

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 02 2009

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Sparta Community Hospital		
Street Address:	818 East Broadway Street		
City and Zip Code:	Sparta 62286		
County:	Randolph	Health Service Area F-07	Health Planning Area: 5

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Sparta Community Hospital District
Address:	818 East Broadway Street Sparta, IL 62286
Name of Registered Agent:	None
Name of Chief Executive Officer:	Ms. Joann Emge
CEO Address:	Sparta Community Hospital 818 East Broadway St. Sparta, IL 62286
Telephone Number:	618-443-1337

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

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Ms. Joann Emge
Title:	Chief Executive Officer
Company Name	Sparta Community Hospital:
Address:	818 East Broadway Street Sparta, IL 62286
Telephone Number:	618-443-1337
E-mail Address:	emgej@spartahospital.com
Fax Number:	618-443-1383

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	875 N. Michigan Avenue #3250
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name:	Ms. Joann Emge
Title:	Chief Executive Officer
Company Name:	Sparta Community Hospital
Address:	818 East Broadway Street Sparta, IL 62286
Telephone Number:	618-443-1337
E-mail Address:	emgej@spartahospital.com
Fax Number:	618-443-1383

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Sparta Community Hospital District
Address of Site Owner:	818 East Broadway Street Sparta, IL 62286
Street Address or Legal Description of Site:	818 East Broadway Street Sparta, IL 62286

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name:	Sparta Community Hospital District		
Address:	818 East Broadway Street Sparta, IL 62286		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input checked="" type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Organizational Relationships

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

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

NOT APPLICABLE TO THIS PROJECT

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

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

Historic Resources Preservation Act Requirements NOT APPLICABLE TO THIS PROJECT

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input checked="" type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care				X	- 4
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

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

3. Narrative Description

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

This project proposes the discontinuation of the 4-bed Obstetric Category of Service at Sparta Community Hospital.

This project is "Non-Substantive" in accordance with 77 Ill. Adm. Code 1110.40.b) because it is solely for the discontinuation of a category of service.

There are no capital costs associated with this project.

Sparta Community Hospital is located in Planning Area F-7, which has an excess of 21 Obstetric beds as of October 21, 2009.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$0	\$0	\$0
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): Date when CON Permit is Issued

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
UPON RECEIPT OF PERMIT PER 77 ILL. ADM. CODE 1130.720.b)

- Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
 Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:

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

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Sparta Community Hospital			CITY: Sparta		
REPORTING PERIOD DATES: From: January 1, 2008 to: December 31, 2008					
Category of Service	Authorized Beds*	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	24*	879	3,830**	0	24
Obstetrics	4*	216	583**	-4	0
Pediatrics	2	0	0	0	2
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	30*	1,209	5,091	-4	26

*Authorized Beds are reported as of 4/22/09, based on action taken by the Illinois Health Facilities Planning Board on that date

**Patient days are reported for inpatient days plus observation days on the nursing unit

NOTE: Sparta Community Hospital is a Critical Access Hospital and permitted under current federal law to operate no more than 25 beds

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

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

Gary Stephens
 SIGNATURE
Gary Stephens
 PRINTED NAME
Chairman of the Board
 PRINTED TITLE

Claudia Kerens
 SIGNATURE
Claudia Kerens
 PRINTED NAME
Secretary of the Board
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of November, 2009

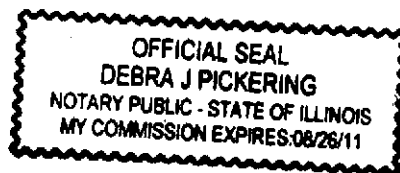
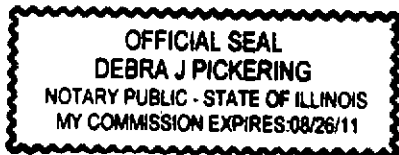
Notarization:
Subscribed and sworn to before me
this 17th day of November, 2009

Debra J. Pickering
Signature of Notary

Debra J. Pickering
Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

SAFETY NET IMPACT STATEMENT that describes all of the following:

