition
14 of NorthPointe Health and Wellness Center. NorthPointe
15 provides my family and me with comprehensive healthcare.
16 We are able to get all of our needs addressed at one
17 convenient location. I presently live less than three
18 miles from NorthPointe, and with NorthPointe located near
19 the Rockton Road entrance to I-90, which I travel to and
20 from work every day, it is easy and convenient for me to
21 make my appointments. I consider all of the NorthPointe
22 staff as caretakers. Whether in the Immediate Care, my
23 NorthPointe physician's office, or using the Wellness
24 Center, they are always assisting me in maintaining my

1 health.

2 Having an ASTC at NorthPointe to address our
3 future medical needs would not only be convenient but
4 comforting. The addition of an ambulatory surgery
5 treatment center would provide me and other residents of
6 the state-line area with local access to a modernized and
7 well-designed facility that will improve efficiency for the
8 physicians, staff and patients and bring much-needed,
9 temporary jobs for construction and permanent jobs to
10 operate the facility. As Business Manager and Financial
11 Secretary of the Local Union 364 of the IBEW, I know
12 firsthand how much this project will mean for the
13 community. With the long-term unemployment in the region
14 sometimes as high as 40 percent in the construction trades,
15 this development is vital to the recovery of our local
16 economy.

17 I'm here today in support of this project and
18 hope the Board will provide Beloit Health System the
19 Certificate of Need they are requesting. Thank you.

20 CHAIRPERSON OLSON: Thank you, Mr. Sink.

21 MS. AVERY: Next we have Dr. Patel, Dr.
22 Charles, Jim Moore, David Krienke, and Peter Marks, Jason
23 Dotson.

24 MR. MOORE: Good morning. My name is Jim

1 Moore. I was born in Rockford Illinois and lived my first
2 55 years there. Some people claim I should be a bionic man
3 because of all of the surgeries that have been performed on
4 my body. I'm not a bionic man, but I am alive today
5 because of the advances in the medical profession.

6 A couple of my surgeries were performed at two
7 ambulatory surgery centers. I've learned firsthand that
8 having procedures completed at a surgery center is
9 considerably less stressful, just because I didn't need to
10 go to the hospital.

11 My primary doctor in Rockford retired. In the
12 meantime, I have moved to Roscoe. I preferred finding a
13 local doctor with an office there. I was pleased when
14 NorthPointe was constructed. I now have a primary doctor
15 located there. The change saved me many 30-mile roundtrips
16 to and from Rockford, which has improved my access to
17 medical care. I have used the services of five other
18 doctors through the Beloit Health System.

19 Now that I'm in my 80's, the close proximity
20 of my doctors and medical facilities is even more important
21 to me. Like many my age, I am more stressed about things
22 that never bothered me before. I needed to travel to
23 Beloit Memorial Hospital on March 17th for another
24 procedure. I would certainly have preferred doing this at

1 an ambulatory treatment center at NorthPointe.

2 NorthPointe feels like my second home.

3 Whether I'm in the business center or the medical side of
4 the building, the staff is very professional and friendly.

5 From my point of view, an ambulatory surgery treatment
6 center at NorthPointe adds another service for me and my
7 friends that, if necessary, could be performed there with
8 minimum stress and much less trouble.

9 Thank you for your attention.

10 CHAIRPERSON OLSON: Thank you, sir.

11 MR. KRIENKE: Thank you. I'm Dave Krienke,
12 Village President of the Village of Roscoe. On behalf of
13 the citizens of the Village of Roscoe and the Village
14 Board, I'm pleased to be here today to speak in favor of
15 the development of the ambulatory surgery treatment to be
16 located on the NorthPointe campus in the Village of Roscoe.

17 NorthPointe and Beloit Memorial have been very
18 involved in our community to bring community awareness of
19 health and wellness issues to our region, both having
20 booths and displays at local events, fall festival, RoRo,
21 and other events, partnering with Hononegah High School to
22 assist in sports and fitness programs, use of the swimming
23 pool at NorthPointe for the Hononegah swim team, providing
24 athletic trainers for Hononegah sports teams.

1 Beloit Memorial has filled the need in our
2 community with expanded services, providing high-quality
3 care for our residents, conveniently located and accessible
4 to the residence of northern Illinois, supported by the
5 three northern communities, Roscoe, Rockton and South
6 Beloit that support this.

7 Then also providing tax base. In 2012 the
8 property taxes, \$818,413.88, were provided to the taxing
9 districts, of which Roscoe's portion was \$54,000.

10 In addition, I would like to say that the
11 Village Board earlier submitted a resolution of support by
12 the Village Board and its residents, and I encourage this
13 Board to approve the NorthPointe expansion. Thank you very
14 much.

15 CHAIRPERSON OLSON: Thank you.

16 Next?

17 MR. CHARLES: Good morning, and thank you for
18 the opportunity for me to express my thoughts here. I'm
19 Dr. Pierre Charles, a general surgeon practicing at Beloit
20 Hospital, Beloit Memorial Hospital, as well as the
21 NorthPointe facility. I've been in the area for 17 years.
22 I'm licensed in both Wisconsin and Illinois.

23 I perform over 400 general surgery cases per
24 year. 60 percent of those are considered outpatient

1 procedures. A significant number of those people already
2 come from the Roscoe, northern Illinois area.

3 We currently have twenty surgeons and three
4 endoscopists working in a space that has only six operating
5 rooms and two GI suites. One of the rooms is dedicated
6 strictly to cardiothoracic surgery. The other room is
7 dedicated to urology. Shifting the outpatient case load to
8 an ambulatory care center would give more flexibility in
9 the operating schedule. It will provide the necessary
10 rooms for emergency surgeries, emergency C-sections, and
11 trauma.

12 The proposed ambulatory surgery center would
13 give us the opportunity to modernize the current operating
14 rooms in the hospital facility while providing the surgical
15 needs for our ambulatory care patients. The ambulatory
16 surgery center will be outfitted with hospital-quality
17 space, equipment, and other standards, giving the surgeons
18 who use the ambulatory center the familiarity and quality
19 expectations of a hospital setting. But more importantly,
20 this will provide and ensure patient care and patient
21 safety.

22 Finally, many studies have shown that patients
23 report favorable experiences at ambulatory surgery centers.
24 This is because of the ease of access, the ease of flow,

1 shorter stays, more comfortable environment, and lower
2 costs and, ironically, lower infections.

3 An ambulatory surgery center is the right
4 thing for our patients and for our community. I
5 respectfully ask that you consider our proposal.

6 MR. AGBODO: Two minutes.

7 MR. CHARLES: I respectfully ask that you
8 consider our proposal to develop this ambulatory surgery
9 center. Thank you.

10 CHAIRPERSON OLSON: Thank you, Dr. Charles.

11 MR. PATEL: Good morning. My name is Hermant
12 Patel. I'm a gastroenterologist at Beloit Health System
13 since August 2012. I'm here today to support the proposed
14 ambulatory surgery treatment center at NorthPointe facility
15 in Roscoe, Illinois.

16 At present, we have two GI procedure rooms at
17 Beloit Memorial Hospital for three gastroenterologists,
18 including myself. We performed approximately 3,800 GI
19 procedures in 2013, and about 80 percent of those were
20 outpatient GI procedures. Our current GI suite does need
21 modernization to provide quality and efficient care for our
22 GI patients. The new surgery center will help our patients
23 to get easy access in and out of the facility, provide them
24 more comfort and privacy before, during, and after the

1 procedure, will (inaudible) the delay in patient care and
2 will also give patients more choices in saying when they
3 can schedule their procedures. The proposed surgery center
4 will really help our patients to get the quality care at a
5 modern facility.

6 I ask -- I thank you for your time and ask for
7 your support for this project. Thank you.

8 CHAIRPERSON OLSON: Thank you, Dr. Patel.

9 Dr. Marks?

10 MR. MARKS: My name is Peter marks. I'm a
11 cardiothoracic and vascular surgeon at Beloit Memorial
12 Hospital and thoracic surgeon at Rockford Memorial
13 Hospital, having licenses in Illinois and Wisconsin, and I
14 am in support of the ambulatory care center in Roscoe.

15 With the increase in cardiac and thoracic
16 procedures that we're doing at Beloit Memorial, we need a
17 modernized and dedicated OR suite. At this time, our
18 dedicated suite is 100 square feet less than the guideline
19 standards.

20 It was mentioned earlier that we did 41 or 44
21 hearts last year. We are projected to do 100 open heart
22 surgeries this year at Beloit, showing that we are
23 increasing our caseload. We have been performing full-time
24 at Beloit Memorial cardiac surgeries for about a year and a

1 half, having done cardiac (inaudible) at Beloit Memorial
2 prior to this time. On top of this, our rooms, following
3 cardiac procedures, must be available for several hours
4 post-procedure because of any possibilities of post-op
5 complications. Because of that fact, any outpatient
6 surgery that may be scheduled in that room may be postponed
7 or delayed, which I think is a great inconvenience for
8 those patients.

9 And for those reasons, I very strongly support
10 this proposal and hope you agree with us. Thank you.

11 CHAIRPERSON OLSON: Thank you, Dr. Marks.

12 Is Jason Dotson here?

13 MR. DOTSON: I am, but not presenting.

14 CHAIRPERSON OLSON: Thank you, Jason.

15 That concludes the public participation
16 portion of the agenda for today. Thank you all.

17 The next item on the agenda is "Chairperson's
18 Authority", and Frank will discuss that.

19 MR. URSO: Thank you, Madam Chair. What we'd
20 like to do is just continue our discussion briefly of what
21 we had at the last meeting; and I'd like to just make sure
22 that all of the Board members and Staff understand that the
23 Chair, based upon the rules and the Act, has essentially
24 authority to approve permits or exemptions that have met

1 all of the Board's review criteria. The Chair also has the
2 authority to approve extensions of obligation. The Chair
3 also has the authority, independently of the Board, to
4 approve permit renewals if it's a first request. In
5 addition, the Chair has the authority to approve
6 alterations for permits, if it's the first request for an
7 alteration of a permit.

8 What we'd like to say, however, is the process
9 that we've been -- we'd like to follow is that none of
10 these approvals by the Chair will be finalized until after
11 the Board meeting, and that's to give all Board members and
12 Staff an opportunity to comment or question any of those
13 projects or applications before they are finalized. So we
14 wanted to just inform the Board members of that process and
15 see if there are any questions.

16 CHAIRPERSON OLSON: Thank you, Frank.

17 If you guys would like to mull on this a
18 little bit, maybe Frank could send us some information, or
19 if there's comments or questions about this now, we can
20 discuss them.

21 Basically, any action that was taken by the
22 Chairperson would not be finalized until after the first
23 meeting after it's been reviewed, but it would include --
24 at this point, I think we've been doing a lot of the permit

1 renewals, first permit renewals, but not so many of the no
2 opposition/no findings applications. So, I very much would
3 like Board input on how you feel about that process before
4 we proceed.

5 MR. BRADLEY: Has this been the practice
6 previously, that it wasn't final until after a Board
7 meeting?

8 MR. URSO: Based upon the transcript that I
9 found of the 2010 meeting, the Board did approve that
10 process whereby all the Board members would be receiving
11 all of the same documentation as the Chair and then have an
12 opportunity to speak to these Chair approvals prior to them
13 being finalized. So the Board did talk about this in the
14 2010 meeting as a process.

15 CHAIRPERSON OLSON: At this point, I've not
16 approved any applications that have no findings and no
17 opposition. That's all come in front of the Board. I
18 haven't done that outside of the Board.

19 MR. BRADLEY: Well, I would favor anything
20 that would make the process more efficient, and I'm
21 certainly happy to put that authority in the hands of the
22 Chairperson, and I'm not sure it needs to be subject to
23 Board review subsequently.

24 MR. URSO: I should add that at any time, the

1 Board Chair can defer to the full Board on any one of these
2 types of approvals, regardless of what area it is or what
3 type it is. The Chair always has that authority.

4 CHAIRPERSON OLSON: I guess I appreciate your
5 comments, and I guess speaking personally, because I'm the
6 one sitting in the chair at this point, I would feel
7 better -- I don't have any problem with the first permit
8 renewals, but if it's a new application, even if there is
9 no findings and no opposition, I would feel better that the
10 Board was at least aware that those are in my hands and I
11 intended to review them and decide whether or not they
12 should come before the full Board. I would hate to approve
13 something based on that and then find out in hindsight that
14 a Board member had a huge issue or had some information
15 that the State Board Staff didn't have.

16 So, if that's what the Board requests, that's
17 exactly what I will do. But I just wanted to voice that
18 one concern on my part.

19 Other comments? If there was opposition --
20 because we don't know until we have the public
21 participation if somebody is going to come to the meeting
22 to speak in opposition. So, if at that point, if there was
23 opposition, even if I had already reviewed the application,
24 that would have to go back to the full Board. It wouldn't

1 be just under my purview at that point.

2 MR. URSO: Could I say one more thing, just to
3 clarify the record in an earlier meeting? There is a
4 definition of "final decision", and I might have misstated
5 that at an earlier meeting. There is a definition in the
6 Act of what a "final decision" is. So, I just wanted to
7 clarify the record.

8 CHAIRPERSON OLSON: So are we okay with
9 proceeding along the lines of what the statute allows? Did
10 you have something to say Mr. Constantino or George? Do
11 you want to weigh in on this at all?

12 (Pause)

13 CHAIRPERSON OLSON: All right. So since
14 that's already part of the statute, we don't need any
15 motion or anything.

16 The next order of business is Post Permit
17 Items Approved by the Chairman. And, George, would you --

18 MR. ROATE: Thank you, Madam Chair.
19 There are three permit alterations and one permit renewal
20 that Chairwoman Olson reviewed and approved between these
21 last two meetings.

22 A. Permit Alteration 13-005, Southern
23 Illinois Hospital Cancer Center in Carterville.

24 B. Permit Alteration 13-070, DaVita Belvidere

1 Dialysis, Belvidere.

2 C. Permit Alteration 11-104 McAllister
3 Nursing and Rehabilitation, Tinley Park.

4 And Permit Renewal D. 12-022 Resthave Home of
5 Morrison, a 15-month permit renewal from June 1st, 2014 to
6 September 1, 2015. Thank you Madam Chairman.

7 CHAIRPERSON OLSON: Thank you, George.

8 The next item of business is Items for State
9 Board Action; and before we go into this portion of the
10 meeting, I just wanted to clarify that we are now changing
11 the process just slightly to follow Robert's Rules to the
12 letter of the Rules. So, what we will do is, I will call
13 the project. The applicants may come to the table. I will
14 then ask for a motion and a second on that project. Once
15 the project has been moved and seconded, I will then ask
16 for the State Board Staff report. Then the applicant can
17 give their comments. Then we'll have Board questions, and
18 then take the vote. This follows Robert's Rules of Order
19 more strictly than we were doing on our own.

20 And please bear with me. I'm an old dog and
21 this is a new trick. I will restate the motion right
22 before we call.

23 MR. BRADLEY: Madam Chair, I believe under
24 Robert's Rules of Order, if you make a motion or second a

1 motion, you are not obligated to vote "yes" on the motion;
2 is that correct?

