

ORIGINAL

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION** MAR 03 2010**This Section must be completed for all projects.**HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name:	Skokie Hospital		
Street Address:	9600 Gross Point Road		
City and Zip Code:	Skokie, IL 60076		
County:	Cook	Health Service Area VII	Health Planning Area: A-08

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

Exact Legal Name:	NorthShore University HealthSystem d/b/a Skokie Hospital
Address:	9600 Gross Point Road Skokie, IL 60076
Name of Registered Agent:	Jeffrey H. Hillebrand
Name of Chief Executive Officer:	Kristen Murtos, President
CEO Address:	9600 Gross Point Road Skokie, IL 60076
Telephone Number:	847/933-6002

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

Type of Ownership

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

Corporations and limited liability companies must provide an Illinois certificate of good standing.
 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:	Kristen Murtos
Title:	President
Company Name:	Skokie Hospital
Address:	9600 Gross Point Road Skokie, IL 60076
Telephone Number:	847/933-6002
E-mail Address:	kmurtos@NorthShore.org
Fax Number:	847/933-6012

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

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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Exact Legal Name:	NorthShore University HealthSystem
Address:	1301 Central Street Evanston, IL 60201
Name of Registered Agent:	Jeffrey H. Hillebrand
Name of Chief Executive Officer:	Mark R. Neaman, CEO
CEO Address:	1301 Central Street Evanston, IL 60201
Telephone Number:	847/657-5800

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February 22, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

Frederick E. Miller, MD, PhD
Chairman
Department of Psychiatry and
Behavioral Sciences
2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-1667
(847) 570-2939 fax
fmiller@northshore.org

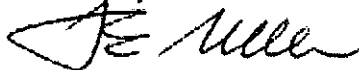
Dear Ms. Murtos,

I am writing in support of the proposed new 21 bed Inpatient Psychiatric Unit at Evanston Hospital. The proposed discontinuation of the Skokie Hospital Unit and the expansion of the Evanston Hospital unit will afford many benefits to patients and the community:

- Along with the expansion of the Evanston Hospital Unit we will be moving our Partial Hospitalization Program and the Doreen E. Chapman Chemical Dependency Program to Evanston Hospital. This allows us to create a center of excellence for adult critical care. Gathering all such expertise in one location promotes greater comprehensiveness of care, greater continuity of care and the ability to treat patients in the least restrictive means.
- Constructing a new unit with all private beds promotes an improved patient milieu as well as greater use of the facility.
- This consolidation means greater access to hospital based services such as our internal medicine hospitalist program, radiology, Rapid Response Team and medical specialty support.
- University of Chicago medical students and psychiatry residents currently rotate through Evanston Hospital. The improved, consolidated unit will enhance the educational experience, allowing students and residents to follow their patients across the continuum of care.

In summary, it is my belief that the proposed changes will enhance patient care. At NorthShore, we will continue our commitment to the care of psychiatric patients using evidence-based psychiatry delivered in a compassionate milieu.

Sincerely,



Frederick E. Miller MD, PhD
Chair, Department of Psychiatry and Behavioral Sciences
NorthShore University HealthSystem
A Teaching Affiliate of the University of Chicago
office: 847 570-2540
fax: 847 570-2939

Evanston Hospital

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2000

February 22, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

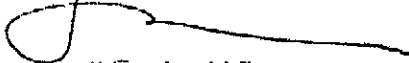
Dear Ms. Murtos,

I am writing in support of the proposed new 21 bed Inpatient Psychiatric Unit at Evanston Hospital. The proposed discontinuation of the Skokie Hospital Unit and the expansion of the Evanston Hospital unit will afford many benefits to patients and the community:

- Constructing a new unit with all private beds not only promotes an improved patient milieu but will prevent the frequent lags in transfer time that occur between medical/surgical units and psychiatry. In doing so, it both shortens unnecessary length of stay in medical/surgical beds and also provides appropriate and skilled treatment in a more timely fashion.
- This consolidation means immediate access to hospital based services such as our internal medicine hospitalist program, radiology, Rapid Response Team and medical specialty support.
- This consolidation also means consolidation of adult psychiatric services of all intensities into one center of excellence: inpatient, partial hospitalization, chemical dependency, community psychiatry, and outpatient services in a consolidated environment. In doing so, this promotes patient satisfaction, a multidisciplinary approach and improved continuity of care.
- As the Director of Training Education for the Department of Psychiatry, I see this consolidation as an enhancement in the exceptional education experience that NorthShore has to offer. University of Chicago medical students and psychiatry residents currently rotate through Evanston Hospital, something that is not done at Skokie Hospital. With an expanded unit and the improved consolidation of services, it offers the trainees an opportunity to follow their patients across the continuum of care.

Therefore, it is my strong opinion that the proposed changes will enhance patient care. At NorthShore, we will continue our commitment to the care of psychiatric patients using evidence-based psychiatry delivered in a compassionate milieu.

Sincerely,



Scott Gordon M.D.
Medical Director of Psychiatric Consultation Services
Training Director for Psychiatric Education
office: 847 570-2477
fax: 847 570-1405

HealthSystem Advantage: Making the Difference in Your Community

2008-2009 COMMUNITY BENEFITS REPORT



COMMUNITY RELATIONS: Investments in Community Healthcare

As an integrated healthcare delivery system, NorthShore University HealthSystem provides exceptional healthcare to the communities we serve. This reflects the nonprofit HealthSystem's mission "to preserve and improve human life." As the HealthSystem's primary philanthropic entity, the Foundation is also engaged in community outreach by contributing the gift of health to underserved patients.

Now embodied by its Foundation, philanthropy has been essential to NorthShore University HealthSystem (NorthShore) since it opened Evanston Hospital in 1891, caring for its first patients and equipping its first operating room. Philanthropy is part of NorthShore's enduring legacy—past, present and future. And philanthropy remains critical to ensuring exceptional healthcare delivery for the entire community.

Beyond private philanthropy, NorthShore's overall contributions to the community, defined as community benefits, increased by 14 percent for a total of \$172 million. NorthShore Foundation is building a network of community connections that enable it to give back to the community through NorthShore's four Hospitals, more than 2,000 physicians and over 3,000 clinical caregivers. It also funds critical clinical research that provides for breakthroughs in patient care and education to improve the health of the medically underserved.

These connections extend beyond the Hospitals' walls by mobilizing partnerships with grassroots organizations that enable NorthShore to deliver access to healthcare, wellness and education to underserved patients.

Realizing the Potential to Make a Difference

For example, NorthShore is collaborating with the Lake County Health Department and Community Health Center (LCHD/CHC) to fund a signature initiative for comprehensive diabetes management called *Be Well-Lake County*.

"The goal of this signature initiative is to make a sustainable difference for diabetes patients and families in our

community," said Colleen D. Mitchell, President at NorthShore Foundation. "*Be Well-Lake County* focuses on access to a healthy lifestyle, fitness and, most important, specialty care that is essential to changing the widespread prevalence of diabetes in Lake County." For more details, see page 7.

Engaging in the Delivery of Healthcare

Initiatives like *Be Well-Lake County* demonstrate NorthShore's commitment to being a trusted healthcare provider for all members of the community. It also shows NorthShore's strategic decision to invest in education about healthy lifestyles for people of all ages with the goal of improving the quality of their lives.

For example, NorthShore University HealthSystem was one of the first health systems in the country to begin a universal methicillin-resistant *Staphylococcus aureus* (MRSA) surveillance program for all patients during the admissions process. Through a quick, painless nasal swabbing to assess MRSA infection, NorthShore Hospital staff can promptly identify and isolate infected patients to prevent the spread of this deadly infection.

At its core, healthcare is a basic human need. Serving as a pillar of support for the underserved patients in the community, NorthShore Foundation has and will continue to raise additional private support, more than the millions NorthShore already provides in community benefits support, to ensure the members of its community will always have the care they require.

The Value of Reporting Benefits

NorthShore is committed to taking a leadership role in improving the health of the communities it serves.

Total financial value of reportable community benefits under the Illinois Community Benefits Act:

\$172,842,085

up 14 percent from the previous year

Charity Care: \$13,748,493

Defined as care for which the provider does not expect to receive payment.

Subsidized Health Services: \$14,032,282

Services that meet community needs and that NorthShore must subsidize from other revenue sources.

Government-Sponsored Indigent Health Care: \$88,079,539

This covers the unreimbursed cost of Medicare and Medicaid for patients based on their financial need.

Education: \$22,186,284

Costs incurred for NorthShore Hospitals-based educational programs.

Government-Sponsored Program Services: \$753,015

These account for other reimbursed costs, which are not included as part of Government-Sponsored Indigent Health Care.

Research: \$6,500,000

Includes the cost of research activities conducted primarily to advance medical or healthcare services.

COMMUNITY BENEFITS: Facts and Figures

To meet the needs of the medically underserved in our community, NorthShore University HealthSystem's (NorthShore) Evanston Hospital operates an Outpatient Department that provides primary care services. In 2008, **4,686** adults, adolescents and children who either lack insurance or are underinsured received care through the Outpatient Department.

The Dental Center at NorthShore's Evanston Hospital provided free and discounted care for **2,788** patients at a cost of **\$28,635**.

NorthShore's interpretive services staff provided approximately **10,500** hours of written and verbal interpretive services at NorthShore Hospitals. NorthShore provided **\$830,872** for interpretive services.

The Medication Assistance Program filled **16,654** prescriptions for **5,525** patients, costing NorthShore **\$588,542**.

Mobile Meals and Meals at Home with the support of NorthShore Hospitals provided **26,056** meals to community residents.

NorthShore staff participated in **26** community health fairs, providing resource information and health screenings.

The Perinatal Family Support Center provided services to **1,156** patients and families.



Photo above: Adrienne Kolanko received a stuffed penguin from Jasper Davidoff's "Animals from the Heart" program.

At nine-years-old, Jasper believes that every child in the hospital should have the unconditional love of a fuzzy, stuffed companion. He has created "Animals from the Heart," an organization that collects donated new stuffed animals to give to babies and children who are patients at NorthShore's Evanston Hospital. Before Jasper brings toys to the Hospital, he adorns each pet with a handmade tag around its neck and a name chosen by Jasper and his family. The NorthShore Foundation helped to facilitate the first-ever delivery of stuffed from "Animals from the Heart" at Evanston Hospital and believes this initiative makes a difference to the babies and children being treated there.

Cover photo, from left: Jasper Davidoff, Eva Mirek, staff nurse in pediatrics at NorthShore, and David lang. Photo is by Jonathan Hillenbrand/NorthShore University HealthSystem.

Language Assistance Services: \$830,872

These costs pertain to translation services.

Bad Debts: \$23,249,000

These are doubtful accounts that result from the extension of credit.

Donations: \$514,592

Defined as cash and in-kind donations.

Volunteer Services: \$1,403,657

These describe the value of volunteer time provided by Hospital employees and volunteers.

Other Community Benefits: \$545,251

Total Value of Community Benefits

2008	\$171,842,985
2007	\$150,555,020
2006	\$145,638,577
2005	\$141,311,754
2004	\$142,233,192

Outpatient Clinic Visits

2008	12,689
2007	11,148
2006	11,739
2005	10,166
2004	9,231

CHARITY CARE:

HealthSystem Supports Your Friends and Neighbors

The face of those who need healthcare is changing. People from all walks of life in our community are losing their jobs and their health insurance.

