

ORIGINAL

11-037

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUN 07 2011

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Oak Forest Hospital				
Street Address:	15900 S. Cicero Ave				
City and Zip Code:	Oak Forest, 60452				
County:	Cook	Health Service Area	7	Health Planning Area:	A-04

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Cook County Health & Hospitals System
Address:	1900 W. Polk St, Suite 220, Chicago, IL 60612
Name of Registered Agent:	None
Name of Chief Executive Officer:	Terry Mason, M.D.
CEO Address:	1900 W. Polk St, Suite 220, Chicago, IL 60612
Telephone Number:	312-864-6820

Type of Ownership of Applicant/Co-Applicant

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

- 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.

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

Primary Contact

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

Name:	Anne M Murphy, Esq.
Title:	Partner
Company Name:	Holland & Knight
Address:	131 South Dearborn St., 30th Floor, Chicago, IL 60603
Telephone Number:	312-578-6544
E-mail Address:	anne.murphy@hklaw.com
Fax Number:	312-578-6666

Additional Contact

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

Name:	Randall Mark
Title:	Director of Intergovernmental Affairs & Policy
Company Name:	Cook County Health & Hospitals System
Address:	1900 W. Polk St., Suite 123 Chicago, IL 60612
Telephone Number:	312-864-0916
E-mail Address:	rlmark@cookcountyhhs.org
Fax Number:	312-864-9994

**Post Permit Contact**

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

Name:	Randall L Mark
Title:	Director of Intergovernmental Affairs & Policy
Company Name:	Cook County Health & Hospitals System
Address:	1900 W. Polk St, Suite 123, Chicago, IL 60612
Telephone Number:	312-864-0916
E-mail Address:	rlmark@cookcountyhhs.org
Fax Number:	312-864-9994

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Cook County
Address of Site Owner:	118 N. Clark St, Room 567, Chicago, IL 60602
Street Address or Legal Description of Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. See Attachment 2	

**Operating Identity/Licensee**

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

Exact Legal Name:	
Address:	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. See Attachment 3	

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

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

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

**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-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. See attachment 6

**DESCRIPTION OF PROJECT****1. Project Classification**

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

Part 1110 Classification:

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:

[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

**2. 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.

The Cook County Health & Hospitals System (CCHHS) proposes to discontinue Oak Forest Hospital. Inpatient categories of services to be discontinued include Medical/Surgical, Intensive Care, Rehabilitation, and Long Term Care. Other hospital services, including emergency services and surgical services, would also be discontinued.

The project for Discontinuation is non-substantive per 1110.40.b.

As prescribed in the CCHHS Strategic Plan, inpatient hospital services at the Oak Forest campus will be supplanted by a "Regional Outpatient Center" providing a comprehensive array of primary, specialty, diagnostic, and immediate care services.

**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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal. Does not apply

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	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			
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)			
<b>TOTAL USES OF FUNDS</b>			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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 type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

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

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

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

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

None or not applicable                       Preliminary

Schematics     Final Working

Anticipated project completion date (refer to Part 1130.140): September 1, 2011

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

Project obligation will occur after permit issuance.

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

Does not apply. See attachment 8

**State Agency Submittals**

Are the following submittals up to date as applicable:

Cancer Registry

APORS

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage, either **DGSF** or **BGSF**, must be identified. 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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS **ATTACHMENT-9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Does not apply. See attachment 9

**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. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

<b>FACILITY NAME:</b> Oak Forest Hospital		<b>CITY:</b> Oak Forest			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b> 5/1/2010	<b>to:</b> 4/30/2011		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	137	1964	11683	-137	0
Obstetrics					
Pediatrics					
Intensive Care	8	584	1999	-8	0
Comprehensive Physical Rehabilitation	58	225	4210	-58	0
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	10	0	1806	-10	0
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	213	2773	19698	-213	0



**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 Cook County Health & Hospitals System \* 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.

Terry Mason  
 SIGNATURE  
 Terry Mason, M.D.  
 PRINTED NAME  
 Interim Chief Executive Officer  
 PRINTED TITLE

Anthony J. Tedeschi  
 SIGNATURE  
 Anthony Tedeschi, M.D.  
 PRINTED NAME  
 Chief Operating Officer  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of May

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of May

Denise Howard  
 Signature of Notary

Denise Howard  
 Signature of Notary

Seal

Seal

\*Insert EXACT legal name of the applicant



**SECTION II. DISCONTINUATION**

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

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is 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-10**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See attachment 10

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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

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

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

**A table in the following format must be provided as part of Attachment 43.**

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

Medicald (revenue)			
Inpatient			
Outpatient			
Total			

**APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**  
See Attachment 43

**XII. Charity Care Information**

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

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

A table in the following format must be provided for all facilities as part of Attachment 44.

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

**APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**  
See Attachment 44

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	14-15
2	Site Ownership	16-17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	18-19
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	20-22
5	Flood Plain Requirements	23-25
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7	Project and Sources of Funds Itemization	28-29
8	Obligation Document if required	30-31
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10	Discontinuation	34-459
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	460-480
44	Charity Care Information	481-483

**Attachment 1**

**Attachment 1**

**Attachment 1**

**Oak Forest Hospital is owned by the County of Cook, Illinois. Oak Forest Hospital and other Cook County health facilities are operated by the Cook County Health & Hospitals System, an agency of the County of Cook that is governed by the Cook County Health & Hospitals Systems Board of Directors.**

**Attachment 2**

**Attachment 2**



**Attachment 2**

**Oak Forest Hospital and its grounds and facilities are owned by the County of Cook, Illinois.**

**Attachment 3**

### Attachment 3

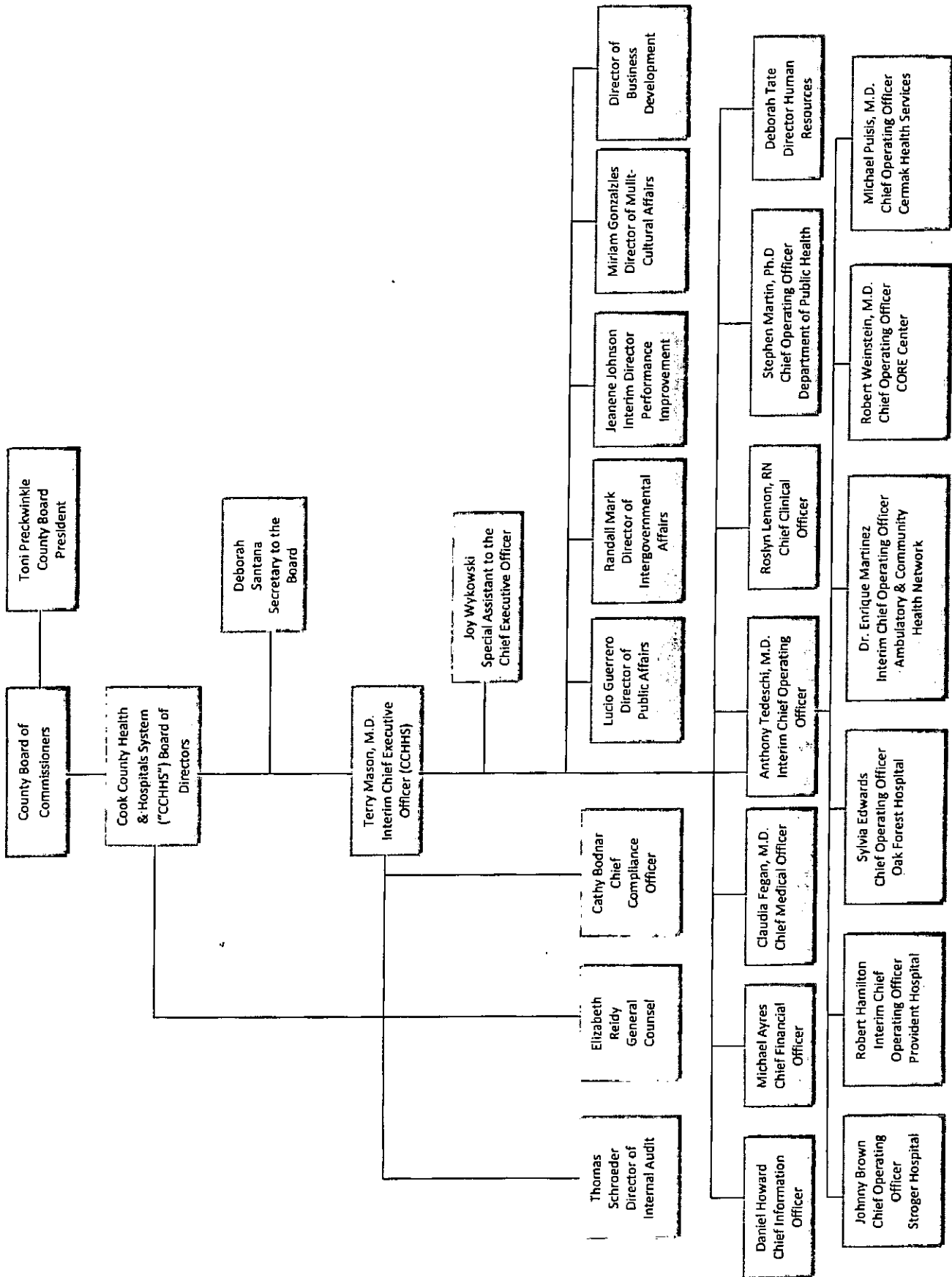
By Cook County ordinance, the Cook County Health & Hospitals System (CCHHS), an agency of Cook County government, is responsible for management and operations of Cook County's health facilities, including Oak Forest Hospital. Other Cook County licensed health facilities include John H. Stroger, Jr. Hospital and Provident Hospital. CCHHS is governed by the Cook County Health & Hospitals System Board of Directors.

**Attachment 4**

**Attachment 4**

**The Cook County Health & Hospitals System (CCHHS) is an agency of Cook County, Illinois. By ordinance, it is governed the System Board of Directors, under the authority of the President and Board of Commissioners.**

**CCHHS operates three licensed hospitals: John H. Stroger, Jr, Provident, and Oak Forest. In addition, the System operates the Cook County Department of Public Health, Cermak Health Services at Cook County Jail, the Ambulatory and Community Health Network of Cook County, and the Ruth M. Rothstein CORE Center. An organization chart is attached.**



**Attachment 5**

**Attachment 5**

**Attachment 5**

No development is part of the project as described in Executive Order 2006-5.

Per the Illinois Floodplain Map attached below, Oak Forest Hospital resides in area free of floodplain designation, except for small areas on the campus, where no facilities are found. The applicant attests that flooding has not ever affected operations at Oak Forest Hospital.



# Illinois Floodplain Maps

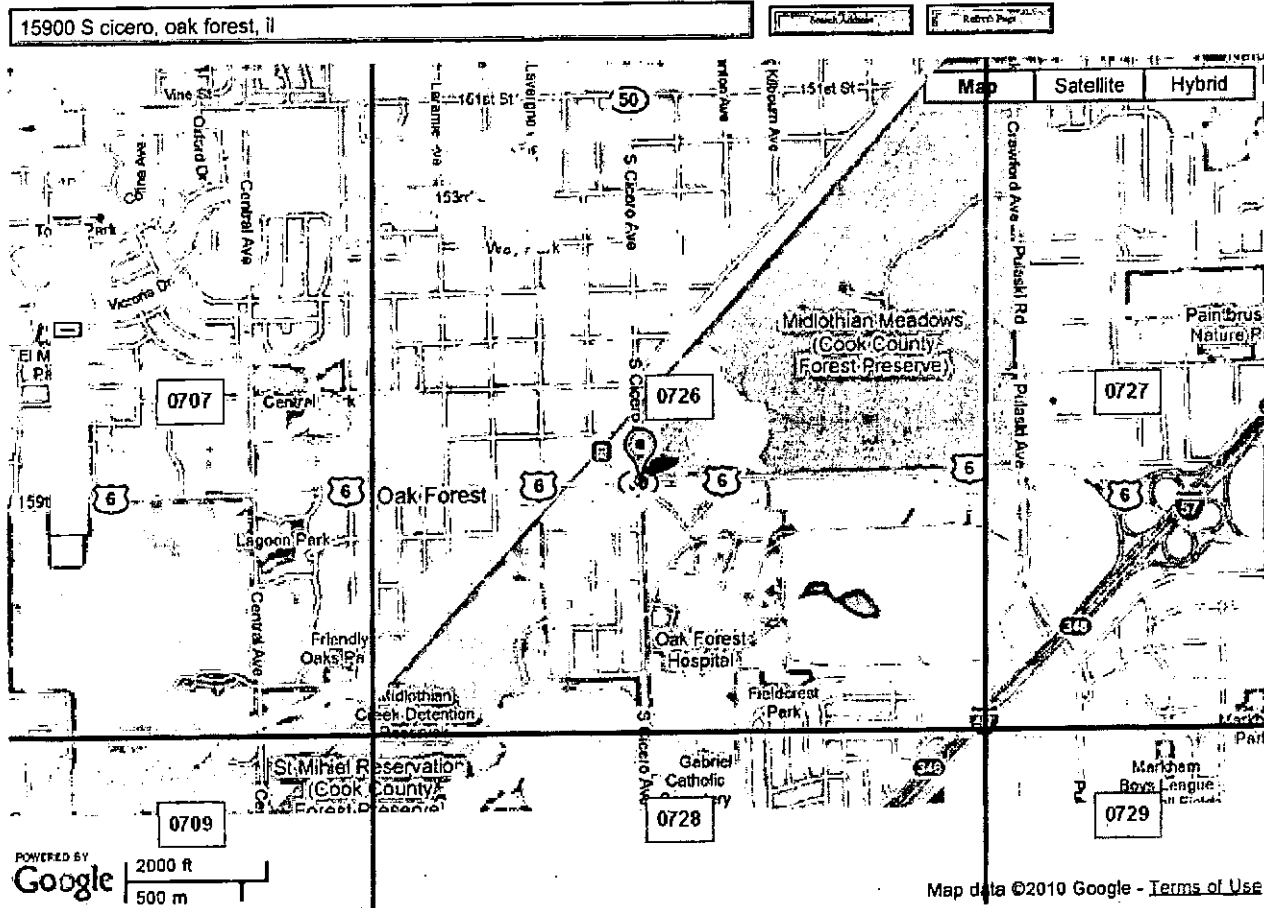
## Cook County Effective DFIRM Finder

**Instructions:** The DFIRM Finder will help you find the DFIRM for your home or business. To get started, follow the instructions below. Users should download and view the official DFIRM for a more accurate representation of flood risk. **Note:** If the google map application below is not displayed, make sure to enable Javascript on your internet browser.

1. Enter your address in the box below and click "Search Address."
2. Click on the DFIRM panel (outlined in red) for the location you are interested.
3. After the panel is selected, click again for available options, including viewing the official DFIRM.

Please note that this DFIRM Finder is intended to be used as a guide only. Be sure to view the official DFIRM Panel available through the options (step 3 above), or in the [list at the bottom of the page](#).

Users should check the FEMA Map Service Center for Letters of Map Change (LOMC) that revise this effective Flood Insurance Rate Map (<http://msc.fema.gov>)



**Legend:** DFIRM panel numbers are shown in red. Special Flood Hazard Areas are shown as light blue. DFIRM Panels with hatching are not printed and have no DFIRM available for download.

### Downloadable DFIRM Panels

Panels are only created when special flood hazard areas exist within the boundaries of the panel.