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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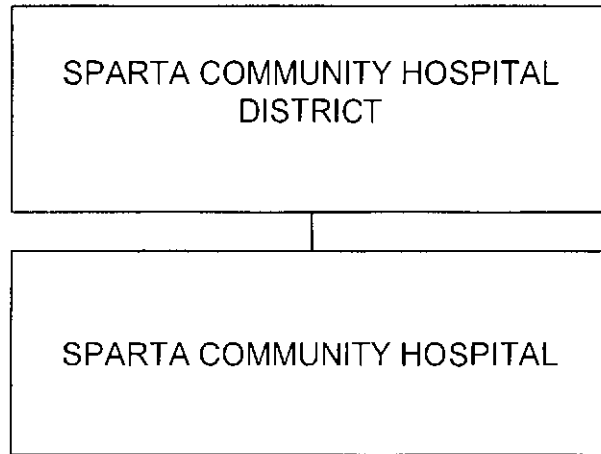
INDEX OF ATTACHMENTS		
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I.
Applicant Identification

The applicant - Sparta Community Hospital District - is a governmental entity and, as such, does not have a certificate of good standing.

ATTACHMENT-1

ORGANIZATION CHART FOR
SPARTA COMMUNITY HOSPITAL DISTRICT



I.
Cost Space Requirements

<u>Dept. / Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total Gross Square Feet</u> <u>That Is:</u>			<u>Vacated</u> <u>Space</u>
		<u>Existing</u>	<u>Proposed</u>	<u>New</u> <u>Const.</u>	<u>Modernized</u>	<u>As Is</u>	
<u>CLINICAL</u>							
Obstetric Nursing Unit	\$0	{	{	0	0	0	{
		{ 3,889	{ 0				{ 3,889
Labor-Delivery- Recovery Suite	\$0	{	{	0	0	0	{
Total Clinical	\$0	3,889	0	0	0	0	3,889
<u>NON CLINICAL</u>							
Total Non- clinical	\$0	0	0	0	0	0	0
TOTAL	\$0	3,889	0	0	0	0	3,889

I.
Cost Space Requirements

The discontinuation of the Obstetric Category of Service at Sparta Community Hospital will result in 3,889 gross square feet of space being vacated. This space is currently occupied by the Obstetric Service and consists of an Obstetric Nursing Unit with 4 private rooms and a Labor-Delivery-Recovery Suite with 1 Labor-Delivery-Recovery Room (LDR), 1 Labor Room, and 1 C-Section Room as well as support space.

After the Obstetric Category of Service is discontinued, Sparta Community Hospital intends to convert its current Obstetric Unit to additional space for its Medical/Surgical nursing unit without any capital costs. As a result of this conversion of space without any capital costs, Sparta Community Hospital will be able to operate more private rooms in the Medical/Surgical Category of Service. At the present time, only 8 of the hospital's 24 Medical/Surgical beds are located in private rooms, while the remaining 16 of the hospital's Medical/Surgical beds are located in 2-bed rooms.

It should be noted that Sparta Community Hospital has been designated as a Critical Access Hospital and, as such, it is not permitted to operate more than 25 acute care beds.

This project does not include the addition of any authorized beds to the hospital. After the Obstetric Category of Service is discontinued, Sparta Community Hospital will have 26 authorized beds, 24 in the Medical/Surgical Category of Service and 2 in the Pediatric Category of Service.

II.
Discontinuation

A. General Information Requirements

1. This project proposes to discontinue Sparta Community Hospital's Obstetric Category of Service, which has an authorized capacity of 4 beds.
2. Sparta Community Hospital's Labor-Delivery-Recovery Service will also be discontinued as part of this project.
3. The Obstetric Category of Service will be discontinued upon receipt of a Certificate of Need permit.

However, it is anticipated that Sparta Community Hospital will need to temporarily suspend its Obstetric Category of Service and cease providing a Labor-Delivery-Recovery Service no later than January 1, 2010, pending receipt of the CON permit because the hospital will no longer have Obstetric coverage. The hospital has been notified by its liability insurance carrier of its liability in not having a full-time board-certified Obstetrician on its medical staff despite years of attempting to recruit a qualified physician.

A copy of a recent letter from Illinois Provider Trust, Sparta Community Hospital's liability insurance carrier, is found on Page 6 of this Attachment. In that letter, Ed Hozhauer, Chief Operating Officer of Illinois Provider Trust, indicates the liability risks that Sparta Community Hospital faces in operating an Obstetric Category of Service without a board-certified Obstetrician on its medical staff.

Sparta Community Hospital has not had a full-time board-certified Obstetrician on its medical staff since August, 2007, as discussed in Item B. of this Attachment.