Laura Walsh had a job she loved in pharmaceutical research and an excellent relationship with her employer. Then the clinical research division at the company was closed. Suddenly, she was unemployed.

Over eight months, Walsh found only occasional temporary office work providing some income but not enough to cover her prime concern—health insurance. A diabetic since age 28, Walsh postponed dealing with health concerns she hoped would not become acute, as she did not have the money to take care of them.

Finally, a wound on the bottom of her foot led to such swelling that she had difficulty wearing a shoe. Walsh realized that she had to seek medical attention. An MRI revealed that an infection had invaded a metatarsal bone.

Walsh underwent surgery at NorthShore University HealthSystem's (NorthShore) Glenbrook Hospital, where Bruce Noxon, DPM, removed the bone. Walsh ran a fever seven of the nine days she was hospitalized as she battled the infection. Her uninsured hospital stay resulted in a bill of \$45,000, a sum that surely would have sent her into bankruptcy if NorthShore had not underwritten the entire cost as charity care.

"There was nothing I could have done with that kind of debt. It would have pushed me over the edge," Walsh said. She is grateful not only to the medical team who took care of her, but also to NorthShore financial counselor Toni Morzi who helped Walsh throughout the process.

Her persistence and faith that things would get better finally came true. Walsh secured a new position in her field.



After Laura Walsh lost her job and health insurance, she had a medical emergency that involved surgery and a nine-day hospital stay at Glenbrook Hospital. NorthShore paid for the cost of her care and literally helped her get back on her feet.

SUBSIDIZED HEALTHCARE: HealthSystem Supports the Health of High School Students

NorthShore University HealthSystem has established a collaborative partnership with Evanston Township High School to run a school-based health center.

When Pam Strunk's oldest child was heading into Evanston Township High School (ETHS), she was aware of the school's Health Center. She was more comfortable with her family's pediatrician and did not feel the need to access the healthcare services at the Health Center. But when her husband lost his job and the family's health insurance benefits, she had a reason to consider the ETHS Health Center.

Despite her initial skepticism, Strunk now cites the skilled, compassionate care at the ETHS Health Center, where all three of her children have had positive experiences. Established in 1996 as a collaborative partnership with ETHS, the Evanston Health Department and NorthShore University HealthSystem (NorthShore), the Health Center is staffed by a NorthShore physician, two part-time nurse practitioners and a social worker. NorthShore contributes nearly \$400,000 annually for the Health Center.

During the past year, 33 percent of the nearly 3,000 ETHS students have used the Health Center for primary care, behavioral and reproductive health services. Their visits have totaled more than 2,500, demonstrating how highly the students regard its health services.

"I discovered the care is great," said Strunk, a former nurse. "The doctors and nurses are extremely knowledgeable, helpful, professional and thorough. It has been a real godsend for us."

Strunk has been impressed with the breadth of information offered by the Health Center, and the comprehensive questionnaire students fill out before a visit. The questionnaire covers everything from nutrition to potential tobacco and drug use, which students can discuss in confidence with the Center's caregivers.

Under the family's private insurance, an annual physical for one of her children would be \$150 compared



to \$33 at the ETHS Health Center. Currently two of Strunk's children use the ETHS Health Center.

"The Center is really convenient," said Claire Strunk, a high school senior who swims and plays water polo. "Everybody is friendly. They want to make you as comfortable as possible."

During the past year, 33 percent of the nearly 3,000 ETHS students have used the Health Center for primary care, behavioral and reproductive health services.

EVANSTON HOSPITAL: HealthSystem Supports Fitness for Kids

NorthShore University HealthSystem gave financial support in 2008 to Club FYT, a YMCA program that teaches children the building blocks of a healthy lifestyle during their formative years.

Marcy Berry's 14-year-old son Casey has learned so much from the Club FYT program at Evanston's McGaw YMCA that he brings the lessons home to his mother. "He'll tell me, 'Mom, you don't have energy because you don't exercise,'" Berry said. "If I'm not eating properly, he'll tell me about that, too."

Berry said her son enjoys the sports activities in the program, including group games like basketball, but also embraces time on the treadmill and lifting weights. Berry admits that her "once-somewhat chubby" son is now committed to his healthier weight and lifestyle. She believes that Casey will continue healthy habits, and that his changed lifestyle is influencing her.

Evanston's McGaw YMCA's Club FYT program receives financial support from NorthShore University HealthSystem (NorthShore) and is designed to address the issue of childhood obesity in Evanston. YMCA staff members report that at least 20 percent of the children they serve are significantly overweight—a trend that is particularly evident among African-Americans, Hispanics and children from low-income families.

Club FYT's goals are to motivate children to be more active and to educate them on the importance of physical fitness and nutrition, and the program is designed to create sustainable changes in behavior.

According to Club FYT instructor Neil Hamil, the youth in the program generally enjoy the games, which also help teach them about teamwork and the value of working together to accomplish goals. "Club FYT keeps them active, which is far better than sitting at home and playing video games," Hamil said.



NorthShore contributes financial support to Club FYT, a YMCA program that involves children in sports activities after school and teaches them about good health and nutrition for the rest of their lives.

"The importance of Evanston Hospital's service in the community, both to patients and the broader community at large, is particularly evident in these challenging economic times. As an important anchor in the community, we take our role and our responsibility to serve the community very seriously. We are proud of our many outreach activities and the overall impact we have on the stability of the community. The vital services we provide and our support of patients, employees and the larger community reflect our true character."

J. P. Gallagher, President at NorthShore's Evanston Hospital

GLENBROOK HOSPITAL: HealthSystem Supports Community Infrastructure

NorthShore University HealthSystem has formed a partnership with Rebuilding Together, a nonprofit dedicated to preserving affordable housing and revitalizing neighborhoods.

For four consecutive years NorthShore University HealthSystem's (NorthShore) Glenbrook Hospital has joined forces with Rebuilding Together North Suburban Chicago (Rebuilding Together). It supports the organization's mission to preserve affordable homeownership and revitalize neighborhoods by providing home repair at no cost to those in need, including the low-income, elderly and disabled.

This year NorthShore's Glenbrook Hospital volunteers, joined by members of The Associate Board of NorthShore and the Student Healthcare Board at New Trier High School, worked to renovate an Orchard Village group home. Orchard Village, a nonprofit, provides support and housing for adults with disabilities. Through its Community Relations outreach, Glenbrook Hospital also gave financial support to the Rebuilding Together initiative, as it has during each year of the partnership.

With projects ranging from upgrading electric and replacing basement ceiling tiles to interior painting, renovation of the

backyard gazebo and landscaping enhancements, Glenbrook's volunteers dramatically improved the Skokie house that serves as home to six women in their 40s to 60s.

Rebuilding Together regularly receives feedback from homeowners and organizations like Orchard Village who explain how the rebuilding work and generosity have changed their lives, according to Sharon Riley, Executive Director at Rebuilding Together. "We are extremely grateful to Glenbrook for its very significant ongoing contributions," Riley said.

Orchard Village House Manager Penny Wood reported residents watched excitedly as Glenbrook volunteers worked in their home and yard. While the residents may not all have the ability to specifically express their gratitude, they are definitely enjoying the improvements. "The volunteers did a great job, and it certainly improved the home for the ladies," Wood said.

"Glenbrook Hospital has been a joy to work with, bringing a very talented group of volunteers and strong leadership to our organization," Riley said.



"The fact that Glenbrook Hospital is about to embark upon a major expansion of our facilities is a reflection of the goodwill and confidence of the community in our ability to meet their healthcare needs. Our many efforts in community outreach help demonstrate our commitment to and our interest in the communities we are privileged to serve. Rebuilding Together is a wonderful example of this commitment. We care about giving back and serving the community through our excellent healthcare facilities, physicians and staff."

Doug Silverstein, President at
NorthShore's Glenbrook Hospital

Volunteers from NorthShore's Glenbrook Hospital, as well as volunteers from The Associate Board and Student Health Board, joined forces with Rebuilding Together to dramatically improve a home at the Orchard Village for adults with disabilities.

HIGHLAND PARK HOSPITAL: HealthSystem Supports Cancer Survivors

A NorthShore University HealthSystem patient discovers how to cope after breast cancer through the LIFE program.

Karen Sussman's cancer journey began when a routine mammogram revealed something suspicious enough to warrant a breast ultrasound. That was followed by a needle biopsy and a dreaded diagnosis. A bilateral breast MRI revealed that the cancer had spread to her lymph nodes.

Sussman moved quickly to find "the best surgeon and the best protocol" to beat the disease, and she was thrilled with the treatment from her care team, including NorthShore University HealthSystem (NorthShore) surgeon David J. Winchester, M.D., NorthShore oncologist Leon Dragon, M.D., and everyone in-between who got her through surgery, aggressive chemotherapy and radiation. Also, Sussman is grateful to the many members of her care team who helped her triumph over a diagnosis she initially believed could take her life "in a matter of weeks."

A self-described optimist before her diagnosis, Sussman went through treatment following all recommended protocols determined to beat the cancer. To the outside world, Sussman appeared to regain her positive attitude and her "bubbly, happy" self in spite of ongoing anxiety over her prognosis. But, when treatment ended, she had a difficult time finding her "new normal."

"I wanted to really live my life, rather than just to be alive," Sussman said. The Living in the Future (LIFE) Survivorship Program at NorthShore's Highland Park Hospital became her bridge to reaching that new life. "It's a magnificent program," she said.

For her, the program started with an individualized risk adaptive visit with Carole Martz, RN, AOCN, APN, who answered many of Sussman's questions. It also included seminars such as "Celebrate LIFE, Eat to Beat Malignancy and Walk Away from Cancer" and "Self Esteem and Sexual Intimacy After Cancer" with experts like LIFE Founder, Carol Rosenberg, M.D., as well as support groups.

"The LIFE Program offers so many opportunities to help make you whole again," she said. Meeting other cancer survivors

was particularly powerful for Sussman, who said the support group formed an immediate bond by sharing concerns about treatment, strategies to move forward and innermost secrets. "We gave the best of the best to each other," she said.

Since its inception in 2006, the LIFE program has completed almost 700 risk adapted visits and had more than 3,000 participants through free LIFE programs and seminars.

"As part of our mission to serve the entire community, we believe we have to do our part in serving those who are traditionally underserved. Our partnerships with other important groups serving the health needs of the greater community are vital in this effort. A reflection of our commitment to these partnerships is our work with the Lake County Department of Health at the North Shore Health Center and now the North Chicago Health Center."

Jesse Peterson Hall,
President at NorthShore's Highland Park Hospital



The Living in the Future (LIFE) program helped breast cancer survivor Karen Sussman bridge the changes in her life before and after her diagnosis and treatment, restoring her sense of well-being.

SKOKIE HOSPITAL: HealthSystem Supports Community Interaction

NorthShore University HealthSystem's Skokie Hospital has a wealth of cultures in its community. Caregivers from Skokie Hospital share health-related information at community events.

People expect to meet healthcare professionals in the hospital and to have nurses and physicians care for them in a time of need. But NorthShore University HealthSystem's (NorthShore) Skokie Hospital's team of caregivers go beyond expectations to take a message of healthy lifestyle and preventive care outside the Hospital walls and into the community by participating in events like the Skokie Festival of Cultures.

"This is an important way for us to make connections with people while they are well, and out and about in the community," said Cally McKinney, RN, Clinical Practitioner in Education at Skokie Hospital. "We can provide them with information based on our expertise, and things they can use to support a healthier lifestyle."