3 CHAIRPERSON OLSON: That is correct. Thank
4 you for that clarification.

5 So I'm going to call Permit Renewal Request
6 Project 10-065, Park Pointe-South Elgin Healthcare and
7 Rehab, to the table at this point. And if you will sign
8 the sheet and be sworn in.

9 (Pause)

10 CHAIRPERSON OLSON: For the record there was
11 no opposition and no findings on this application, correct?

12 MR. ROATE: Correct, Madam Chair.

13 (Oath given)

14 CHAIRPERSON OLSON: May I have a motion to
15 approve Project 10-065, Park Pointe-South Elgin Healthcare
16 and Rehab, for a permit renewal?

17 MR. SEWELL: So moved.

18 CHAIRPERSON OLSON: May I have a second?

19 MS. DEMUZIO: Second.

20 CHAIRPERSON OLSON: It has been moved and
21 seconded to approve Project 10-065. May I have the State
22 Board Staff report, George?

23 MR. ROATE: Thank you, Madam Chair.

24 On December 14th, 2010 the State Board

1 approved Project 10-065. This permit authorized the
2 establishment of a 120-bed long-term care facility in South
3 Elgin. The State Agency notes the project is obligated,
4 and the current project completion date is May 30th, 2014.
5 The project cost is \$21.7 million.

6 The permit holders request a project
7 completion date of May 31st, 2016, extending the project's
8 completion date by 24 months, from May 31st, 2014 to May
9 31st, 2016.

10 Thank you, Madam Chair.

11 CHAIRPERSON OLSON: Thank you, George.

12 Do you have comments for the Board, or do you
13 want to just open it to questions? What would you like to
14 do?

15 MS. WESTERKAMP: Kim Westerkamp on behalf of
16 South Elgin.

17 We're asking for this extension due to the
18 volatility of financing over the last couple of years.
19 This project was a recovery zone bond project that did not
20 have any other backing from the government for those bonds.
21 We have since obligated that project for \$22 million. It
22 took a little longer than we had expected, with all due
23 respect to the operation side of things, with Medicaid,
24 trying to get some stability. Now that they've been

1 stabilized, both sides of this project are now both fully
2 funded.

3 CHAIRPERSON OLSON: Thank you.

4 Let the record show that Justice Greiman has
5 just arrived.

6 Are there questions from the Board?

7 (Pause)

8 CHAIRPERSON OLSON: I have just one question.
9 So you have not yet really started construction?

10 MS. WESTERKAMP: We have not started
11 construction. We do have all of our engineering and site
12 utilities done for the site. The architects are continuing
13 to work on the CD's. We expect those to be done in the
14 next 90 to 120 days. We'd like to break ground by October,
15 but with winter conditions, we don't want to have to pay to
16 heat the ground, especially in light of last year's winter.

17 CHAIRPERSON OLSON: So you're still confident
18 that you can hit that May 31st, 2016 completion date?

19 MS. WESTERKAMP: We are. The latest that we
20 would break ground would be February to March of 2015,
21 which they're giving us about 11 to 13-month completion
22 date, which puts it to about March or April of '16.

23 CHAIRPERSON OLSON: Other questions, comments
24 from the Board?

1 (No response)

2 CHAIRPERSON OLSON: Seeing no further
3 questions, may I have a roll call vote to approve Project
4 10-065, Park Pointe-South Elgin Healthcare, for a permit
5 renewal request?

6 MR. CONSTANTINO: Motion made by Mr. Sewell,
7 seconded by Senator Demuzio.

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. CONSTANTINO: Dr. Burden?

11 MR. BURDEN: Yes.

12 MR. CONSTANTINO: Senator Demuzio?

13 MS. DEMUZIO: Yes.

14 MR. CONSTANTINO: Justice Greiman?

15 MR. GREIMAN: I'll pass.

16 MR. CONSTANTINO: Mr. Hayes?

17 MR. HAYES: Yes.

18 MR. CONSTANTINO: Mr. Penn?

19 MR. PENN: Yes.

20 MR. CONSTANTINO: Mr. Sewell?

21 MR. SEWELL: Yes.

22 MR. CONSTANTINO: Chairman Olson?

23 CHAIRPERSON OLSON: Yes.

24 MR. CONSTANTINO: The motion passes.

1 CHAIRPERSON OLSON: Thank you. I'll let you
2 do the math. Sorry. The motion passes.

3 Thank you. Good luck.

4 (Pause)

5 CHAIRPERSON OLSON: The next order of
6 business, Extension Requests; we have none.

7 There are no exemption requests, no alteration
8 requests, no declaratory rulings or other business, no
9 Healthcare Worker Self-Referral Act business, no status
10 report on conditional or contingent permits; which brings
11 us to applications subsequent to initial review.

12 The first one up is Project 13-072. If those
13 applicants could come to the table, please.

14 (Pause)

15 CHAIRPERSON OLSON: While they're coming to
16 the table, may I have a motion to approve Project 13-072,
17 NorthPointe Health and Wellness Campus in Roscoe.

18 MS. DEMUZIO: Motion.

19 MR. SEWELL: Second.

20 MR. CONSTANTINO: Please sign the sign-in
21 sheet.

22 CHAIRPERSON OLSON: Please sign and be sworn.

23 (Oath given)

24 CHAIRPERSON OLSON: It has been moved and

1 seconded to approve Project 13-072, NorthPointe Health and
2 Wellness Campus. May I have the State Board Staff report,
3 George?

4 MR. ROATE: Thank you, Madam Chair.

5 The applicant is Beloit Health System,
6 Incorporated. The applicant is proposing to construct and
7 establish an ambulatory surgical treatment center on the
8 campus of NorthPointe Health and Wellness Campus in Roscoe.
9 The applicant will also construct 12,480 gross square feet
10 of shell space with this project. There's an estimated
11 project cost of \$16.3 million. The anticipated project
12 completion date is September 16th, 2016.

13 The summary of findings are negative findings
14 on both 1110 and 1120. There are support and opposition
15 letters in regard to this project. A public hearing was
16 held on February 10th of 2014 with support and opposition
17 presenting. A copy of the Hospital Profile for Beloit
18 Health System is attached to the State Agency Report.

19 Thank you, Madam Chair.

20 CHAIRPERSON OLSON: Thank you, George.

21 Does the applicant have comments for the
22 Board?

23 MR. McKEVETT: Thank you. Good morning.

24 My name is Tim McKeveitt. I'm President and

1 CEO of Beloit Health System, and with me today at the table
2 is Ed Parkhurst from Prism Consulting, Dr. Pierre Charles,
3 who is a practicing general surgeon and Medical Director
4 for our health system, Evie Rittenhouse, who is our
5 Director of Surgical Services, and Mike Bua, who is our
6 Director of Financial Services for the health system.

7 I'd like to thank the Board for your time
8 today and for granting a deferral at your Board meeting on
9 March 11. We asked for this deferral to respond to the
10 questions and request for additional data. Those questions
11 were answered in the data provided via supplemental
12 material that was submitted on April 15th, 2014.

13 In summary, Dr. Burden had asked that our data
14 be presented in the AHQ format. This has been provided
15 and, along with other supplemental information,
16 demonstrates that we are an in-network provider. In fact,
17 44 percent of our activity for the Beloit Health System
18 comes from residents of Illinois.

19 Ms. Olson asked whether or not we had
20 evaluated a like option for a service on our campus for a
21 former ASTC, and we did, and that was in the original
22 permit application on pages 122 and 123, as well as we also
23 focused on providing a supplemental submission for data
24 showing that alternative. And that alternative produced an

1 excess cost of \$1 million more than the proposed facility.

2 Ms. Olson also asked if we would see Illinois
3 Public Aid. We currently do and would plan continue to see
4 Illinois Public Aid at the proposed ambulatory treatment
5 facility. In fact, our percentage of Illinois Public Aid
6 seen at NorthPointe is 15.6 percent, versus other
7 free-standing ambulatory surgery centers in the area being
8 either zero or close to zero. We also have a charity care
9 program that would be instituted at the ambulatory surgery
10 center as well. As a health system, we provided
11 approximately 7 percent of charity care, or \$13 million,
12 last year.

13 In addition, our supplemental information
14 demonstrates our compliance with two issues: Our
15 architectural engineering fees and our ASTC equipment.
16 We've also responded to the construction costs based on
17 local market conditions.

18 Lastly, we understand the requirements of our
19 physicians performing the procedures at the ASTC needing to
20 have privileges at an Illinois-licensed hospital and have
21 attested to this fact in the supplemental material
22 provided. We are currently in confidential discussions
23 with an Illinois-licensed hospital, who has agreed to work
24 with us to meet this requirement.

1 I'd like to provide an overview of the project
2 for the Board. The project before you is our request to
3 develop a four-room ASTC -- two multi-specialty OR's and
4 two GI procedure rooms -- at our NorthPointe campus in
5 Roscoe, Illinois, which was approved by this Board at the
6 January 2006 meeting for the campus installation. The
7 project is contingent upon us relocating existing
8 procedural volume from our main campus in Beloit, Wisconsin
9 to the new facility. This will allow us to modernize our
10 existing OR's at the main campus.

11 We believe we have provided the required
12 information to support the project -- which, again, is
13 based on the relocation of sufficient utilization attested
14 to by our doctors in our application -- to support a
15 four-room ASTC. We have met eighteen of the State Board's
16 criteria. There are six areas of non-compliance which I
17 will briefly respond to in greater detail further on.

18 Before we elaborate and explain the issues
19 surrounding non-compliance, I'd like to make some comments
20 on some global points in response to comments that have
21 been made.

22 The Beloit community is located directly on
23 the state line. Our sister city is South Beloit, Illinois.
24 NorthPointe is only nine miles away from our main campus in

1 Beloit, Wisconsin, or a 14-minute drive time. We are the
2 closest hospital to the NorthPointe campus. We were
3 surprised that a relocation project has created so much
4 opposition from providers that are 20 or 30 miles away.

5 It has been suggested that we are moving into
6 the market to improve our market payor mix. Our hospital
7 was built in 1928 in Beloit, and since then, it has been
8 providing services to the northern Illinois and
9 Wisconsin -- southern Wisconsin area. Our market
10 characteristics and demographics for our community are
11 similar to those in Illinois-based regional providers in
12 opposition to the project.

13 We have physically been in the Roscoe area
14 since 1991, and we established our NorthPointe campus, an
15 expansion to the original facility, in 2007. We are not
16 moving to a better market. We are already in place. In
17 2013, we saw 82,000 Medicaid patients. We provided 13
18 million in charity care. The relocations of these cases
19 will not pay change or payor mix. We will continue to see
20 all patients who seek care with our institution.

21 We also ask that the Board consider that we're
22 an integrated delivery system, a system that provides
23 coordinated care, including wellness prevention, physician
24 office-based care, ambulatory and inpatient services, and

1 long-term care. We have an integrated medical record, and
2 to achieve the greatest effectiveness and efficiency, we
3 need to utilize our own facilities to maximize our
4 productivity.

5 Now I'd like to briefly address the six SAR
6 non-compliance issues, which were also covered in the
7 response to the SAR report.

8 From a square footage perspective, we are
9 1,731 square feet above the State standard. This is at the
10 directive of the hospital for our architects to design the
11 facility to hospital standards. We believe it's a sound
12 policy to provide standardization in a complex environment
13 like an OR for our surgeons and our staff. We believe this
14 will promote the utmost in patient safety, quality and
15 efficiency. We have also allocated more space for the
16 private area for our patients, which we believe will
17 improve their patient satisfaction.

18 From a market capacity perspective, in the
19 excess capacity within the market, our proposed ASTC will
20 not add capacity, as we are relocating procedures and
21 capacity and volume to be able to modernize our current
22 surgical and GI suites at the main facility. We do have
23 physician attestation letters to support the transfer of
24 these cases.

1 In addition, we have limitations with other
2 in-market providers to make referrals to, including some of
3 the opposition that is a single-specialty provider, in --
4 case in point being solely focusing on GI procedures or
5 orthopedic procedures. What we're proposing to do is
6 create a multi-specialty facility that will treat various
7 forms of patients at the new facility.

8 In addition, we have limitations on our payor
9 acceptance with these other facilities. Some will not see
10 Illinois Public Aid. Some will see minimum Illinois Public
11 Aid. We will continue to see Illinois Public Aid, as well
12 as all of the other payors that present at the facility.

13 As far as the capacity at our main facility,
14 the SAR indicates that our hospital workload can justify
15 ten procedure rooms by State guidelines. We currently have
16 eight -- six OR's and two GI rooms. In our OR's, one room
17 is dedicated to urology procedures and has a fixed cysto
18 table. The other room is dedicated to cardiac surgery, and
19 we must keep one room available for emergencies or hot
20 C-sections. This brings our actual utilization of OR's to
21 four rooms. When we combine the new proposed two OR's plus
22 the two GI procedure rooms, that brings our capacity to
23 ten, which will meet the State standard because of the
24 limitations in our current OR's.

1 The construction costs are slightly higher
2 than State Board guideline. This is related to local
3 Rockford and Beloit inflation and market factors. Our
4 architectural and engineering fees on the clinical costs do
5 meet the State guidelines, right at eight percent. Our
6 equipment costs for the entire project, not just the ASTC,
7 is within the State standard from equipment cost
8 perspective.

9 In summary, the benefit of the project will
10 improve our local access. The transfer of these cases will
11 allow for the modernization of existing OR's for open heart
12 cases and other major surgical procedures without impacting
13 the other providers in the market. In addition to not
14 having an impact on the other providers due to the transfer
15 of these cases, the calculated capacity really doesn't
16 exist, given some in-market providers do not offer the
17 comprehensive services we're proposing for NorthPointe, and
18 there are in-market access constraints due to Medicaid and
19 charity care issues. We will accept all payors.

20 The project will also improve patient
21 satisfaction and outcome. The project will improve
22 physician satisfaction, recruitment and retention. We
23 will create 28 new jobs for the facility and create
24 construction jobs during the life of the project, which is

1 projected to be one year.

2 For these reasons we ask that you approve the
3 project and grant a CON approval for our patients and our
4 staff. Thank you.

5 CHAIRPERSON OLSON: Thank you.

6 Questions from the Board?

7 MR. SEWELL: Some of the opposition testimony
8 suggested that you don't do significant cardiac, open heart
9 surgery. What has been your number of procedures? Is it
10 remaining the same, increasing or decreasing? And did you
11 consider the alternative of getting out of the business of
12 open heart surgery so that you have adequate space to do
13 this project?

14 MR. McKEVETT: Our open heart procedures are
15 performed in a standard OR which is 100 square feet short.
16 Our actual surgery volumes have grown. We implemented the
17 program about a year ago on a full-time basis, and the
18 program has grown from approximately 50 in the first year
19 to a -- projected to do over 100 in the next year,
20 ultimately growing to 150 cases. So we believe that that
21 program will continue to grow, and thus we do not plan to
22 eliminate that program.