4. It is anticipated that the Obstetric nursing unit and Labor-Delivery-Recovery Suite will become part of Sparta Community Hospital's Medical/Surgical nursing unit, thus permitting the conversion of 4 or 5 of the 8 semi-private rooms in the Medical/Surgical Service into private rooms and increasing the amount of support space in the Medical/Surgical nursing unit.

All Obstetric equipment and furniture will remain at Sparta Community Hospital. Any equipment that is necessary to support emergency

deliveries will be relocated to the Emergency Department and Surgical Suite, and any other furniture or equipment will be used as needed in the hospital.

5. All medical records pertaining to the Obstetric Category of Service, including those for newborns, will remain in the Medical Records Department at Sparta Community Hospital.

The retention policy for the Obstetric Service will be compliant with governmental and accreditation retention requirements. For example, babies' medical records must be retained for 21 years.

6. This Item is not applicable because this application does not propose to discontinue an entire facility.

B. Reasons for Discontinuation

This application seeks approval for the discontinuation of Sparta Community Hospital's Obstetric Category of Service for the reason identified in 77 Ill. Adm. Code 1110.130.b)2): "lack of sufficient staff to adequately provide the service."

The hospital has been unable to recruit a board-certified Obstetrician to its medical staff despite an effort to do so that has lasted more than 5 years.

Sparta Community Hospital District, the owner and operator of Sparta Community Hospital, entered into a retained search for an Obstetrician/ Gynecologist on August 3, 2004, with OB/GYN Search, a professional recruitment firm for Obstetricians and Gynecologists that works in all states in rural as well as in urban settings.

At that time, Sparta Community Hospital had one full-time board-certified Obstetrician/ Gynecologist on its medical staff, but was seeking a second full-time physician in this specialty because full-time obstetric care requires at least 2 full-time equivalent physicians or 1 full-time equivalent physician plus 1 physician who is locum tenens. A locum tenens physician is someone who is hired to work in place of the regular physician when the regular physician is absent.

Sparta Community Hospital District was unable to recruit a board-certified Obstetrician during a search process that has now lasted more than 5 years and included retained searches with 2 additional physician search firms (Stratum Med and Arlington Healthcare) as well as searches with other physician recruitment firms on a contingency basis.

After nearly 3 years of Sparta Community Hospital District's unsuccessful attempt to recruit a second board-certified Obstetrician, the hospital's full-time board-

certified Obstetrician resigned from Sparta Community Hospital's medical staff and moved away from the community in 2007.

At that time, Sparta Community Hospital District hired a locum tenens Obstetrician who was board-eligible, and that physician was subsequently hired as a salaried hospital employee on the condition that she become board-certified by November 1, 2009.

This condition was in accordance with liability insurance recommendations that Sparta Community Hospital needed to have a board-certified Obstetrician on its medical staff to assure the protection of its patients as well as to protect its own professional liability, as noted in the letter from Ed Holzhauser, Chief Operating Officer of Illinois Provider Trust, which is appended to this Attachment.

When this Obstetrician was hired, Illinois Provider Trust, Sparta Community Hospital's professional liability provider, agreed to continue providing liability coverage to the hospital upon the condition that the Obstetrician become board-certified within a limited period of time.

When the hospital's only Obstetrician/Gynecologist failed to take her written specialty board certification examination in 2008, her contract was extended to permit her to become board-certified by November 1, 2009, as approved by Illinois Provider Trust or to have her contract terminated.

She has now failed her specialty board certification examinations for the second time, and, in accordance with the terms of her contract, she has been notified that her contract is being terminated on December 31, 2009.

If she were to continue on the hospital medical staff beyond January 1, 2010, or if Sparta Community Hospital were to continue providing an Obstetric Category of Service beyond that date without a full-time board-certified Obstetrician on its medical staff, the hospital has been told that the continuation of its professional liability insurance would be jeopardized.

Sparta Community Hospital currently has 1 Family Practitioner on its medical staff who has been delivering babies in uncomplicated vaginal deliveries. but she is not trained to perform C-Sections. As a result, when the hospital's only full-time Obstetrician/Gynecologist leaves, Sparta Community Hospital will not have any physicians on staff who are trained to perform C-Sections, a requirement of operating an Obstetric Service.

C. Impact on Access

1. The discontinuation of Sparta Community Hospital's Obstetric Service will not have an adverse effect upon access to care for residents of the hospital's market area for the following reasons.

- a. Sparta Community Hospital is located in Planning Area F-7, which has an excess of 21 Obstetric beds as of October 21, 2009.
- b. Sparta Community Hospital's Obstetric caseload constitutes only a small portion of the Obstetric caseload in Planning Area F-7.