Skokie Hospital employees volunteered for the two-day event and used a fun and interactive wheel (styled after the Wheel of Fortune) to engage adults and children in an educational nutrition and fitness quiz.

"The children were generally attracted to the wheel first," said Ruth Jordan, Senior Clinician at Skokie Hospital. "It was fun to watch their reaction when they knew the answer to a nutrition question, and that would draw the parent in."

While employee volunteers agreed that the community is generally becoming more focused on prevention strategies, they confirmed events like this are a positive way to educate without preaching to people. Participation in the Festival of Cultures is an important way of involving the Hospital's variety of staff in the diverse community it serves, according to Rita Walter, Clinical Nurse Manager at Skokie Hospital.

Skokie Hospital's annual free skin cancer screening program is another vital initiative to serve the community with preventive care and education. Dermatologist Harry Goldin, M.D., who has led the screening for many years with the help of other dermatologists, found it is a way to give back to the community and raise awareness of the importance of not only preventing skin cancer, but ensuring early detection as well.



Dr. Julie Goldberg, a NorthShore-affiliated dermatologist, screened patients in the community for skin cancer through a program initiated at Skokie Hospital. This is one of NorthShore's many efforts to care for the health of members in its communities.

Jonathan Hillenbrand/NorthShore University HealthSystem

"Skokie Hospital is a community-driven organization with a long-standing history of commitment to the local community. As a new member of the broader NorthShore organization, we have a heartfelt dedication to build on that tradition and continue to enhance our connection and engagement with the community, while taking advantage of new resources available through NorthShore. Over the next several years, we will invest more than \$100 million to further develop Skokie Hospital and enhance the service we provide to our community."

Kristen Murtos, President at NorthShore's Skokie Hospital

BE WELL-LAKE COUNTY: HealthSystem Supports Community Partnership

NorthShore University HealthSystem has formed a partnership with the Lake County Health Department to develop a signature initiative for improving the health of underserved diabetic patients and their families. Seven of the NorthShore Medical Group doctors are involved in caring for these patients and dedicated to improving their outcomes.

The goal of *Be Well-Lake County* is to create a system of chronic disease management that improves care, increases communication and allows easier access for patients and families, and does so at a lower cost, according to Joseph Golbus, M.D., President of the NorthShore University HealthSystem (NorthShore) Medical Group. NorthShore is harnessing the power of its electronic medical record (EMR) system to implement innovative approaches to the care of diabetic patients.

Through NorthShore's EMR system, physicians and other critical caregivers can develop innovative approaches to the care of diabetic patients. For example, through NorthShore's secure Web portal, these patients can receive reminders to get their needed monitoring tests, such as hemoglobin A1C. Caregivers can develop interactive flow charts that allow them to enter their blood sugar levels from home and provide guidance online from experts at NorthShore.

This advanced technology combined with personalized healthcare and education from physicians and health providers is designed to make a sustainable difference

in the lives of underserved diabetic patients and their families in Lake County. For example, all seven NorthShore Medical Group physicians involved in caring for the diabetic patients and their families are specialists. Three doctors are endocrinologists, three are cardiologists, and one is an ophthalmologist.

A unique aspect of *Be Well-Lake County* is using highly trained health promoters, drawn from North Chicago. They will serve as influential and trusted extensions to the families who participate in the program. The health promoters will forge strong bonds by providing effective diabetes health education and helping underserved patients and their families manage the disease each day.

In order to create a program of superior quality, NorthShore is investing \$1 million in *Be Well-Lake County* to build this network of preventive healthcare for Lake County's underserved population. During 12 months, NorthShore will supply \$500,000 directly to the program with an additional \$500,000 to support specialty care for diabetes patients, including ophthalmology, podiatry, endocrinology, nephrology and cardiology, and administrative support.

To ensure that NorthShore is offering the best care possible, NorthShore Medical Group physician-researcher Madeleine Shalowitz, M.D., MBA, will be tracking *Be Well-Lake County's* progress every step of the way. She will measure patient outcomes based on national standards developed by the Health Resources and Services Administration and create regular reports on the status of the signature initiative.

Once the 12-month pilot phase is complete for *Be Well-Lake County*, the program will be replicated at the other six clinics run by the Lake County Health Department. If this signature initiative succeeds, NorthShore will use the same blueprint for managing many other chronic ailments, such as asthma and congestive heart failure.

NorthShore's signature initiative, Be Well-Lake County, focuses on educating the whole family of a diabetic patient about the habits of a healthy lifestyle, including good nutrition and regular exercise.





Additional NorthShore University HealthSystem Community Programs

Evanston Hospital's Community Programs and Partnerships Include:

- Outpatient Clinic
- Dental Center
- Medication Assistance Program
- Evanston/Skokie School District 65 Nurse Practitioner
- Mayor's Summer Youth Job Program
- Ricky Byrdsong/YWCA Evanston/North Shore Race Against Hate
- NorthShore University HealthSystem Grand Prix of Cycling
- NorthShore University HealthSystem/District 65 Health Challenge Bowl
- Perinatal Depression Program
- Evanston Township High School Sciences Rotation Program
- McGaw YMCA Club/FYT

Glenbrook Hospital's Community Programs and Partnerships Include:

- Glenbrook Family Care Center Access to Care Program
- Rebuilding Together
- District 214 Medical Academy
- Glenbrook South High School Medical Technology Hospital-based Curriculum
- Kohl's Dental Health Education Day
- State Representative Elizabeth Coulson's Senior Exposition

Highland Park Hospital's Community Programs and Partnerships Include:

- Region X Pod Hospital for Northeastern Illinois
- Simulator Center
- LIFE Living In the Future Cancer Survivorship Program
- Lake County Health Department Kids First Fair
- Relay for Life
- Firecracker 4

Skokie Hospital's Community Programs and Partnerships Include:

- United Way Trail of Fitness
- Skokie Backlot Bash
- Skokie Chamber of Commerce Women's Health Fair Lecture
- Skokie Festival of Cultures
- Village of Skokie Immigrant Information Health Lecture Series

Community Advisory Committees*

NorthShore University HealthSystem Staff Liaisons:

Mark Schroeder
Hania Fuschetto
Seema Terry

Evanston Hospital Members

Martha Arntson
Executive Director
Childcare Network of Evanston

Christopher Canning
Village President
Village of Wilmette

Carol Chaya Siegel
Community Nurse
CJE SeniorLife

Katie Dold White
Trustee, Village of Kenilworth

Willis Francis
Chair, Evanston Coalition for
Latino Resources

Paul Grant
Lincolnwood Resident

Jackie Grossman
Coordinator
Interfaith Housing Center

Jane Grover
Alderman, 7th Ward
City of Evanston

Sandra Hill
Past Executive Director
Family Focus

Sandi Johnson
Past Executive Director
North Shore Senior Center

Colleen Kahler
Health Services Coordinator
New Trier High School

Gerri Kahnweiler
Winnetka Resident

Kelley Kalimich
Superintendent
Kenilworth School District 38

Mary Larson
Coordinator of Health Services
Evanston/Skokie School District 65

Onnie Scheyer
Past President, Volunteer Center
of New Trier Township

Evonnda Thomas
Director, Department of
Health and Human Services
City of Evanston

Glenbrook Hospital Members

Lorelei Beaucaire
Chief Professional Officer
North Suburban United Way

Nada Becker
Executive Director
Northfield Chamber of Commerce

Jill Brickman
Supervisor
Northfield Township

Eric Dawson
Pastor
St. Philip Lutheran Church

Julie Fleckenstein
Social Worker
Glenview Police Department

Kim Hand
Senior Services
Village of Glenview

Rabbi Sidney Helbraun
Tempel Beth-El

Jason Herbster
Director of Recreation Services
Glenview Park District

Bill Lustig
Chief
Northfield Police Department

Barbara Marzillo
Nurse
Glenbrook South High School

Robert Noone
Executive Director
Family Service Center of Glenview,
Kenilworth, Northbrook, Wilmette

Joyce Pottinger
Executive Director
Glenview Senior Center

Michael Riggie
Superintendent
High School District #225

Gary Smith
Executive Director
The Josselyn Center

Dana Turban
NorthShore Auxillary

Highland Park Hospital Members

Jeanne Ang
Associate Director,
Primary Care Services
Lake County Health Department

Mari Barnes
Supervisor
Moraine Township

Matt Barbini
Director of Student Services
School District #112

Anne Flanigan Bassi
Lake County Board

Patrick Brennan
Deputy City Manager
City of Highland Park

Alicia De La Cruz
Highland Park Resident

Susan Garrett
Illinois District #29

Greg Jackson
City Manager
City of Highwood

Linda Kimball
Director
OASIS

Karen May
State Representative

Liza McElroy
Executive Director
Park District of Highland Park

Julie Morrison
Supervisor
West Deerfield Township

Peter Scalara
Assistant Village Manager
Village of Glencoe

Rabbi Isaac Serotta
South East Lake County Clergy
Association

Veronica Werhane
Student
School District #113

*Skokie Hospital will have Community Advisory Committee members in place by 2010.

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name:	Alexis Washa
Title:	Senior Director, Finance
Company Name:	NorthShore University HealthSystem
Address:	1301 Central Street Evanston, IL 60201
Telephone Number:	847/570-5230
E-mail Address:	awasha@NorthShore.org
Fax Number:	847/570-5240

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	NorthShore University HealthSystem
Address of Site Owner:	1301 Central Street Evanston, IL 60201
Street Address or Legal Description of Site:	9600 Gross Point Road Skokie, IL 60076

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:
Address:
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Flood Plain requirements of Executive Order #5, 2006.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

Historic Resources Preservation Act Requirements

[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 type="checkbox"/> Part 1120 Not Applicable</p> <p><input checked="" 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					
Acute/Chronic Mental Illness				42	
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					

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.

NorthShore University HealthSystem and Skokie Hospital propose to "discontinue" the 42-bed acute mental illness (AMI) category of service at Skokie Hospital. It is anticipated that a high percentage of the patients who would have otherwise been admitted to the Skokie Hospital unit will be admitted to the AMI units at NorthShore University HealthSystems' Evanston Hospital and Highland Park Hospital. While approved to operate 42 beds, the hospital—as Skokie Hospital and under prior ownership as Rush North Shore Medical Center—has not staffed more than 26 beds since 2008 due to a lack of demand for acute mental illness inpatient services in the area; and is operating with a consistent average daily census of 13 patients. Since 2005, the AMI occupancy rate at the hospital has dropped from 45% to only 31.9% in 2009.

With this project, NorthShore is consolidating its close by AMI services at Skokie Hospital and Evanston Hospital, believing that a single unit will provide the critical mass of patients needed to support a high quality program. The locating of the combined unit at Evanston Hospital will also allow for a synergy between the unit, NorthShore's AMI partial hospitalization program, and its chemical dependency program, both of which are located at Evanston Hospital. NorthShore's commitment to AMI services is reflected in the development of a new and expanded AMI unit at Evanston Hospital, comprised exclusively of private patient rooms.