To download a DFIRM Panel, right click the link below and choose "Save Link As..." or "Save Target As...", choose where you want to save to, then

**Attachment 6**

**Attachment 6**

**Attachment 6**

**No demolition, construction, modernization or other development that would affect existing structures is part of the proposed project.**

**Attachment 7**

**Attachment 7**

**Attachment 7**

**As per 1120.110, no costs are associated with this project.**

**Attachment 8**

**Attachment 8**

**Attachment 8**

**The project requires no project expenditures or obligation of purchase orders, contracts, or leases.**

**Attachment 9**

**Attachment 9**



**Attachment 9**

**The Cost/Space Requirement do not apply to this project as no construction or modernization is entailed.**

**Attachment 10**

**Attachment 10**

**Section II**  
**Criterion 1130.130**

a) **General Information Requirements**

1. *Identify the categories of services and the number of beds, if any that is to be discontinued.*

**These categories of service and beds are proposed for discontinuation:**

<b>Medical/Surgical</b>	<b>137 Beds</b>
<b>Intensive Care</b>	<b>8 Beds</b>
<b>Comprehensive Physical Rehabilitation</b>	<b>58 Beds</b>
<b>General Long Term Care</b>	<b>10 Beds</b>
<b>Total Beds:</b>	<b>213 Beds</b>

2. *Identify all other clinical services that are to be discontinued.*

**Emergency Room services and Surgical (i.e. operating room) services are also to be discontinued. The Emergency Room will be replaced by a 24/7 Immediate Care Center.**

3. *Provide the anticipated date of discontinuation for each identified services or for the entire facility.*

**The hospital services at Oak Forest Hospital are planned to be discontinued by September 1, 2011, or approximately two weeks from the time of regulatory approval.**

**The applicant notes that on June 1, 2011, the State Agency was notified of the temporary suspension of inpatient services in three categories of service: ICU, Rehabilitation, and Long Term Care. As detailed in Ms. Anne Murphy's May 31,**

2011, letter to Administrator Courtney Avery (letter attached below), the temporary suspensions were necessitated by immediate, severe clinical and non-clinical staffing shortages at Oak Forest Hospital, due to unanticipated and unprecedented difficulties in securing regulatory approval to discontinue inpatient operations at Oak Forest Hospital. Operating room services also were temporarily suspended in May 2011, due to staffing attrition in anesthesiology.

*4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

Portions of the physical plant will continue to be utilized for ambulatory, non-hospital services. Emergency services will be supplanted by immediate care services in the same space. In addition, existing outpatient services for Cardiology, Endocrinology, General Surgery, Nephrology, Neurology, Podiatry, Gastroenterology (including procedures), Optometry, Ophthalmology, Orthopedics, Psychiatry, Rehabilitation, and Primary Care will be expanded in the former hospital plant. New outpatient services in Pain Management, Infectious Disease, and Urology also will be introduced in the former hospital plant. Outpatient pharmacy services will continue to be offered. This "Regional Outpatient Center" (ROC) will offer a full array of outpatient primary and specialty care resources that the applicant intends to grow over time. In the first year of implementation of the ROC, 959 additional clinical hours per month are being added, providing availability for 2700 additional clinical visits per month.

In its first year of operation, we anticipate approximately 32,000 visits to the Immediate Care Center, or roughly the same number as were seen at the Stand-by Emergency Room<sup>1</sup>. On campus ambulatory visits, excluding Immediate Care, are projected to increase by 31,000 – 32,000 over the recent year's 52,000, or more than

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<sup>1</sup> The estimate of Immediate Care Center visits was made prior to a very recent decision to maintain 24 hour, rather than 16 hour, coverage. A new estimate, expected to be somewhat higher, will be developed.

**60%. In all, the new campus facility will provide in the range of 115,000 Immediate Care Center and other outpatient visits in its first full year.**

***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.***

**Medical records will continue to operate at Oak Forest; all past patient records will be retained for a period as required by statute. In addition, many patient records are electronic, and will be stored and backed-up on remote System Health Information Services (HIS) servers.**

***6. Certifications re Questionnaires and Data required by FRSB and DPH***

**The applicant hereby certifies that all data required by the Facilities Services Review Board and by the Department of Public Health will be furnished through the date of discontinuation and submitted no later than 60 days following the date of discontinuation.**

Section II  
Criterion 1130.130

b) Reasons for Discontinuation

Set forth below is a detailed summary of several reasons for discontinuation of Oak Forest Hospital: (1) it is an essential component of an exhaustive strategic plan developed by an independent System Board and approved by the Cook County Board of Commissioners; (2) the establishment of the Regional Outpatient Center, which can occur only after hospital discontinuation, has received unprecedented support from public policy and safety net thought leaders, and is further supported by independent public policy analysis; and (3) the hospital is grossly underutilized, inefficient and provides a limited range of services.

I. System Board's Strategic Plan

Overview. The decision to discontinue Oak Forest Hospital was reached after a lengthy, systematic, open and public, strategic planning process over 15 months, from May, 2009 until July, 2010. The Strategic Plan gained approval of the Cook County Health & Hospitals System Board of Directors in June, 2010, and from the Cook County Board of Commissioners in July, 2010. In the process of developing the Strategic Plan, CCHHS sought input of numerous stakeholder groups - - patients, providers, elected officials, community groups and leaders, clinical staff - through fourteen (14) public town hall meetings and through many individual meetings with a wide range of stakeholders. A detailed community needs assessment preceded development of the plan.

Key findings of the strategic planning process that led to a decision to discontinue Oak Forest as a hospital include:

1. Financial resources available to the System are expected at best, to remain flat, and likely to diminish in coming years from federal, state, and county sources;

- 2. Resource allocation within the System historically has been overweighted toward inpatient care at the expense of ambulatory care;**
  
- 3. Oak Forest Hospital – with an average daily census of approximately 50 to 60 over the past two fiscal years, is simply uneconomical to operate and reflects a poor use of precious health care dollars: the same level of resource expenditure could produce far more medical services in an outpatient setting;**
  
- 4. Federal health reform will greatly expand the demand for ambulatory care services, and particularly outpatient specialty and diagnostic services which often are exceedingly difficult to access for safety net patients;**
  
- 5. Similarly, the care coordination mandates, and integrated models of safety net care delivery require that the Cook County Health System expand access to ambulatory care services for present and future Medicaid program enrollees (note that since the adoption of the Strategic Plan, the State of Illinois Medicaid program has moved toward these integrated models of care);**
  
- 6. Access to ambulatory services, particularly to specialty services, in the Southland of Cook County is insufficient at present and looking into the future. Continuing demographic shifts of the underserved to the Southland will exacerbate this shortfall if not addressed. The need for enhanced geographic distribution of the System's ambulatory services was a key finding of the Strategic Plan; and**
  
- 7. CCHHS, as the region's (and the State's) largest safety net provider, has a moral and fiduciary responsibility to seek the highest return in healthcare services from its limited resources, while always seeking to complement the existing resources of other safety net providers.**

**In short, the inpatient volumes at census at Oak Forest are insufficient to sustain a viable hospital, and investment of the equivalent financial resources could deliver significantly greater medical services in a region of Cook County where the medically underserved are particularly needful of expanded ambulatory services access. Expansion of ambulatory services at Oak Forest is one major component of a planned system-wide expansion of ambulatory care. 'Regional Outpatient Centers' also are planned for the Stroger Hospital campus and the Provident Hospital campus. In addition, new or enlarged 'Comprehensive Health Centers' are planned for the south, west, and northwest suburban areas. A map showing these plans is included below as Figure 1.**

**All of these conclusions of the strategic planning process, including supporting materials, are elaborated upon in the actual Strategic Planning documents attached below. Transformation of the Oak Forest campus -- from an outdated, limited capability, highly costly inpatient facility to a comprehensive Regional Outpatient Center -- in order to expand outpatient services is a cornerstone of implementation of the CCHHS Strategic Plan.**

**Formation of the System in 2008. After repeated calls by many civic and health care leaders to reform oversight of Cook County's health services delivery system, the System was established by Cook County in 2008 through an Ordinance. A copy of this Ordinance is attached as Attachment 10/Exhibit A. The System is an agency of, and is funded by, Cook County. Through this Ordinance, however, the System is to be governed by a newly-constituted governing board ("System Board").**

**The Ordinance clearly delineates the mission of the System. Prominently featured in this mission is the continued provision of integrated health services with dignity and respect, regardless of a person's ability to pay; and continued access to quality primary, preventive, acute and chronic health care for Cook County residents.**



**The System Board is comprised of 11 Directors, pursuant to the Ordinance. Ten of these Directors are independent appointed Directors, who are not Cook County employees and receive no compensation for service. These ten appointed Directors must include persons with expertise in areas pertinent to the governance and operation of a large and complex health care system. The one remaining Director serves ex officio with vote, in his or her capacity as the Chair of the Health and Hospitals Committee of the Cook County Board. A listing of the System Board of Directors is attached as Attachment 10/Exhibit B.**

**The Ordinance confers broad management, strategic and financial responsibility and authority upon the System Board. These powers include, without limitation, appointment of a CEO, determining the scope and distribution of clinical services (provided that closure of an entire hospital requires the County Board's approval), developing the organization and management of the System, entering into contracts, expending funds, and carrying out a wide range of other duties.**

**In May 2009, the System Board appointed William T. Foley as the System CEO. Mr. Foley joined the System with extensive hospital and health system executive experience. Although Mr. Foley recently stepped down, he was very actively involved in the Strategic Plan development described below. Dr. Terry Mason, M.D., former Commissioner of the City of Chicago Department of Public Health, who transitioned from Chief Medical Officer for the System to Interim System CEO as of May 6, 2011, also was very actively involved in Strategic Plan development and is fully committed to its implementation.**

**Strategic Plan Development by the System. Section 38-92 of the Ordinance mandates that the System Board develop Strategic and Financial Plans for the System. Almost immediately after the System Board was seated, it began an extensive strategic and financial planning process for the System known as "Vision 2015". This process used a nationally recognized consulting firm for data collection and analysis, took countless hours of System Board and staff time, and incorporated extensive input from interviews and meetings with over 500 stakeholders. Indeed,**

as part of this process, 14 town hall meetings were held throughout the County to solicit community input into the strategic planning process.

The System Board determined that the strategic planning process needed to have four key elements: (1) assessment of the current state of the Cook County health system and the current health care needs of Cook County residents; (2) an overall strategic direction, including a vision and core goals; (3) specific action priorities based on the assessment and overall strategic direction; and (4) a five-year financial plan. It is important to emphasize that the Strategic Plan does not seek to reduce operating funds or levels of financial investment in the System.

In June 2010, after about a year and one-half of effort, the System Board finalized and unanimously approved the “Vision 2015” Strategic and Financial Plan for the System. This Strategic Plan is attached below. Note also that the Strategic Plan—including the proposed discontinuation of the Oak Forest Hospital in order to transform the Oak Forest campus into a Regional Outpatient Center—has been approved by the elected officials comprising the Cook County Board of Commissioners.

***Key Elements of the System Strategic Plan.*** As indicated above, the Strategic Plan starts with a detailed assessment of the current state of the Cook County Health System, along with an assessment of the unmet health care needs of uninsured and Medicaid beneficiaries in Cook County. Among these findings:

- The System’s health delivery access points are not aligned with the geographic needs of residents. This gap in access is particularly problematic in the South/Southwest portions of Cook County. (See pp. 62, 66 of the Strategic Plan).
- The System’s resources are disproportionately centered around hospital care, especially when compared with other large national public health systems (see pp. 67-68 of the Strategic Plan).

- **+The System is not deploying providers and facilities as effectively as it could, which results in substantial wait times for patients seeking outpatient care in the System (see pp.67, 69 of the Strategic Plan).**
- **Redirection of care to outpatient modalities would increase the overall volume of health care services to Cook County residents, and would improve timeliness and geographic convenience in service delivery (see p. 27 of the Strategic Plan). In fact, reallocation of funds currently spent on inefficient hospital operations to primary and outpatient care is projected to result in an increase in System primary care and specialty outpatient care by about 50% from 2009 to 2015, from about 600,000 to 900,000 visits per year.**

The Strategic Plan then takes these findings, and applies certain guiding principles to them for future development of the System (see pp.21-22 of the Strategic Plan).

These guiding principles include:

- **The System should deliver the best possible care for the vulnerable population of Cook County within the dollar resources available.**
- **System care should be population-centered rather than hospital-centered.**
- **The System must provide services that are accessible.**
- **The System should focus on the services needed by vulnerable populations, with an emphasis on specialty care and extension of primary care.**

Based on these key findings and the guiding principles, the System Board identified five core strategic goals, each to be achieved through specific strategic initiatives:

1. **Access to Healthcare Services**

- **Eliminate access barriers at all sites.**

- Strengthen the primary care network, through increased staffing and enhanced partnerships with FQHCs.
- Comprehensive Regional Outpatient Centers at strategically-located sites, including Oak Forest Hospital. [NOTE: This specific strategic initiative, which is designed to achieve the core strategic goal of enhanced access, is one basis for the proposed transformation of the Oak Forest campus from an underutilized hospital to a Regional Outpatient Center.]

2. Quality, Service Excellence and Cultural Competence

- Have an integrated, System-wide approach and infrastructure for patient care coordination.
- Implement Continuous Quality Improvement.
- Comprehensive program to instill cultural competency.
- Develop an Electronic Medical Records infrastructure for the System.

3. Service Line Strength

- Develop and strengthen service lines based on vulnerable patient population needs. [The applicant notes here, as detailed more fully below, that the proposed Regional Outpatient Center at the Oak Forest campus would focus on these primarily chronic conditions. In Phase 1, new service lines would be established for pain management, urology and infectious disease; outpatient volume in clinical specialties such as cardiology, psychiatry, orthopedics and rehab medicine would increase dramatically.]
- Partner with community providers.
- Assure provision of the Ten Essentials of Public Health.

4. **Staff Development**

- **Implement initiatives to improve caregiver and employee satisfaction.**
- **Focus on effective recruiting and retention processes.**
- **Develop robust in-service education and professional skill-building.**

5. **Leadership and Stewardship**

- **Hold System Board and management accountable for agreed-upon performance targets.**
- **Foster leadership development and succession planning.**
- **Develop long-term financial plans and sustaining funding.**

**Role of Oak Forest Campus Transformation in Implementing the Strategic Plan.** As indicated above, the Strategic Plan has concluded that: (1) the current System is overly-dependent on inpatient hospital care; (2) residents of Southern Cook County need better geographic access to System-sponsored health care; and (3) vulnerable Cook County residents would have dramatically improved access to health care through the transition of underutilized hospital services in favor of much-needed outpatient specialty care and primary care.

In this context, the proposal to discontinue inpatient hospital operations at Oak Forest Hospital, in order to develop a comprehensive Regional Outpatient Center on the Oak Forest campus, is obviously an important means of achieving core goals of the Strategic Plan.