During CY2008, Sparta Community Hospital's deliveries constituted 9% of the deliveries in Planning Area F-7, and the Obstetric patient days at Sparta Community Hospital (inpatient days and observation days) were 6.3% of the Obstetric patient days in the planning area.

- c. Two of the 3 hospitals located closest to Sparta Community Hospital that provide the Obstetric Category of Service have each agreed to absorb Sparta Community Hospital's workload without conditions, limitations, or discrimination.

Memorial Hospital of Carbondale, Carbondale

Memorial Hospital, Belleville

The responses from these hospitals are found on Pages 7 and 8 of this Attachment.

2. There are no hospitals located within 45 minutes travel time of Sparta Community Hospital that provide the Obstetric Category of Service, as indicated by MapQuest.

Copies of the MapQuest printouts documenting the travel time between Sparta Community Hospital and the 3 hospitals located closest to it that provide the Obstetric Category of Service documenting that the travel time to each exceeds 45 minutes are appended to this Attachment.

However, Sparta Community Hospital sent a written request to the 3 hospitals located closest to it that provide the Obstetric Category of Service, asking each to assess the impact of this discontinuation upon its hospital, indicating whether its hospital was willing and able to absorb part or all of Sparta Community Hospital's Obstetrical caseload without conditions, limitations, or discrimination.

<u>Hospital and Town</u>	<u>Travel Time*</u>	<u>Planning Area</u>
Memorial Hospital of Carbondale Carbondale	61 minutes	F-7
Memorial Hospital Belleville	59 minutes	F-1
St. Elizabeth Hospital Belleville	51 minutes	F-1

*Travel Time was calculated using www.mapquest.com

Copies of the written requests for impact statements that Sparta Community Hospital sent to them are appended to this Attachment, along with documentation that these letters were sent by Certified Mail and received at each hospital.

As discussed under Item 1. of this section, 2 of the 3 hospitals located closest to Sparta Community Hospital that provide the Obstetric Category of Service have each agreed to absorb Sparta Community Hospital's workload without conditions, limitations, or discrimination.

Memorial Hospital of Carbondale, Carbondale

Memorial Hospital, Belleville

The responses from these hospitals are found on Pages 7 and 8 of this Attachment.

3. Impact statements received from Memorial Hospital of Carbondale and Memorial Hospital, Belleville are found on Pages 7 and 8 of this Attachment, as discussed in Item 1. above.

Illinois Provider Trust

October 27, 2009



Joanne Emge
Chief Executive Officer
Sparta Community Hospital
818 East Broadway
Sparta, Il 62282-1820

RE: OB Physician Certification

Dear Ms. Emge:

You have requested our opinion as your professional liability provider concerning the need to have a board certified OB physician.

In our opinion, board certification is the "gold standard" of physician credentials. From a risk management and professional liability standpoint we look favorably upon hospitals with medical staffs that require board certification as a condition of membership.

We believe a trend in recent years has been for hospitals to require board certification, if not upon application to the medical staff, at least within a period of two credentialing cycles. This standard assures a physician has a nationally established degree of knowledge and skills, and verifies that the physician has fulfilled the requirements set by his or her national specialty board. Passing an examination required by the certifying board also provides evidence of proficiency in patient care management.

Requiring a physician to be board certified is imperative in a hospital such as Sparta where there may only be one specialist on the medical staff. A hospital that employs physicians is not only liable for its own actions (such as credentialing of its physicians), but it is also vicariously liable for the actions of those employed physicians. In the event of a professional liability claim, the first line of attack by the plaintiff is the adequacy of the hospital credentialing process and the credentials of the subject physician. The lack of board certification is certain to negatively impact the defensibility of a liability claim.

Sincerely,

Ed Holzauer
Chief Operating Officer

1151 East Warrenville Road
P.O. Box 3015
Naperville, Illinois 60566
630.276.5400
www.ihatoday.org

ATTACHMENT 9, PAGE 6



MEMORIAL HOSPITAL OF CARBONDALE

November 10, 2009

Joann Emge
Chief Executive Officer
Sparta Community Hospital
818 E. Broadway
Sparta, IL 62286

Dear Ms. Emge:

I am in receipt of your letter dated October 27, 2009, regarding the discontinuation of your Obstetric Services at Sparta Community Hospital. I appreciate you contacting Memorial Hospital of Carbondale regarding the discontinuation of the service. Memorial Hospital of Carbondale would be very willing to absorb all of your hospital's Obstetrical case load, without conditions, limitations or discrimination. It would be a distinct pleasure to provide Obstetrical care to all of the patients in the Sparta community here at Memorial Hospital of Carbondale.