The applicants understand and share the heightened concern over accessibility to AMI services in general and for that segment of the population served by the Medicaid program, in particular. As proposed, the discontinuation will not impede accessibility for Medicaid recipients. The vast majority of Medicaid recipients historically admitted to Skokie Hospital's acute mental illness unit were initially evaluated in the hospital's Emergency Department. Those evaluation services will continue to be provided following the inpatient unit's discontinuation; and as clinically appropriate, patients will be referred and admitted to the AMI unit of another hospital. In many instances that referral site will be Evanston Hospital, which is located 3.3 miles from Skokie Hospital. Evanston Hospital is a member of NorthShore University HealthSystem, and will have sufficient capacity to accommodate an additional 350 admissions a year, three times the number of Medicaid recipients admitted to Skokie Hospital's acute mental illness unit in 2009.

The "discontinuation" of the AMI service will occur within ninety days of IHFSRB approval to do so. The building in which the AMI service is located is scheduled for demolition, with the site to be used for surface parking. Because physician offices and other non-clinical hospital services which must be relocated are also located in the building, demolition and the subsequent parking development will not occur until the medical office building approved by the State Board (Project 09-025) on December 1, 2009 is available. That is anticipated to occur in June, 2012.

This is a "non-substantive" application because its reviewable components are limited to the proposed "discontinuation".

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$40,000		\$40,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$40,000		\$40,000
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$40,000		\$40,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$40,000		\$40,000

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ _____	
Fair Market Value:	\$ _____	
The project involves the establishment of a new facility or a new category of service		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>within 90 days of IHFSRB approval</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
not applicable	
<input type="checkbox"/>	Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/>	Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
<input type="checkbox"/>	Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits

Cost Space Requirements

not applicable

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							

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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: Skokie Hospital			CITY: Skokie		
REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	173	7,220	39,174	none	173
Obstetrics					
Pediatrics	2	included in Med/Surg	included in Med/Surg	none	2
Intensive Care	20	1,033	4,330	none	20
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	42	693	4,886	-42	0
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	237	8,946	48,390	-42	195

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 NorthShore University HealthSystem* 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.

SIGNATURE

Jeffrey H. Hillebrand

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

SIGNATURE

Gary E. Weiss

PRINTED NAME

Treasurer

PRINTED TITLE

Notarization:

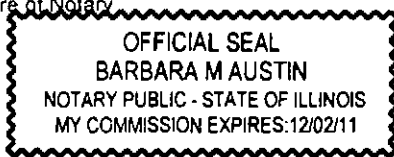
Subscribed and sworn to before me
this 22nd day of February, 2011

Notarization:

Subscribed and sworn to before me
this 22nd day of February 2010

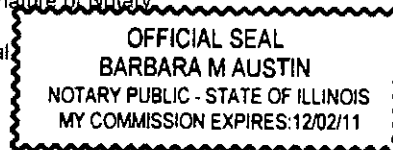
Signature of Notary

Seal



Signature of Notary

Seal



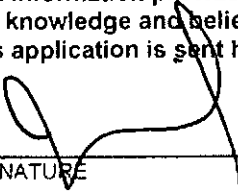
*Insert EXACT legal name of the applicant

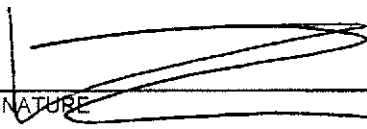
CERTIFICATION

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.

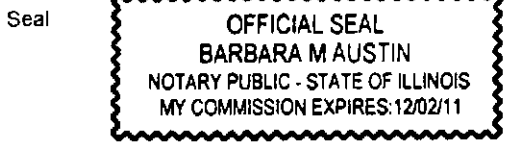
This Application for Permit is filed on the behalf of NorthShore University HealthSystem d/b/a Skokie Hospital in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application 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.


SIGNATURE
Jeffrey H. Hillebrand
PRINTED NAME
Chief Operating Officer
PRINTED TITLE



SIGNATURE
Kristen Murtos
PRINTED NAME
President, Skokie Hospital
PRINTED TITLE

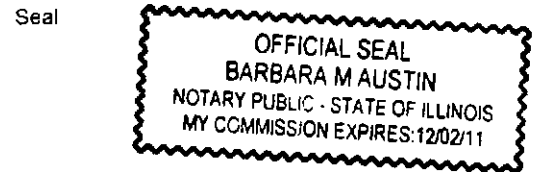
Notarization:
Subscribed and sworn to before me
this 22nd day of February 2010


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 24th day of February 2010


Signature of Notary



*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.

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

NOT APPLICABLE

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

B. Criterion 1120.210(b), Availability of Funds

NOT APPLICABLE

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs, including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

- _____ **Cash & Securities**
Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.
- _____ **Pledges**
For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.
- _____ **Gifts and Bequests**
Provide verification of the dollar amount and identify any conditions of the source and timing of its use.
- _____ **Debt Financing (indicate type(s) _____)**
For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;
For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;
For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;
For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.
- _____ **Governmental Appropriations**
Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.
- _____ **Grants**
Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.
- _____ **Other Funds and Sources**
Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

- _____ **TOTAL FUNDS AVAILABLE**

C. Criterion 1120.210(c), Operating Start-up Costs

NOT APPLICABLE

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes 9 No 9. If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

U. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

A. Criterion 1120.310(a), Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No **X**. If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Criterion 1120.310(b), Conditions of Debt Financing
not applicable, no debt to be used**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

**B. Criterion 1120.310(c), Reasonableness of Project and Related Costs
not applicable, no modernization**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).
- 2.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE													
Department (list below)	A	B	C		D		E		F		G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)		Mod. \$ (B x E)				
Contingency													
TOTALS													

* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

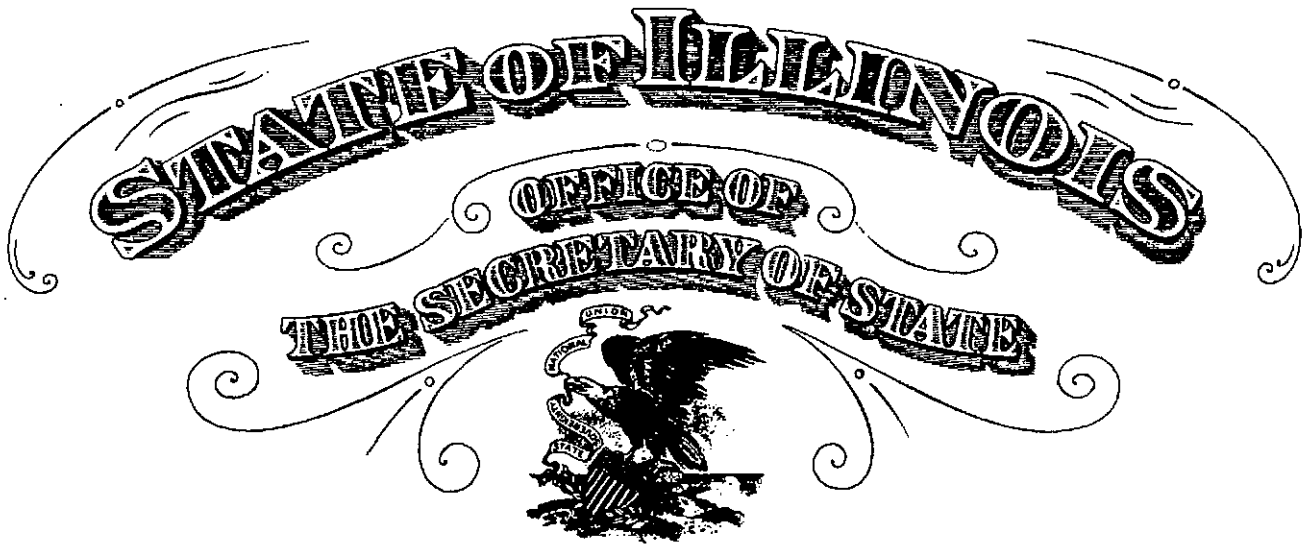
E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No **X**. If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

F. Criterion 1120.310(f), Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT -76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

NORTHSHORE UNIVERSITY HEALTHSYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 1891, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1002801858

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JANUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

ATTACHMENT I

SITE OWNERSHIP

Attached is a portion of a liability insurance policy in the name of NorthShore University HealthSystem, identifying Skokie Hospital among the properties owned by NorthShore and covered by the hospital (please see item 4 on page 10).



Healthcare Property Insurance Binder

ZURICH

FOR

NORTHSHORE UNIVERSITY HEALTHSYSTEM

And

Your affiliated or subsidiary companies or corporations owned, controlled or coming under your active management and your interest in partnerships or joint ventures as now exist or may hereafter be constituted or acquired during the policy period:

1301 CENTRAL STREET
EVANSTON, IL 60201-0201

We're always speaking your language with the Healthcare Policy and Risk Engineering Services.

Presented to:

MARSH USA

500 W MONROE ST STE 2100
CHICAGO, IL 60661-3655

Prepared by -

Benjamin Johnson
Property Underwriter
10 S. Riverside Plaza, 6th Floor
Chicago, IL 60606
Global Corporate - Property

Direct Telephone No. - (312) 496-9166
Fax Telephone No. - (312) 496-9234
Internet - benjamin.johnson@zurichna.com

Binder Preparation Date - 03/31/2009
Binder Expiration Date - 06/01/2009

Policy Number: ZMD.3588826-09

Policy issuing Company
American Guarantee & Liability

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192.
This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

ATTACHMENT 2
Confidential Page 1

Special Coverage Exceptions (if any)

- Ordinary Payroll is excluded
- The following Special Limitation(s), for premises described per Schedule dated as of 03/09/2009 that has been reported, filed and accepted by us, are made a part of this policy –

1. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable limited covered cause of loss and only for the following premises:

Evanston Hospital, 2650 Ridge Ave, Evanston, IL 60201.

Coverage is for Property Damage/Time Element (BI) Premises Limit:

2. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable limited covered cause of loss and only for the following premises:

Highland Park Hospital, 777 Park Ave West, 767 Park Ave West and 757 Park Ave West, Highland Park, IL 60035

Coverage is for Property Damage/Time Element (BI) Premises Limit:

3. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable limited covered cause of loss and only for the following premises:

Glenbrook Hospital, 2100 Pfungsten Rd, 2050 Pfungsten Rd and 2150 Pfungsten Rd, Glenview, IL 60025.

Coverage is for Property Damage/Time Element (BI) Premises Limit:

4. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable limited covered cause of loss and only for the following premises:

Skokie Hospital, 9600 Gross Point Road, 9669 North Kenton, and 9700 North Kenton, Skokie, IL 60076.

Coverage is for Property Damage/Time Element (BI) Premises Limit:

5. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

Research Office Building, 1001 University Ave, Evanston, IL 60201

Coverage is for Property Damage/Time Element (BI) Premises Limit:

6. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

4901 N. Searle Parkway, Skokie, IL 60077

Coverage is for Property Damage/Time Element (BI) Premises Limit:

7. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

Corporate Offices, 1301 Central Street, Evanston, IL 60201

Coverage is for Property Damage/Time Element (BI) Premises Limit:

8. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

Medical Office Building, 1000-20 Central Street, Evanston, IL 60201

Coverage is for Property Damage/Time Element (BI) Premises Limit:

9. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

Vernon Hills Medical Center, 225 N. Milwaukee Ave, Vernon Hills, IL 60061

Coverage is for Property Damage/Time Element (BI) Premises Limit:

10. This limitation is part of and not in addition to the stated Limit of Insurance. We will pay no more in any one occurrence than our proportionate share of _____ for the total of all coverage(s) combined including any applicable covered cause of loss and only for the following premises:

****At all other listed premises on file per Statement of Values dated 03/09/2009 which has been received, filed and accepted by us.****

(Refer to) SCHEDULE

The following is applicable for specific premises having a limitation other than those previously indicated under Sub-Limits of Insurance.