23 CHAIRPERSON OLSON: Dr. Burden?

24 MR. BURDEN: Thank you, Madam Chair.

1 Thank you very much for your response to the
2 questions that we had with your initial presentation here
3 recently.

4 I suppose my remarks go along with what Member
5 Sewell brought up about open heart surgery and that's --
6 I'm well aware that Dr. Marks testified that the proposal
7 is to double the number, which is still below the
8 recommended State standard for numbers of cardiovascular
9 procedures -- and you're not the only institution that
10 doesn't meet that standard. I'm well aware that there's
11 significant numbers in the state of Illinois that have open
12 heart programs that don't reach the 200 number, and we
13 haven't, shall we say, interfered with that. That's a
14 hope, that those numbers -- and I recognize the need as an
15 administrator for the income that comes from open heart
16 surgery. It's important.

17 The two things that strike me in the review
18 are the impact on other facilities and the establishment of
19 the new facility, both of which they're lengthy and they
20 have been responded to by the opposition. I don't know how
21 I can overcome the impact on other facilities without the
22 hospital profiles in front of me, and I don't have them,
23 but you have testified that you felt that moving to the new
24 unit would not impact the other facilities. That's

1 essentially in summary, as I read between the lines, what
2 you've said regarding what you plan.

3 As far as the establishment of a new facility,
4 I, like the surgeons have testified, being a retired
5 surgeon, recognize the importance of having adequate space
6 and new equipment and everything that might make the
7 performance for both surgeons and other surgeons more
8 effective and provide satisfaction for retention of
9 surgical staff. I'm sympathetic to that.

10 I'm also concerned and appreciate the stat
11 that you gave regarding care for the Public Aid population.
12 15 percent is what I have written down I heard. But what
13 is the overall -- I've driven through Beloit and South
14 Beloit. Like all of our cities that are older, it looks
15 like the numbers of Public Aid might actually be higher in
16 the community. Am I wrong?

17 MR. McKEVETT: The 15.6 percent is only
18 Illinois Public Aid. We add to that at NorthPointe another
19 8 percent. So we have 24 percent Public Aid, which is
20 similar to the Rockford market.

21 MR. BURDEN: I know the Rockford market is
22 high. I can't -- we've seen data, reams of data, but I
23 know it's high, probably in that range or higher; that
24 would be my estimate.

1 The other thing that I'm impressed with is
2 your charity care. Ambulatory surgical treatment centers
3 are not required by law -- although I often lecture about
4 the need for them -- to provide charity care and Public Aid
5 care, and I appreciate the statement that you have this
6 intention. That impresses me.

7 Also, I'm impressed by a facility that is
8 built in 1928. That's getting there, and I'm sure that
9 that's a concern, and I recognize how you're attempting to
10 do it. Was there a discussion about rebuilding on the
11 site, tear down and rebuild? Is it beyond the concept of
12 financial prudence, or is it something that you still look
13 forward to considering, even though you have an application
14 for an ambulatory surgical treatment center on board? I'm
15 just curious about that.

16 MR. McKEVETT: Doctor, for a point of
17 clarification, we established the original hospital in
18 1928, which is still standing; but we relocated to our new
19 facility in 1969.

20 MR. BURDEN: So there's a significant
21 improvement from that time frame. A '69 institution does
22 not demand significant repair, or is it in jeopardy or does
23 it need subsequent repairs or additions as we go forward in
24 the very near future?

1 MR. McKEVETT: Beyond ongoing maintenance of
2 the facility, as far as a replacement facility, we do not
3 anticipate needing a full hospital replacement. The design
4 was in the 1960's. The OR's are small. It was really
5 designed for an in-patient environment. As we move more to
6 an outpatient environment, we want to make the appropriate
7 adjustments for our patients.

8 MR. BURDEN: Thank you.

9 CHAIRPERSON OLSON: Senator?

10 MS. DEMUZIO: Just one quick question. What
11 is the population of Roscoe?

12 MR. McKEVETT: The population of Roscoe -- I
13 can tell you more when you combine our Service Area.
14 Roscoe, Rockton, South Beloit has a population of around
15 30, almost 40 thousand people.

16 MS. DEMUZIO: And how close are you to the --
17 is it the Minnesota or Wisconsin line?

18 MR. McKEVETT: You can throw a stone. Our
19 city is separated by the state line, and on the opposite
20 side of the border is South Beloit, Illinois.

21 MS. DEMUZIO: Okay. So combining all of that,
22 the Service Area would be about 40,000 people?

23 MR. McKEVETT: Just the population on the
24 opposite side of the border, the South Beloit, Roscoe and

1 Rockton, is around 35 to 40 thousand. Beloit itself proper
2 is around 36,000.

3 MS. DEMUZIO: Okay. Thank you.

4 MR. SEWELL: Madam Chairman.

5 CHAIRPERSON OLSON: Yes.

6 MR. SEWELL: Does Wisconsin have a Certificate
7 of Need program?

8 MR. McKEVETT: No, sir, they do not.

9 CHAIRPERSON OLSON: Other questions, comments
10 from the Board?

11 (Pause)

12 CHAIRPERSON OLSON: I actually have one. I'm
13 still stuck on this. Alternative 3 was to develop the
14 ambulatory surgery center on the hospital campus, and you
15 told me that's a million dollars more?

16 MR. McKEVETT: When you look at apple to
17 apple, the four rooms that we're proposing at NorthPointe
18 to what we propose and looked at on the hospital campus,
19 it's actually Alternative No. 5 in the application.

20 CHAIRPERSON OLSON: That's on the NorthPointe
21 campus?

22 MR. McKEVETT: I'm sorry. 4B, and 5 is the
23 actual proposal. 5 is what we're proposing.

24 CHAIRPERSON OLSON: But alternative No. 3 was

1 to develop a six-room ASTC with one procedure suite on the
2 current campus, and that was 19.8 million, but that was six
3 as opposed to four; so that was more rooms.

4 MR. McKEVETT: That is correct.

5 CHAIRPERSON OLSON: So if you did it room by
6 room, that's actually -- I mean, my math is not very good,
7 but it seems to me that that's a less-costly alternative.
8 If you did four on your campus, divide it by six and figure
9 out what it is per room, it's still cheaper to do that on
10 your campus.

11 MR. McKEVETT: Do you want to respond to that,
12 Ed?

13 MR. PARKHURST: Ms. Olson, I can get the
14 application out; and that was looked at in terms of a
15 per-room basis. The apples to apples comparison with a
16 four-room ASTC on the hospital campus, using the same
17 guidelines and assumptions throughout, in terms of the
18 relativity, the hospital option is 1.3 million more,
19 compared to the actual project at the NorthPointe campus.
20 The reason for that is based on the fact that on the
21 hospital campus, there is more infrastructure and so forth
22 required to develop the facility, and the construction
23 people can talk to that.

24 The difference between the four-room and the

1 six-room is that if Beloit was to put all of the ambulatory
2 care cases into a special ambulatory surgery department, if
3 you will, or suite on the campus, it would require six
4 rooms, by the State guidelines. Only a portion of the
5 ambulatory surgery cases are going to be or proposed to be
6 transferred from the hospital to NorthPointe, and that
7 justifies the four rooms, two operating rooms and two GI
8 rooms.

9 CHAIRPERSON OLSON: So if you move the six,
10 put a structure on the current campus with the six, that
11 would also take a bunch of those cases out of your
12 hospital.

13 MR. PARKHURST: That is correct. And the
14 proposal is to have a portion of the cases remain at the
15 hospital, in part because of the relationship between,
16 let's say, orthopedics inpatient outpatient cases, to
17 follow as part of the process for those outpatients that
18 are not real good candidates for an ambulatory treatment
19 center because of their severity in illness and so forth.
20 So to transfer those cases out of the hospital is not good
21 practice from a quality standpoint.

22 Does that help answer your question?

23 CHAIRPERSON OLSON: Yes, it does.

24 Justice?

1 MR. GREIMAN: Yes. You have a remarkable
2 record in charity care and Medicaid, probably the best I've
3 ever seen, frankly, in the state. But what I wanted to
4 know is, do you know what percentage of these people are
5 from Illinois and what are from Wisconsin? Can you tell me
6 that?

7 MR. McKEVETT: The activity that we have for
8 our health system, 44 percent is provided in the activity
9 to Illinois residents.

10 MR. GREIMAN: So most -- so the majority of
11 the people, including the charity, is going to Wisconsin?

12 MR. McKEVETT: But it's real close, 44
13 percent.

14 MR. GREIMAN: Right. I understand. Okay.
15 Thanks.

16 CHAIRPERSON OLSON: Mr. Carvalho?

17 MR. CARVALHO: Just data. You had a
18 discussion a few moments ago about Medicaid data. Our
19 Public Health Community Map shows Winnebago County being at
20 36 percent Medicaid compared to the state as a whole, which
21 is 30 percent. So, your instinct that Winnebago County is
22 higher than average Medicaid is correct. The state as a
23 whole is about 30.5, and Winnebago was 36.3.

24 CHAIRPERSON OLSON: Thank you.

1 Anybody else?

2 (Pause)

3 CHAIRPERSON OLSON: Seeing no further
4 questions, may I have a roll call vote to approve project
5 13-072, NorthPointe Health and Wellness Campus in Roscoe?

6 MR. CONSTANTINO: Motion made by Senator
7 Demuzio, seconded by Mr. Sewell.

8 Mr. Bradley.

9 MR. BRADLEY: The State Agency Report shows
10 deficiencies in the size in their review, as they looked at
11 the size of the project, the impact on other facilities,
12 the establishment of new facilities, and the reasonableness
13 of the project cost. I find most compelling the impact on
14 other facilities and the establishment of a new facility.
15 I don't see community support for this, and I vote no.

16 MR. CONSTANTINO: Dr. Burden?

17 MR. BURDEN: I recognize what was mentioned by
18 Member Bradley and I am concerned. I felt that the
19 argument that -- the impact on other facilities argument
20 being made by the applicant is reasonable for me to accept.
21 I am impressed by their attempt under the establishment of
22 a new facility to address the Medicaid population and
23 charity care. It's a difficult situation in the entire
24 community. I recognize Rockford's economic position as

1 well.

2 But I would and -- am voting yes for this
3 project based on the arguments that I just heard.

4 MR. CONSTANTINO: Senator Demuzio?

5 MS. DEMUZIO: Yes. I will be voting no due to
6 the scope of the size of the project, the impact on other
7 facilities, and the establishment of new facilities within
8 the Service Area; and my vote will be no.

9 MR. CONSTANTINO: Justice Greiman?

10 MR. GREIMAN: I'm going to vote yes. I am
11 incredibly impressed by the safety net information. The 4
12 percent charity care is about -- is 4 times what we usually
13 see. It's usually one percent, if one percent, and the --
14 to have 43 percent Medicaid is an incredible number as
15 well. So I'm going to vote yes.

16 MR. CONSTANTINO: Mr. Hayes?

17 MR. HAYES: I understand the criteria here of
18 the State Agency Report, and I'm very -- I understand that
19 and -- but I feel this facility also will be able to
20 provide charity care and also be able to develop patients
21 that would come from Wisconsin into Illinois; and the
22 construction of this facility, I think, would be very
23 valuable to the community. So, thus, I'm going to vote
24 yes.

1 MR. CONSTANTINO: Mr. Penn?

2 MR. PENN: For reasons stated by Dr. Burden,
3 Justice Greiman, I believe it does provide additional
4 access to care. I'm going to vote yes.

5 MR. CONSTANTINO: Mr. Sewell?

6 MR. SEWELL: For reasons stated by Member
7 Bradley, I'm voting no. The application fails to meet the
8 1110 criteria and two or three of the 1120 criteria.

9 MR. CONSTANTINO: Chairwoman Olson?

10 CHAIRPERSON OLSON: I vote no based on
11 negative impact to the providers in the area.

12 MR. CONSTANTINO: Motion failed to pass.

13 CHAIRPERSON OLSON: You'll be given an Intent
14 to Deny.

15 MR. URSO: You'll have an opportunity to come
16 back before the Board, as well as submit additional
17 information.

18 CHAIRPERSON OLSON: Thank you.

19 Project 14-002, Physician's Surgical Center in
20 Belleville, has been deferred.

21 The next project up is Project 14-006,
22 Northwestern Lake Forest Hospital in Lake Forest. May I
23 have a motion to approve Project 14-006, Northwestern
24 Lakeview Forest Hospital in Lake Forest?

1 MR. BRADLEY: So moved.

2 MR. HAYES: Second.

3 CHAIRPERSON OLSON: Would you all be sworn
4 in, please.

5 (Oath given)

6 CHAIRPERSON OLSON: It has been moved and
7 seconded to approve Project No. 14-006, Northwestern Lake
8 Forest Hospital.

9 George, may I have the State Board Staff
10 report?

11 MR. ROATE: Thank you, Madam Chair.

12 The applicants, Northwestern Memorial
13 Healthcare and Northwestern Lake Forest Hospital, propose
14 to construct a replacement hospital facility on the
15 existing hospital campus in Lake Forest, Illinois. The
16 total project cost is \$377.9 million. The anticipated
17 project completion date is December 31st, 2018. The Board
18 Staff reports there is no opposition to the project. There
19 are support letters in the project file.

20 There are negative findings restricted to the
21 area of 1110 in regard to size of the project, project
22 utilization, modernization, and performance requirements.
23 The project did undergo a permit alteration -- a
24 modification. The application was modified, and that

1 information is contained in the project file.

2 Thank you, Madam Chair.

3 CHAIRPERSON OLSON: Thank you, George.

4 Does the applicant have comments for the
5 Board? Would you first introduce everybody that's at the
6 table with you?

7 MR. McAFEE: Absolutely. My name is Tom
8 McAfee. I'm the president of Northwestern Lake Forest
9 Hospital. I'm joined today by Bridget Orth, our Director
10 of Regulatory Planning; Jim Mladucky, Director of Design
11 and Construction; Matt Flynn, Senior Vice-President and
12 Chief Financial Officer; Dr. Michael Ankin, our
13 Vice-President and Chief Medical Officer; and Rob Christie,
14 our Senior Vice-President of External Affairs and
15 Communications.

16 CHAIRPERSON OLSON: Thank you. Please
17 proceed.

18 MR. McAFEE: Good morning, and thank you,
19 Madam Chair and Fellow Board Members. We appreciate you
20 spending time reviewing our project.

21 We really are glad to be back with you today
22 to advance our two-step process for the construction of a
23 new Lake Forest -- Northwestern Lake Forest replacement
24 facility. As you may remember, last September we received

1 your approval for our master design permit, and today we
2 are before you respectfully asking for a construction
3 permit.

4 We are pleased to be in conformance with
5 nearly all of the State standards in utilization and the
6 size of the facility, as well as the State's -- all of the
7 State's financial standards. We designed what we believe
8 is a truly state-of-the-art facility that will take
9 advantage of the resources of the Northwestern system. So
10 it will be enormously efficient and, in fact, will leverage
11 the capabilities of the system so as to not need to add
12 additional elements, like a data center or central
13 warehousing and those types of administrative overhead.

14 As I had stated in our September presentation,
15 the existing Lake Forest Hospital is absolutely committed
16 to continuing our 115-year legacy of providing
17 comprehensive healthcare to the residents of Lake County.
18 That means that our healthcare facilities need to be
19 continually updated to keep pace with the powerful and, in
20 many ways, unpredictable changes in healthcare.
21 Limitations in our physical plant today are putting our
22 future in jeopardy. We appreciate your acknowledgement of
23 this fact in our last September meeting, that our facility
24 and shared patient showers, for example, down the hallway

1 or our inconvenient departmental adjacencies that have
2 occurred over the years have really limited us, in addition
3 to our many semi-private rooms that are throughout the
4 facility; and, in fact, even the maintenance of a
5 75-year-old infrastructure is at the end of its life.