**II. Unprecedented Support for the Proposed Oak Forest Campus Transformation**

As indicated above, the System Board, through its strategic planning process, has identified critical gaps in access for Medicaid and uninsured individuals in Cook

**County. Chief among them is the current System's disproportionate reliance on inpatient care rather than primary and outpatient care, when compared with other large national public health systems. The current System concentrates its existing outpatient specialty care at the John H. Stroger, Jr. Hospital campus, which causes Southland residents in need of these safety net services to endure long waits and excessive travel times. The net result is a lack of adequate access to primary and outpatient specialty care for Southland residents, many of whom have chronic medical conditions.**

**We are grateful to have received letters of support for our project from numerous public policy leaders at the national, regional and local levels. Without exception, these supporters note the strong public policy reasons for our proposed transformation of the Oak Forest campus in order to increase access to health care services for the medically vulnerable residents of Cook County. These letters of support have been submitted, for example, by the National Association of Public Hospitals and Health Systems, Dr. Quentin Young, the Illinois Primary Health Care Association, the Civic Federation, Access to Care, the South Side Healthcare Collaborative, Sinai Health System, Rush University Medical Center, Holy Cross Hospital, Vanguard Health System Chicago, Northwestern Memorial Hospital, and at least eight Federally Qualified Health Centers. [Letters of support and additional supportive public comment from persons and organizations other than hospitals are attached below in Attachment 10/Support from non-hospitals.]**

**The applicant also wishes to document that it is widely-recognized among public policy researchers and experts that there is a critical gap among safety net health care systems nationally in access to specialty outpatient care and diagnostic testing for Medicaid and uninsured patients. Accordingly, we enclose as Attachment 10/Exhibit C several articles and publications, from independent authors and sources, that detail this pervasive lack of specialty care access for medically underserved communities. Two of these articles discuss a 2007 Commonwealth Fund study showing that Community Health Center patients nationally have**

**difficulty accessing specialty services, including referrals to Medical specialists and diagnostic testing.**

**A November 2010 article underscores that in an era of health reform, safety net health care delivery systems will need to transform quickly into patient-centered care models that coordinate care, rather than continue to provide fragmented episodic care through Emergency Departments and otherwise. Like the other articles we have provided, this reform article notes that it is urgently important for safety net health systems to improve access to outpatient specialty care for Medicaid and uninsured patients. Because the Medicaid and uninsured patient populations are generally sicker, and have more chronic medical conditions than other patient populations, access to coordinated care that includes specialists and diagnostic testing is critically important.**

**We have provided a 2009 study that documents the need for improved outpatient specialty care access for California's medically underserved populations. Finally, we have included a 2002 NEJM article that details the positive connection between ambulatory care access to cardiologists (as opposed to non-specialist physicians) and improved health outcomes for post-Myocardial Infarction patients. Coordinated access to specialist care improves health outcomes, especially for those with chronic disease.**

**Independent sources have long recognized that the gap in access to outpatient specialty care is a significant problem for Medicaid and uninsured patients in Cook County. Aside from the letters of support and articles referenced above, we also enclose as Attachment 10/Exhibit D an excerpt from a 2008 report, entitled "The Chicago Health Care Access Puzzle: Fitting the Pieces Together", which details this specialty care access problem in Chicago, along with a 2005 Chicago Tribune article highlighting this problem. Lastly, we enclose as Attachment 10/Exhibit E a listing of the more than 70 FQHCs and other safety net clinics serving Cook County that currently rely on the System for access to outpatient specialty care through the "IRIS Partners" program. The demand for outpatient specialty care from these**

clinic partners has increased by well over 80 percent since 2007, and these referred patients currently experience significant treatment delays because the System does not currently have the outpatient capacity to handle all the referrals. The importance of the role of CCHHS in providing access to specialty care for FQHC's is a recurring theme of the support letters referenced above from the Illinois Primary Health Care Association, the South Side Healthcare Collaborative, and from individual Southland FQHC's.

CCHHS is, by far, the largest provider of specialty care and diagnostics in the region to safety net patients. Yet, as evidenced, by waiting times for appointments and backlogs for certain specialty services, our capacity to provide such services to all in need is insufficient. The plan for transformation of Oak Forest is intended to remediate these issues by adding capacity for critically needed safety net services.

### **III. The Hospital Is Grossly Underutilized, Inefficient, and Provides a Limited Range of Services**

Oak Forest Hospital is a grossly underutilized and inefficient hospital. Over the past year, it ran an average daily census of about 50+ patients in 213 authorized beds. The physical plant is comprised of multiple buildings totaling about 1.2 million square feet of facility space originally constructed to house up to 1100 long-term care patients.

Until 2002, the hospital was licensed as a Chronic Disease Hospital with a census of primarily long-term care patients. Since 2002, the hospital's census has been declining. In 2007, the hospital significantly reduced its long-term care service capabilities, and in that process discharged about 200 long-term custodial inpatients into long-term care facilities. No new long-term care patients have been admitted to the hospital since that time. The System continues to pay for the care provided to those discharged residents, who are unfunded, and monitors the quality of this care on an ongoing basis.



**Oak Forest Hospital has a stand-by emergency department that cannot and does not accept ambulance runs. In addition, multiple clinicians can attest to the fact that its ICU beds historically have not been utilized by what most would think of as patients requiring comprehensive intensive care services.**

**Despite a low volume of service demand and profound historical and current limitations on the scope of services provided, Oak Forest Hospital is one of the most expensive hospitals in the State to operate on a per-patient basis (see p. 73 of the Strategic Plan). On an annualized basis, hospital operations total about \$91 million per year in expenditures. In the last fiscal year, Oak Forest posted an operating loss of more than \$40 million.**

**Oak Forest Hospital's planning area has an excess of 503 med/surg/pediatric beds, an excess of 77 rehabilitation beds, and an excess of 36 obstetrics beds. The System has documented that several area hospitals, including Advocate South Suburban, Ingalls Memorial Hospital, MetroSouth Medical Center, Silver Cross, Jackson Park Hospital, South Shore Hospital, and Advocate Trinity Hospital, each are willing and able to absorb all or most of the Oak Forest Hospital patient load on an ongoing basis. Advocate Christ Medical Center also has provided a letter of support that updates its original impact statement to indicate that the medical center will accept Oak Forest inpatients needing tertiary or quaternary inpatient care to the extent its capacity allows. Note also that Advocate South Suburban Hospital and Advocate Trinity Hospital have provided revised letters of support, which strengthen and clarify the hospitals' willingness to accept area inpatients. Other hospitals and hospital thought leaders in the area – Wayne Lerner at Holy Cross, Alan Channing at Sinai Health, Dr. Larry Goodman at Rush University Medical Center, Dean Harrison at Northwestern Memorial, Sharon O'Keefe at the University of Chicago Medical Center, Sister Sheila Lyne (a System Board Director) at Mercy Medical Center, and William Foley at Vanguard Health – all have written of their support for the Strategic Plan and the transformation of Oak Forest as sound, foresighted policy. [These letters are attached below at Attachment 10/Letters from Hospitals.]**

Of course, the John H. Stroger, Jr. Hospital of Cook County also will be available to any uninsured and Medicaid inpatients from the Southland who need its services. In the event patients needing inpatient care present at the Immediate Care Center, they would be transported to Stroger Hospital under the System's ambulance contract. This ambulance transport would not be charged to patients who lack health insurance covering transport. In the event of a highly emergent case requiring admission, a 911 ambulance will transport to a nearby hospital.

The remaining 4 long-term care patients at the hospital, all of whom are Medicaid beneficiaries, will be transferred to long-term care facilities or other suitable homes, with their input and with support from System social workers. Of the remaining 6 ventilator-dependent patients, 4 are Medicaid beneficiaries and 2 are uninsured. All will be transferred to appropriate health care facilities. If no other funding source becomes available for the 2 uninsured patients, the System intends to fund care for these uninsured patients indefinitely into the future through existing contracts with area providers, and will monitor the quality of that care. Similar contracts are being entered into to provide rehabilitation care for unfunded area residents.

Area hospitals have indicated a willingness and ability to absorb the hospital's remaining patient volume now and into the future. Approximately 85-90 percent of current ED visits could be seen either at the campus Immediate Care Center, or at one of the specialty clinics to be operated on the Oak Forest campus. Transition from reliance on a stand-by ED to patient-centered outpatient service sites will both improve care and reduce unnecessary expense.

While the State Agency Bed Inventory shows a need for 21 ICU beds in the Planning Area, the elimination of the 8 limited-use ICU beds at Oak Forest Hospital will not have a meaningful adverse impact on access to ICU services in the area. And finally, the 4 remaining long-term care patients and 6 ventilator-dependent patients at the facility will be cared for through the transition plan described above.

Once the hospital is discontinued, the Regional Outpatient Center will be able to begin immediately its Phase 1 operations. Physicians who currently spend much of their time attending to hospital services will be freed up to provide expanded outpatient and immediate care, resulting in a projected immediate increase of 2525 outpatient primary care and specialty care visits per month on the Oak Forest campus.

When the ROC is fully implemented at Oak Forest, the System projects delivering 125,000 annual outpatient visits on the Oak Forest campus by 2015. The site will include an immediate care center, specialty outpatient clinics, increased primary care, and diagnostic testing facilities. The System will give serious consideration to partnerships with one or more FQHCs to enhance primary care services on-site. An ASTC also might be developed on campus, which of course would be submitted to the IHFSRB CON for review. A more detailed program for the ROC is presented below.

**Section II**  
**Criterion 1130.130**

**c) 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.*

A fuller exposition of why the applicant strongly believes the proposed project increases, rather than decreases, access for our safety net users is provided at Attachment 43. We note here briefly what already has been presented in Attachment 10: that numerous hospital leaders, public policy experts, and others endorse the CCHHS Strategic Plan and the proposed transformation of Oak Forest into a Regional Outpatient Center.

As seen in the table below, the proposed discontinuation would increase somewhat inventory bed shortages in the Intensive Care and in Long Term Care categories of service in Planning Area A-04, and Zone 7-E, respectively. Rehabilitation and Med/Surg/Pediatrics categories would remain with excess capacity. Put differently, of Oak Forest's 213 authorized beds, for the 195 Med/Surg and Rehabilitation beds, 91.5% of Oak Forest's capacity, excess capacity exists in the planning area.

<b>Bed Type</b>	<b>Existing Beds</b>	<b>Total Beds Needed</b>	<b>Additional Beds Needed</b>	<b>Excess</b>	<b>Proposed Reduction</b>	<b>Effect</b>
Medical /Surgical Pediatrics	2583	2051	0	532	137	395 bed excess
Intensive Care	322	343	21	0	8	29 bed shortage
Rehabilitation	534	457	0	77	58	19 bed excess
Long Term Care	8,933	9,242	309	0	10	319 shortage

With respect to Long Term Care, Oak Forest has only 4 long term care patients, and has, since 2007, contracted with other providers to care for unfunded LTC patients formerly patients of Oak Forest. The 4 remaining patients are covered by Medicaid. Proper notice, a discharge plan, and other preparation and orientation, will be provided residents and their families prior to discharge. Oak Forest Hospital will actively involve patients and their families in selecting an alternative provider. No new LTC patients have been admitted since 2007. CCHHS continues to fund, and monitor the quality of care, for the unfunded LTC patients who were among the more than 200 patients relocated from Oak Forest in 2007. Note that although the Long Term Care category of service was temporarily suspended June 1, the hospital continues to care for these 4 patients in the medical/surgical unit.

With respect to Intensive Care beds, the beds and intensive care services at Oak Forest historically were to be used for extremely low acuity purposes. The applicant again notes that this category of service has been temporarily suspended effective June 1, 2011, per the provisions of 1130.240.d. Frequently, the intensive care beds

were used merely for their telemetry capability. Intubated patients were rare. Because Oak Forest historically maintained no 24 hour general surgical capability or 24 hour anesthesiology, no neurosurgery, no cardiac surgery, no interventional radiology, and no ENT surgery, the hospital's ability to care for critically ill patients always has been sharply limited. True critically ill patients were rare, and offered transport to Stroger Hospital, the tertiary hub of our System, or to a more proximate provider. The limited capability of the historical ICU service at Oak Forest is attested to in a letter attached from Dr. Jay Shannon, Chief Medical Officer at Parkland Hospital in Dallas, and former Cook County System Chief Medical Officer for Critical Care Services.

The applicant also notes that virtually all of the Rehabilitation patients admitted to Oak Forest were transfers from the two other System hospitals: Stroger and Provident. Acute rehabilitation services as required by Stroger and Provident hospitals will be furnished by other providers, through System contracts with area health care facilities. When inpatient Rehabilitation services were suspended at Oak Forest on June 1, no inpatients resided in the unit. Importantly, outpatient rehabilitation services including physical therapy, occupational therapy, and speech therapy will be provided in 'Regional Outpatient Center' at Oak Forest, and expanded from their present volumes.

*2, 3.. 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 of the applicant facility....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.*

Copies of those letters are attached below with evidence of receipt. Thirty six (36) hospitals and one hundred nineteen (119) nursing homes within 45 minutes travel time were contacted.

Attached also are letters received in response. MetroSouth, Ingalls, South Shore, and Jackson Park all indicate willingness to assume all or a portion of Oak Forest's inpatient volumes. Palos Community indicated an inability to absorb additional patients at this time on the terms specified. Silver Cross indicated it would not be impacted.

Significantly, we have provided an updated impact letter from Advocate Christ Medical Center, and updated letters of support from both Advocate South Suburban Hospital and Advocate Trinity Hospital. Advocate Christ Medical Center now indicates its willingness to accept Oak Forest inpatients needing tertiary or quaternary services to the extent of its capacity, and notes that closer area hospitals such as Advocate South Suburban Hospital and Advocate Trinity Hospital could furnish primary or secondary inpatient care. The updated support letters from Advocate South Suburban Hospital and Advocate Trinity Hospital indicate that each has the capacity to care for Oak Forest patients without restrictions, conditions or limitation. All three Advocate letters indicate support for the Regional Outpatient Center, and commit to working with the System in the transition, and in the future, to ensure that all patients in the community are cared for in the most appropriate setting.

In addition, CCHHS management has met, or personally communicated, multiple times with virtually all Southland hospital providers and received supportive response to CCHHS' Strategic Plan and the plans for Oak Forest.

Other letters from hospitals outside the planning area, as previously noted, express strong support for our System's plans to transform Oak Forest. These hospitals include Sinai Health, Holy Cross, Rush University Medical Center, the University of Chicago Medical Center, Northwestern Memorial Hospital, and Vanguard Health hospitals.

**Also, CCHHS has received nine (9) written responses from nursing home operators and eleven (11) telephone inquires from nursing homes, all of which expressed interest in the possible relocation of Oak Forest's long term care patients to their facilities. The written responses from nursing homes are attached.**

**In sum, the capacity exists in the planning area to care for the relatively small number of inpatients traditionally seen at Oak Forest. Several Southland and Southside hospitals have indicated that they have capacity to treat the former Oak Forest inpatients. The ICU and LTC calculated bed shortages will not be materially impacted: Oak Forest LTC patients are desirable to many nursing homes as per our documentation and other communications, and Oak Forest ICU patients, in almost cases, were not truly critically ill patients, that would require ICU care in a more contemporary hospital facility.**

**Attachment 10**

**Letter of May 31, 2011**

**Anne M. Murphy to Courtney Avery**



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May 31, 2011

## *Via Email and Overnight Mail*

Courtney Avery  
Administrator  
Illinois Health Facilities  
& Services Review Board  
525 W. Jefferson  
Springfield, Illinois 62761

Re: *Temporary Suspension of Categories of Service at Oak Forest Hospital*

Dear Courtney:

In accordance with Illinois Health Facilities & Service Review Board ("IHFSRB") Rule 1130.240(d), I am notifying you of the temporary suspension of comprehensive physical rehabilitation, long-term care and intensive care unit inpatient categories of service at Oak Forest Hospital effective June 1, 2011. This notice is being provided on behalf of Cook County Health & Hospitals System ("System").

There are currently no patients in the rehabilitation unit at the hospital, and no new patients will be admitted to that unit while the temporary suspension is in place.

The four (4) patients that historically have resided in the long-term care unit have been relocated to the medical/surgical unit. No new patients have been admitted to the long-term care unit since 2007.

There are currently no patients in the ICU, and no new patients will be admitted to that unit while the temporary suspension is in place. As you know, this ICU has been used primarily for telemetry monitoring.

These temporary suspensions are necessitated by immediate, severe clinical and non-clinical staffing shortages at Oak Forest Hospital, due to unanticipated and unprecedented difficulties in securing regulatory approval to discontinue inpatient operations at Oak Forest Hospital. The System strongly believes that patient safety is best served by temporarily suspending these services, in light of these extraordinary staffing shortages.

The May 10 decision by the IHFSRB appears to be the first time in the history of the Illinois CON process that a hospital closure permit application has been denied. This May 10 denial was accompanied by unprecedented procedural opportunities for opponents of the application to comment directly to the IHFSRB on the application. Neither the IHFSRB's denial on May 10, nor the procedural accommodations made to the application's opponents, could have been reasonably anticipated or foreseen by the System.

Accordingly, the System acted reasonably and in good faith when, in late 2010 and early 2011, it developed and relied upon a FY 2011 System budget that did not provide continued funding for inpatient services on the Oak Forest Campus after June 1, 2011. In order to implement this FY 2011 budget, the System was contractually obligated to provide advance layoff notices to the members of the several collective bargaining units in anticipation of the discontinuation of inpatient services at Oak Forest by June 1st. The resulting complex displacement processes that followed were initiated in a timely manner in anticipation of the June 1<sup>st</sup> date. During this process, a significant number of Oak Forest staff either elected to move into other positions within the System, as permitted under their contracts, or elected to retire or voluntarily resign. The net effect has been to leave the System with an extraordinary staffing shortage at Oak Forest Hospital as of June 1.