Earth Movement - Additional Sub-Limits of Insurance

Description of Premises	Per Occurrence	Annual Aggregate	Specific Deductible
-------------------------	----------------	------------------	---------------------

(Refer to) SCHEDULE

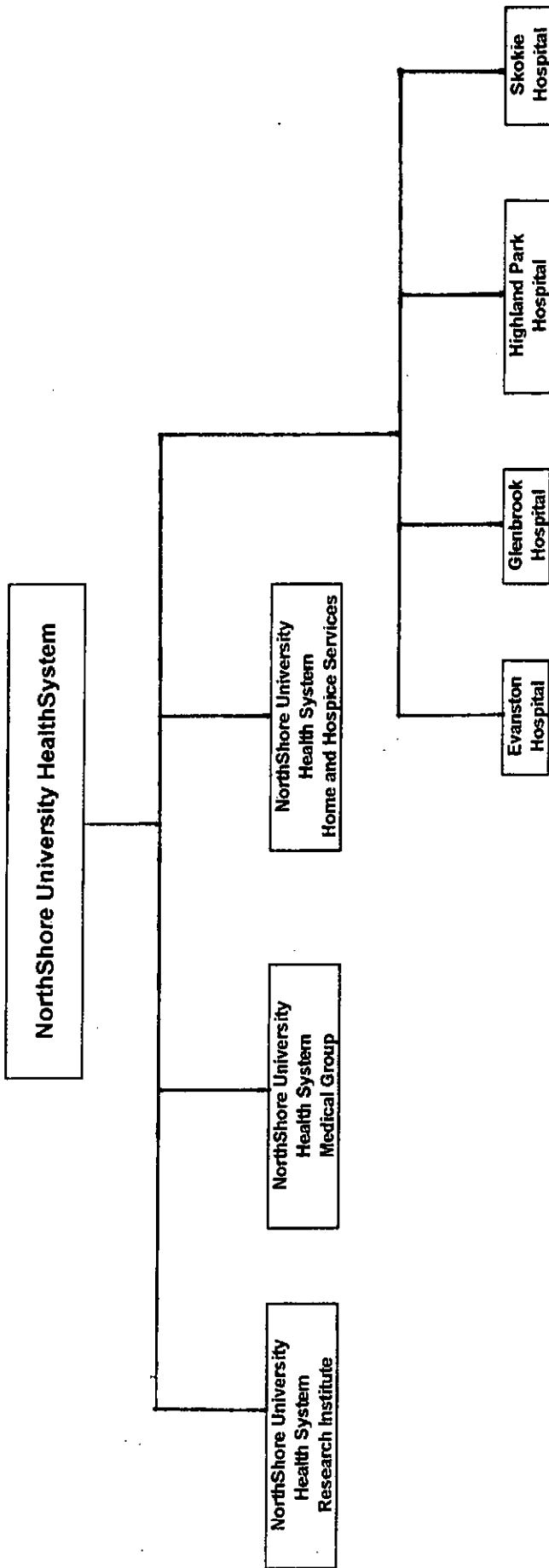
Flood - Additional Sub-Limits of Insurance

Description of Premises	Per Occurrence	Annual Aggregate	Specific Deductible
-------------------------	----------------	------------------	---------------------

(Refer to) SCHEDULE

Named Storm Wind - Additional Sub-Limits of Insurance

Description of Premises	Per Occurrence	Annual Aggregate	Specific Deductible
-------------------------	----------------	------------------	---------------------





Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
http://dnr.state.il.us

Pat Quinn, Governor

Marc Miller, Acting Director

Special Flood Hazard Area Determination

Pursuant to Governor's Executive Order 5 (2006)

(Supersedes Governor's Executive Order 4 (1979))

In brief, Executive Order 5 (2006) requires that State agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the State floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. Critical facilities, as described in the Executive Order, must be protected to the 500-year flood elevation. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties.

Requester: Axel and Associates

Address: 675 North Court Street, Suite 210

City, state, zip code: Palatine, IL 60067

Project Description: Skokie Hospital

Site address or location: 9600 Gross Point Road

City, state, zip code: Skokie, IL 60076

County: Cook **Flood Map Panel:** 17031C0265J **Map Date:** 8/19/08

Floodplain Determination

- The property described above is NOT located within a 100-year or 500-year floodplain.
- The property described above is located within a 100-year floodplain. Further plan review required.
- Critical facility site located within 500-year floodplain. Further plan review required.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or flood damage. Questions concerning this determination may be directed to the Illinois DNR Office of Water Resources at (217) 782-3863.

Reviewed by: [Signature]

Date 4/29/09

ATTACHMENT 4

PROJECT COSTS AND SOURCES OF FUNDS

The "Consulting and Other Fees" are an estimate of the costs associated with developing the CON application, as well as the application filing and review fees.

Consistent with a January 20, 2010 technical assistance conference with State Agency staff, the costs associated with the planned demolition of the building and development of surface parking which will occur following the discontinuation of the AMI service have not been included in the identified project costs.

DISCONTINUATION
GENERAL INFORMATION REQUIREMENTS

NorthShore University HealthSystem is proposing to discontinue the acute mental illness (AMI) service located at Skokie Hospital. The hospital is approved to operate 42 AMI beds, but, and as noted in the hospital's IDPH Profile, the hospital has historically staffed far fewer than that number, and has operated with an average daily census of 13 patients for the past twelve months. No other IDPH-designated categories of service or other clinical services are included in this project.

The anticipated discontinuation will occur within ninety days of IHFSRB's approval to do so. A majority of the current caseload is anticipated to relocate to Evanston Hospital, which is also a member of NorthShore University HealthSystem. Evanston Hospital is in the process of modernizing its inpatient AMI unit—including the addition of four beds, with the entire unit consisting of private rooms. That modernization is scheduled to be completed in July, and sufficient time to conduct required IDPH inspections is being provided, resulting in the anticipated schedule for discontinuation. Additional patients are anticipated to "relocate" to Highland Park Hospital and other area hospitals consistent with the letters provided by the hospitals and included in ATTACHMENT 9C.

The building used to house Skokie Hospital's AMI unit, as well as an adjacent and connected building will be demolished, with the site to be developed for surface parking. These buildings, in addition to the AMI unit, house private physicians' offices as well as a number of other functions needing to be relocated. Because these offices and functions cannot be relocated until the hospital's major modernization program (IDPH Project # 09-025, approved December 1, 2009) has been completed, the demolition and subsequent parking lot construction will not begin until June 2012. Pursuant to a Technical Assistance conference held with State Agency staff on January 20, 2010, the project's completion date is identified as the date on which the last AMI patient is discharged from Skokie Hospital.

All medical records will be maintained in digital format by Skokie Hospital, indefinitely.

DISCONTINUATION
REASONS FOR DISCONTINUATION

The decision to discontinue Skokie Hospital's AMI unit is primarily the result of low utilization and the desire to improve the services provided to the communities served by NorthShore University HealthSystem through the consolidation of the acute mental illness (AMI) services located at close by Skokie Hospital and Evanston Hospital. A single unit, which will be located at Evanston Hospital, will provide the critical mass of patients needed to support a high quality program. The locating of the combined unit at Evanston Hospital will also allow for a synergy between the unit, NorthShore's AMI partial hospitalization program, and its chemical dependency program, both of which are located at Evanston Hospital. NorthShore's commitment to AMI services is reflected in the development of a new and expanded AMI unit at Evanston Hospital, comprised exclusively of private patient rooms.

NorthShore University HealthSystem operates four hospitals in the northern Chicago suburbs (Evanston, Glenview, Highland Park and Skokie), with three of those hospitals providing inpatient acute mental illness (AMI) services. It is NorthShore's intent to reduce the duplication of this service and improve the manner in which AMI services are being provided through the consolidating of the inpatient AMI programs at Highland Park Hospital and Evanston Hospital. Following the proposed discontinuation,

Skokie Hospital will continue to provide crisis intervention services in its Emergency Department and psychiatric consultation services on its medical/surgical units.

Skokie Hospital and Evanston Hospital are located 3.3 miles apart, and both are located in IDPH designated planning area A-08. In addition, Highland Park Hospital, is located only 11.1 miles/16 minutes to the north of Skokie Hospital, in the planning area immediately to the north of A-08.

System-wide, the three NorthShore hospitals are approved to operate 76 AMI beds, and in 2009 operated with a combined average daily census (ADC) of 35.1 patients, or a 46% occupancy rate, compared to the IDPH target occupancy rate of 85%. Skokie Hospital's 2009 ADC of 13.4 patients resulted in an occupancy rate of less than 32%. As a result of the low utilization of the AMI service at Skokie Hospital, and with excess capacity being available at both of NorthShore University HealthSystem's other two nearby AMI units, the decision was made to discontinue the Skokie Hospital unit, and to the extent possible consolidate the patients in the other two units. On average, the Evanston Hospital and Highland Park Hospital AMI units have a combined twelve unoccupied beds, compared to Skokie Hospital's average daily census of 13.4 patients. While it is anticipated that many who would now be admitted to the Skokie Hospital unit will gravitate to the Evanston Hospital and Highland Park Hospital units, admission decisions are made by the patient, the patient's family and the patient's physician. For this reason, it is reasonable to assume that some patients will be admitted to non-NorthShore units, and there are a number of nearby AMI units, including Aurora

Lakeshore Hospital and Louis A. Weiss Memorial Hospital that have excess capacity and have expressed a willingness to accept Skokie Hospital patients (please see Attachment 9C).

DISCONTINUATION
IMPACT ON ACCESS

The proposed discontinuation of Skokie Hospital's acute mental illness (AMI) will not have an appreciable negative impact on the communities traditionally served by the hospital's AMI service, which include the northern Cook County suburbs and the neighborhoods on the far north side of Chicago.

NorthShore University HealthSystem shares the statewide concern over the recent hospital trend to discontinue acute mental illness (AMI) beds and the effect of that trend on access to mental health services, particularly for Medicaid recipients. When investigating the potential to consolidate adult AMI services that were being duplicated at close-by Evanston Hospital and Skokie Hospital, care was given to ensure that accessibility would not be unreasonably compromised. Evanston Hospital, by July 2010 will be opening a replacement AMI unit, expanding its service by four beds, and locating all of its AMI beds in private rooms. These additional beds, coupled with the locating of all of the AMI beds in private rooms—allowing a higher occupancy rate—will provide capacity for over half of the AMI patients admitted to Skokie Hospital last year. In addition, three other nearby providers of AMI services, including Highland Park Hospital, have documented their ability and willingness to admit AMI patients who have traditionally been admitted to Skokie Hospital in numbers that when added to the Evanston Hospital capacity to do so exceed Skokie Hospital's 2009 number of AMI

admissions. Letters documenting this are provided at the end of this attachment. Three of the four hospitals providing letters have traditionally admitted Medicaid recipients to their AMI units (one limits its unit programmatically to gero-psychiatry, with virtually all patients being covered by Medicare), and as a result, no reduction in accessibility to AMI services for Medicaid recipients is anticipated. Within NorthShore University HealthSystem alone, Evanston Hospital, has documented an ability to accommodate 350-355 Skokie Hospital AMI patients, and to do so without "conditions, limitations or discrimination". Evanston Hospital is already a major provider of AMI services to the area's Medicaid eligible patient population, with 13% of Evanston Hospital's AMI admissions last year being Medicaid recipients. 116 Medicaid recipients were admitted to Skokie Hospital's AMI unit in 2009, approximately one-third the number of Skokie Hospital AMI patients that could be admitted to Evanston Hospital. Nearly all of the Medicaid recipients admitted to Skokie Hospital's acute mental illness unit last year were initially evaluated in the hospital's Emergency Department. Those evaluation services will continue following the inpatient unit's discontinuation, and as clinically appropriate, the patients will be referred and admitted to another hospital's AMI inpatient unit, often the unit at Evanston Hospital.