6 We are committed to making Northwestern Lake
7 Forest Hospital a destination for health in Lake County.
8 We plan to create comfortable spaces, both indoors and out,
9 on our campus. We're also very proud to demonstrate our
10 commitment to provide access to the best health care,
11 regardless of the patient or the family's ability to pay.
12 In fact, we, as stated in the Staff report, consistently
13 provide the highest percentage of charity care based on
14 patient revenue over any other hospital in the county, at
15 5.5 percent in fiscal year '13. We also provide 25 percent
16 of all charity care in the county, yet are one of the
17 smallest hospitals in the county.

18 Over two years ago we developed a plan, in
19 collaboration with Lake County Health Department, to help
20 HealthReach, the only free clinic in the county, to merge
21 with one of our Chicago community partners, Erie Family
22 Health. Northwestern's funding and collaboration will save
23 HealthReach from closing, and create a medical home for
24 nearly 6,000 uninsured residents in Lake County.

1 Moreover, we believe in advancing the academic
2 mission of our enterprise and helping make certain that we
3 have the future talent necessary to take care of our
4 patients and our population.

5 We forecast that there will be a shortage in
6 primary care in Lake County, similar to what will occur
7 across the country; and, in fact, to combat that issue, we,
8 along with Feinberg School of Medicine at Northwestern
9 University, will be establishing the first family practice
10 residency program in Lake County. Our first residents are
11 due to arrive in July of next year. We believe that this
12 will also allow us to make certain that our population is
13 well cared for on the primary care front as our population
14 ages.

15 So, at this point, I'd like to now turn the
16 presentation over to Bridget Orth, who will address the few
17 negative findings in our report.

18 Thank you.

19 CHAIRPERSON OLSON: Thank you.

20 MS. ORTH: As stated in the Staff report, of
21 the 29 required criteria addressed in our application,
22 there were only 4 State Board standards that were not fully
23 met. Two of those criteria were addressed in the master
24 design permit. The first relates to the minimum bed

1 requirement for hospitals within a metropolitan statistical
2 area. The requirement for medical/surgical beds is 100
3 beds. As we stated last September, LFH has never been
4 authorized for 100 medical/surgical beds. We are currently
5 authorized for 84 beds.

6 Our proposed project is a replacement project
7 and, therefore, we propose to replace just 84
8 medical/surgical beds. This number is consistent with our
9 historic and projected utilization.

10 The second criteria that was not fully met
11 relates to the utilization of non-categories of service.
12 As with the master design permit, the Staff Report notes
13 that there are three non-categories of service that do not
14 meet the Board's utilization standards, out of 28. The
15 three areas are Emergency Department, C-section rooms, and
16 nuclear medicine. In all cases, we are proposing just one
17 room more than we can justify. I provided a detailed
18 justification for each of those extra rooms last September,
19 but I would be happy to provide that information again, if
20 the Board so pleases.

21 The third criteria that was not met was
22 modernization. Because the project is a replacement
23 facility, the Board's criteria for modernization applied.
24 Specifically, the number of beds are to be justified using

1 historical volume, not projections. Using historical
2 volume, we can justify 80 medical/surgical beds of the 84
3 proposed. But using a growth rate of 1.8 percent per year,
4 which is consistent with our historical growth rate and
5 projected population increases, we can justify 90 beds,
6 which are six more than what we are requesting.

7 Similarly, with obstetrics beds, using
8 historical volume justifies 15 beds, and we are proposing
9 18. Just under a thousand women travel from northern Cook
10 County and Lake County to deliver their babies at Prentice
11 Women's Hospital in Chicago. We plan to accommodate around
12 25 percent of those deliveries at the new facility, which
13 more than justifies the additional three beds.

14 The fourth criteria that was not met relates
15 to the size of the inpatient units. So I will turn the
16 microphone over to Jim Mladucky.

17 MR. MLADUCKY: Thank you, Bridget.

18 Good morning. I'm Jim Mladucky, Director of
19 Facility Planning and Construction for Northwestern
20 Memorial Healthcare.

21 The Staff report notes that our project does
22 not meet the standard square footages set out by the State.
23 It slightly exceeds those by about one percent. There are
24 really three areas or three things that I want to highlight

1 to justify this. One is to accommodate flexibility and
2 adaptability in the future. Number two is to accommodate
3 patient care at the bedside And number three is to
4 accommodate the family.

5 So, first on flexibility and adaptability, our
6 inpatient units are proposed as a universal design, and
7 with that, that will give us our flexibility to accommodate
8 changes in in-patient trends in the future. Also, this is
9 a 50-year commitment, a 50-year investment, and as
10 evidenced by the age of our current facilities that Tom had
11 mentioned -- they were built in 1941 with a major expansion
12 in 1957 -- they've served us well. But it's time for a new
13 facility that accommodates future trends and flexibility
14 that's necessary to make sure we accommodate those.

15 Secondly, care at bedside. As mobile
16 technology continues to advance, we are bringing mobile
17 technology to the bedside. With that there needs to be a
18 parking space or an alcove for that technology so when it
19 comes on the unit, we've accommodated that at the entry of
20 our patient rooms with about 25 square feet. So that's
21 over and above what the standard is today.

22 And then lastly, accommodating the patient
23 family. So, as we have on our Chicago campus with Feinberg
24 and with Prentice, we have accommodated a patient zone in

1 our family area or in our patient area so that our families
2 can stay overnight. This adds about 60 square feet to our
3 facility, to our room.

4 And then lastly, in our Special Care Nursery
5 area, on that Special Care Unit, we have two family rooms
6 that accommodate overnight stays. That's not typical in
7 facilities, and it's not part of the standards, but these
8 two family rooms support families there overnight for
9 extended stays. Also, during the day they can be used as
10 respite as well as lactation rooms. So, with those three
11 things, that's why we are above the standard and, again,
12 that's just slightly over one percent.

13 So, if there are any other questions, we'd be
14 glad to address that now, on any of the design issues that
15 have come up or any other questions that you may have.

16 CHAIRPERSON OLSON: Thank you.

17 Questions from Board members?

18 (Pause)

19 CHAIRPERSON OLSON: Okay. Seeing no further
20 questions, may I have a roll call vote on Project 14-006,
21 Northwestern Lake Forest Hospital, for the construction of
22 a replacement hospital?

23 MR. CONSTANTINO: Motion made by Mr. Bradley,
24 seconded by Mr. Hayes.

1 Mr. Bradley?

2 MR. BRADLEY: The State Agency Report shows
3 that they were reviewed on 29 criteria. They failed to
4 meet on four, and I think we've heard -- first of all, I'm
5 not sure those are deal breaker criteria, and I think we've
6 heard very good explanations of why the criteria are the
7 way they are, and for that reason I'm happy to vote yes for
8 this major project.

9 MR. CONSTANTINO: Dr. Burden?

10 MR. BURDEN: I share Mr. Bradley's sentiments
11 and his attitude. On a personal note, I remember -- I'm
12 81, so I can state -- when I was 10 getting off at Sam
13 Cohen's delicatessen and walking all the way to Laurel
14 Avenue to where my granddad lived. It sure has changed in
15 that area.

16 Anyway, I am impressed by what the application
17 includes, which I think is crucial, as the primary care
18 residency training. Having been involved with the downtown
19 hospital, I think that's a great move, and I heartily
20 endorse this application as a positive yes.

21 MR. CONSTANTINO: Senator Demuzio?

22 MS. DEMUZIO: Yes. I will be voting yes due
23 to the fact that I thought that your explanation of the
24 various criteria that were not met certainly was very

1 impressive, and I appreciate your coming forth and
2 clarifying those, and I'll be voting yes. Thank you.

3 MR. CONSTANTINO: Justice Greiman?

4 MR. GREIMAN: I vote yes.

5 MR. CONSTANTINO: Mr. Hayes?

6 MR. HAYES: The applicant has met the 29
7 criteria and have given good explanations for the four
8 criteria they have not met. Also, I think that this could
9 be obviously a great asset to the Lake County area, and I'm
10 going to vote yes.

11 MR. CONSTANTINO: Mr. Penn?

12 MR. PENN: Your explanations were very
13 thorough and complete for the four criterias, and that's
14 the reason I'm going to vote yes.

15 MR. CONSTANTINO: Mr. Sewell?

16 MR. SEWELL: I'm voting yes. The explanations
17 were very good about the four that we were concerned with
18 in the State Agency Report, and it didn't hurt that you
19 have a Star Family Practice Residency Program.

20 MR. CONSTANTINO: Madam Chairwoman?

21 CHAIRPERSON OLSON: I vote yes as well, and I
22 do thank you for addressing very specifically the criteria
23 not met.

24 MR. CONSTANTINO: Motion passes.

1 CHAIRPERSON OLSON: That's eight votes in the
2 affirmative. The motion passes. Good luck to you.

3 It is now quarter to eleven. We will break
4 for 15 minutes. Thank you.

5 (Recess)

6 CHAIRPERSON OLSON: The next order -- the
7 next application is 14-008, Neighbors Rehabilitation Center
8 in Byron, Illinois. May I have a motion to approve this
9 project?

10 MR. BRADLEY: So moved.

11 MR. SEWELL: Second.

12 CHAIRPERSON OLSON: It has been moved and
13 seconded to approve Project 14-008, Neighbors
14 Rehabilitation Center in Byron.

15 (Oath given)

16 CHAIRPERSON OLSON: May I have the State
17 Board Staff report, George?

18 MR. ROATE: Thank you, Madam Chair.

19 The applicants, Neighbors Property, LLC and
20 Neighbors Rehabilitation Center, LLC, propose to modernize
21 an existing 101-licensed-bed facility and add 30 additional
22 nursing care beds, resulting in a 131-bed, long-term care
23 facility. The total cost of the project is estimated to be
24 \$9 million, and the anticipated project completion date is

1 February 28th, 2017.

2 The application file contains support letters
3 and no opposition letters. A public hearing was held on
4 this project on March 31st, 2014 with all attendees in
5 support. The application file contains a commitment letter
6 from a bank to secure financing.

7 There are two negative findings in the 1120
8 criteria in regards to financial viability and
9 reasonableness of project cost.

10 Thank you, Madam Chair.

11 CHAIRPERSON OLSON: Thank you, George.
12 Comments for the Board? Would you introduce everybody,
13 John, or tell us who everybody is.

14 MR. KNIERY: Sure. My name is John Kniery.

15 MS. BARRISH: Good morning, Ms. Chairman,
16 members of the Board. I'm Kirsten Barrish, Vice-President
17 of Physical Plan.

18 I'm pleased to have with me Tom Winter, CFO of
19 SIR Management; Louise Bergthold, Executive Vice-President
20 of Operations of SIR Management; Pawn Thammarath, our
21 Administrator of Neighbors Rehab; and John Kniery and
22 Charles Foley, our CON consultants.

23 CHAIRPERSON OLSON: Thank you.

24 MS. BARRISH: I would first like to thank Mr.

1 Constantino and Mr. Roate on their work on the State agency
2 report; and in light of the positive need findings
3 presented by Staff on this project, I will keep my comments
4 brief.

5 I would like to present a brief history and
6 address the financial findings. To address the financial
7 issues, I would like our CFO, Tom Winter, to briefly
8 address these issues.

9 MR. WINTER: As the two findings that were
10 negative, first of all, with regard to financial viability
11 related to the historical side of the financial statistics,
12 as the ownership entity and the operating entity are
13 closely held with identical interests, the financial
14 viability of our project really needs to be considered on a
15 consolidated basis. Not to do so gives only a partial
16 picture, as historically the owner carries all of the debt
17 and only receives enough income to meet its cash payments,
18 mortgage payments, while the operator has all of the
19 profits, the surplus cash retained there. So looking at a
20 combined basis, the ratios that we've provided on page 24
21 and 324 of the application show a more equalized, stable
22 and healthy financial picture.

23 With respect to the reasonableness of the
24 financial costs, the logic is similar. The entire project

1 is for the benefit of the residents. Although we've
2 separated the costs into clinical and non-clinical areas --
3 and on page 15 of the State report, the State is saying
4 that our clinical costs are \$6 per square foot higher than
5 the norm, which is about 3 percent above the norm.
6 However, when you combine the clinical and the non-clinical
7 costs together, we fall -- which is referred to on page 28
8 of the application, we then fall within the State and Board
9 norms.

10 At this point, I'd be happy to open it up to
11 questions; but if you'd like, we can share with you some
12 unique aspects of the history of Neighbors.

13 MS. THAMMARATH: Good morning and thank you.

14 I'd just like to share with the Board the
15 history of how Neighbors came about. It truly was found by
16 a physician, a nurse and a plumber. So they did the study,
17 I believe, probably early '60's and truly looking -- where
18 Byron is located, we're about 13 miles away from Rockford.
19 However, there's Route 2. It's very terrifying for my
20 seniors and aging community now and they don't like to
21 travel Route 2. Everything can happen at Neighbors; that
22 would be their preference.

23 So, let me take a little step back. The
24 physician was Dr. (inaudible), and Connie Lee (phonetic)

1 was the nurse, and then the plumber was Jack Colbert
2 (phonetic). I had the opportunity to meet with them since
3 SIR Management took over for Neighbors, and so Mr. Colbert
4 himself comes to our picnic every year, which is held on
5 June 13th. So he handles all of the grilling, the hot dog,
6 and this is truly a community. I have the greatest
7 support, as you can refer to the hearing itself. We have
8 well -- my seniors in the community showed up and gave us
9 the support.

10 As the need -- I really need to have the
11 expansion, the addition to our services. Right now our
12 facility, I'm very much at a disadvantage to provide to the
13 community itself. We have Jack and Jill bathroom shared by
14 four people. When I got in to some of the jams, because if
15 I have several isolations -- like now my census is 82 and I
16 have seven of those beds are unusable at this point because
17 I have isolations, and this last couple weeks I told
18 seventeen patients alone to go elsewhere to get the
19 services within the community.

20 So it is important for us to have the
21 expansion. So I felt that my residents and neighbors, they
22 have been great. The facility itself, they treat us as a
23 family, and I have worked at other facilities where it's
24 not well accepted. Long-term care -- the founder of

1 these -- of this facility have done tremendous job to give
2 the community back. So I, as a newcomer for six years at
3 Neighbors, would like to carry on and continue.

4 CHAIRPERSON OLSON: Thank you.

5 MS. BARRISH: So, again, we would like to
6 thank the State Staff for tremendously positive finding,
7 and for the overwhelming community support. So now we ask
8 the Board for its support for this project. Your approval
9 will allow us to proceed with this much-needed renovation
10 and addition in continuing the original three Neighbors
11 mission. We thank the Board for its consideration and
12 would be pleased to address any questions you may have.

13 CHAIRPERSON OLSON: Thank you.

14 Questions from the Board?

15 Mr. Sewell?

16 MR. SEWELL: I need to hear more about the
17 application's failure to meet the financial viability
18 criteria. The owner and operator don't appear to meet the
19 current ratio of the day's cash on hand. I heard you
20 address that, but I need to hear more about that, because
21 projections going out to 2018 are favorable, but right now
22 things don't look good with respect to those ratios. I
23 need to hear more about that.