The System is simultaneously notifying the Illinois Department of Public Health of its intention to close Oak Forest Hospital immediately upon receiving approval from the IHFSRB to do so. The System intends to file a new CON permit application, no later than June 6, once again seeking such approval for closure of Oak Forest Hospital.

In the interim, Oak Forest Hospital will operate in accordance with hospital licensure standards and other applicable regulatory requirements. The System will continue to operate a 24/7 Standby Emergency Department at the hospital. In addition, the hospital will operate an immediate care clinic adjacent to the Standby ED, from 11 am to 11 pm 7 days per week.

Medical/surgical inpatient services will continue to be provided, but on a reduced basis. Notice of reduced medical/surgical inpatient services, in accordance with IHFSRB Rule 1130.240(c), will be submitted in separate correspondence.

The System will be taking a number of steps to assure appropriate hospital service delivery at Oak Forest Hospital during the interim period. The ten (10) existing long-term care and ventilator-dependent inpatients will continue to be treated at the hospital, as will the two (2) Department of Corrections inpatients. The Standby ED will continue to operate 24/7, and the immediate care clinic will supplement Standby ED services.

Patients presenting at the Standby ED in need of inpatient care will be transferred as appropriate to another area hospitals or to Stroger or Provident Hospitals. Notice of modified services will be provided to the community and to area hospitals. Finally, hospital representatives will coordinate with the regional EMS director, the local fire departments, and the System's contract ambulance provider.

Courtney Avery  
May 31, 2011  
Page 3

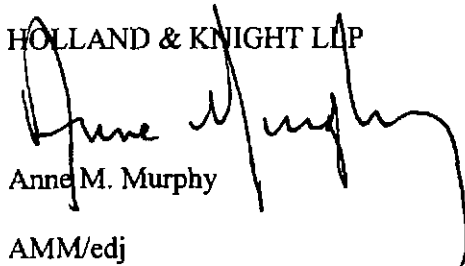
As you know, the IHFSRB historically has accepted without question notice from hospitals of the temporary suspension of hospital service lines, pending regulatory approval to discontinue hospital operations. Such temporary suspension in anticipation of hospital closure, as is the case here, is often advisable to assure patient safety.

As required by Section 1130.240(d), we will continue to report every thirty (30) days the System's progress and status in addressing the need for temporary suspension of these services. It is the System's ongoing hope and expectation to secure State of Illinois approval to discontinue Oak Forest Hospital. Accordingly, the System anticipates the temporary suspension will remain in effect until the IHFSRB approves closure of Oak Forest Hospital, or until this matter is otherwise resolved.

As always, please do not hesitate to contact me with any questions or concerns.

Very truly yours,

HOLLAND & KNIGHT LLP



Anne M. Murphy

AMM/edj

cc: Frank Urso  
Bill Bell  
Randall L. Mark

#10357406\_v2

**Attachment 10**

**Figure 1: Vision 2015 -- Expanded Outpatient Locations**



**Attachment 10**

**CCHHS Strategic Plan and Supporting Materials**

*Integrated Clinical  
Solutions, Inc.*



*Cook County Health  
and Hospitals System*

**VISION 2015:  
Strategic Direction + Financial Plan  
Board Presentation**

June 25, 2010

## Agenda

- Background + Approach
- Summary of Key Issues
- Guiding Principles
- Strategic Direction: VISION 2015
- Action Priorities
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## **Background + Approach**

### **BACKGROUND**

- The Cook County Health and Hospitals System (CCHHS, the System) is one of the largest public health systems in the country. Serving a population of over five million residents, the System encompasses the core facilities of John H. Stroger, Jr., Oak Forest, and Provident hospitals; as well as a geographically distributed Ambulatory and Community Health Network. The Cook County Department of Public Health is also a major component of CCHHS. In addition, CCHHS provides services for HIV patients and others with infectious disease at the Ruth M. Rothstein CORE Center; while Cermak Health Services provides healthcare to detainees at the Cook County Department of Corrections.
- The Cook County Health and Hospitals System essentially serves as a “safety net” system for the medically indigent population of Cook County. As is the case with many similar systems throughout the U.S., CCHHS faces some significant challenges, including:
  - A growing demand for health care services from an increasing number of uninsured and under-insured residents;

## **Background + Approach**

### **BACKGROUND**

- The lack of stability and predictability of revenues from the Illinois State Medicaid program; and
  - Ongoing significant operating deficits requiring County subsidization.
- National health reform initiatives, once implemented, will result in fewer uninsured and underinsured individuals in Cook County, and should provide more healthcare dollars overall for the care of the medically indigent. These impacts notwithstanding, there will likely remain substantial numbers of individuals in the County who remain without adequate health insurance coverage. This factor, combined with declining special payment and subsidy revenues, will pose ongoing challenges to the Cook County Health and Hospitals System. An additional impact will be the effects of Medicaid expansion and the ability of many patients currently utilizing the System to seek care options in the private sector.

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## Background + Approach

### APPROACH

- In response to the above trends and challenges, the Cook County Health and Hospital System Board initiated a strategic planning process in May 2009. The national consulting firm of Integrated Clinical Solutions, Inc., was retained to provide technical and facilitation expertise throughout the process.
- The strategic planning process consisted of the following basic steps:
  - Discovery: Assessment of Health Care Needs and CCHHS Current State
  - Strategic Direction: Formulation of Vision, Core Goals, and overall Strategic Direction
  - Action Planning: Identification of Action Priorities
  - Financial Planning: Development of 5-Year Financial Plan
- The overall process, which extended over approximately a 14-month period, entailed extensive community and other stakeholder input. Interviews and group meetings were conducted with over 500 individuals. Town Hall meetings were conducted over a 4-month period. System leadership and staff were closely involved in all phases of the process.

## Agenda

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## *Summary of Key Issues*

### **CURRENT STATE ASSESSMENT: KEY ISSUES**

The cumulative findings of the current state assessment of the Cook County Health and Hospital System are summarized as follows:

1. There are significant unmet healthcare needs in Cook County.
2. There are large disparities in health by region.
3. There are disparities in access.
4. As need has risen, CCHHS volumes have trended downward.
5. CCHHS access points are not aligned geographically.
6. System resources are disproportionately centered around the hospital environment.
7. The System is not deploying providers or utilizing facilities effectively.

## *Summary of Key Issues*

### **CURRENT STATE ASSESSMENT: KEY ISSUES (cont'd.)—**

8. The current CCHHS delivery configuration is not sustainable.
9. The current cost structure is not sustainable.
10. A redirection of inefficient IP resources to OP modalities could substantially increase the volumes of services overall.

The background data and analyses that provide the foundation for this assessment are provided in APPENDIX A of this report.

## Agenda

- Background + Approach
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## Guiding Principles

### GUIDING PRINCIPLES FOR SYSTEM DEVELOPMENT

In response to the critical issues and challenges identified, the CCHHS Board has set forth a set of guiding principles for the future development of the Cook County Health and Hospitals System. These guiding principles are as follows:

- ❖ Deliver the *best possible health care* for the vulnerable population of Cook County within the constraints of dollar resources available to the System.
- ❖ Provide healthcare that is *population-centered vs. hospital-centered*.
- ❖ Ensure that services are *accessible*.
- ❖ Provide health services that are focused on the needs of the vulnerable population, with a *major emphasis on the provision of specialty care and extension of primary care* through partnerships with other healthcare providers.



## Guiding Principles

### GUIDING PRINCIPLES FOR SYSTEM DEVELOPMENT (cont'd)—

- ❖ Make CCHHS the *System of choice* for patient populations, with best practices and high patient/caregiver satisfaction on a System-wide basis.
- ❖ Provide *cost-effective* care.
- ❖ Strengthen role as *leading-edge institution* in clinical services, education, and research.
- ❖ Develop and support *caregiver training and leadership development* at all levels of the organization.

Based on these guiding principles, the Board adopted a Statement of Vision and set of Core Goals.

## Agenda

- Background + Approach
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- Strategic Direction: **VISION 2015**
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# Strategic Plan: VISION 2015

## Mission

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well being of the people of Cook County.

## Vision 2015

In support of its public health mission, CCHHS will be recognized locally, regionally, and nationally -- and by patients and employees--as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally-responsible healthcare system focused on assuring high-quality care and improving the health of the residents of Cook County.

## Core Goals

I. Access to Healthcare Services

- Eliminate System access barriers at all delivery sites.
- Strengthen the ACHN network.
- Develop comprehensive outpatient centers at strategically-located sites.

II. Quality, Service Excellence & Cultural Competence

- Develop an integrated, System-wide approach and supportive infrastructure for patient-centered care coordination.
- Implement a program of continuous process improvement: patient care quality, safety, and outcomes.
- Develop a comprehensive program to instill cultural competency.

III. Service Line Strength

- Develop/strengthen clinical service lines in key disciplines based on patient population needs.
- Pursue mutually beneficial partnerships with community providers.
- Assure the provision of the Ten Essentials of Public Health.

IV. Staff Development

- Implement a full range of initiatives to improve caregiver/employee satisfaction.
- Focus on effective recruiting and retention processes.
- Develop a robust program for in-service education and professional skill building.

V. Leadership & Stewardship

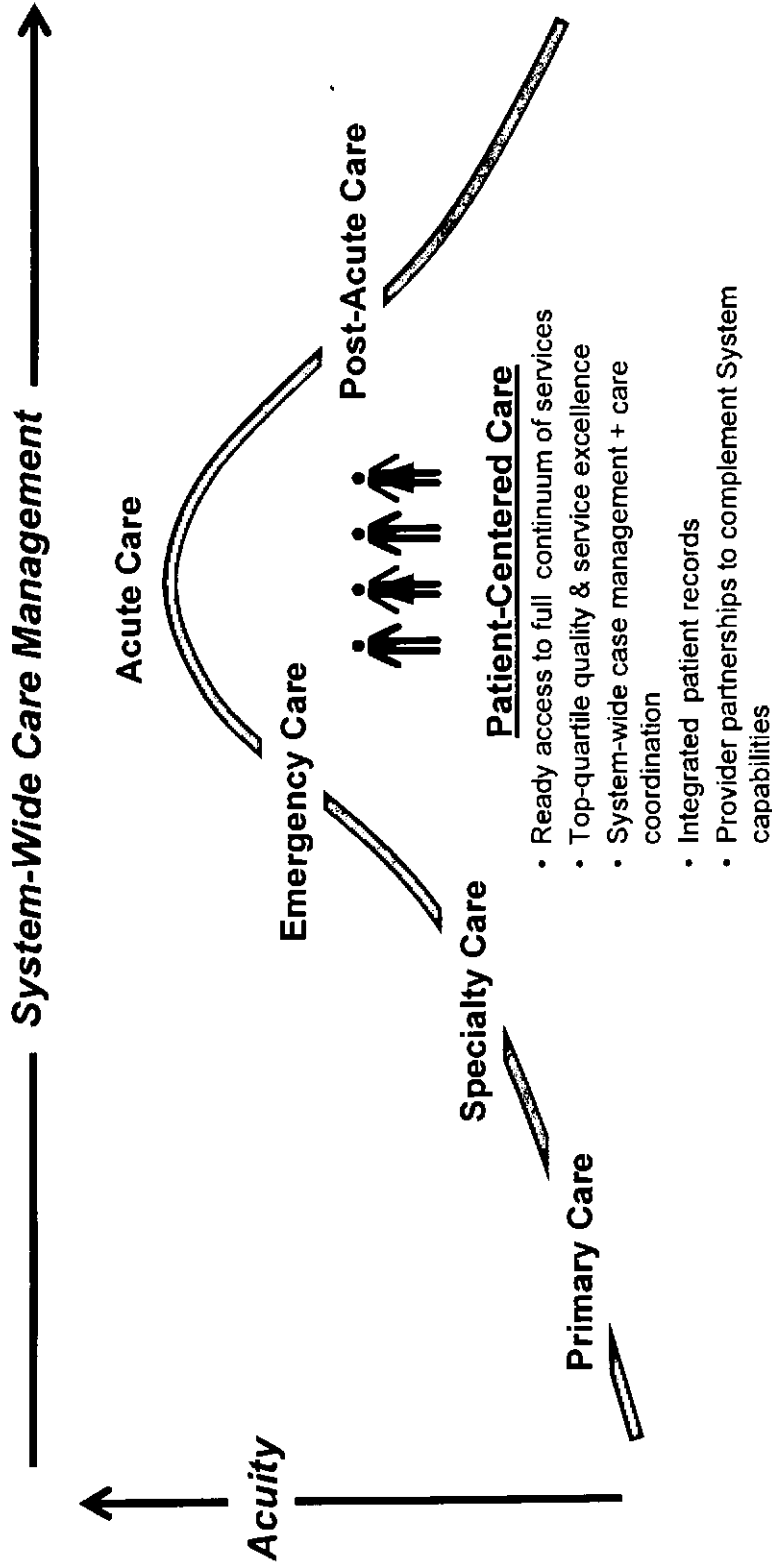
- Foster leadership development and succession planning.
- Develop long-term financial plans and sustaining funding.
- Hold Board and management leadership accountable to agreed-upon performance targets.

## Strategic Initiatives

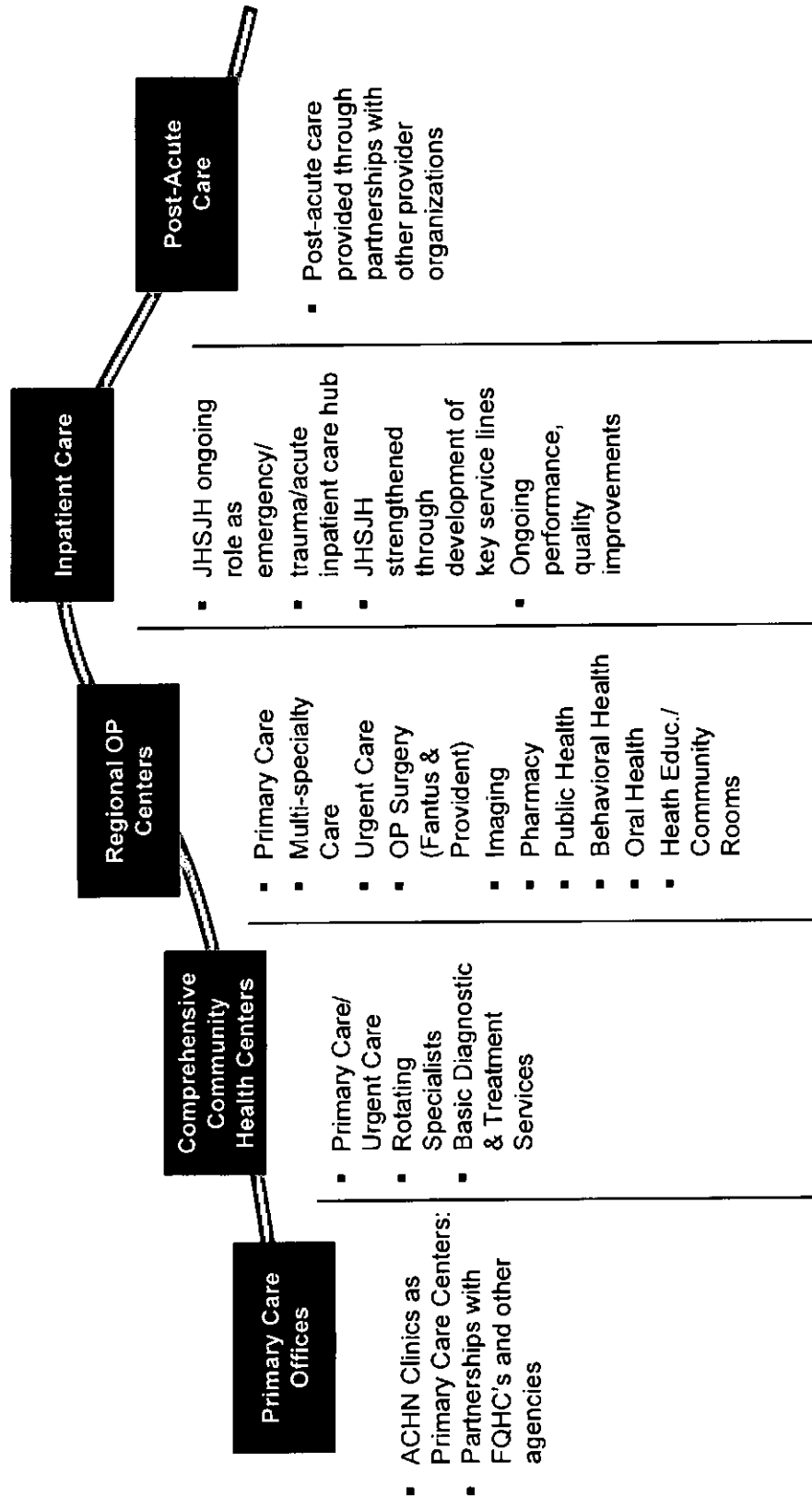
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# Vision 2015: Patient-Centered Accountability Across the Continuum of Care

The future-state Vision of Cook County Health and Hospitals System will place the patient at the center of a coordinated continuum of care ...