Utilization of AMI services has declined state-wide and nation-wide over the past ten years, and Skokie Hospital's AMI planning area, which consists of the northern Cook County suburbs is no exception. Because Skokie Hospital and Evanston Hospital are the only AMI providers in planning area A-08, the applicants have direct access to current utilization data (a combined 9,606 patient days in 2009). That data, along with a straight

line population projection using the 2005 population estimate and the 2015 population projection (both developed by IDPH) incorporated into the IDPH's *Inventory of Health Care Facilities and Services and Need Determinations*, allows an updated comparison of actual beds to "Calculated Bed Need", using current rather than 2005 data, as used in the *Inventory*:

Estimated 2009 Total Population:	453,328
Minimum AMI Use Rate:	0.11
Minimum AMI Bed Need:	50
Experienced AMI Use rate:	21.2
Projected 2015 Total Population:	467,620
Projected Patient Days:	9,867
Days in Year 2015:	365
Projected Average Daily Census:	27.0
Target Occupancy Rate:	.85
Calculated Bed Need:	32
Available Beds:	63
Bed Need (Excess)	(31)

The current utilization data presented in the calculation above, identifies an actual excess of 31 beds in the planning area, as opposed to the excess of 10 beds identified in the January 19, 2010 update to the *Inventory*, which, as noted above, is based on 2005 utilization. The increased excess is a direct result of a diminishing AMI utilization rate, which dropped in Planning Area A-08 from 26.6 days/1,000 in 2005 to 21.2 days/1,000 in 2009, a reduction of 20%.

With the proposed discontinuation of 42 beds at Skokie Hospital, a "need" for eleven beds will exist in planning area A-08. This need, however, is mitigated by the significant excess of beds in the contiguous planning areas. Historically, Skokie Hospital

attracts 20.7% of its patients from the City of Chicago, with the overwhelming majority of those coming from the far northern neighborhoods---those closest to Skokie Hospital. That geographic area is designated by the IDPH as planning area A-01. There are 10 hospitals providing AMI services in planning area A-01, and according to the January 19, 2010 update to the IDPH's *Inventory*, there are 20 excess beds in that planning area. Similarly, in planning area A-07, which is immediately to the west, there are 254 excess AMI beds.

Attached are letters from four nearby hospitals, indicating that their AMI services have excess capacity and that they are willing to admit patients who otherwise would have been admitted to Skokie Hospital's AMI unit. As noted elsewhere in this application, during 2009 Skokie Hospital admitted 693 AMI patients and operated with an average daily census of 13 patients. The four hospitals (Evanston Hospital, Highland Park Hospital, Aurora Chicago Lakeshore Hospital and Louis A. Weiss Memorial Hospital) cumulatively indicate a willingness and ability to admit 870 additional patients, annually, and as a result, it is believed by the applicants that the proposed discontinuation will not have an adverse effect upon access within the hospital's market area.

Consistent with the requirements of Section 1110.130.c, certified letters were sent to each provider of AMI services located within 45 minutes (MapQuest, adjusted) of Skokie Hospital, requesting an impact statement. Those hospitals include the following:

- Evanston Hospital, Evanston
- Vista Medical Center-West, Waukegan
- Highland Park Hospital, Highland Park
- Adventist Illinois Masonic Hospital, Chicago

- Aurora Chicago Lakeshore Hospital, Chicago
- Children's Memorial Hospital, Chicago
- Kindred Hospital Chicago-North, Chicago
- Louis A. Weiss Memorial Hospital, Chicago
- Methodist Hospital of Chicago, Chicago
- Northwestern Memorial Hospital, Chicago
- St. Joseph Hospital, Chicago
- Swedish Covenant Hospital, Chicago
- Thorek Hospital and Medical Center, Chicago
- Loretto Hospital, Chicago
- Mt. Sinai Hospital Medical Center, Chicago
- Norwegian American Hospital, Chicago
- Rush University Medical Center, Chicago
- St. Mary of Nazareth Hospital Center, Chicago
- St. Anthony Hospital, Chicago
- St. Elizabeth Hospital, Chicago
- UHS Hartgrove Hospital, Chicago
- University of Illinois Medical Center, Chicago
- Mercy Hospital and Medical Center, Chicago
- St. Bernard Hospital and Health Care Center, Chicago
- Gottlieb Memorial Hospital, Melrose Park
- Riveredge Hospital, Forest Park
- Westlake Hospital, Melrose Park
- Advocate Lutheran General Hospital, Park Ridge
- Scott Nolan Center, Des Plaines
- Northwest Community Hospital, Arlington Heights

A template of the letter sent to each of the above-listed providers in inpatient AMI services is attached, as is evidence of delivery.

Certified Mail
Delivery Receipt Requested

Certified Mail
Delivery Receipt Requested

February 1, 2010

CEO name
Title
Hospital name
Street address
City, state, ZIP Code

**RE: Proposed "Discontinuation" of Acute Mental Illness
Inpatient Services**

Dear _____ :

NorthShore University Health System intends to file an Application for Permit with the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the 42-bed acute mental illness (AMI) service at Skokie Hospital. During 2008, 762 patients were admitted to the hospital's AMI unit, and 693 patients were admitted in 2009. The 2009 average daily census was 13.4 patients.

The discontinuation of the service is anticipated to occur within thirty days of the receipt of the requested Permit from the IHFSRB; and it is anticipated that many of the patients historically admitted to Skokie Hospital's inpatient psychiatric program will be admitted to the other programs operated by NorthShore University Health System hospitals.

Consistent with Section 1110.130.c of the IHFSRB's rules, and in order to document that this "discontinuation" will not have an adverse impact upon access to acute mental illness services, we would appreciate it if you could please identify:

1. what, if any, impact this proposed discontinuation will have on your hospital,
2. whether your hospital has the capacity to accommodate a portion of Skokie Hospital's experienced caseload, and
3. whether your hospital will be willing to admit these patients without conditions, limitations or discrimination.

Please address your response to me, and I appreciate your assistance with this matter. Should you have any questions concerning this proposed discontinuation, please don't hesitate to call me.

Sincerely,

Kristen Murtos
President

ATTACHMENT 9C

Evanston Hospital

February 5, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

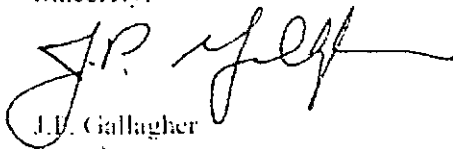
Dear Ms. Murtos:

This letter is being provided in response to your letter requesting whether the proposed discontinuation of Skokie Hospital's acute mental illness unit will have any impact on Evanston Hospital. I understand that this letter will be included in Skokie's Certificate of Need application.

We have concluded, upon review of our mental illness services and our utilization during the last five years, that the proposed discontinuation will likely result in an additional 350 to 355 mental health admissions per year to Evanston Hospital. You should be aware that Evanston Hospital will have sufficient capacity to care for all of these anticipated patients and will do so without conditions, limitations or discrimination. While we understand that the Illinois Health Facilities and Services Review Board has received a number of applications to discontinue in-patient mental illness services during the past two years, you should be aware that Evanston Hospital will be adding beds to its mental illness unit, and those beds will be available in July, 2010.

You should also be aware that, like Skokie Hospital, Evanston Hospital does not restrict admission based on ability to pay. With regard to patients who are Medicaid eligible, you should be aware that during calendar year 2009, 12.9% of patients admitted to Evanston's mental illness unit were Medicaid recipients. It is our expectation going forward that Evanston will continue to attract a significant Medicaid population.

Sincerely,



J.P. Gallagher
President
Evanston Hospital

JPG:meh

Highland Park Hospital

February 12, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, Illinois 60076

Dear Ms. Murtos:

This letter is being provided in connection with Skokie Hospital's proposed Certificate of Need to discontinue its mental illness unit. You have asked us to indicate whether that discontinuation will impact Highland Park Hospital's mental illness unit. This letter responds to your request and can be submitted as part of your application.

As you know, Highland Park Hospital maintains a 12-bed acute mental illness unit. Based on our knowledge of the patients that are currently being admitted to Skokie for care, we expect that the Skokie Hospital discontinuation could result in 50 to 75 additional annual admissions to Highland Park. Based on our historical utilization, we could accommodate all of those additional patients in our existing unit.

In addition, it is important to convey to you, and to the Illinois Health Facilities and Services Review Board, that Highland Park Hospital admits patients without conditions, limitations or discrimination. Highland Park Hospital provides a wide array of hospital services, including in-patient mental health services, to all patients regardless of their source of payment, including patients who are Medicaid recipients.

Sincerely,



Jesse Peterson Hall, FACHE
President

JPH/nll

Chicago Lakeshore Hospital

4840 North Marine Drive
Chicago, Illinois 60640-4220
Fax (773) 907-4607 / Phone (773) 878-9700

February 3, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

Dear Ms. Murtos:

Please accept this letter in response to your January 27, 2010 letter in which you indicated NorthShore University HealthSystem's intent to discontinue inpatient psychiatric services at Skokie Hospital. In that letter you asked me to inform you about the impact that the discontinuation will have on my hospital.

By way of background, Aurora Chicago Lakeshore Hospital is a 146-bed psychiatric hospital located on the north side of Chicago, and about 20 minutes to the south of Skokie Hospital. We provide a full spectrum of inpatient psychiatric services and routinely accept referrals from Skokie Hospital.

I do not believe that the proposed discontinuation of the acute mental illness unit at Skokie Hospital will have any adverse impact on Aurora Chicago Lakeshore Hospital. In addition, I believe that this discontinuation will not have negative impact on Medicaid eligible patients' access to mental illness services, particularly those Medicaid eligible patients under the age of 21 that can be served by Aurora Chicago Lakeshore Hospital. Aurora Chicago Lakeshore Hospital is prepared to accept up to 400 patients annually, whom otherwise now would be admitted to Skokie Hospital.

Sincerely,



C. Alan Eaks
Chief Executive Officer



WEISS MEMORIAL HOSPITAL
4646 NORTH MARINE DRIVE
CHICAGO, ILLINOIS 60640

1.773.878.8700
WWW.WEISSHOSPITAL.COM

February 18, 2010

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

Dear Ms. Murtos:

We are in receipt of your letter in which you notified Weiss Memorial Hospital of your intent to discontinue inpatient psychiatric services at Skokie Hospital. You have requested we inform you of the impact that such discontinuation of services would have on Weiss Memorial Hospital. As you are aware, Louis A. Weiss Memorial Hospital operates an inpatient psychiatric program, focusing on patients 62 years of age and older.

Your proposed discontinuation will have no impact on the inpatient psychiatric program at Weiss. Our hospital serves a patient population primarily from the north side of Chicago, with our service area overlapping only in some areas within that of Skokie Hospital. Our utilization would suggest we could accept approximately 40 patients a year currently being admitted to Skokie Hospital's acute mental illness unit. Those patients would be admitted without regard to payment source or any other factor, with the exception of age, as noted above.