24 MR. KNIERY: Mr. Sewell, we provided some

1 documentation in the application. One of the big issues
2 was retaining the cash and keeping the cash in the
3 entities. I'd like to have Tom address that a little bit
4 further for you.

5 MR. WINTER: As far as retaining the cash, we
6 try to effectively manage the cash as best we can.
7 Typically that means we wouldn't retain -- we wouldn't
8 borrow from the bank just to have the cash on hand to meet
9 future obligations. We typically will pay down our working
10 capital lines of credit so that we have available to borrow
11 the money from the bank according to our lines of credit.
12 But the cash itself isn't sitting in the bank, doing
13 nothing, not working for us. It's paid down the line to
14 help us reduce our costs and meet our needs.

15 We also distribute the cash that we feel is
16 excess to the owners to provide them with other needs of
17 investing in the community or investing in other business
18 interests; and if we need the cash to come back in, then
19 that happens, it comes back in. We've also attached on
20 page 317 to 320 a corporate resolution going forward to
21 retain those excess funds, those surplus funds in the
22 project, as opposed to distributing them, which is what
23 we've done historically.

24 So I hope that answers your question.

1 CHAIRPERSON OLSON: Justice?

2 MR. GREIMAN: Doing this good service to the
3 community, why is it taking until 2017 to do this? Why is
4 it taking three years to do this?

5 MR. KNIERY: It's primarily the timing of the
6 project. There's extra time factored into this particular
7 project. We've been running -- we've had to file several
8 permit renewal requests on other projects. There's been
9 consolidation in IDPH in their review, the facility review
10 to get the facility up and licensed. We factored probably
11 six, eight months extra in of time to receive all of these
12 things, so hopefully we don't have to come back before the
13 Board.

14 MR. GREIMAN: So you assume that you will
15 complete it considerably before 2017? Is that what you're
16 saying?

17 MR. KNIERY: I would think so. Tom, do you
18 have anything further on that?

19 MR. WINTER: Yes. I think the construction
20 cycle is an 18-month construction cycle. To be able to
21 actually have all of the construction started this fall,
22 especially with the weather concerns, is somewhat
23 questionable. So we anticipate on the outside, if we
24 aren't able to start that fast, this fall, because of those

1 IDPH changes, at the latest we would be starting in the
2 spring right away. On an 18-month cycle, we figured with
3 the timeline we would put down 18 to 24. That puts us out.

4 MR. GREIMAN: Okay. Thank you.

5 CHAIRPERSON OLSON: Anybody else?

6 (No response)

7 CHAIRPERSON OLSON: I just wanted to make a
8 comment. I was actually at the hearing for this project,
9 and this project has enormous, enormous community support,
10 and if I'm correct -- maybe you can confirm this for me,
11 because several people spoke to that at the hearing. You
12 guys have a rather long waiting list right now; is that
13 correct?

14 MS. THAMMARATH: Yes, because we can't
15 accommodate the need, as I identified earlier for
16 isolations and stuff, and then when we do have something
17 open, we do call and say, "Okay, we have a bed available."
18 So, you will see some people go to a neighboring facility
19 for a few days and then transfer to us.

20 CHAIRPERSON OLSON: And is it also not true
21 that you have several pending life safety issues that this
22 project will address, that you're waiting to address with
23 this project?

24 MS. THAMMARATH: As far as life safety issues,

1 I think we're clear on those. But we are addressing some
2 of our bigger items.

3 CHAIRPERSON OLSON: So modernization with
4 more useful common space and upgrading some of those areas?

5 MS. THAMMARATH: Yes, ma'am.

6 CHAIRPERSON OLSON: Other questions?

7 MR. SEWELL: Does Neighbors Property, LLC own
8 other significant real estate or operations other than
9 Neighbors Rehabilitation Center?

10 MR. WINTER: No. It only holds title to the
11 land and the building.

12 CHAIRPERSON OLSON: Other comments or
13 questions?

14 (No response)

15 CHAIRPERSON OLSON: Seeing no other questions,
16 may I have a roll call vote for project 14-008, Neighbors
17 Rehabilitation Center in Byron?

18 MR. CONSTANTINO: Motion made by Mr. Bradley,
19 seconded by Mr. Sewell.

20 Mr. Bradley?

21 MR. BRADLEY: The State Agency Report supports
22 a yes vote, and that's how I vote.

23 MR. CONSTANTINO: Dr. Burden?

24 MR. BURDEN: Yes.

1 MR. CONSTANTINO: Senator Demuzio?

2 MS. DEMUZIO: Yes.

3 MR. CONSTANTINO: Justice Greiman?

4 MR. GREIMAN: Yes.

5 MR. CONSTANTINO: Mr. Hayes?

6 MR. HAYES: They have addressed the criteria
7 of the State Board report that were not met, and I'm going
8 to vote yes.

9 MR. CONSTANTINO: Mr. Penn?

10 MR. PENN: Yes.

11 MR. CONSTANTINO: Mr. Sewell?

12 MR. SEWELL: I vote no. I'm not satisfied
13 with the responses on the financial viability criteria.

14 MR. CONSTANTINO: Madam Chairwoman?

15 CHAIRPERSON OLSON: I vote yes for the
16 reasons stated.

17 MR. CONSTANTINO: Motion carries.

18 CHAIRPERSON OLSON: Good luck to you.

19 (Pause)

20 CHAIRPERSON OLSON: Next we have Project
21 14-009, Highland Park Hospital in Highland Park.

22 (Pause)

23 (Oath given)

24 CHAIRPERSON OLSON: May I have a motion to

1 approve project 14-009, Highland Park Hospital in Highland
2 Park, to discontinue a 20-station ESRD facility.

3 MS. DEMUZIO: Motion.

4 MR. SEWELL: Second.

5 CHAIRPERSON OLSON: It's been moved and
6 seconded to approve Project 14-009. May I have the State
7 Board Staff report, George?

8 MR. ROATE: Thank you, Madam Chair.

9 The applicant, NorthShore University
10 HealthSystem is requesting to discontinue their 20-station
11 End Stage Renal Dialysis facility on the campus of their
12 hospital, of the Highland Park Hospital. There is no cost
13 to this project, and the project completion date is
14 November 30th, 2015.

15 The applicant cites the reason for the closure
16 as being, they note that chronic dialysis care is no longer
17 consistent with the acute care mission of the hospital, and
18 the requirement to operate three shifts would result in a
19 need for outpatient access to the hospital during typical
20 outpatient hours.

21 There's no opposition, no findings, there's no
22 public hearing; and this project is related to the project
23 that will be heard next, Project 14-010, Fresenius Medical
24 Care, Highland Park. It is not interdependent, though.

1 CHAIRPERSON OLSON: Thank you, George.

2 There is no opposition and no findings. Would
3 you like to give a presentation or open to the Board?

4 MR. HALL: Yes, Madam Chair. I have some
5 brief comments.

6 CHAIRPERSON OLSON: Please.

7 MR. HALL: First, to introduce who I have at
8 the table. I'm Jesse Peterson Hall, and I serve as the
9 President of Highland Park Hospital. To my right is Honey
10 Skinner from Sidley Austin. To my far left is Dr. Stuart
11 Sprague. Dr. Sprague is the Division Head for NorthShore
12 University HealthSystems' Division of Nephrology.
13 Dr. Nancy Nora, the Medical Director of Highland Park
14 Hospital's Dialysis Unit, was unable to attend, as she is
15 out of the state at this time. Dr. Sprague is here
16 representing Dr. Nora in his role as NorthShore's clinical
17 leader of all nephrologists. And to my immediate left is
18 Jack Axel from Axel and Associates.

19 Highland Park Hospital is seeking your
20 approval for the discontinuation of its ESRD Unit that is
21 located within the hospital. By way of background, you
22 should be aware that Highland Park Hospital established
23 this chronic dialysis unit at a time in the early 1980's
24 when chronic dialysis was typically provided at hospitals

1 as opposed to free-standing dialysis units. Since that
2 time, provision of dialysis services has changed radically.
3 In Illinois, for example, we believe that there are less
4 than a dozen hospital-based programs still operating.

5 Approximately 12 months ago, we concluded that
6 the space currently being used for the dialysis unit needs
7 to be deployed for essential inpatient services. Moreover,
8 we came to the determination that certain chronic services,
9 like dialysis, can be appropriately provided outside of the
10 hospital setting.

11 In the process of evaluating these potential
12 changes, Highland Park Hospital first addressed how to
13 optimize the transition of care for our existing dialysis
14 patients. We concluded that to avoid a disruption of
15 service, our patients would be best served by the
16 establishment of a free-standing facility located near the
17 hospital and which would provide for continuity of care by
18 offering positions to our patients' existing clinical team.

19 We reached out to various dialysis providers
20 and were impressed by the care provided by Fresenius. We
21 also learned that Highland Park's medical leadership has
22 worked with Fresenius for many years. We are happy to
23 report that our application, and the Fresenius application
24 that follows it, presents to this board a plan for care

1 that prioritizes the care of our patients.

2 The proposed facility, as you will learn from
3 Fresenius, is located four minutes to the west of the
4 hospital campus. Moreover, the existing Highland Park
5 Hospital team which is currently responsible for the care
6 of our patients will be offered positions at the new
7 facility, and we expect that most will transition with
8 their patients. We believe that Highland Park Hospital's
9 patients' interests and well-being will be best served by
10 this proposal. The continuation of the patient's current
11 physician and nursing team at the new unit, as well as the
12 continuation of important programs such as nocturnal
13 dialysis, will ensure that the excellent care to which our
14 patients are accustomed will continue after their
15 relocation to the new unit.

16 Further, their ability to move as a block of
17 patients into the new unit will allow them to maintain
18 their current treatment schedule around which much of their
19 lives revolve. A delay or disapproval of the new ESRD
20 facility application leaves these patients and their
21 families in limbo and is likely to create stress and
22 uncertainty.

23 As you will note, Fresenius has applied to
24 establish a replacement facility for Highland Park

1 Hospital's unit without requesting additional stations. At
2 the present time, there are 20 dialysis stations at
3 Highland Park Hospital, and following the completion of
4 these two projects, there will be 20 stations located at
5 the new Fresenius facility. From the beginning, it has
6 been Highland Park's and Fresenius's intention to be clear
7 that there would be no net gain in stations in your
8 inventory as a result of these two projects. To this end
9 we jointly engaged in technical assistance conversations
10 with Agency Staff to ensure that the application documents
11 set forth these explicit commitments.

12 Throughout this process, the hospital has been
13 in close contact with our ESRD patients and their families
14 through one-on-one conversations as well as letters, and we
15 anticipate that the vast majority of the hospital unit's
16 patients will transition their care to the proposed
17 Fresenius unit in Highland Park and will continue to be
18 cared for by their current team of physicians and nurses in
19 the new Fresenius unit. Dr. Nancy Nora, Medical Director
20 of Highland Park Hospital's Dialysis Unit, will serve as
21 Medical Director at the new facility. Because of the
22 continuity of the clinical team, we envision this
23 transition to occur seamlessly.

24 The State Agency Report for this project

1 demonstrates compliance with all review criteria. No
2 letters of opposition have been received in connection with
3 this project or Fresenius's project. As you know, no
4 public comments in opposition were made today and, in fact,
5 not a single area provider even replied to our request for
6 comment on the impact on their facility.

7 Thank you.

8 CHAIRPERSON OLSON: Thank you.

9 Questions from the Board?

10 (Pause)

11 CHAIRPERSON OLSON: I just want to make sure
12 that we're clear -- yes?

13 MR. SEWELL: Even though we were told as a
14 Board that these were separate but -- related but not
15 interdependent, the presentation was about both
16 applications.

17 CHAIRPERSON OLSON: Well, I just want to
18 clarify with the applicant that the Board will consider
19 these as two separate applications. So you potentially
20 take the risk of us approving your discontinuation and not
21 approving your new facility. Is the applicant prepared to
22 proceed in that manner? Because I don't want the
23 assumption to be made that if we approve the
24 discontinuation that -- I don't know what's going to happen

1 with the next project, but I just -- because I agree; I
2 think your assumption from your presentation is "close this
3 one; open the other one", and I don't want to put you at
4 risk for believing that that is done. It's not a done
5 deal. It very well could happen; it very well could not
6 happen.

7 MR. HALL: In the event that ours is approved
8 and Fresenius is denied, we will reevaluate the situation
9 at that point.

10 CHAIRPERSON OLSON: Once we've approved a
11 closure, you're going to come back and ask us to open it
12 again?

13 MS. SKINNER: The permit to discontinue is a
14 permit for any purpose establishment, whatever we're
15 requesting the Board. We do not need to complete that --
16 if we receive a permit, we are allowed to, we are approved
17 to close or discontinue.

18 CHAIRPERSON OLSON: Okay, you're right.

19 MS. SKINNER: So, we would -- if that were to
20 happen --

21 CHAIRPERSON OLSON: You would vacate the
22 permit or approval?

23 MS. SKINNER: Perhaps. We would listen to
24 your discussion. But we have not made that decision. The

1 reason we wanted to address with "no findings" and "no
2 opposition", our process is that we wanted the Board to be
3 aware of our efforts to work with the patients and their
4 families to prioritize the clinical. It was not because we
5 were in any way confused about this vote and this
6 consideration.

7 MR. URSO: Your completion date is November
8 30th, 2015. So you have time.

9 MR. AXEL: Mr. Urso, that completion date is
10 consistent with the other application, and our initial
11 thoughts and conversations revolved around the potential of
12 a single application for a replacement facility. That
13 would, however -- and we learned this through technical
14 assistance conversations with your Staff. That is not
15 possible, because what we are doing is we are replacing a
16 hospital-based unit with another unit that is off the
17 hospital site. So we could not do this as a single
18 application.

19 MR. CARVALHO: Madam Chair.

20 CHAIRPERSON OLSON: I have a question perhaps
21 to Mr. Urso, Ms. Skinner, Mr. Foley, because something
22 Ms. Skinner just said puzzled me a little bit. If the
23 Board, in fact, approved the closure and approved the new
24 application, would you be allowed to abandon the closure

1 and run two facilities?

2 MR. URSO: Say that again.

3 MR. CARVALHO: Sure. Earlier the Chairwoman
4 asked if the closure were approved and the new facility
5 were not approved, you would be in the situation of having
6 given up the old facility and not gotten approval for a new
7 one; and Ms. Skinner replied, "But we can always abandon
8 the closure, in which case we can continue to operate the
9 old one." And I wanted to take the logic of that one step
10 further. If the Board approved the closure and approved
11 the new one, could the applicant abandon the closure and
12 run two facilities under that same theory?

13 MS. SKINNER: Right, and thank you for that
14 question. Very specifically, Mr. Carvalho, we engaged in
15 technical assistance conversations with the Agency because
16 of that particular question; and that is, how do we put
17 commitments within our application and create conditions
18 upon this permit that would require the closure of our unit
19 in the event of the approval of the next application? So,
20 we put that -- those specific conditions within the permit,
21 and we would expect that the vote on this project would
22 be -- would have a condition on it, that it would -- our
23 unit would discontinue if the next project is approved,
24 very specifically.