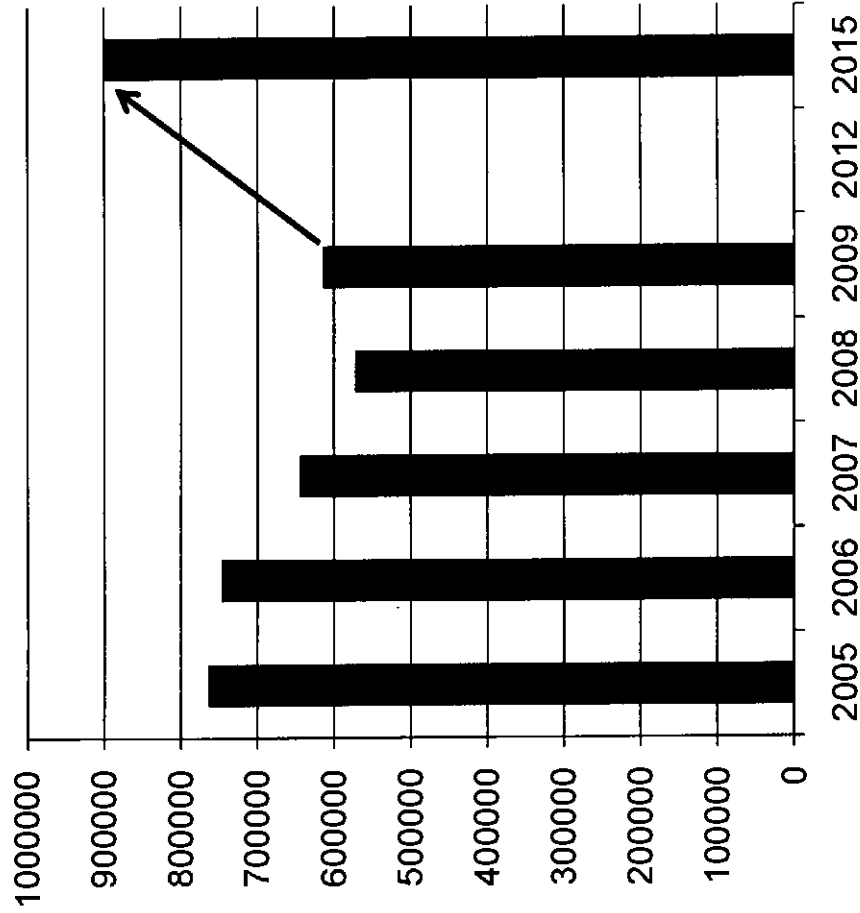
# VISION 2015: "What CCHHS will Look Like"



# A Reallocation of Resources to Meet the Needs of the County's Vulnerable Population...

- There is a significant opportunity to increase the overall service impact of the System by reallocating dollars currently being spent on inefficient hospital operations.
- Through reallocation, primary care and specialty care outpatient volume can be increased by 50+% over current levels.
- Patients can receive more timely care in a geographically accessible setting.

**Trended and Forecasted Primary Care and Specialty Visits, CCHHS**



Source: CCHHS, ICS Analysis

## Agenda

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- Strategic Direction: VISION 2015
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- ▣ 5-Year Financial Plan
- ▣ APPENDICES

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## *Action Priorities*

### **ACTION PRIORITIES BY GOAL**

- **GOAL I: ACCESS TO HEALTHCARE SERVICES**
  - I. 1: Eliminate System access barriers at all delivery sites.
  - I. 2: Strengthen the ACHN network; develop Comprehensive Community Health Centers at selected sites.
  - I. 3: Redevelop Oak Forest Hospital as a Regional Outpatient Center.
  - I. 4: Restructure Provident Hospital as a Regional Outpatient Center + focused inpatient facility and emergency department.
  - I. 5: Rebuild Fantus Clinic; redevelop as a Regional Outpatient Center.
  
- **GOAL II: QUALITY, SERVICE EXCELLENCE, AND CULTURAL COMPETENCE**
  - II. 1: Execute System-wide performance improvement initiatives.
  - II. 2: Implement System-wide service excellence and cultural competency initiatives.



## Action Priorities

### ACTION PRIORITIES BY GOAL (cont'd.)—

#### ▣ GOAL III: SERVICE LINE STRENGTH

- III. 1: Continue to develop/strengthen key clinical services.
- III. 2: Develop the infrastructure to support clinical services.

#### ▣ GOAL IV: STAFF DEVELOPMENT

- IV. 1: Dramatically improve staff recruitment , training, and development processes.
- IV. 2: Implement a full range of initiatives to improve staff satisfaction levels.

#### ▣ GOAL V: LEADERSHIP & STEWARDSHIP

- V. 1: Develop CCHHS leadership for today and for the future.
- V. 2: Continue to strengthen the stewardship responsibilities of System Board and management.

## Action Priorities

### GOAL I: ACCESS TO HEALTHCARE SERVICES

- I. 1: Eliminate System access barriers at all delivery sites.
  - Conduct a comprehensive review of access and service issues at CCHHS facilities; develop specific plans and timetables to remedy major access barriers:
    - Fantus operations
    - ACHN and Specialty Clinics scheduling
    - Stroger inpatient bed availability
    - Surgical services infrastructure and scheduling
    - Etc.
  - Pursue related improvements in service, staff, and technology (refer to Goals II, IV, and V).

#### ■ Timetable:

I. 1 Eliminate access barriers--all sites.	2010	2011	2012	2013	2014	2015+
Comprehensive review/action plan development						
Ongoing implementation			Continuous & Ongoing Implementation			

## Action Priorities

### GOAL I: ACCESS TO HEALTHCARE SERVICES

- **I. 2: Strengthen the ACHN network; develop Comprehensive Community Health Centers at selected sites.**
  - Increase efficiency and volumes through increases in staffing/support:
    - Expanded primary care + specialty care physician FTEs
    - Staff-to-provider ratios increased from 2.8 to targeted 4.0
  - Define partnerships with FQHC's/CHC's.
  - Develop targeted CCHHC sites: Northwest, West, and South.
  - Evaluate consolidation of ACHN clinics if volume thresholds are not met (after in-depth analysis/recommendations).

#### ■ Timetable:

<u>I. 2 ACHN + CCHC Development</u>	2010	2011	2012	2013	2014	2015+
ACHN staffing plan developed	■					
Physician + support staff increases						
CCHC site selections finalized	■					
Planning/design: new + build-outs		■				
Facility expansion/construction (if required)			■			
Evaluation of ACHN clinics re: consolidation	■	■				
Possible consolidation--selected clinics		■				
			Continuous & Ongoing Implementation			

## Action Priorities

### GOAL I: ACCESS TO HEALTHCARE SERVICES (cont'd.)—

- **I. 3: Redevelop Oak Forest Hospital as a Regional Outpatient Center.**
  - Evaluate site options and develop plan for long-term ROC development.
  - Short-term, consolidate/expand OP services in "E" Building:
    - Primary/specialty care, urgent care, advanced imaging, pharmacy, health education/community space
  - Discontinue all inpatient services; develop service and transfer agreements for inpatients.

#### ■ Timetable:

<b>I. 3 Redevelop OFH as ROC</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015+</b>
Inpatient transition planning						
Patient transfer agreements in place						
Suspension--IP operations						
Detailed ROC planning/design						
Construction build-out--existing facilities						
Staffing: planning & expansion						
					Continuous & Ongoing Implementation	

**Note: Timetable incorporates necessary regulatory (CON) review and approvals.**

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## Action Priorities

### GOAL I: ACCESS TO HEALTHCARE SERVICES (cont'd.)—

- **I. 5: Rebuild Fantus Clinic; redevelop as a Regional Outpatient Center.**
  - Replace existing facilities: new construction + expanded parking.
  - Expand outpatient surgical capacity (+4 rooms, +2 procedure rooms).
  - Relocate OB/Peds to distributed clinics.

#### ■ Timetable:

<u>I. 5 Rebuild Fantus as ROC</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015+</u>
Program design + sizing						
Site evaluation/selection						
Detailed planning & design						
Construction--new facility						

**Note:** Timetable incorporates necessary regulatory (CON) review and approvals.

## Action Priorities

### GOAL II: QUALITY, SERVICE EXCELLENCE, AND CULTURAL COMPETENCE

- **II. 1: Execute System-wide performance improvement initiatives.**
  - Fully implement System-wide program of continuous process improvement:
    - Evidence-based methodologies
    - Key patient safety & quality indicators monitored on continuous basis
  - Implement System-wide patient care management processes:
    - Coordinated care & transitions
    - Robust HIT: EMR, Individual Health Record
    - Rule-based referral and service coordination with provider partners
    - Accountability for episode of care

#### ■ Timetable:

<b>II. 1 Implement process improvement initiatives</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015+</b>
Process improvement focus + direction				Continuous & Ongoing Implementation		
System-wide care management processes				Continuous & Ongoing Implementation		

## Action Priorities

### GOAL II: QUALITY, SERVICE EXCELLENCE, AND CULTURAL COMPETENCE (cont'd.)—

- **II. 2: Implement System-wide service excellence and cultural competency initiatives.**
  - Systematically identify/remedy key patient dissatisfiers.
    - Access, way-finding, wait times
    - Environmental safety and ambiance
  - Develop a comprehensive plan for instilling cultural competency at all locations:
    - On-site interpreters, staff diversity
    - Health information/signage geared to language and cultural norms

#### ■ Timetable:

II. 2 Implement Process Improvement	2010	2011	2012	2013	2014	2015+
Service excellence plan developed & implemented			Continuous & Ongoing Implementation			
Cultural focus plan developed & implemented			Continuous & Ongoing Implementation			



## Action Priorities

### GOAL III: SERVICE LINE STRENGTH

- **III. 1: Continue to develop/strengthen key clinical services.**
  - Develop/strengthen key needs-based areas:
    - Strengthen OB/Peds, Emergency/Trauma, Surgical Services (ongoing planning and development), Geriatrics Services
    - Develop/further strengthen other key services; e.g., asthma/COPD, cancer, cardiac, stroke, diabetes, communicable disease/HIV, geriatric care, palliative care.
    - Pursue partnerships for rehab, post-acute care, behavioral health, and oral health
  - Pursue national leadership in key areas of medical education, research, and innovations in health delivery. Toward this end, pursue collaborations and partnerships:
    - Academic medical centers
    - Community health systems
    - FQHC 's, health centers, and public health agencies

#### ■ Timetable:

<u>III.1 Develop/Strengthen Clinical Services</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015+</u>
Completion of service line planning in process						
Completion of planning for add'l. key service lines						
Partnership discussions/collaborations			Continuous & Ongoing Implementation			

## Action Priorities

### GOAL III: SERVICE LINE STRENGTH (cont'd.)—

- III. 2: Develop the infrastructure to support clinical services.
  - Develop a comprehensive plan for capital equipment investment and replacement.
  - Implement Health Information Technology to support System clinical processes:
    - Implementation of EMR, migration to Individual Health Record
    - Ongoing participation in IRIS and other community health referral networks
  - Develop a comprehensive marketing and branding program to enhance public awareness of CCHHS services, strengths, and ongoing performance.
  - Implement steps to review ALOS and otherwise optimize capacity utilization at JHSJH.
  - Develop a dashboard reporting system to monitor quality, safety, and satisfaction outcomes.

#### ■ Timetable:

III. 2 Develop Infrastructure--Clinical Services	2010	2011	2012	2013	2014	2015+
Capital equipment assess./plng.						
Capacity optimization--JHSJH						
IT planning/system implementation						
Marketing program development						

# Action Priorities

## GOAL IV: STAFF DEVELOPMENT

- IV. 1: Dramatically improve staff recruitment , training, and development systems and processes.
  - Streamline current recruitment processes; eliminate System barriers.
  - Develop a comprehensive 3-year staff development plan for all System sites:
    - Reviews of position descriptions vs. actual job requirements
    - Comprehensive plan for staff in-service training, leadership skill development, and job-specific education (incorporating innovation with safety and quality focus)
  - Recruit/train staff to meet defined needs:
    - Physicians, by specialty, by site
    - RN's
    - Physician assistants and other physician extenders
    - Other allied health professionals and caregivers

### ■ Timetable:

IV.1 Staff Recruitment + Training	2010	2011	2012	2013	2014	2015+
Streamlined recruiting processes in place						
System-wide training program developed						
Staff recruitment + development		Continuous & Ongoing Implementation				

## Action Priorities

### GOAL IV: STAFF DEVELOPMENT (cont'd.)—

- **IV. 2: Implement a full range of initiatives to improve staff satisfaction levels.**
  - Systematically identify and target key staff satisfiers.
  - Foster open communication, collaboration, and teamwork at all sites/levels of the System:
    - Clear communication of System Vision and overall direction
    - Open communications and collaboration in decision-making
    - Support of risk-taking and flexibility to make needed decisions
  - Target and achieve employee satisfaction at benchmarks (nationally or at highest level possible).

■ **Timetable:**

IV.2 Staff Satisfaction Improvement	2010	2011	2012	2013	2014	2015+
Assessment and focused plan development						
Attainment 3rd quartile satisfaction levels				Ongoing Implementation		

## Action Priorities

### GOAL V: LEADERSHIP AND STEWARDSHIP

- V. 1: Develop CCHHS leadership for today and for the future.
  - Develop and implement a comprehensive program for leadership development:
    - Defined leadership goals
    - Formalized leadership evaluations and feedback
    - Succession planning
    - Structured leadership training and development
  - Educate for management functions with annual competencies verifications.
  - Conduct formalized leadership 360 degree evaluations.