Thanks again for thinking of us and allowing us to provide this type and level of service for the patients of your community.

Should you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Bart Millstead,
Administrator
Memorial Hospital of Carbondale

BM/kjs

1500 MEMORIAL DRIVE
BELLEVILLE, ILLINOIS 62226-5399
(618) 233-7750
FAX: (618) 257-5658
WWW.MEMHOSP.COM

M MEMORIAL
HOSPITAL

Dedication. Compassion. Innovation.

MARK J. TURNER, PRESIDENT



October 29, 2009

Joann Emge
Chief Executive Officer
Sparta Community Hospital
818 East Broadway
Sparta, Illinois 62286

CERTIFIED MAIL
#7006 0100 0007 2506 4341

Re: Discontinuation of Obstetric Services

Dear Ms. Emge:

Memorial Hospital of Belleville, Illinois, does not oppose Sparta Community Hospital's application for CON to discontinue their Obstetric Service. Memorial's Obstetric Service is a Level II Perinatal Care Unit which offers advanced care to both mothers and newborns with special medical needs as outlined in our letter of agreement with our Perinatal Center. The hospital contracts with neonatologists from St. Louis Cardinal Glennon Children's Hospital to provide specialized care 24 hours a day, seven days a week. In addition, Memorial has a transfer agreement with SSM for all our high-risk obstetric patients.

The Labor and Delivery Department has eight labor rooms, one delivery room and two outpatient observation rooms. September 2009 year-to-date deliveries is 1212 which is a two percent increase from 2008. The Postpartum/Nursery Department has capacity for 29 mothers and 32 babies, with a current average daily census of 22 patients. Anesthesia, radiology, pharmacy and laboratory services are also available 24 hours a day, seven days a week to meet the needs of Obstetric patients.

In light of the above statements, Memorial Hospital has the capacity to absorb all or part of Sparta Community Hospital's Obstetrical caseload without limitations or discrimination.

Sincerely,










Mark J. Turner
President and CEO

ATTACHMENT 9, PAGE 8

Trip to Memorial Hospital- Carbondale

405 W Jackson St, Carbondale, IL 62901 -
(618) 549-0721
47.70 miles - about 1 hour 1 minute

Sparta Community Hospital, 818 E Broadway St, Sparta, IL 62286 - (618) 443-2177

- | | | |
|---|--|---------|
|  | 1. Start out going EAST on E BROADWAY ST/IL-154 toward S BURNS AVE. Continue to follow IL-154. | 6.5 mi |
|  | 2. Turn RIGHT onto CR-11/COUNTY LINE RD. | 4.5 mi |
|   | 3. CR-11/COUNTY LINE RD becomes IL-4. | 21.8 mi |
|  | 4. IL-4 becomes CR-18/TRUAX TRAER RD. | 4.9 mi |
|   | 5. Turn RIGHT onto US-51 S. | 9.9 mi |
|  | 6. Turn RIGHT onto W JACKSON ST. | 0.0 mi |
|  | 7. 405 W JACKSON ST is on the LEFT. | 0.0 mi |

Memorial Hospital-Carbondale, 405 W Jackson St, Carbondale, IL 62901 - (618) 549-0721

Total Travel Estimate : 47.70 miles - about 1 hour 1 minute

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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)