1 MR. CARVALHO: So that would both solve my
2 dilemma and going forward in the future, because this type
3 of situation could recur. The Board needs to always make
4 sure that the second application has a condition that it's
5 dependent upon the successful -- or the completion of the
6 first one, so that someone doesn't wind up with two permits
7 when the Board only intended one.

8 MS. SKINNER: Exactly.

9 MR. URSO: And I suppose the Board can
10 entertain a condition on this particular discontinuation
11 approval that you would be discontinued and not have any
12 other opportunities to reestablish that facility.

13 CHAIRPERSON OLSON: Okay. Somebody is going
14 to have to -- time out. So now are we putting conditions
15 on the -- because we have a motion and a second on the
16 floor, because of our new Robert's Rules. So do we need to
17 vote on that motion or does somebody want to amend that
18 motion?

19 MR. URSO: You have to amend that motion, if
20 you want to add conditions.

21 CHAIRPERSON OLSON: What is the wish of the
22 Board?

23 MR. PENN: Whoever made the motion has to make
24 the amendment.

1 MR. BRADLEY: No, that's not true.

2 MR. URSO: Anybody can make the amendment. It
3 has to be accepted by the individual who initiated the
4 amendment. They have to allow their motion to be amended.

5 CHAIRPERSON OLSON: Who made the original
6 motion?

7 MR. CONSTANTINO: Mrs. Demuzio.

8 MS. DEMUZIO: Is there anyone that has an
9 amendment to the motion?

10 CHAIRPERSON OLSON: She's open to an
11 amendment.

12 MS. DEMUZIO: Open to an amendment.

13 MS. SKINNER: As, of course, are we, the
14 condition that our permit -- just for clarification
15 purposes, that if the next project is not approved, it is
16 our intention to, just to clarify, evaluate the future of
17 our unit. We may proceed to discontinuation. We may
18 choose, because of our interface with our patients and our
19 clinical team, not to discontinue. But that under all
20 circumstances, the approval -- we would not continue to
21 provide this service at our hospital if the next project is
22 approved, and that is, by the way -- just for clarification
23 to Mr. Carvalho, that is set forth in our application
24 documents. We have committed to that. In our follow-up

1 with your staff and technical assistance conversations, we
2 have also made that commitment.

3 CHAIRPERSON OLSON: What is your current
4 utilization? Do you know?

5 MR. AXEL: It's 80 percent, give or take a
6 percent.

7 MR. HAYES: I have a question. David, should
8 this amendment be made for the next project -- are we kind
9 of confused here in that should this amendment be made for
10 the second project?

11 MR. CARVALHO: Yes. Let me be clear. The
12 conversation that I had a moment ago with Ms. Skinner
13 totally resolved the concern that I had raised. I wasn't
14 anticipating that any particular amendment to the first
15 project was required, because, again, it is an application
16 to stop doing something, and the -- in the second motion,
17 the one on the second project is where you would embed in
18 there that that second one was conditional upon actually
19 stopping the first one; and Ms. Skinner indicated that that
20 was already in their application, in fact. So, they
21 clearly already indicated that was their intent.

22 So at least for the issue I raised -- another
23 Board member may have another issue, but the issue I raised
24 is dealt with; dealing with the first project however you

1 deal with it, and the second project, if you approve it
2 with that condition, you're fine, and if you turn it down
3 again, the applicant then has a permit to close, but has
4 expressed the understandable expectation that they'll then
5 reevaluate their position at that point and potentially --
6 although not necessarily -- abandon their permit request.
7 I think you're covered, at least on the issue that I
8 raised.

9 Just to clarify, you don't need a person's
10 permission to amend something under Robert's Rules.
11 Anybody can offer a motion to amend, and then it's just
12 voted on and approved or not.

13 CHAIRPERSON OLSON: I didn't read that
14 chapter. I'll go back and read it.

15 George and Mike do you have any -- I'm sorry.

16 MR. CARVALHO: You may operate on more polite
17 boards than I have.

18 MR. GREIMAN: Madam Chairman?

19 CHAIRPERSON OLSON: Yes.

20 MR. GREIMAN: What I wanted to know is whether
21 there's a condition that requires you to operate your 20
22 units until there is a similar operation in your area, so
23 that you can't tomorrow morning close down and leave the
24 patients running around someplace.

1 MR. AXEL: Justice Greiman, we discussed in
2 the application itself that our unit will cease treating
3 patients within 30 days following the opening and
4 certification of the replacement unit.

5 MR. GREIMAN: Okay. So that's a condition
6 then of your application.

7 MR. AXEL: Yes.

8 MR. GREIMAN: And it should be a condition
9 that you vote on, Madam Chairman. We should vote on that,
10 Madam Chairman, that that's a condition of that.

11 CHAIRPERSON OLSON: That they not close their
12 unit?

13 MR. GREIMAN: Right, until there's something
14 in the area.

15 CHAIRPERSON OLSON: Until they have a plan in
16 place to care for the patients?

17 MR. GREIMAN: We're not tying it up with the
18 second one.

19 CHAIRPERSON OLSON: But just a plan.

20 MR. GREIMAN: But say something in the area
21 that does that.

22 MS. SKINNER: Not to belabor this, but just
23 because you raised this, Justice Greiman, the reason we
24 wanted to go through this presentation is for you to hear

1 from us about the planning that we have very proactively
2 been engaged in with regard to this issue of replacement.
3 That's why we're here. That's why we had these technical
4 assistance conversations with your State Staff. That's why
5 you're hearing the long version of this.

6 CHAIRPERSON OLSON: I'm hearing you say you
7 want to amend the motion on the floor to include that they
8 will not close the current facility until they have a plan
9 in place for --

10 MR. GREIMAN: I think that should be part of
11 the motion.

12 CHAIRPERSON OLSON: George, did you --

13 MR. ROATE: Yes. While Board Staff regrets
14 not mentioning the conditional agreement between these two
15 projects, it's to try to keep it -- keep any resemblance of
16 interdependence. Board Staff suggests that this second
17 project, Project 14-010, be approved with the condition
18 that the successful completion of Project 14-009 occur.

19 CHAIRPERSON OLSON: Okay. Thank you.

20 So for point of clarification, we have a
21 motion and a second on the floor to approve Project 14-009,
22 Highland Park Hospital, to discontinue their 20-station
23 ESRD facility. It has a provision on it or a condition on
24 it that they will not discontinue that facility until they

1 have a dispensation or a plan in place for your patients.

2 Seeing no further questions, may I have a roll
3 call vote on the motion.

4 MR. CONSTANTINO: Motion made by Senator
5 Demuzio, seconded by Mr. Sewell.

6 Mr. Bradley?

7 MR. BRADLEY: I'm just curious how much
8 conversation we would have had if there had been any
9 disagreement or objection to this in any court. I'm
10 astounded at how long it took us to approve a routine
11 application that came in in good form.

12 I vote yes.

13 MR. BURDEN: I vote yes for both the motion
14 and Mr. Bradley's observation of the discussion for the
15 last 20 minutes.

16 MR. CONSTANTINO: Dr. Burden?

17 MR. BURDEN: Yes, I said.

18 MR. CONSTANTINO: Senator Demuzio?

19 MS. DEMUZIO: I vote yes for all of the
20 reasons stated above.

21 MR. CONSTANTINO: Justice Greiman?

22 MR. GREIMAN: I vote yes with the appropriate
23 condition placed upon them and it will work out; the area
24 will be served. I vote yes.

1 MR. CONSTANTINO: Mr. Hayes?

2 MR. HAYES: I vote yes based on the State
3 Agency Report.

4 MR. CONSTANTINO: Mr. Penn?

5 MR. PENN: I vote yes. I was ready to vote
6 yes 20 minutes ago.

7 MR. CONSTANTINO: Mr. Sewell?

8 MR. SEWELL: I vote yes for the reasons stated
9 by Mr. Hayes.

10 MR. CONSTANTINO: Madam Chairwoman.

11 CHAIRPERSON OLSON: I vote yes. And apologize
12 to the Board for wasting 20 minutes of their time.

13 MR. CONSTANTINO: Motion passes.

14 CHAIRPERSON OLSON: Thank you. Good luck.

15 (Pause)

16 CHAIRPERSON OLSON: Next we have, to
17 everyone's surprise, Project 14-010, Fresenius Medical
18 Care, Highland Park, to establish a 20-station ESRD
19 facility in Highland Park.

20 May I have a motion to approve Project 14-010,
21 Fresenius Medical Care in Highland Park to establish a
22 20-station ESRD facility, with the condition that 14-009
23 discontinues their 20 stations.

24 MR. BRADLEY: So moved.

1 MR. PENN: Second.

2 CHAIRPERSON OLSON: I have a motion and a
3 second.

4 Would you please be sworn in and identify
5 yourself.

6 (Oath given)

7 CHAIRPERSON OLSON: May I have the State Board
8 Staff report?

9 MR. ROATE: Thank you, Madam Chair.

10 The applicants for Project 14-010 are
11 Fresenius Medical Care Holdings, Incorporated and Fresenius
12 Medical Care of Illinois, LLC. The applicants propose to
13 establish a 20-station End Stage Renal Dialysis facility in
14 Highland Park. The proposed project cost is \$14.4 million.

15 There are negative findings in both 1110 and
16 1120 criteria. Board Staff wishes to note of the negative
17 findings in 1110; they're in the area of Planning Area Need
18 and Unnecessary Duplication of Service or Maldistribution.
19 This is due to there being an excess of 30 stations in the
20 HSA, as well as facilities in the area operating beneath
21 the acceptable State standard.

22 1120.140(c) where the negative findings exist,
23 they're in the area of Reasonable -- in the area of
24 Modernization and Contingencies. The area initially cited

1 for Moveable Equipment and Other Costs has since been
2 rectified. There's been a positive finding for that
3 criteria.

4 Thank you, Madam Chair.

5 CHAIRPERSON OLSON: Thank you, George.

6 Comments for the Board?

7 MR. ASAY: Good morning. My name is Grant
8 Asay. I am the General Manager for Fresenius for the
9 Midwest Group. With me is Clare Ranalli, our counsel, and
10 Lori Wright, who is our CON Specialist; and Dr. Sprague is
11 here representing medical staff, and is also Medical
12 Director for one of our Fresenius units.

13 First, thank you to Mr. Roate and Mr.
14 Constantino for evaluating those two negatives and turning
15 them into positives. We appreciate that very much.

16 We are respectfully asking for your approval
17 to establish a 20-station dialysis facility that will
18 replace the dialysis service at Highland Park Hospital,
19 which you just approved for discontinuation. Our facility
20 will be one to two miles away from Highland Park Hospital.

21 Mr. Hall, the CEO of Highland Park Hospital,
22 has explained why this arrangement best serves their
23 current patients. This is much like a relocation
24 application that you hear on our behalf where a clinic

1 closes and relocates to a new site with the same number of
2 stations. It will preserve continuity of patient care by
3 retaining the current staffing positions, who will move
4 over to the new location. It will allow the patients to
5 keep their current shifts, travel arrangements, and
6 schedules. This allows us to maintain the best quality and
7 access to care.

8 There's two negatives that are still existing.
9 That is the need and the maldistribution/duplication of
10 services, and let me just address these very quickly. If
11 this clinic was not to be built, we believe that the
12 patients would undergo a significant disruption in their
13 care, if we put these patients back out into the community
14 without having a large move over to a new clinic, and I
15 think the disruption of care would happen for these
16 reasons. They would not be dialyzing on the same shift,
17 including the night shift. They would not be with the same
18 nurses and very likely the same physicians. The physicians
19 may or may not be able to follow those patients at the
20 clinic, and when a patient is undergoing dialysis, it's a
21 social experience with the people that they're comfortable
22 with, the fellow patients, and if they're not with those
23 fellow patients, they have a social experience removed from
24 them. That's the first reason we'd like to mitigate these

1 negatives.

2 The second one is this will likely put -- if
3 we put these patients back in the community, this will
4 likely cause those surrounding clinics -- by distributing a
5 hundred-plus patients into these surrounding clinics, it
6 would probably cause a 90 to 100 percent utilization in
7 these surrounding clinics and we would have to build
8 immediately or come to the Board and ask to build
9 immediately; and we would not have that lead time, really,
10 to address that kind of distribution, because it would take
11 us several months to build a clinic.

12 And, thirdly, I believe that Highland Park
13 Hospital has a moral and ethical duty to their patients to
14 make sure that they find comparable care and replacement
15 services for their patients. I feel that these three
16 issues would mitigate those negative findings.

17 We are pleased to have worked with Highland
18 Park Hospital on a thorough transition plan for its staff
19 and patients. Now that you've approved the discontinuation
20 of Highland Park's service, we respectfully urge you to
21 approve our new facility so that Highland Park staff, the
22 patients, and the physicians are not in limbo and we can
23 continue to work on a smooth transition going forward.

24 In summary, we believe that establishing our

1 Highland Park clinic in conjunction with the
2 discontinuation of the Highland Park Hospital's service is
3 the best solution for the patients. It mitigates the two
4 negatives raised in the Staff Report regarding
5 maldistribution and need.

6 I appreciate your favorable consideration, and
7 happy to answer any questions.

8 CHAIRPERSON OLSON: Thank you.

9 Questions from Board members?

10 Dr. Burden?

11 MR. BURDEN: Thank you, Madam Chair.

12 The Northfield location, I drive by it
13 regularly. It's not ten minutes. I can go to Highland
14 Park Hospital and get to that one in less than ten minutes
15 on a regular basis. That's my area, my community. That's
16 one thing.

17 I noticed the new sign there not too long ago.
18 How long has the Northfield Dialysis Unit been in
19 operation? There was an imaging physician there in the
20 immediate area. I don't think they moved out. I go by
21 there daily. My two daughters live in Winnetka, and that's
22 my route. I'm curious how long is that open? It's
23 minimally utilized, so it can't be long.

24 MS. WRIGHT: No, it was certified about a

1 month ago, so we are just now beginning to admit patients
2 and round up staff while admitting patients.

3 MR. BURDEN: Is the Medical Director there
4 Dr. Nancy Nora, or is --

5 DR. SPRAGUE: Dr. Nora is not the Medical
6 Director at that facility.

7 MR. BURDEN: So my questions are two-fold.
8 That's a short distance. When you talk about
9 inconvenience, we have much more inconvenience in greater
10 locations. If there has to be a disruption to dialysis
11 services to the patient currently seen at Highland Park
12 Hospital -- this beginning unit isn't even functioning. Is
13 it appropriate to consider that as an option or not?
14 That's my question.

15 MS. RANALLI: The Highland Park clinic is 20
16 stations and Northfield is 12. So that's a significant
17 difference. And the Highland Park Hospital unit is over 80
18 percent utilization, so that would leave a significant
19 number of patients who would not be able to be served at
20 that clinic. Also, it doesn't address the issue of staff.
21 Highland Park Hospital currently employs a number of
22 technicians and nurses. Our plan collectively was to make
23 sure that those individuals remain employed and also
24 continue to treat those patients, because they see them all

1 the time. I probably shouldn't say this to a physician,
2 but they're as close to as important as the physician
3 providing the care when they (unintelligible) those
4 patients. So, that was the goal, and that won't be
5 accomplished at Northfield.