Because there are a number of hospitals on the north side of Chicago that provide acute mental illness services and have excess capacity, I do not envision Skokie Hospital's proposed discontinuation of its acute inpatient psychiatric services having any adverse impact on the accessibility of these services for any patient population, including Medicaid recipients.

Sincerely,



Frank Molinaro, FACHE
Chief Executive Officer

Westlake Hospital
1225 West Lake Street
Melrose Park, Illinois 60160
708-938-2000



Pat Shehorn
Chief Executive Officer

February 11, 2010

Kristen Murtos
President, Skokie Hospital
NorthShore University HealthSystem
9600 Gross Point Road
Skokie, IL 60076

Dear Ms. Murtos:

I am in receipt of your February 1st letter regarding the proposed discontinuation of acute mental illness inpatient services at Skokie Hospital. It is doubtful that considering your low occupancy rate, that this would have an impact on Westlake Hospital due to our distance from you.

While our occupancy in acute mental illness inpatient services is generally high, should we have availability, we would be willing to admit these patients.

Please contact me if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads "Pat Shehorn".

Pat Shehorn

PS/11



Loretto
Hospital

645 South Central Avenue • Chicago, IL 60644 • Tel: (773) 626-1300 • Fax: (773) 626-2613

February 15, 2010

Kristen Murtos
President, Skokie Hospital
NorthShore University Health System
9600 Gross Point Road
Skokie, IL 60076

Dear Ms. Murtos:

I received your letter regarding the proposed "Discontinuation" of Acute Mental Illness Inpatient Services. I reviewed all pertinent information and it is my understanding that this discontinuation of services will not have an adverse impact upon access to acute mental illness services at Loretto Hospital.

If you have any questions or need additional information please feel free to contact me at (773) 854-5000.

Sincerely,

Steve Drucker
President/CEO



Committed to Your Good Health

ATTACHMENT 9C

1775 Dempster Street
Park Ridge, Illinois 60068-1174
Telephone 847.723.2210



February 16, 2010

Ms. Kristen Murtos
President, Skokie Hospital
NorthShore University HealthSystem
9600 Gross Point Road
Skokie, Illinois 60076

Re: Skokie Hospital Discontinuation of Acute Mental Illness Inpatient Services

Dear Ms. Murtos:

We received your letter dated February 1, 2010 regarding Skokie Hospital's intent to discontinue its 42 bed acute mental illness ("AMI") service. Your letter inquired whether Advocate Lutheran General Hospital had the capacity to accommodate any of Skokie Hospital's caseload and also inquired as to what impact your proposed discontinuation would have on our hospital.

Advocate Lutheran General Hospital has 55 licensed AMI beds. Although our utilization is less than the Planning Board's target utilization, we are limited in our capacity to accept your caseload at this time. Recent circumstances at our sister hospital, Advocate Good Shepherd Hospital, have dictated that Good Shepherd substantially reduce its behavioral health unit. As part of that reduction Lutheran General Hospital agreed to assist Good Shepherd to assure that its patients received treatment. Because of our recent agreement to accept Good Shepherd patients, however, we are unable to commit to accepting any of Skokie's AMI caseload were you to close your unit.

One of your questions asked what impact your AMI discontinuation would have upon our hospital. Unfortunately, we do not have sufficient information from your letter to provide you with a meaningful response. Your letter indicated that many of the Skokie AMI patients would be admitted to other North Shore affiliated hospitals. For us to assess the impact upon Lutheran General we would need to know how many of the patients otherwise untreated by other North Shore hospitals would come from our service areas. Absent more information on the location of the patients affected we cannot determine the impact of your discontinuation on our facility at this time. If you were to provide us with this data, or upon seeing the detailed information in your final CON application, we would be pleased to consider that information and provide you with a more detailed response.

Once again, thank you for informing us of your plans and asking for our response.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew F. Robbins".

Matthew F. Robbins
Regional Vice President, Business Development
Advocate Healthcare



836 W. Wellington Avenue
Chicago, Illinois 60657-5193
Telephone 773.975.1600



February 16, 2010

Ms. Kristen Murtos
President, Skokie Hospital
NorthShore University HealthSystem
9600 Gross Point Road
Skokie, Illinois 60076

Re: Proposed Discontinuation of Acute Mental Illness Inpatient Services

Dear Ms Murtos:

Thank you for your February 1, 2010, letter regarding NorthShore University HealthSystem's intent to discontinue its 42 bed acute mental illness ("AMI") service at Skokie Hospital. Your letter asked whether Advocate Illinois Masonic Medical Center had the capacity to accommodate any of Skokie Hospital's caseload and also inquired as to what impact your proposed discontinuation would have on our hospital.

Illinois Masonic is presently licensed for 39 AMI beds. Our AMI census has been increasing and is presently quite high. Our preliminary data indicates that our present psychiatric unit utilization is 89.3% of physically available beds, which is essentially full capacity. As our indigent care numbers show, our hospital has historically accepted patients without conditions, limitations or discrimination. If we were able to accept your patients, we do so without discrimination. Because we are operating at or near our capacity, however, we may be unable to absorb any of Skokie's AMI caseload.

One of your questions asked what impact your AMI discontinuation would have upon our hospital. Unfortunately, we do not have sufficient information from your letter to provide you with a meaningful response. Your letter indicated that many of the Skokie AMI patients would be admitted to other North Shore affiliated hospitals. Could you please be specific about how many you expect to be admitting at those hospitals and your capacity to increase beds at those facilities?

For us to gauge the impact upon Illinois Masonic it would be necessary for us to know how many of the patients otherwise untreated by other North Shore hospitals would come from our service areas. Absent more information on the location of the patients affected we are unable to determine the impact of your discontinuation on our facility. If you were to provide us with this data, or upon seeing the detailed information in your final CON application, we would be pleased to consider that information and provide you with a more detailed response.

Once again, thank you for your letter soliciting our input.

Sincerely,


Susan Nordstrom Lopez
President



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:

Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, IL 60657-5193

COMPLETE THIS SECTION ON DELIVERY

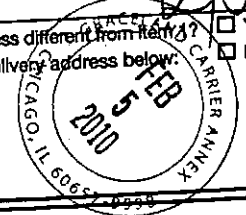
A. Signature Agent
 Addressee
Donita Ali

B. Received by (Printed Name) _____ C. Date of Delivery 2-5-10

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Transfer from service label) 7007 0220 0002 6827 8184

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625-3642

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
M. Newton

B. Received by (Printed Name) _____ C. Date of Delivery 2-5-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 0220 0002 6827 8221

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Frank L. Molinaro
Chief Executive Officer
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640-5789

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
F. Molinaro

B. Received by (Printed Name) _____ C. Date of Delivery 2-6-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 0220 0002 6827 8351

ATTACHMENT 9C

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:

John J. DeNardo
 CEO, Healthcare System
 University of Illinois Medical Center at Chicago
 West Taylor Street, Suite 1400, M/C 69
 Chicago, IL 60607-7236

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Maribel Vellon

X

B. Received by (Printed Name) C. Date of Delivery
 Maribel Vellon

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Larry Goodman, M.D.
 President & CEO
 Rush University Medical Center
 1653 West Congress Parkway
 Chicago, IL 60612-3864

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
R. T. TAYLOR 2/5/10

X

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Guy Medaglia
 President & CEO
 Saint Anthony Hospital
 2875 West 19th Street
 Chicago, IL 60623-3501

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jose Rosario

X

B. Received by (Printed Name) C. Date of Delivery
 JOSE ROSARIO 2-5-10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7007 0220 0002 6827 8252

ATTACHMENT 9C

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:
 Bruce C. Campbell
 President
 Advocate Lutheran General Hospital
 1775 Dempster Street
 Park Ridge, IL 60068-1173

2. Article Number (Transfer from service label) 7007 0220 0002 6827 8467

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) _____ C. Date of Delivery 2-4-10

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

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:
 Bruce K. Crowther
 President & CEO
 Northwest Community Hospital
 800 West Central Road
 Arlington Heights, IL 60005-2392

2. Article Number (Transfer from service label) 7007 0220 0002 6827 8320

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) _____ C. Date of Delivery EB 04

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

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:
 Teresa Maganzini
 Administrator
 Maryville Scott Nolan Center
 555 Wilson Lane
 Des Plaines, IL 60016-1290

2. Article Number (Transfer from service label) 7007 0220 0002 6827 8344

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) Teresa Rodriguez C. Date of Delivery 2/4/10

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

ATTACHMENT 9C

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:

Carey E. Carlock
 Chief Executive Officer
 Riveredge Hospital
 8311 West Roosevelt Road
 Forest Park, IL 60130-2529

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Jessica Garcia

B. Received by (Printed Name) Agent
 Addressee
Jessica Garcia

C. Date of Delivery
2/4

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7007 0220 0002 6827 8276**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Barbara J. Martin
 Chief Executive Officer
 Vista Medical Center West
 2615 Washington Street
 Waukegan, IL 60085-4988

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]

B. Received by (Printed Name) Agent
 Addressee
[Signature]

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7007 0220 0002 6827 8214**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Frank A. Solare
 President & CEO
 Thorek Memorial Hospital
 850 West Irving Park Road
 Chicago, IL 60613-3099

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]

B. Received by (Printed Name) Agent
 Addressee
YVES A...

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7007 0220 0002 6827 8191 ATTACHMENT 9C**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

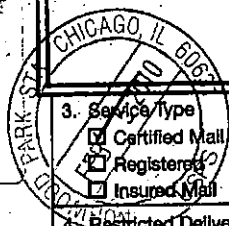
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Steven Airhart CEO UHS Hartgrove Hospital 5730 W. Roosevelt Road Chicago, IL 60644	B. Received by (Printed Name) LINDA LOGAN	C. Date of Delivery 2/2
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 1490 0002 1941 4740	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Jesse Peterson Hall President Highland Park Hospital 777 Park Avenue West Highland Park, IL 60035-2497	B. Received by (Printed Name) Jesse Peterson	C. Date of Delivery 2-8-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0220 0002 6827 8474	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: C. Alan Eaks Chief Executive Officer Chicago Lakeshore Hospital 4840 North Marine Drive Chicago, IL 60640	B. Received by (Printed Name) Volando Ritey	C. Date of Delivery 2/5/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0220 0002 6827 8450	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

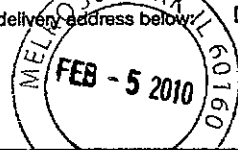
ATTACHMENT 9C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Sister Donna Marie Wolowicki, CMA EVP & CEO Resurrection Medical Center 7435 West Talcott Avenue Chicago, IL 60631-4455		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0002 6827 8283	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Steven C. Drucker, FACHE President & CEO Loretto Hospital 645 South Central Avenue Chicago, IL 60644-9987		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0002 6827 8412	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Patricia Shehorn EVP & CEO Westlake Hospital 1225 Lake Street Melrose Park, IL 60160-4039		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0002 6827 8287	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



ATTACHMENT 9C

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:

Margaret McDermott
 EVP & CEO
 Saint Elizabeth Hospital
 1431 North Claremont Avenue
 Chicago, IL 60622-1791

2. Article Number
(Transfer from service label)

7007 0220 0002 6827 8245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Margaret McDermott*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