Trip to Memorial Hospital

4500 Memorial Dr, Belleville, IL 62226 -

(618) 233-7750

41.80 miles - about 59 minutes

 **Sparta Community Hospital, 818 E Broadway St, Sparta, IL 62286 - (618) 443-2177**

- | | | |
|---|---|---------|
|  | 1. Start out going NORTHWEST on E BROADWAY ST/IL-154 toward S LOCUST ST . Continue to follow IL-154 . | 9.8 mi |
|  | 2. Turn RIGHT onto N 5TH ST/CR-1 . Continue to follow CR-1 . | 2.7 mi |
|  | 3. CR-1 becomes BALDWIN RD/CR-27 . | 6.3 mi |
|   | 4. Turn LEFT onto IL-13 W . | 15.3 mi |
|   | 5. Stay STRAIGHT to go onto IL-15 W . | 5.1 mi |
|  | 6. Take the FRANK SCOTT PARKWAY WEST ramp. | 0.3 mi |
|  | 7. Turn LEFT onto FRANK SCOTT PKWY W/CR-P66 . Continue to follow FRANK SCOTT PKWY W . | 1.8 mi |
|  | 8. Turn RIGHT onto DAPRON DR . | 0.4 mi |
|  | 9. Turn LEFT onto N PARK DR . | 0.2 mi |
|  | 10. Turn LEFT onto E PARK DR . | 0.0 mi |
|  | 11. Turn LEFT onto MEMORIAL DR . | 0.0 mi |
|  | 12. 4500 MEMORIAL DR . | 0.0 mi |



Memorial Hospital, 4500 Memorial Dr, Belleville, IL 62226 - (618) 233-7750

Total Travel Estimate : 41.80 miles - about 59 minutes

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MAPQUEST

Notes














Trip to St Elizabeth's Hospital

211 S 3rd St, Belleville, IL 62220 - (618) 234-2120

234-2120

36.77 miles - about 51 minutes

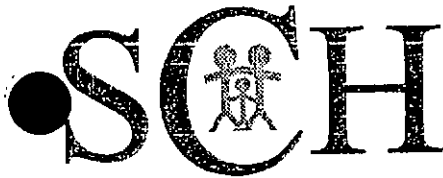
Sparta Community Hospital, 818 E Broadway St, Sparta, IL 62286 - (618) 443-2177

-  1. Start out going **NORTHWEST** on **E BROADWAY ST/IL-154** toward **S LOCUST ST**. Continue to follow **IL-154**. 9.8 mi
-  2. Turn **RIGHT** onto **N 5TH ST/CR-1**. Continue to follow **CR-1**. 2.7 mi
-  3. **CR-1** becomes **BALDWIN RD/CR-27**. 6.3 mi
-   4. Turn **LEFT** onto **IL-13 W**. 15.3 mi
-   5. Stay **STRAIGHT** to go onto **IL-15 W**. 1.4 mi
-  6. Take the **ILLINOIS ST/IL-159** ramp toward **RED BUD**. 0.3 mi
-   7. Turn **RIGHT** onto **IL-159 N/S ILLINOIS ST**. 0.8 mi
-  8. Turn **LEFT** onto **W LINCOLN ST**. 0.2 mi
-  9. Turn **LEFT** onto **S 3RD ST**. 0.0 mi
-  10. **211 S 3RD ST** is on the **RIGHT**. 0.0 mi

St Elizabeth's Hospital, 211 S 3rd St, Belleville, IL 62220 - (618) 234-2120

Total Travel Estimate : 36.77 miles - about 51 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)



October 27, 2009

Bart Millstead
Memorial Hospital of Carbondale
405 W Jackson
Carbondale, IL 62901-1467

Dear Mr. Millstead:

Sparta Community Hospital District is submitting a CON application to discontinue our Obstetric Service. We expect to discontinue this service on or about December 31, 2009, because we will not have a full-time Board Certified Obstetrician on our medical staff.

During the past 2 years, we treated the following number of Obstetrical patients.

Year	OB Admissions	OB Patient Days (Inpatients & Observation)	Deliveries
CY2007	185	450	161
CY2008	216	573	194
10/1/08 - 9/30/09	192	510	168

The purpose of this letter is to ascertain whether your hospital will have capacity available to accommodate a portion or all of our hospital's experienced Obstetric caseload and whether your hospital has any restrictions or limitations that preclude you from providing service to residents of our hospital's market area.

I would appreciate if you would send me a letter indicating the impact of the discontinuation of our Obstetrical Service upon your hospital and whether your hospital is willing and able to absorb part or all of our hospital's Obstetrical caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Service Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

If you have any questions, please feel free to contact me at 618-443-1337.

Thank you in advance for your support.