6 MR. BURDEN: As a physician, I certainly
7 concur with your thoughts about being close to their
8 physician. No argument there. I'm just looking at what
9 we've got. You've got a beginning unit that's not being
10 utilized, but is beginning to be utilized. You are
11 presenting an opportunity to consider building a new
12 unit -- that's what you're going to discuss with us
13 today -- in time, in time to handle the closure at Highland
14 Park. I'm just saying this certainly looks like an
15 emergency setting for those that might have to drive to
16 Deerfield, which, of course, is still ten minutes away.

17 We look at this every time we have an
18 application regarding closure and building. It's a
19 distance phenomenon that is taking care of patients, and I
20 think in general you guys take great pride in making sure
21 we know how difficult it is for somebody to get dialyzed
22 daily or weekly or whatever on a regular basis.

23 My last question and I'll stop. Nocturnal
24 dialysis. We've had applications that make it sound like

1 nocturnal dialysis is unique. The presentation I just
2 heard makes it sound like we do nocturnal dialysis as a
3 routine. Am I wrong?

4 MR. SPRAGUE: I would just like to address
5 that, because I think that's one of the other issues about
6 why Northfield can't fit this. Nocturnal dialysis is
7 rather rare in terms of outpatient facilities. If my
8 recollection is right, there is only one other facility in
9 Lake County that offers nocturnal dialysis. The Highland
10 Park unit has been offering nocturnal dialysis, I would
11 guess, for at least ten years, and that unit has been
12 filled with a waiting list to get in to nocturnal dialysis.

13 My understanding is this new facility is going
14 to transfer patients en masse. So, those patients who do
15 nocturnal dialysis will be able to transfer. There's been
16 of late a lot of clinical data showing the benefit of
17 nocturnal dialysis, such as less hospitalizations, less
18 utilization of erythropoietin, better control of heart
19 failure. So, there's a lot of clinical advantages to it,
20 and I think it would be a major disruption if there's not a
21 place for these patients to go who are part of this
22 nocturnal program.

23 MR. BURDEN: That's my question. Do you have
24 a -- I'm not aware. Clue me up. This has happened in my

1 absence. I haven't practiced for 13 years. There is no
2 question -- we've heard nocturnal dialysis presented to us
3 by other applicants, and you've pointed out that it's rare;
4 it isn't available everywhere. Hospitals provide it, and
5 hospitals are getting out of it now as a business. Only 12
6 in the state that still do it. That's my point. Nocturnal
7 dialysis would certainly take care of anybody who is
8 accustomed to it at a facility that is under utilized, or
9 do you have to do a special rehiring? Deerfield is not
10 going to do nocturnal dialysis, in simple terms.

11 MR. SPRAGUE: I think there's certain
12 infrastructure that has to be put in a facility. It helps
13 when you're building a facility to set up nocturnal
14 dialysis, such as the comfort of a patient being in a chair
15 as opposed to a bed, the ability to then have the water
16 purified. So you have to have a shutdown period so all the
17 water and everything else can be purified. So you have to
18 have a break in your schedule, in the way you set up the
19 infrastructure of the unit, so you have the water systems
20 and everything else can be addressed so it's safe for the
21 patients on nocturnal. The staffing is different. There's
22 different models of nocturnal, which I don't -- am not
23 involved with, but I know at Highland Park is one where
24 patients actually are there all night. Some of them will

1 start at six o'clock or seven o'clock at night and go until
2 two o'clock in the morning and send them on their way and
3 then have that down time to renew the water. The way it's
4 set up at Highland Park, these patients come in at maybe
5 ten o'clock at night and stay there until the morning.
6 They sleep there, and then the system is set up to do it
7 that way.

8 In my understanding and the agreement with
9 Fresenius, they are going to continue that program en
10 masse.

11 MR. BURDEN: That's important then for the
12 purposes -- I'm glad -- thank you, Doctor, for presenting
13 that, because we've not heard what you just -- at least I
14 haven't heard -- as a practicing urologist, I certainly
15 have dealt with a lot of nephrologists, and this issue is
16 something that is unique, but makes sense. Some of these
17 patients still want to work and get around and do things.
18 So they can go on with their lives. So that feature of
19 nocturnal availability is not available where you currently
20 have a Deerfield operation which is just getting started?
21 That's what I think I heard here.

22 MR. SPRAGUE: That is correct.

23 MR. BURDEN: And there is no other reasonable
24 nocturnal dialysis available from the Highland Park

1 facility, except for the one that you hope to build a mile
2 or two away; is that correct?

3 MR. SPRAGUE: That's correct.

4 CHAIRPERSON OLSON: And it's Fresenius'
5 intention to do nocturnal dialysis at that facility?

6 MR. HALL: From the beginning, yes.

7 CHAIRPERSON OLSON: Other questions from Board
8 members?

9 MR. HAYES: I have a question. What about
10 short-term dialysis or inpatient dialysis? Highland Park
11 Hospital -- have you had -- I mean, I'm sure all hospitals
12 have that situation, and has that -- what -- how much have
13 you done of that? And how will they be accommodated?

14 MR. SPRAGUE: As part of -- as the Chairperson
15 of Nephrology in all of the NorthShore Hospitals, Highland
16 Park being one, we have an acute dialysis services that
17 covers all inpatient dialysis. There has been some times
18 that the outpatient facility will take a patient, but
19 generally we have a service that patients have to be
20 dialyzed 24/7, based on their need, within the hospital,
21 and that service will not change with the moving of this
22 facility.

23 MR. HAYES: And so basically that comes into
24 the hospital and dialyzes them in the room itself?

1 MR. SPRAGUE: We have -- depending at the
2 hospital what's going on, they will either be dialyzed in
3 their room, or in some of the hospitals we have a special
4 room to have three or four patients being dialyzed
5 simultaneously.

6 MR. HAYES: Okay. And that will continue at
7 Highland Park?

8 MR. SPRAGUE: Yes, it will.

9 MR. HAYES: Okay. You've talked about the
10 nocturnal, and that's very -- I think that's very important
11 to us, because of the lack of that, the availability of
12 that. You already talked about a waiting list on your
13 nocturnal program there at Highland Park Hospital already.
14 How -- I mean, Fresenius has not -- why haven't others --
15 and Fresenius and DaVita, the large, you know, dialysis
16 companies have not traditionally been -- I think they've
17 come to this Board and said that, you know, there hasn't
18 been a demand for it. They've opposed applications that
19 have tried to establish those types of programs, and it
20 wasn't even too far. I mean, we have approved programs not
21 terribly far from Lake County there. It would take some
22 time, but there are programs that we've even approved. So,
23 what do you say for that?

24 And what about staffing? You mention that

1 your nurses and, of course, the medical staff will be going
2 over and working with this new facility, but your
3 technicians and your nurses, will they -- they will also be
4 offered jobs there? Will they -- are they going to have
5 comparable positions and salaries, and would they be
6 offered -- would they have the same -- when they're
7 replaced -- obviously they may be replaced in a few years
8 with normal attrition. Would they have money -- or would
9 they be replaced by somebody with the same type of skill
10 set and the -- or the same type of, you know, skill set
11 there?

12 MR. SPRAGUE: Let me address the first part of
13 your question. I'll let them address more about the
14 staffing and what they're offering to the nurses and the
15 technicians.

16 Nocturnal, similarly to other home dialysis,
17 such as peritoneal dialysis, is driven by two factors, one
18 of which is the availability of a facility's willingness to
19 do it, but the other and bigger factor is the physician and
20 the physician education of the patients. If you look in
21 this country, only eight percent of patients do home type
22 of dialysis, peritoneal dialysis. You go across the border
23 to Canada, they've got 35 percent. You go down to Mexico,
24 they have up to 50 percent. I'm proud to say that in our

1 program in Evanston, we have over 30 percent doing home
2 dialysis, and that has to do with what the physician
3 believes and what effort -- it is harder for a nephrologist
4 to manage a nocturnal program than it is to manage a
5 regular program. The reason the Highland Park program has
6 been so successful is that they've had a chain of
7 nephrologists, with Dr. Nancy Nora being the current
8 champion, that really believes in and does not mind making
9 rounds at 11 o'clock at night to see patients. You could
10 have a nocturnal program, but if you don't have a physician
11 who is willing to go there at 11 o'clock at night to see
12 the patients, that program is not going to last, and the
13 physician who is going to talk the patient into it or show
14 the patients the benefit has to be willing to do that. I
15 mean, ideally we should see these patients once a week; so
16 that becomes a big commitment. Then there's the commitment
17 about the staff, and I would again say that the staff at
18 Highland Park has had a very low attrition rate and is very
19 expertly trained at doing nocturnal dialysis, and the
20 feedback I get, not from their perspective but from the
21 staff perspective, is that they all want to move, for the
22 most part, and continue being with the patients.

23 So I think the issue is, just because a
24 facility says we're going to set up nocturnal and it's not

1 successful really has to have a physician champion to do
2 that, and I would say without a doubt -- I'm not -- I don't
3 have any nocturnal patients. I'm not willing to make
4 rounds at 11 o'clock at night on a weekly basis. I do
5 other things, and there's only so much you can do. But Dr.
6 Nora has been a real champion and it has paid off.

7 And I think if you look at data across the
8 country and across the world, nocturnal is better than
9 daily in terms of patient outcomes. Home dialysis and home
10 nocturnal -- which I do have patients who do nocturnal
11 dialysis at home -- do better. So I think there's a
12 spectrum of need, and I think they're lucky in this
13 community that Dr. Nora is such a champion to give patients
14 that option. And I have referred my own patients to Dr.
15 Nora so they could have nocturnal dialysis.

16 And I'll let them address the other issues in
17 terms of staff.

18 MR. HAYES: Thank you, Doctor.

19 MR. HALL: I agree, Mr. Hayes. It's very
20 important to the hospital to have the same staff take care
21 of those patients. The patients need that. They need that
22 consistency and continuity from having the same staff. We
23 have agreed that we want to hire the same -- bring over the
24 same staff, same caregivers that are currently with the

1 Highland Park service. We have agreed to keep their total
2 compensation whole. There will be no net loss in their
3 total compensation. We're having several transition
4 meetings with Highland Park Hospital and with the staff to
5 make sure this occurs and will continue once this is
6 approved.

7 CHAIRPERSON OLSON: Thank you.

8 MR. HAYES: At your normal operations, like
9 at your other facilities there, would the staff be paid
10 less or would there be -- would it be different types of
11 staff, technicians, nurses at your other facilities?

12 CHAIRPERSON OLSON: Are we getting -- I mean,
13 is that -- are we getting into something that we can't
14 really ask or can we ask that question?

15 MR. HALL: Dr. Sprague, feel free to chime in
16 on the staffing, but we will bring over the same staff at
17 the same ratios and have the same complement of nurses and
18 the patient care techs that are currently there at Highland
19 Park Hospital. They will all be in the same positions and
20 the same roles. So I'm not sure if I'm answering the
21 question.

22 MR. HAYES: What happens over time then in
23 five years? Would that ratio of nurses and tech staff --
24 would that be changing, based on Fresenius policies?

1 MR. HALL: A lot of it is driven by CMS and
2 the certification requirements, but I'm not familiar enough
3 with their program. In terms of all the caregivers, right
4 now we plan to bring them all over and staff, exactly like
5 they're staffing now; and if an evaluation or assessment
6 needs to occur later, we'll take a look at that. As far as
7 I'm concerned, their staffing is appropriate. We don't
8 have any plans for changes.

9 CHAIRPERSON OLSON: Dr. Burden?

10 MR. BURDEN: I'm sorry we're spending a lot of
11 time on this, but I have to comment. I think it's been an
12 opening for me. Dr. Nancy Nora's grandfather was a
13 physician who took care of me when I was 8. Her father was
14 an internist who took care of me when I was older. Her
15 uncle operated on me when I had surgical problems. She is
16 uniquely qualified for the third generation, probably
17 fourth. Her uncle -- another one -- practices in
18 Princeton, Illinois. I go back with that family, and I
19 understand what you're saying about dedication and
20 availability. I don't know any nephrologists that I worked
21 with that are willing to run a nighttime program. I can
22 understand.

23 Thank you for that comment. It may not be
24 appropriate for me, but I go back and laud that whole

1 family. They are really an outstanding family, and she is
2 too. They're lucky to have her.

3 CHAIRPERSON OLSON: Other questions from Board
4 members?

5 (Pause)

6 CHAIRPERSON OLSON: Seeing no further
7 questions, may I have a roll call vote to approve Project
8 14-101, Fresenius Medical Care, Highland Park, to establish
9 a 20-station ESRD facility?

10 MR. CONSTANTINO: Motion made by Mr. Bradley,
11 seconded by Mr. Penn.

12 Mr. Bradley?

13 MR. BRADLEY: I think the State Agency Report
14 justifies a yes vote, and I think our vote on the previous
15 project committed us to a yes vote. So I vote yes.

16 MR. CONSTANTINO: Dr. Burden?

17 MR. BURDEN: I vote yes. State Agency Report
18 reflects everything that I need to have. I vote yes.

19 MR. CONSTANTINO: Senator Demuzio?

20 MS. DEMUZIO: I vote yes for reasons stated.

21 MR. CONSTANTINO: Justice Greiman?

22 MR. GREIMAN: I vote yes for reasons stated.

23 MR. CONSTANTINO: Mr. Hayes?

24 MR. HAYES: I understand and I appreciate the

1 medical staff and the hospital working to try to facilitate
2 their patients, and I certainly appreciate that, and I
3 think this is a possible project that may be very good at
4 work in the short-term. So, you know, basically I am going
5 to be -- I am going to vote no based on the Planning Area
6 need and the unnecessary duplication of services. So I'm
7 going to vote no.

8 MR. CONSTANTINO: Mr. Penn?

9 MR. PENN: I'm voting no; unnecessary
10 duplication of services.

11 MR. CONSTANTINO: Mr. Sewell?

12 MR. SEWELL: I'm voting no. And I want to put
13 on the record that our vote on the prior project in no way
14 obligated us to approve this project; and I think that
15 there are issues in 1110 and 1120 that are not met.

16 MR. CONSTANTINO: Madam Chairwoman?

17 CHAIRPERSON OLSON: Well, this is a hard one
18 for me. This is normally a project that I would vote no on
19 based on excess capacity, but I think this is unique.
20 Especially, I appreciate your comments, Doctor, about the
21 nocturnal dialysis. I understand that there truly is a
22 relationship here where you're intending to do nocturnal
23 dialysis. You're intending to use the same staff. It
24 seems like it's very patient friendly. It seems like your

1 motives are all altruistic, and not only that, but six of
2 the closest facilities that are not at capacity in this
3 area are yours. So really, the only people you're going to
4 hurt is yourselves.

5 So, while I normally would not vote yes on an
6 application like this one, I am going to vote yes on this
7 application.

8 MR. CONSTANTINO: Motion carries.

9 CHAIRPERSON OLSON: Five yes's three no's.
10 Good luck.

11 (Pause)

12 CHAIRPERSON OLSON: Project 14-001, Maryville
13 Academy, Scott Nolan Hospital, Des Plaines has deferred.

14 Our final project this morning is 13-004,
15 Fresenius Medical Care South Elgin to establish a
16 12-station ESRD in South Elgin.