John Morgan
 President
 Gottlieb Memorial Hospital
 701 West North Avenue
 Melrose Park, IL 60160-1612

2. Article Number
(Transfer from service label)

7007 0220 0002 6827 8436

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Chris Dopy*

C. Date of Delivery *2/4/18*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Beth Van Straten
 PO
 St. Bernard Hospital and Health Care
 Center
 326 W. 64th Street
 Chicago, IL 60621

2. Article Number
(Transfer from service label)

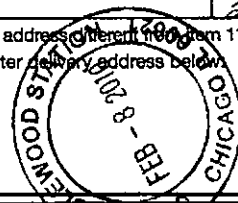
7007 1490 0002 1941 4764

PS Form 3811, February 2004

Domestic Return Receipt

ATTACHMENT 9C

102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Charles Thomas*

C. Date of Delivery *2/8/18*

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

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

4. Restricted Delivery? (Extra Fee) Yes

45

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:

Alan H. Channing
 President & CEO
 Mount Sinai Hospital
 California Avenue at 15th Street
 Chicago, IL 60608-1797

2. Article Number
 (Transfer from service label) 7007 0220 0002 6827 8337

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Alan Channing

B. Received by (Printed Name) C. Date of Delivery
Alan Channing

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

RECEIVED
 CHICAGO, ILL 60608
 FEB 2 2004

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Reverend Steven Dahl
 President & CEO
 Methodist Hospital of Chicago
 5025 N. Paulina
 Chicago, IL 60640

2. Article Number
 (Transfer from service label) 7007 1490 0002 1941 4733

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Stamps

B. Received by (Printed Name) C. Date of Delivery
John Stamps

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Margaret McDermott
 EVP & CEO
 Saint Mary of Nazareth Hospital
 2233 West Division Street
 Chicago, IL 60622-3087

2. Article Number
 (Transfer from service label) 7007 0220 0002 6827 8238

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Margaret McDermott

B. Received by (Printed Name) C. Date of Delivery
Margaret McDermott

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

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

4. Restricted Delivery? (Extra Fee) Yes

ATTACHMENT 9C

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X <i>Jake Flores</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>J. Flores</i>	C. Date of Delivery <i>2/8/10</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: Patrick M. Magoon President & CEO Children's Memorial Hospital 2300 Children's Plaza Chicago, IL 60614-3394		
2. Article Number (Transfer from service label)	7007 0220 0002 6827 8443	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X <i>Hedoro Jimeno</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: Michael J. O'Grady President & CEO Norwegian American Hospital 1044 North Francisco Avenue Chicago, IL 60622-2794		
2. Article Number (Transfer from service label)	7007 0220 0002 6827 8290	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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:

Dean M. Harrison
 President & CEO
 Northwestern Memorial HealthCare
 251 East Huron Street
 Chicago, IL 60611

2. Article Number
(Transfer from service label)

7007 0220 0002 6827 8313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Mark Falvey Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

ATTACHMENT 90

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:

Sister Sheila Lyne, RSM
 President & CEO
 Mercy Hospital and Medical Center
 2525 South Michigan Avenue
 Chicago, IL 60616-2477

ATTACHMENT ^{9C}

2 Article Number

(Transfer from service label)

7007 1490 0002 194J 4726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1A-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name) Date of Delivery
SESU Lawrence

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

2010 FEB 25

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

4. Restricted Delivery? (Extra Fee) Yes

BACKGROUND OF APPLICANT

NorthShore University HealthSystem owns and operates four hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital. In addition, it owns and operates Highland Park Hospital Renal Dialysis.

Attached is the documentation required by Criterion 1110.230.a. The letter dated October 23, 2009 documents Skokie Hospital's accreditation by the Joint Commission on Accreditation of Healthcare Organizations. . NorthShore University HealthSystem's other three hospitals, Evanston Hospital, Glenbrook Hospital and Highland Park Hospital participated in a unified JCAHO survey in December, 2008; and documentation of accreditation in the form of a letter dated April 7, 2009 is attached.

1301 Central Street
Evanston, IL 60201
www.northshore.org

(847) 570-5151
(847) 570-5189 fax
jhillebrand@northshore.org

June 1, 2009

Mr. Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson
Springfield, IL 62761

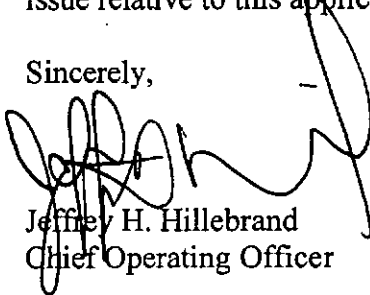
Dear Mr. Mark:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities Planning Board that:

1. NorthShore University HealthSystem does not (nor did its predecessor, Evanston Northwestern Healthcare Corporation, also commonly known as Evanston Northwestern Healthcare) have any adverse actions against any facility owned and operated by the applicant during the three (3) year period prior to the filing of this application, and
2. NorthShore University HealthSystem authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,



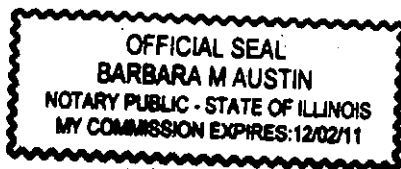
Jeffrey H. Hillebrand
Chief Operating Officer

Notarization:

State of Illinois
County of Cook

Subscribed and sworn to before me this 1st day of June by Jeffrey H. Hillebrand.

Seal



Barbara M Austin
Notary



State of Illinois 1756929
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/09	BGBD	0005587
FULL LICENSE GENERAL HOSPITAL		
EFFECTIVE: 01/01/09		

BUSINESS ADDRESS
Northshore University HealthSystem
d/b/a Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1899699 Department of Public Health

LICENSE PERMIT CERTIFICATION, REGISTRATION

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

Issued under the authority of
The State of Illinois
Department of Public Health

DAMON T. ARNOLD, M. D.
DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/09	BGBD	0000646
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/09		

BUSINESS ADDRESS

EVANSTON HOSPITAL
2650 RIDGE AVENUE
EVANSTON

IL 60201

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97

State of Illinois 1899699
Department of Public Health
LICENSE PERMIT CERTIFICATION, REGISTRATION
EVANSTON HOSPITAL

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/09	BGBD	0000646

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/09

11/01/08

EVANSTON HOSPITAL
2650 RIDGE AVENUE

EVANSTON IL 60201

FEE RECEIPT NO.

ATTACHMENT



State of Illinois 1954480
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE 12/31/10	CATEGORY BGBD	ID. NUMBER 0003483
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/10		

BUSINESS ADDRESS

GLENBROOK HOSPITAL
2100 PFINGSTEN ROAD

GLENVIEW IL 60025

The face of this license has a colored background. Printed by authority of the State of Illinois • 487 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

State of Illinois 1954480
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 12/31/10	CATEGORY BGBD	ID. NUMBER 0003483
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/10		

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/10

11/07/09

GLENBROOK HOSPITAL
2100 PFINGSTEN ROAD

GLENVIEW IL 60025

FEE RECEIPT NO.

State of Illinois 1899788
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
 This State of Illinois
 Department of Public Health

<small>EXPIRATION DATE</small> 12/31/09	<small>CATEGORY</small> BGBD	<small>ID NUMBER</small> 0005066
--	---------------------------------	-------------------------------------

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/09

BUSINESS ADDRESS

HIGHLAND PARK HOSPITAL
 718 GLENVIEW AVENUE
 HIGHLAND PARK IL 60035

This face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •

State of Illinois 1899788
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

HIGHLAND PARK HOSPITAL

<small>EXPIRATION DATE</small> 12/31/09	<small>CATEGORY</small> BGBD	<small>ID NUMBER</small> 0005066
--	---------------------------------	-------------------------------------

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/09

BUSINESS ADDRESS

HIGHLAND PARK HOSPITAL
 718 GLENVIEW AVENUE
 HIGHLAND PARK IL 60035

FEE RECEIPT NO.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE.

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



October 23, 2009

Jeffrey H. Hillebrand
Chief Operating Officer
NorthShore University HealthSystem-Skokie
Hospital
9600 Gross Point Road
Skokie, IL 60076

Joint Commission ID #: 7429
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 10/23/2009

Dear Mr. Hillebrand:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning May 01, 2009. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

ATTACHMENT 10



April 7, 2009

Jesse Hall
President Highland Park Hospital
NorthShore University HealthSystem
1301 Central Street, Suite 300
Evanston, IL 60201

Joint Commission ID #: 7343
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 4/7/2009

Dear Mr. Hall:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Behavioral Health Care
- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning December 13, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink that reads "Ann Scott Blouin RN, Ph.D.".

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

ATTACHMENT 10

National Provider Identifier (NPI): 1144415407
CMS Certification Number (CCN): 14-2336

March 26, 2008
(Via Certified Mail)

Thomas Hodges
Administrator
Highland Park Hospital Renal Dialysis
777 Park Avenue West, 3rd Floor
Highland Park, Illinois 60035

Dear Mr. Hodges:

The Centers for Medicare & Medicaid Services (CMS) has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is March 5, 2008.

Your unit has been approved as a renal dialysis center. Your center is approved for a total of sixteen (16) maintenance stations and to provide the following services:

- Staff-assisted hemodialysis
- Staff-assisted peritoneal dialysis
- Patient training for hemodialysis
- Patient training for continuous ambulatory peritoneal dialysis (CAPD)
- Patient training for continuous cycling peritoneal dialysis (CCPD)

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the Illinois Department of Public Health (IDPH), or any time it is requested.

When you make general inquiries to your fiscal intermediary (FI) and/or Medicare Administrative Contractor (MAC), you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808

Page 2
Thomas Hodges

elements when inquiring about beneficiary and claim specific information. When prompted for your PTAN, give your GCN.

The IDPH has advised you of certain deficiencies which were noted during the survey. We have reviewed your written plan for correcting these deficiencies and have determined that your plan is acceptable. We expect that you will correct the deficiencies within the time frames specified in your plan of correction. The IDPH will verify correction of the deficiencies.

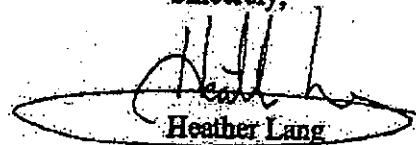
Your intermediary for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the IDPH if you wish to relocate your center, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,



Heather Lang
Principal Program Representative
Non-Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare and Family Services
National Government Services
Illinois Foundation for Quality Health Care
The Renal Network

**PROJECTED OPERATING AND CAPITAL COSTS
per ADJUSTED PATIENT DAY**

**SKOKIE HOSPITAL
YEAR 2 OF OPERATION
(all inpatient units at target occupancy levels)**

OPERATING COSTS

	Cardiac Cath.	Hospital
salaries & benefits	\$1,200,000	\$19,200,000
supplies	<u>\$500,000</u>	<u>\$12,300,000</u>
TOTAL	\$1,700,000	\$31,500,000

Adjusted	<u>\$101,000,000</u>	
Patient Days =	\$ 1,963.44	51,440

Operating cost/adj pt day	\$33.05	\$612.36
----------------------------------	----------------	-----------------

CAPITAL COSTS

	Hospital
interest	\$0
depreciation & amortization	<u>\$13,776,321</u>
	\$13,776,321

facility capital cost per adjusted day:	\$267.81
--	-----------------

note: interest expense held at corporate level