Sincerely,

Joann Emge,
Chief Executive Officer

"Quality Health Care Close to Home"

Sparta Community Hospital District

816 E. Broadway • Sparta, Illinois 62286 • 618.443.2177 • 618.443.2938 fax • www.spartahospital.com





SPARTA COMMUNITY HOSPITAL
818 EAST BROADWAY
SPARTA, ILLINOIS 62286

CERTIFIED MAIL



7005 0390 0003 3636 1510

Bart Millstead

Memorial Hospital of Carbondale

405 W Jackson

Carbondale, IL 62901-1467

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bart Mellestead
Memorial Hosp of Carbondale
405 W Jackson
Carbondale, Ill. 62901

2. Article Number
(Transfer from service label)

7005 0390 0003 3636 1510

COMPLETE THIS SECTION ON DELIVERY

A. Signature - *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) *LOUIS FRESHMORE* C. Date of Delivery *10-29-09*

D. Is delivery address different from Item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



October 27, 2009

Mark J. Turner
Memorial Hospital
4500 Memorial Drive
Belleville, IL 62226-5399

Dear Mr. Turner:

Sparta Community Hospital District is submitting a CON application to discontinue our Obstetric Service. We expect to discontinue this service on or about December 31, 2009, because we will not have a full-time Board Certified Obstetrician on our medical staff.

During the past 2 years, we treated the following number of Obstetrical patients.

Year	OB Admissions	OB Patient Days (Inpatients & Observation)	Deliveries
CY2007	185	450	161
CY2008	216	573	194
10/1/08 - 9/30/09	192	510	168

The purpose of this letter is to ascertain whether your hospital will have capacity available to accommodate a portion or all of our hospital's experienced Obstetric caseload and whether your hospital has any restrictions or limitations that preclude you from providing service to residents of our hospital's market area.

I would appreciate if you would send me a letter indicating the impact of the discontinuation of our Obstetrical Service upon your hospital and whether your hospital is willing and able to absorb part or all of our hospital's Obstetrical caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Service Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

If you have any questions, please feel free to contact me at 618-443-1337.

Thank you in advance for your support.

Sincerely,

Joann Emge,
Chief Executive Officer

"Quality Health Care Close to Home"

Sparta Community Hospital District

618 E. Broadway • Sparta, Illinois 62256 • 618.443.2177 • 618.443.2938 fax • www.spartahospital.com





SPARTA COMMUNITY HOSPITAL
818 EAST BROADWAY
SPARTA, ILLINOIS 62286

CERTIFIED MAIL



7005 0390 0003 3636 1213

Mark J. Turner
Memorial Hospital
4500 Memorial Drive
Belleville, IL 62226-5399

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Malk Turner
4500 Memorial Dr.
Belleville, Mo. 62226

2. Article Number

(Transfer from service label)

7005 0390 0003 3636 1213

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Fred Wiegand

- Agent
- Addressee

B. Received by (Printed Name)

Fred Wiegand

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

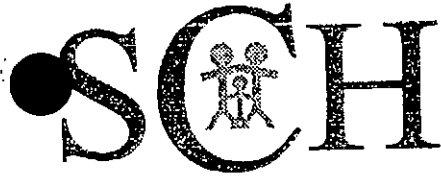
DI...
OCT 28 2009

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



October 27, 2009

Kevin L. Shrake
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

Dear Mr. Shrake:

Sparta Community Hospital District is submitting a CON application to discontinue our Obstetric Service. We expect to discontinue this service on or about December 31, 2009, because we will not have a full-time Board Certified Obstetrician on our medical staff.

During the past 2 years, we treated the following number of Obstetrical patients.

Year	OB Admissions	OB Patient Days (Inpatients & Observation)	Deliveries
CY2007	185	450	161
CY2008	216	573	194
10/1/08 - 9/30/09	192	510	168

The purpose of this letter is to ascertain whether your hospital will have capacity available to accommodate a portion or all of our hospital's experienced Obstetric caseload and whether your hospital has any restrictions or limitations that preclude you from providing service to residents of our hospital's market area.

I would appreciate if you would send me a letter indicating the impact of the discontinuation of our Obstetrical Service upon your hospital and whether your hospital is willing and able to absorb part or all of our hospital's Obstetrical caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Service Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

If you have any questions, please feel free to contact me at 618-443-1337.

Thank you in advance for your support.

Sincerely,

Joann Emge,
Chief Executive Officer

"Quality Health Care Close to Home"

Sparta Community Hospital District

618 E. Broadway • Sparta, Illinois 62286 • 618.443.2177 • 618.443.2938 fax • www.spartahospital.com





SPARTA COMMUNITY HOSPITAL
818 EAST BROADWAY
SPARTA, ILLINOIS 62286

CERTIFIED MAIL



7005 0390 0003 3636 1121

Kevin L. Shrake
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Shrake
 St Elizabeths Hospital
 211 S Third St
 Belleville Ill. 62220

2. Article Number
(Transfer from service label)

7005 0390 0003 3636 1121

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kevin Shrake

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Kevin Shrake

C. Date of Delivery

*10-28-03*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*211 S Third St*

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This project will discontinue the Obstetric Category of Service at Sparta Community Hospital, thereby affecting all Obstetric patients it serves.