17 (Oath given)

18 CHAIRPERSON OLSON: May I have a motion to
19 approve Project 13-004, Fresenius Medical Care South Elgin
20 to establish a 12-station ESRD station facility? May I
21 have a motion?

22 MR. BRADLEY: So moved.

23 CHAIRPERSON OLSON: Second?

24 MR. HAYES: Second.

1 CHAIRPERSON OLSON: It has been moved and
2 seconded to approved Project 13-004. May I have a State
3 Board Staff report, George?

4 MR. ROATE: Thank you, Madam Chair.

5 The applicants for Project 13-004 are
6 Fresenius Medical Care Holding, Incorporated and Fresenius
7 Medical Care South Elgin, LLC. The applicants propose to
8 establish a 12-station end stage renal dialysis facility in
9 South Elgin. The cost of the project is \$3.3 million.
10 There is a project completion date of May 31st, 2015.

11 State Board Staff recognizes there are three
12 negative findings in the criteria of 1110, those being the
13 size of the project, Planning Area need, and unnecessary
14 duplication or mal-distribution of service. Board Staff
15 also notes that this project has been deferred eight times
16 in previous meetings.

17 Thank you, Madam Chair.

18 CHAIRPERSON OLSON: Thank you.

19 Does the applicant want to give information to
20 the Board?

21 MS. MULDOON: Good afternoon. My name is
22 Coleen Muldoon. I'm the Regional Vice-President in the
23 Chicago market for Fresenius, and with me today, as you
24 know, is Clare Ranalli, our legal counsel, and Lori Wright,

1 our CON specialist and Grant Asay.

2 Since we are here today after receiving an
3 Intent to Deny, I would like to address two crucial points:
4 First, what has changed since we were here before you last;
5 and, second, why we want you to approve this project, even
6 though it does not meet all of the review criteria. I know
7 that if the project does not meet your rules, particularly
8 on important findings, like need and mal-distribution, you
9 must be given compelling reasons to approve, despite the
10 negatives.

11 Here is what has changed since we were last
12 before you. You can see that the Board -- by the Board
13 Staff report that there are clinics within 30 minutes that
14 are under utilized. However, I would like to focus on the
15 utilization in the Elgin market in the clinics.

16 When we were here before you, our clinic was
17 at 60 percent with twelve stations, 60 percent utilization.
18 Since that time, we have added two more stations just
19 recently; and as of today, the Fresenius Elgin facility is
20 at 94 percent utilization, and we can only take five more
21 patients at that facility before we are at capacity. The
22 other clinic in Elgin is the DaVita Cobblestone, which was
23 at low target utilization when it was before you last and
24 is now at 82 percent utilization. Combined, these Elgin

1 facilities have gone from 79 percent to 88 percent
2 utilization in the past year, and if this growth continues,
3 we will be at 98 percent utilization in one year.

4 The physicians supporting this application
5 have identified 103 pre-ESRD patients who will be referred
6 to the South Elgin facility, and this does not account for
7 the other nephrologists in the area. Of these patients,
8 approximately 50 live right in Elgin, and directly west of
9 Elgin in rural Kane County are another 20 pre-ESRD
10 patients, whose nearest access to treatment is the Elgin
11 units and its two clinics that are close to capacity. If
12 our application is not approved, these 70 patients will
13 have to travel out of the area to go to clinics that are
14 currently under-utilized, although they may be at a later
15 date. Regardless, these patients' have limited shift
16 choices and may choose their current patient/physician
17 relationships.

18 Our goal is to provide access for them. We
19 are not discounting the other area facilities that have
20 some capacity. We're focusing on just the Elgin market,
21 because of its unique characteristics, which is why we
22 think the clinic is necessary. Elgin is the eighth largest
23 city in Illinois and is experiencing population growth five
24 times higher than the state and is 44 percent Hispanic.

1 We also provide 20 percent of our treatments
2 to the Medicaid reimbursed, and we expect it to be no
3 different than our South Elgin, and we do have 10 percent
4 undocumented patients treating at our Elgin facility. We
5 have always taken all patients, regardless of their ability
6 to pay.

7 As mentioned, we have added two stations in
8 our Elgin facility, and we would expand it -- we would
9 expand it further if we could. We just have no more room
10 at that site.

11 Through patient education, we have doubled the
12 number of our home dialysis patients in the past year, as
13 our goal is for patients to choose home therapies. In
14 other words, proposing this new clinic was not our first
15 solution. Yet the in-center population is ballooning, and
16 we have no more room to expand.

17 And I do want to address one of the negative
18 findings. It's the size of the unit that we're proposing.
19 It is because we are doubling the size of our home training
20 center. We're adding more PD training rooms, a home hemo
21 training room, and what we're calling Urgent Start. We are
22 putting more patients -- we insert a PD catheter and also a
23 permanent access that would put them on hemodialysis,
24 instead of putting a catheter in their neck and putting

1 them on dialysis. This allows the patient to be trained to
2 go home, and that's our goal. Even though they're saying
3 they want to go in-center, we feel like if we can put them
4 on and call it Urgent Start; we put them in a room; they
5 sit for eight hours; they're trained how to treat
6 themselves at home. Some choose to stay and go home. Some
7 choose to go to the in-center. More and more nephrologists
8 are going that way to try to encourage the patients to go
9 home. A lot of them are very nervous about the treatment.
10 They are new to dialysis. They don't know if they can do
11 this at home. This provides them the availability to see
12 if that works for them.

13 So that's the negative finding you have found.
14 We are definitely doubling, if not tripling, the size of
15 home training centers.

16 So, the DaVita Cobblestone clinic, as I said,
17 is almost full. Our intent is to address the needs of our
18 patients in a proven busy market, which has grown 10
19 percent in the past year against the average of 4 percent,
20 which is what we generally see an ESRD population. Another
21 facility here will allow these patients the best possible
22 access to care, and we believe there is clearly the need
23 for another facility in the Elgin market.

24 I want to thank you; and if you have any

1 questions, please feel free to ask.

2 MS. RANALLI: I did want to point out one
3 thing because you brought it up, Madam Chair, on the last
4 application, the number of the area clinics that were
5 Fresenius clinics in this particular Service Area.
6 Actually, the geographic market share is pretty well
7 distributed. They're not all Fresenius clinics. However,
8 the doctors that work with Fresenius and who are referring
9 patients and identified 103 work with Fresenius. So, most
10 likely, if this clinic is not approved, their patients will
11 go to Fresenius clinics, because that's where they see
12 patients and do rounds.

13 So, we would, for lack of a better way to put
14 it, capture those patients anyway. This isn't really about
15 getting those patients. It's about making sure that the
16 Elgin market is served, because in just one year, as
17 Colleen said, utilization went from 60 percent to 94
18 percent in our current Elgin facility, and we added two
19 stations. And the DaVita clinic, when we were before you
20 previously, was under-utilized and now is over. So those
21 are significant changes from when we were before you
22 previously.

23 Thank you.

24 CHAIRPERSON OLSON: Questions from Board

1 members?

2 (Pause)

3 CHAIRPERSON OLSON: No questions? Seeing no
4 further questions, may I have a roll call vote to approve
5 Project 13-004, Fresenius Medical Care South Elgin, to
6 establish a 12-station ESRD facility?

7 MR. CONSTANTINO: Motion made by Mr. Bradley,
8 seconded by Mr. Hayes.

9 Mr. Bradley?

10 MR. BRADLEY: Yes.

11 MR. CONSTANTINO: Dr. Burden? Absent.
12 Senator Demuzio?

13 MS. DEMUZIO: I vote no, due to the State
14 Board requirements, size of the project, the Planning Area,
15 and the unnecessary duplication.

16 MR. CONSTANTINO: Justice Greiman?

17 MR. GREIMAN: Yes. I vote no also. The area
18 seems to be well covered and, in fact, they cover most of
19 it and are not up to sufficient utilization. I vote no.

20 MR. CONSTANTINO: Mr. Hayes?

21 MR. HAYES: I vote no because of Planning Area
22 need and utilization of other facilities in the area.

23 MR. CONSTANTINO: Mr. Penn?

24 MR. PENN: I'm voting no. Unnecessary

1 duplication of services.

2 MR. CONSTANTINO: Mr. Sewell?

3 MR. SEWELL: I'm voting no for reasons stated
4 by Mr. Hayes.

5 MR. CONSTANTINO: Madam Chairwoman?

6 CHAIRPERSON OLSON: I vote no for reasons
7 stated.

8 MR. CONSTANTINO: Motion fails.

9 MR. URSO: You will be receiving a denial in
10 the mail. You have an opportunity for due process if you
11 seek to do that.

12 (Pause)

13 CHAIRPERSON OLSON: There's no Other
14 Business; nothing under Rules Development; nothing under
15 Unfinished Business.

16 Under New Business, Cook County Health System,
17 Provident Hospital, temporary suspension of category of
18 service, it's tabled until July. We're going to be getting
19 additional information?

20 MR. URSO: That's correct.

21 CHAIRPERSON OLSON: Okay. Financial report
22 was in your --

23 MS. AVERY: If -- when you get the
24 information, if you have questions, please let me know as

1 soon as possible. We'll get it out via email or regular
2 mail next week. Okay?

3 MR. HAYES: Courtney, now for this
4 suspension, could you explain --

5 MR. URSO: Mr. Hayes, we have Mr. Carvalho
6 here, and he should leave if we're going to have a
7 substantive discussion on this.

8 (Pause)

9 MR. HAYES: Yes. Could you -- because
10 basically what you're saying here is that at our next
11 meeting, we'll -- we'll be getting more information and at
12 the next meeting, we have to decide whether to accept this
13 extension of time.

14 MS. AVERY: Correct, because if you recall,
15 we had a rule change, which allowed temporary suspension of
16 service for one year. This facility has been -- I'm
17 sorry -- temporarily suspended services for a number of
18 years. So in the new rules, they have a year to do so, and
19 they may come before the Board and request an extension.
20 So they've done that, but it just wasn't enough time. I
21 just received the request on Friday. It wasn't really
22 enough time to get it to you to evaluate, to see if there
23 were questions, and if you wanted the facility to appear
24 before the Board. So, we have the information for the

1 Board to say, "Yes, we would like them to come in", "No,
2 this is sufficient information". Then we can discuss it in
3 July and will give them time to make an appearance in July.

4 MR. HAYES: Okay.

5 MS. AVERY: But you do have to grant the
6 extension or not.

7 MR. HAYES: But it has been -- just my
8 understanding, it's been five years since they suspended --

9 MS. AVERY: Approximately five, maybe a
10 little more, but approximately five since those two
11 categories of service has been suspended.

12 MR. HAYES: Okay.

13 MS. AVERY: So we'll forward the reports
14 again and ask you if you want the facility to appear, and
15 we'll notify them of the request to appear for the July
16 meeting.

17 MR. HAYES: So these reports are
18 significantly more than the information we've already
19 received?

20 MS. AVERY: You probably received another
21 update on the status, but the other one will be the request
22 and why they're requesting an extension. So you will have
23 two.

24 MR. HAYES: Okay. All right.

1 MR. URSO: According to the Board's rules,
2 basically two questions have to be answered by the Board.
3 They have to determine has there been due diligence in the
4 process of this application going forward; and if there has
5 been due diligence, then you have to determine, are you
6 going to allow the temporary suspension to be renewed, to
7 be continued, and for how long. So we'll repeat those
8 questions for you when it's brought up for your
9 consideration at the next meeting.

10 MR. SEWELL: Based on the length of time, why
11 isn't this just discontinuation and a failure to apply for
12 discontinuation? Is there some plan to reinstate the
13 service? I don't understand this. I've never heard of
14 temporary suspension over a five-year period.

15 MS. AVERY: Our rules prior to the change did
16 not have an end date. It was open.

17 MR. SEWELL: I see. So this is our fault.

18 CHAIRPERSON OLSON: Any questions on the
19 financial report included in the packet?

20 And I'm sure you all read cover to cover the
21 Office of Auditor General's Performance Report. Any
22 questions or comments on that report?

23 Courtney, do you have anything to say?

24 MS. AVERY: No. We'll be addressing the

1 Report with some rules and possible statutory changes that
2 we will bring before the Board in the next couple of
3 months.

4 CHAIRPERSON OLSON: And do you want to update
5 us legislatively?

6 MS. AVERY: Yes. As you all know, House Bill
7 5968 passed out of both houses. We're waiting on signature
8 from the Governor. And we had another piece of legislation
9 that affected us, and we received it very, very late. We
10 received it one evening and it went to committee the next
11 evening, Senate Bill 0741, which affected us and has to do
12 with Specialized Mental Health Rehabilitation Act of 2013;
13 and it's dealing with the discontinuation and
14 reestablishment in another location for those facilities,
15 and it requires us to establish a separate set of rules for
16 that -- those facilities under Specialized Mental Health
17 Rehabilitation. It prohibits the Board from granting a
18 permit for a Specialized Mental Health Rehabilitation
19 facility unless the facility has a contract with at least
20 one hospital or community health agency, and it also placed
21 a moratorium on those facilities, except in the case of an
22 application for relocation, which can be approved for the
23 previous reasons stated. The Alliance For The Living was
24 behind this piece of legislation, and my understanding is

1 that they worked with the Governor's office, Dr. Lori
2 Jones, and David Carvalho from IDPH on this part.

3 So, Terry Sullivan, who is the Executive
4 Director for the Alliance For The Living, has offered to
5 draft some language for us to look at; and I told him that
6 we would take it into consideration and meet internally and
7 then come up with a response to the rules and present them
8 to the Board, and we'll go through the process of JCAR and
9 everything else.

10 David, I don't know if you have anything you
11 want to add about these pieces of legislation. I did
12 express a concern of us not being brought in beforehand,
13 and I took it upon myself to submit that we were neutral on
14 the piece of legislation, because after I talked with
15 Senator -- no, Representative Harris, he was not willing to
16 pull this part from that bill. So we kind of went with the
17 flow on it, and we'll address it later.

18 MR. CARVALHO: The only thing I could add is I
19 know the project of how to deal with this particular type
20 of specialized nursing home has been one of ongoing
21 conversations for several years. Mercifully, I haven't
22 been involved in any of it. But two weeks ago a surgical
23 strike was called for. They said, "Could you please draft
24 this one paragraph?" So I drafted this one paragraph and

1 then I deinserted myself again from the process. So I
2 can't really add anything, other than if you don't like the
3 one paragraph that they requested me to write, sorry. But
4 it wasn't my idea; I was just asked to draft it.

5 CHAIRPERSON OLSON: Our next meeting is July
6 14th, 2014. That is a change of date. That is a Monday
7 now instead of a Tuesday, and that will be in Bolingbrook.

8 May I have a motion to adjourn?

9 MR. HAYES: So moved.

10 MR. SEWELL: Second.

11 CHAIRPERSON OLSON: All in favor say "aye".

12 ("Ayes" heard)

13

14 PROCEEDINGS CONCLUDED

15 END TIME: 12:21 P.M.

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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



Karen K. Keim
Certified Realtime Reporter
Illinois CSR No. 84-1577
Missouri CCR No. 1328

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