#### ■ Timetable:

V.1 Staff leadership development	2010	2011	2012	2013	2014	2015+
Program definition/implementation						
Ongoing leadership development			Continuous & Ongoing	Implementation		

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## Action Priorities

### GOAL V: LEADERSHIP AND STEWARDSHIP (cont'd.)—

- V. 2: Continue to strengthen the stewardship responsibilities of System Board and management.
  - Set measureable System objectives and milestones.
  - Hold the Board and senior management accountable for results:
    - Organizational performance vis a vis the strategic Plan and other defined objectives
    - 5-Year Financial Plan

#### ■ Timetable:

V.2 Stewardship	2010	2011	2012	2013	2014	2015+
Targets + measures						
Results monitoring + feedback						
Continuous & Ongoing Implementation						

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## 5-Year Financial Plan: Intended Use and Limitations

**Guiding Principle:** *The strategic plan creates a framework to provide for more appropriate services to serve the vulnerable population of Cook County. The Strategic Plan does not seek to reduce operating funds or levels of required investments.*

### Intended Use

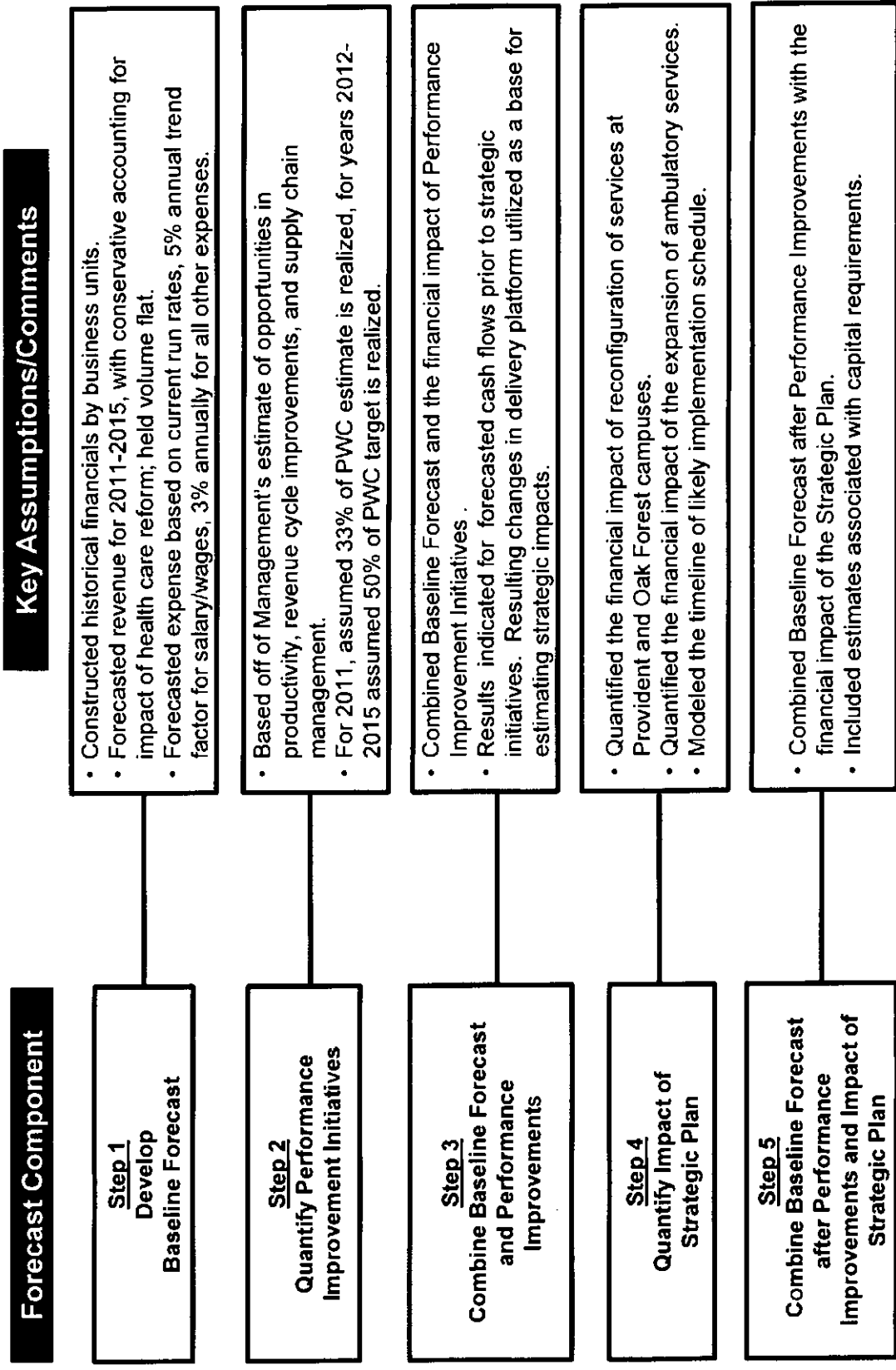
- The five-year financial plan reflects management's best efforts to quantify the likely operating and financial impacts of (a) management's performance improvement initiatives, and (b) the 2010 – 2015 Vision and Strategic Plan. It provides a working model of the underlying dynamics and relative impacts of the proposed initiatives. As such, it is a helpful resource to guide decision making. It is not intended as a long-term operating budget, particularly in the later years as the difficulty in forecasting increases.

### Limitations

- The financial plan cannot fully anticipate and quantify inherent uncertainties in the health care environment. Further, there are limitations owing to the quality of available data, as well as unknowns regarding the specifics and timing of actual plan implementation.



# 5 Year Financial Plan: Process Overview



ICS Consulting, Inc.

## 5-Year Financial Plan: Baseline Forecast

### Baseline Forecast: System Rollup

*Annual, in 000's*

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG \$	371,262	\$ 341,996	\$ 350,085	\$ 350,085	\$ 354,462	\$ 354,462	\$ 358,926
ARRA/Stimulus Funds	36,000	38,582	3,215	-	-	-	-
Net DSH	225,000	150,000	138,000	138,000	138,000	128,000	126,000
<b>Total Patient Service Revenue</b>	<b>632,262</b>	<b>530,578</b>	<b>491,300</b>	<b>488,085</b>	<b>492,462</b>	<b>482,462</b>	<b>484,926</b>
Other revenue	3,768	5,467	5,631	5,800	5,974	6,153	6,338
<b>Total operating revenue</b>	<b>636,030</b>	<b>536,045</b>	<b>496,931</b>	<b>493,885</b>	<b>498,436</b>	<b>488,615</b>	<b>491,264</b>
<b>Operating expenses</b>							
Salaries and wages	526,330	546,911	503,014	528,165	554,573	582,302	611,417
Supplies	125,772	129,119	118,947	122,516	126,191	129,977	133,876
Purchased services, rental and other	145,293	169,342	156,981	161,690	166,541	171,537	176,684
Utilities	18,235	18,633	17,165	17,680	18,211	18,757	19,320
<b>Total operating expenses</b>	<b>815,630</b>	<b>864,005</b>	<b>796,108</b>	<b>830,051</b>	<b>865,516</b>	<b>902,573</b>	<b>941,296</b>
<b>Operating Loss</b>	<b>\$ (179,601)</b>	<b>\$ (327,960)</b>	<b>\$ (299,177)</b>	<b>\$ (336,166)</b>	<b>\$ (367,080)</b>	<b>\$ (413,958)</b>	<b>\$ (450,033)</b>
Capital requirement - Routine	-	-	(25,000)	(25,000)	(25,000)	(25,000)	(25,000)
Capital requirement - Strategic	-	-	-	-	-	-	-

*Note: The forecast is based on high level assumptions and as such is intended as a tool to aid in strategic and financial planning, not an operating budget.*

## 5-Year Financial Plan: Performance Improvement Initiatives

### Incremental Performance Improvement: System Rollup

*Annual, in 000's*

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual/ Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG \$	-	\$ -	\$ 55,000	\$ 40,238	\$ 41,445	\$ 42,688	\$ 43,969
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
<b>Total Patient Service Revenue</b>	-	-	55,000	40,238	41,445	42,688	43,969
Other revenue	-	-	-	-	-	-	-
<b>Total operating revenue</b>	-	-	55,000	40,238	41,445	42,688	43,969
<b>Operating expenses</b>							
Salaries and wages	-	-	(9,833)	(15,306)	(15,765)	(16,238)	(16,725)
Supplies	-	-	(12,101)	(18,836)	(19,401)	(19,983)	(20,583)
Purchased services, rental and other	-	-	11,284	(26,796)	(29,574)	(30,461)	(31,375)
Utilities	-	-	-	-	-	-	-
<b>Total operating expenses</b>	-	-	(10,650)	(60,938)	(64,740)	(66,682)	(68,683)
<b>Operating Loss</b>	\$ -	\$ -	\$ 65,650	\$ 101,175	\$ 106,185	\$ 109,370	\$ 112,651
Capital requirement - Routine	-	-	-	-	-	-	-
Capital requirement - Strategic	-	-	-	-	-	-	-

*Note: The forecast is based on high level assumptions and as such is intended as a tool to aid in strategic and financial planning, not an operating budget.*

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## 5 Year Financial Plan: Forecast After Performance Improvement

### Forecast after Performance Improvement Initiatives: System Rollup

*Annual, in 000's*

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual/ Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG \$	371,262	\$ 341,996	\$ 405,085	\$ 390,323	\$ 395,906	\$ 397,150	\$ 402,895
ARRA/Stimulus Funds	36,000	38,582	3,215	-	-	-	-
NetDSH	225,000	150,000	138,000	138,000	138,000	128,000	126,000
<b>Total Patient Service Revenue</b>	<b>632,262</b>	<b>530,578</b>	<b>546,300</b>	<b>528,323</b>	<b>533,906</b>	<b>525,150</b>	<b>528,895</b>
Other revenue	3,768	5,467	5,631	5,800	5,974	6,153	6,338
<b>Total operating revenue</b>	<b>636,030</b>	<b>536,045</b>	<b>551,931</b>	<b>534,123</b>	<b>539,880</b>	<b>531,303</b>	<b>535,232</b>
<b>Operating expenses</b>							
Salaries and wages	526,330	546,911	493,181	512,859	538,808	566,064	594,692
Supplies	125,772	129,119	106,847	103,680	106,790	109,994	113,294
Purchased services, rental and other	145,293	169,342	168,265	134,895	136,967	141,076	145,308
Utilities	18,235	18,633	17,165	17,680	18,211	18,757	19,320
<b>Total operating expenses</b>	<b>815,630</b>	<b>864,005</b>	<b>785,458</b>	<b>769,114</b>	<b>800,776</b>	<b>835,891</b>	<b>872,614</b>
<b>Operating Loss</b>	<b>\$ (179,601)</b>	<b>\$ (327,960)</b>	<b>\$ (233,527)</b>	<b>\$ (234,991)</b>	<b>\$ (260,896)</b>	<b>\$ (304,588)</b>	<b>\$ (337,381)</b>
Capital requirement - Routine	-	-	(25,000)	(25,000)	(25,000)	(25,000)	(25,000)
Capital requirement - Strategic	-	-	-	-	-	-	-

*Note: The forecast is based on high level assumptions and as such is intended as a tool to aid in strategic and financial planning, not an operating budget.*

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## 5-Year Financial Plan: Incremental Impact of Strategic Plan

### Incremental Strategic Plan: System Rollup

*Annual, in 000's*

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG \$	-	\$ -	\$ (15,469)	\$ (11,783)	\$ (5,592)	\$ (3,070)	\$ (2,932)
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	-	-	(15,469)	(11,783)	(5,592)	(3,070)	(2,932)
Other revenue	-	-	(233)	(240)	(247)	(255)	(262)
Total operating revenue	-	-	(15,702)	(12,023)	(5,839)	(3,325)	(3,194)
<b>Operating expenses</b>							
Salaries and wages	-	-	(25,874)	(22,936)	(9,159)	(3,824)	(5,200)
Supplies	-	-	1,578	2,253	3,188	3,554	3,661
Purchased services, rental and other	-	-	36	(1,719)	(4,377)	(4,375)	(4,506)
Utilities	-	-	(1,763)	(1,816)	(1,824)	(1,598)	(1,646)
Total operating expenses	-	-	(26,023)	(24,219)	(12,172)	(6,242)	(7,690)
<b>Operating Loss</b>	\$ -	\$ -	\$ 10,322	\$ 12,196	\$ 6,333	\$ 2,917	\$ 4,496
Capital requirement - Routine							
Capital requirement - Strategic	-	-	(41,000)	(27,500)	(21,500)	(8,500)	(103,900)

*Note: The forecast is based on high level assumptions and as such is intended as a tool to aid in strategic and financial planning, not an operating budget.*

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# 5-Year Financial Plan: Impact of Strategic Plan by Initiative

Strategic Capital Reallocation – Forecast 2010 - 2015 (in millions)						Comments
Impact on Operations	2011	2012	Forecasted			
			2013	2014	2015	
<b>Oak Forest</b>						
Discontinue all patient services	\$ 42.2	\$ 42.6	\$ 45.0	\$ 48.1	\$ 51.0	2011 includes partial year and transition costs.
Transfer agreements/transition costs	(7.0)	(3.0)	-	-	-	Transition costs associated with displaced pts.
Build/grow ambulatory clinic services	(1.7)	(4.9)	(7.5)	(8.3)	(8.5)	Grows to 105K patient visits.
Relocate Rehab Unit	(4.2)	(4.6)	(4.9)	(5.3)	(5.6)	Contract with community hospital.
<b>Provident</b>						
Discontinue inpatient OB and ICU, resize IP unit.	2.5	10.9	11.6	12.4	13.1	Result is 36 bed IP unit plus overflow, ER remains.
Expand ambulatory services	(2.7)	(6.1)	(11.0)	(13.5)	(13.9)	Grows to 140K patient visits.
<b>ACHN</b>						
PC expansion	(2.2)	(3.5)	(4.9)	(5.2)	(5.4)	Using 4.3 ratio, adds 70 support ftes.
Expand Cicero and Cottage Grove	(1.6)	(3.8)	(5.4)	(5.7)	(5.9)	Combined increase of 40K patient visits.
New Northwest Clinic	-	-	(0.6)	(3.3)	(3.4)	34K patient visits.
<b>Stroger</b>						
Strategic Investment, Stroger Hospital	(15.0)	(15.5)	(15.9)	(16.4)	(16.9)	Invest in service line development, OR staffing.
<b>Forecasted Change in Operating Cash</b>	<b>10.3</b>	<b>12.2</b>	<b>6.3</b>	<b>2.9</b>	<b>4.5</b>	
<b>Capital Costs</b>						
IT Infrastructure	(16.0)	(9.5)	(11.5)	(8.5)	(11.9)	Invest in IT infrastructure.
Fantus rebuild	(3.0)	(3.0)	(3.0)	-	(92.0)	Based on \$500 per foot, 180K feet.
PC clinic expansion/update	(3.0)	(3.0)	(7.0)	-	-	6 clinics at \$1.5M per clinic
CCHC clinic expansion/update	-	(12.0)	-	-	-	2 CCHC's at \$3M each, \$7M for new clinic.
Provident reconfigure	(19.0)	-	-	-	-	Retro fit space for clinic expansion.
Oak Forest reconfigure	-	-	-	-	-	Reconfigure building E, new equipment.
<b>Forecasted Strategic Capital Requirements</b>	<b>\$ (41.0)</b>	<b>\$ (27.5)</b>	<b>\$ (21.5)</b>	<b>\$ (8.5)</b>	<b>\$ (103.9)</b>	

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## 5-Year Financial Plan: Forecast after Performance Improvement and Strategic Plan Initiatives

### Forecast after Performance Improvement/Strategic Plan: System Rollup

*Annual, in 000's*

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IGT)	\$ 371,262	\$ 341,996	\$ 389,617	\$ 378,540	\$ 390,314	\$ 394,080	\$ 399,963
ARRA/Stimulus Funds	36,000	38,582	3,215	-	-	-	-
NetDSH	225,000	150,000	138,000	138,000	138,000	128,000	126,000
Total Patient Service Revenue	632,262	530,578	530,832	516,540	528,314	522,080	525,963
Other revenue	3,768	5,467	5,398	5,560	5,727	5,899	6,075
Total operating revenue	636,030	536,045	536,230	522,100	534,041	527,978	532,038
<b>Operating expenses</b>							
Salaries and wages	526,330	546,911	467,308	489,923	529,649	562,240	589,492
Supplies	125,772	129,119	108,425	105,932	109,978	113,548	116,955
Purchased services, rental and other	145,293	169,342	168,300	133,175	132,591	136,701	140,802
Utilities	18,235	18,633	15,402	15,864	16,387	17,159	17,674
Total operating expenses	815,630	864,005	759,435	744,894	788,604	829,649	864,923
<b>Operating Loss</b>	\$ (179,601)	\$ (327,960)	\$ (223,205)	\$ (222,795)	\$ (254,563)	\$ (301,671)	\$ (332,885)
Capital requirement - Routine	-	-	(25,000)	(25,000)	(25,000)	(25,000)	(25,000)
Capital requirement - Strategic	-	-	(41,000)	(27,500)	(21,500)	(8,500)	(103,900)

*Note: The forecast is based on high level assumptions and as such is intended as a tool to aid in strategic and financial planning, not an operating budget.*

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## Agenda

- Background + Approach
- Summary of Key Issues
- Guiding Principles
- Strategic Direction: VISION 2015
- Action Priorities
- 5-Year Financial Plan
- APPENDICES

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## APPENDICES

- Appendix A – The Case for Change
- Appendix B – Five-Year Financial Forecast Narrative
- Appendix C – Five-Year Financial Forecast Detail

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*Cook County Health  
and Hospitals System*

**Phase II Strategic Planning:  
APPENDIX A— THE CASE FOR CHANGE**

June 25, 2010

## **APPENDIX C—A Compelling case for Change**

1. There are significant unmet healthcare needs in Cook County.
2. There are large disparities in health by region.
3. In addition, there are disparities in access.
4. As need has risen, CCHHS volumes have trended downward.
5. CCHHS access points are not aligned geographically.
6. System resources are disproportionately centered around the hospital environment.
7. The System is not deploying providers and facilities effectively.
8. The current CCHHS delivery configuration is not sustainable.
9. The current cost structure is not sustainable.
10. A redirection of inefficient IP resources to OP modalities could substantially increase the volumes of services overall.