However, as discussed in Attachment 9, the following issues are relevant to this issue.

- Sparta Community Hospital is located in Planning Area F-7, which has an excess of 21 Obstetric beds as of October 21, 2009.
- Sparta Community Hospital's Obstetric Service is small, and the hospital provides only a small percentage of Obstetric care provided in Planning Area F-7, the State-defined planning area in which Sparta Community Hospital located.

During CY2008, Sparta Community Hospital experienced 194 deliveries, which constituted 9% of the deliveries in Planning Area F-7.

During the most recent 12-month period of October 1, 2008, through September 30, 2009, the number of deliveries at Sparta Community Hospital declined to 168, which was a figure similar to the 161 deliveries experienced at Sparta Community Hospital during CY2007.

- All 3 of the hospitals located closest to Sparta Community Hospital that provide Obstetric Services have agreed to assume Sparta Community Hospital's workload without conditions, limitations, or discrimination.

Since these hospitals operate larger, more active Obstetric Services than Sparta Community Hospital, the discontinuation of Sparta Community Hospital's Obstetric Category of Service will not have a material impact on essential safety net services to patients.

Sparta Community Hospital is designated as a Critical Access Hospital, as a necessary provider of health services.

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

This project will not have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

There are no other hospitals in Sparta.

However, the 3 hospitals that provide the Obstetric Category of Service that are located closest to Sparta Community Hospital have agreed to absorb its Obstetric patients without conditions, limitations, or discrimination.

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

1. The amount of charity care provided for the 3 fiscal years prior to submission of the application

	Inpatients	Outpatients	Total
FY2007	\$125,889	\$370,918	\$496,807
FY2008	\$68,320	\$138,333	\$206,653
FY2009	\$124,449	\$111,289	\$235,738

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A certification describing the amount of charity care provided is appended to this Attachment.

2. The amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application

	Inpatients	Outpatients	Total
FY2007	\$1,012,571	\$2,618,207	\$3,630,778
FY2008	\$851,759	\$1,721,201	\$2,572,960
FY2009	\$1,028,563	\$1,841,970	\$2,870,533

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A certification describing the amount of care provided to Medicaid patients is appended to this Attachment.

3. Any other information the applicant believes is directly relevant to safety net services

None



November 3, 2009

Ms. Courtney R. Avery
Acting Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Ms. Avery:

Sparta Community Hospital District hereby certifies that Sparta Community Hospital provided the amount of charity care shown below for the three audited fiscal years prior to submission of the certificate of need application to discontinue its Obstetrics Category of Service.

	Inpatients	Outpatients	Total
FY2007	\$125,889	\$370,918	\$496,807
FY2008	\$68,320	\$138,333	\$206,653
FY2009	\$124,449	\$111,289	\$235,738

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Joann Emge,
Chief Executive Officer

Sworn to and before me this 3rd day of November, 2009.

Notary



"Quality Health Care Close to Home"

Sparta Community Hospital District

818 E. Broadway • Sparta, Illinois 62286 • 618.443.2177 • 618.443.2938 fax • www.spartahospital.com





November 3, 2009

Ms. Courtney R. Avery
Acting Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Ms. Avery:

Sparta Community Hospital District hereby certifies that Sparta Community Hospital provided the following amount of care to Medicaid patients for the three audited fiscal years prior to submission of the certificate of need application to discontinue its Obstetrics Category of Service.

	Inpatients	Outpatients	Total
FY2007	\$1,012,571	\$2,618,207	\$3,630,778
FY2008	\$851,759	\$1,721,201	\$2,572,960
FY2009	\$1,028,563	\$1,841,970	\$2,870,533

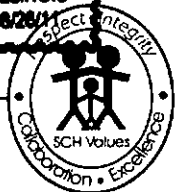
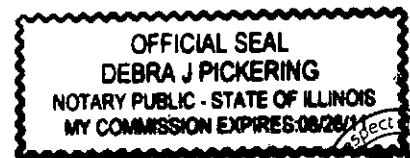
This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

Sincerely,

Joann Emge,
Chief Executive Officer

Sworn to and before me this 3rd day of November, 2009.

Notary



"Quality Health Care Close to Home"

Sparta Community Hospital District

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