# 1. Significant unmet healthcare needs in Cook County...

Cook County ranked in the bottom tier for health outcomes in Illinois (81 out of 101)

Health Outcomes	Cook County	Target Value
Mortality	7,701	5,694
Premature death		
Morbidity	18%	9%
Poor or fair health	3.3	2.4
Poor physical health days	3.2	2.0
Poor mental health days	9%	6%
Low birthweight		

\* Reflects 90<sup>th</sup> percentile  
Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

The DT/West and South Cook regions face greater health challenges

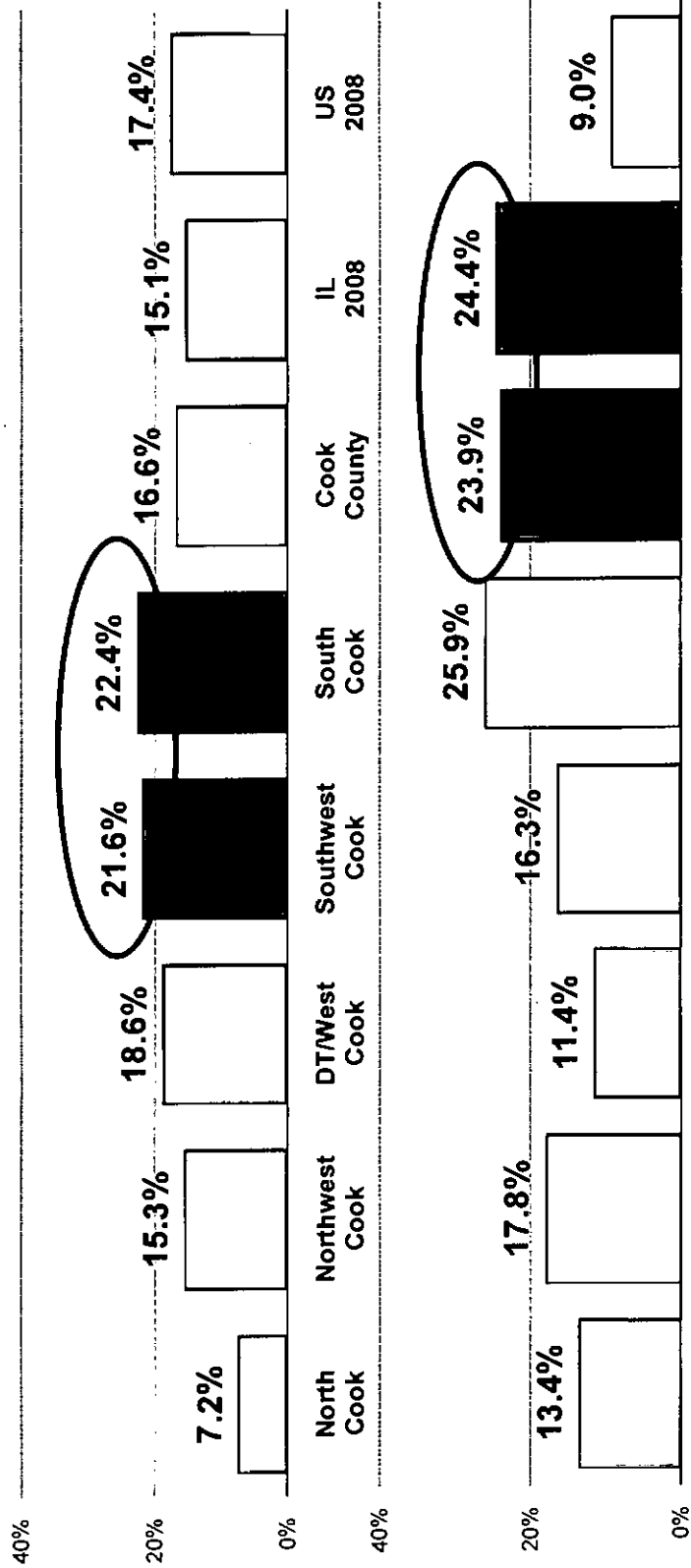
North Cook	Northwest Cook	Downtown/ West Cook	Southwest Cook	South Cook
Difficulty Accessing Healthcare (Adults & Children)	Children's Routine Medical Care	Childhood ADD/ADHD	Arthritis & Osteoporosis	Arthritis
Mold in the Home	Eye Exams	Childhood Asthma	Environmental Tobacco Smoke	Chronic Lung Disease
Routine Medical Care	HIV Testing	Children's Bicycle Helmet Usage	High Blood Cholesterol	Dental Care
	Smoking Cessation	Diabetes Management	Lack of Health Insurance Coverage	Emergency Room Utilization
		Lack of Health Insurance Coverage		Environmental Tobacco Smoke
		Prostate Screenings		Family Violence
		Seat Belt Usage		Fruit/Vegetable Consumption
				Hypertension
				Mental Health Status
				Obesity
				Perceptions of Local Healthcare
				Senior Flu Shots
				Tobacco Use
				Violent Crime

Source: 2009 PRC-MCHC Community Health Report

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**The highest percent of reporting "Fair or Poor" health are those in Southland communities and in low-income cohorts**

**Respondents That Experience "Fair" or "Poor" Overall Health  
By Cook County Region**



Sources: • 2009 PRC-MCHC Community Health Survey, Professional Research Consultants, Inc. [Item 5] FPL  
 • 2008 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2008 Illinois data.  
 Notes: • Asked of all respondents.

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## 2. Large disparities in health...

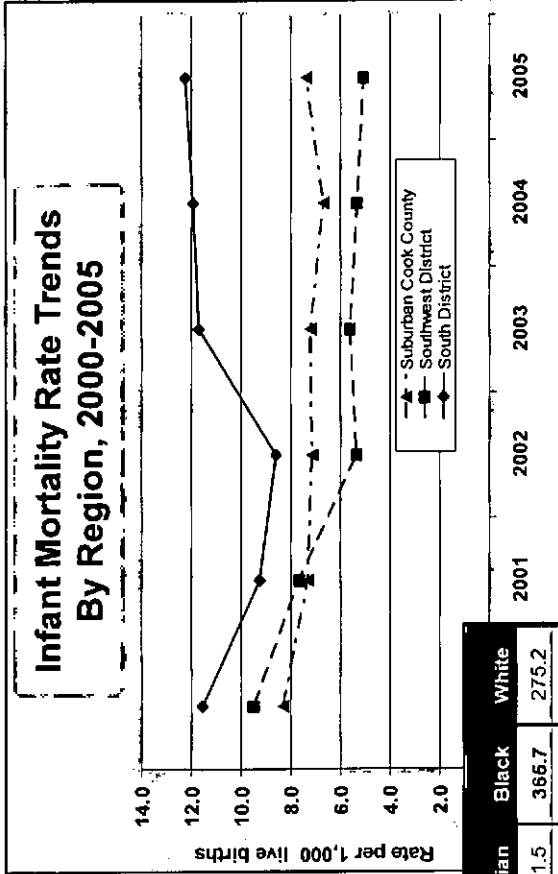
Health outcomes, such as IMR and leading causes of death, demonstrate the disparities by region and race

### 10 Leading Causes of Death by Race/Ethnicity for 2005 in Chicago

Causes of Death	All Races							Puerto Rican			Mexican		Asian		Black		White	
	All	Hispanic	Hispanic	Mexican	Mexican	Rican	Rican	Rican	Rican	Asian	Asian	Black	Black	White	White			
Heart Disease	265.4	132	152.7	121.6	175.1	202.5	141.5	366.7	275.2	193.6	304.4	75.6	45.3	38.9				
Cancer	204.6	109.5	32.8	RS	RS	RS	RS	40.9	22.9	41.9	39.2	16.4	17.6	RS				
Stroke	49.5	22.7	31.6	RS	RS	RS	RS	36.2	19.3	44.2	29	24.6	30.6	RS				
Chronic Lwr Resp Dis	33.2	RS	RS	RS	RS	RS	RS	49.6	RS	RS	RS	RS	RS	RS				
Diabetes	29	31.6	18.1	36.3	60.6	25.6	22.9	16.4	17.6	RS	RS	RS	RS	RS				
Nephritis	22.5	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Alzheimer's Disease	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Homicide	16.4	9.6	9.6	21.4	50.1	19.3	24.6	30.6	RS	RS	RS	RS	RS	RS				
Septicemia	25.5	20	25.9	15.6	3.7	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Influenza & Pneumonia	23	14.4	16.9	4.3	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Accidents	33.9	26.1	4.3	3.7	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Liver Disease	RS	16.9	4.3	3.7	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				
Infant Mortality	RS	4.3	3.7	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS				

SOURCE: CDPH RS = Rate Suppressed because the number of deaths < 21

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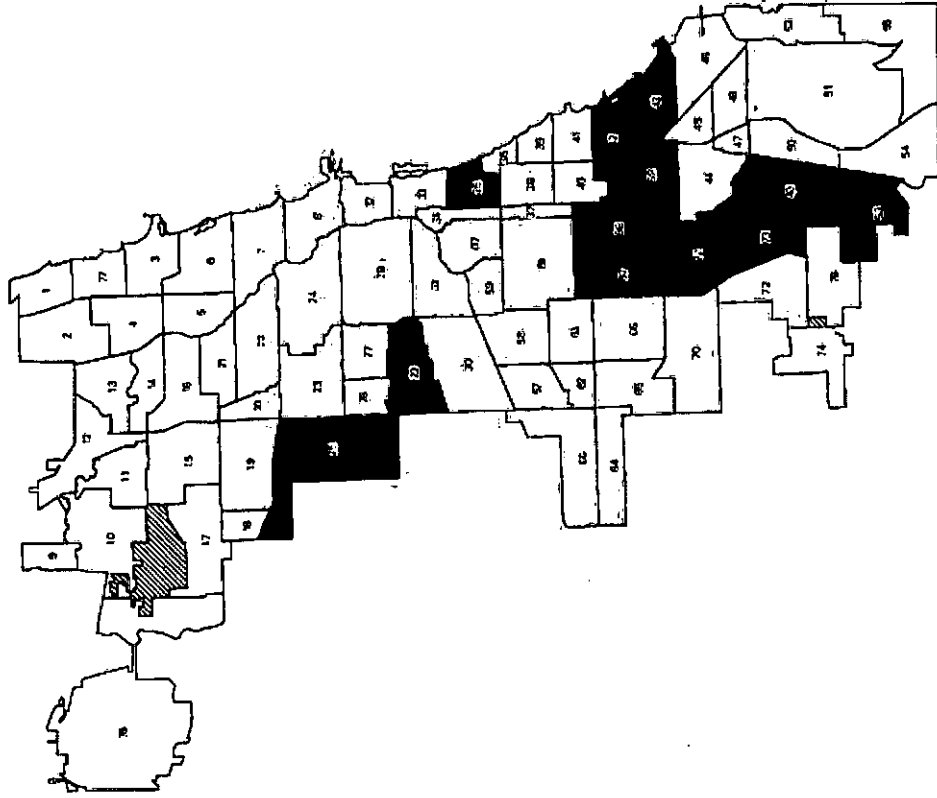


SOURCE: CCDPH

Note: interventions to address disparities goes beyond the health system and must target the intersections between biology, behavior, and social circumstances to reduce the unequal burden

**The disease burden is greater in key communities**

The areas with the lowest health rankings have the fewest health resources and also where CCHHS draws the majority of its patients.



**Chicago Community Areas  
with the Lowest Health  
Ranking Composite, 2004**

- 1 – Englewood (68)
- 2 – West Englewood (67)
- 3 - Auburn Gresham (71)
- 4 - North Lawndale (29)
- 5 – West Pullman (53)
- 6 – Greater Grand Crossing (69)
- 7 – Woodlawn (42)
- 8 – Roseland (49)
- 9 – Washington Heights (73)
- 10 – South Shore (43)

Source: Chicago Department of Public Health

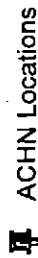
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### 3. There are disparities in access

CCHHS access points are not aligned with the poorer parts of the county, many of which have seen considerable population migration

#### CCHHS Locations and Median Household Income by ZIP Code



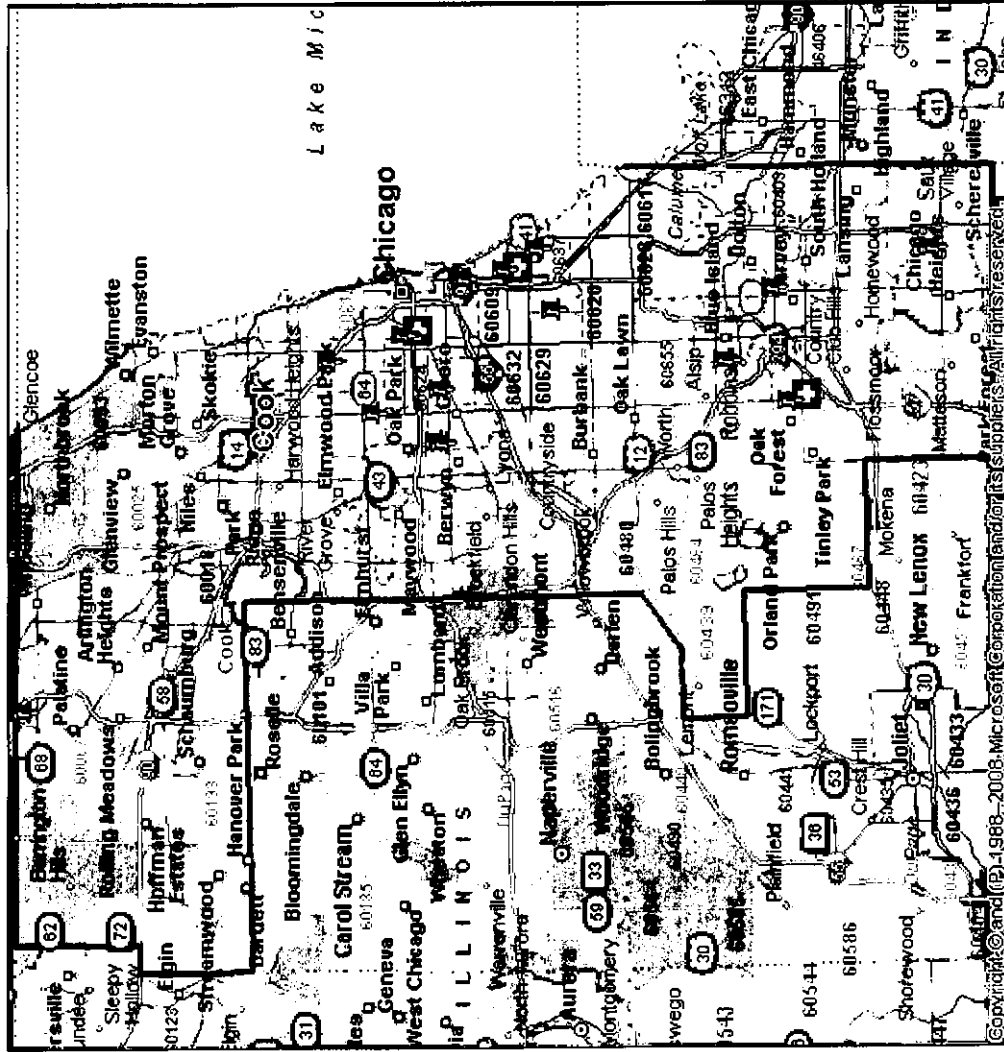
ACHN Locations



Hospitals

#### Median HH Income (2007)

- \$100,000 to \$500,000
- \$75,000 to \$99,999
- \$50,000 to \$74,999
- \$25,000 to \$49,999
- \$0 to \$24,999



Sources: CCHHS; Microsoft MapPoint data

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*The south/southwest parts of the county clearly have gaps in primary care access points*

Overlaying FQHC/CHC locations displays the relative lack of primary care facilities in the poorer Southern regions.

**FQHC/CHC Locations and Median Household Income by ZIP Code**

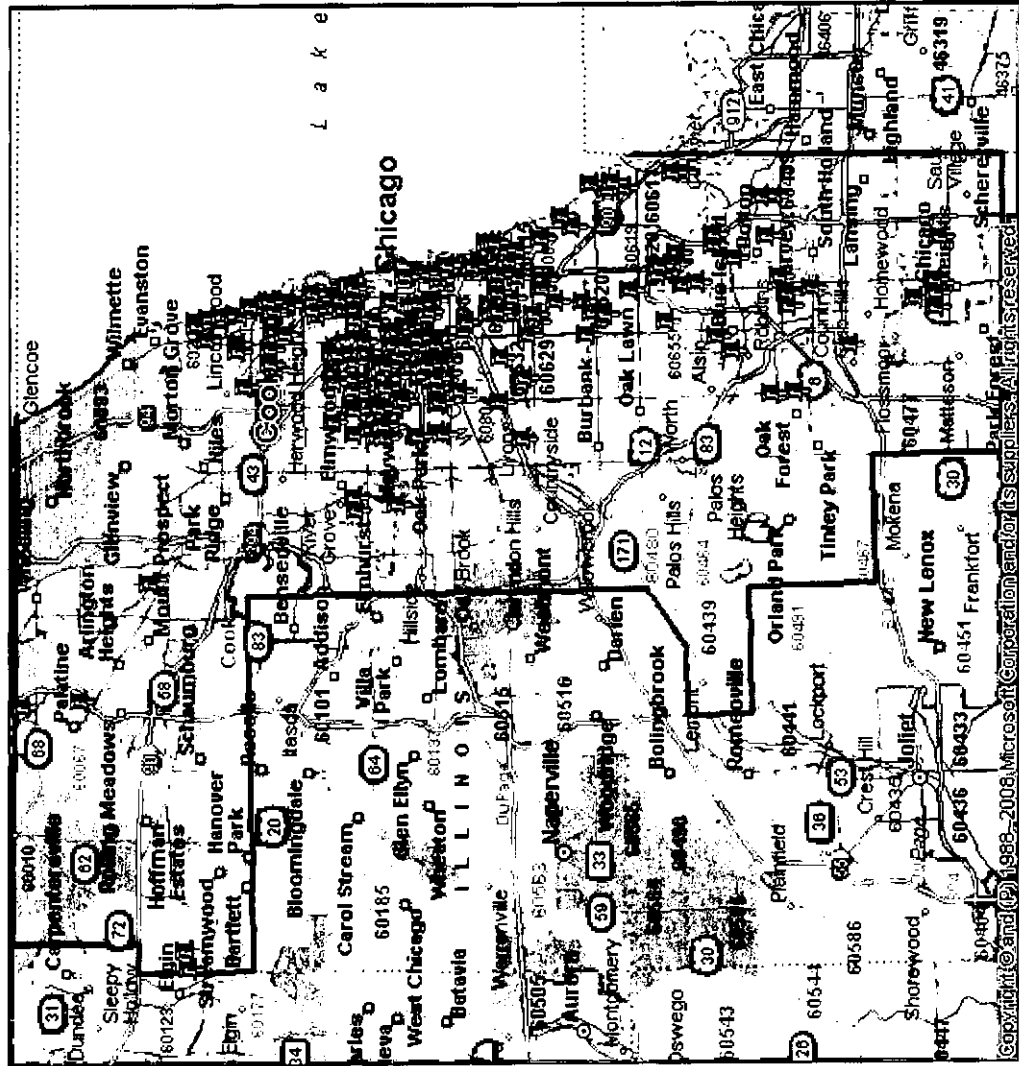
 FQHC/CHC Locations  
 ACHN Locations

**Median HH Income (2007)**

-  \$100,000 to \$500,000
-  \$75,000 to \$99,999
-  \$50,000 to \$74,999
-  \$25,000 to \$49,999
-  \$0 to \$24,999

Sources: CCHHS; Microsoft MapPoint data; Illinois Primary Healthcare Association

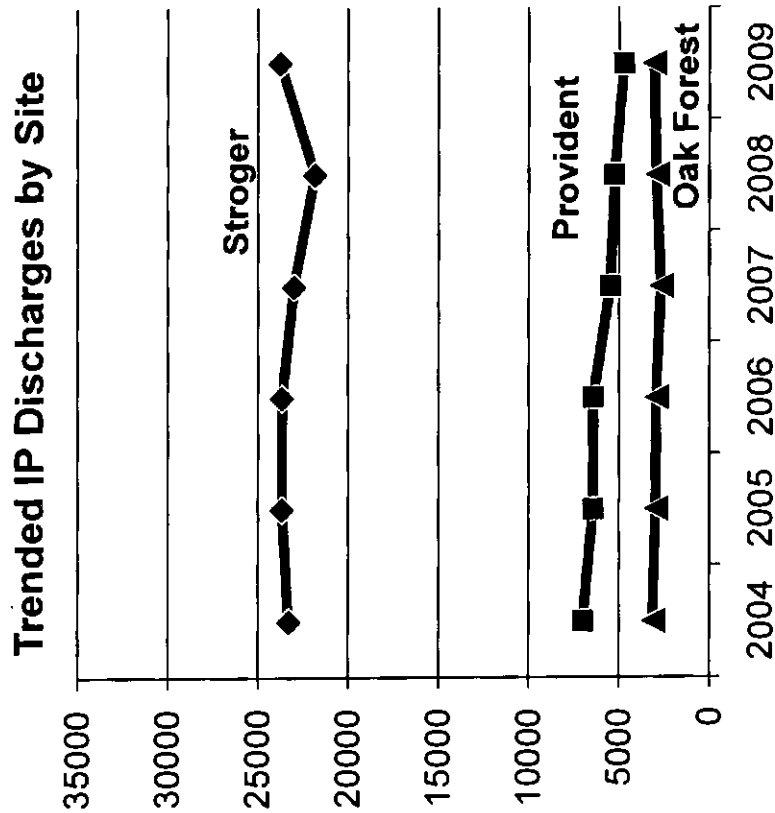
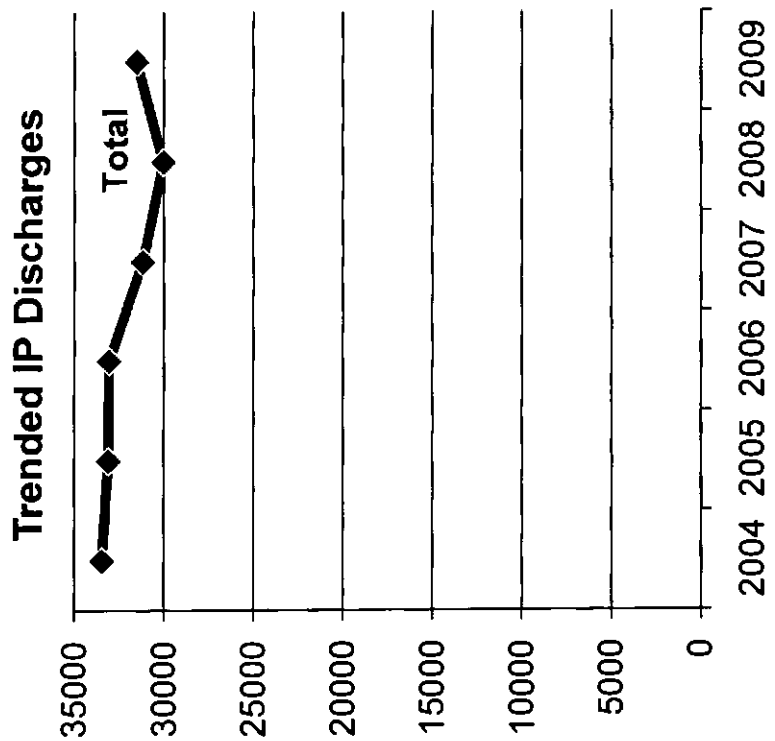
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**4. In a time of rising need, CCHHS volumes have trended downward, although 2009 has showed some sign of reversal**

While healthcare needs in the County have grown, budget cuts have contributed to a decline in CCHHS inpatient and outpatient activity over the last five years.

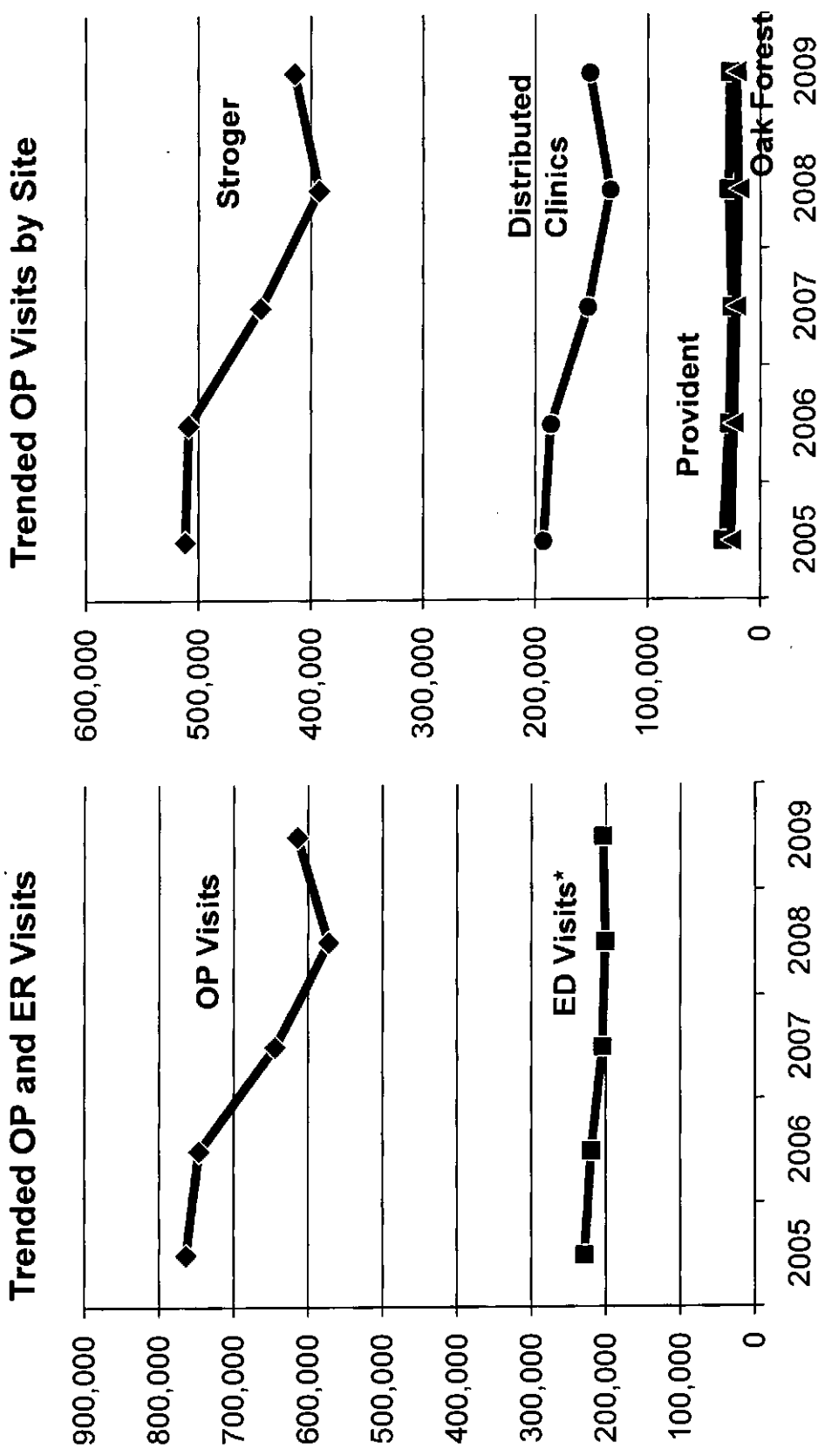


Source: CCHHS

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**OP activity also has seen a considerable decline over the last five years, primarily due to budget cuts and related staffing reductions**

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\* Excludes Trauma  
Source: CCHHS

## 5. CCHHS access points are not aligned geographically

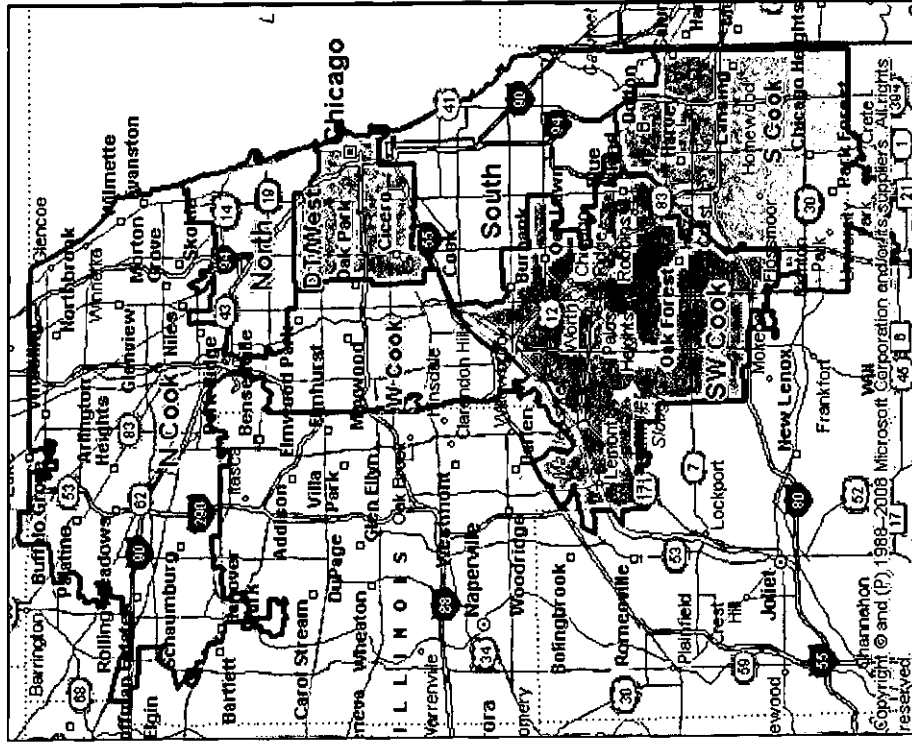
There has been a significant geographic redistribution of the vulnerable population over the past 20+ years, with significant shifts to:

- South/South Cook
- Downtown/West
- North Cook

### Population (2007) by Region

Region	Population
North	918,942
DT/West	898,509
South	1,116,319
N Cook	981,695
W Cook	444,107
S Cook	398,037
SW Cook	484,294
<b>TOTAL</b>	<b>5,241,903</b>

Source: MapPoint Population data



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**Over 60% of CCHHS' clinical activity comes from patients residing in the South and Downtown/West regions**

**CCHHS Clinical Activity by Region, 2008**

Region	Population	ACHN Visits	ED Visits	IP Dischgs	OP Surgeries	Existing ACHN Locations
South	1,116,319	249,137	71,001	13,809	3,195	3 PC and 1 Spec. Care
DT/West	898,509	183,579	45,603	8,685	1,757	6 PC and 1 Spec. Care
North	918,942	78,110	14,077	3,033	1,170	No Locations
S Cook	398,037	48,398	16,709	2,205	620	2 PC Sites
N Cook	981,695	35,244	3,341	976	396	1 PC Site
W Cook	444,107	32,687	5,817	1,190	437	No Locations
SW Cook	484,294	28,827	9,925	1,336	430	1 PC and 1 Spec. Care
Other/NA		22,678	7,945	436	450	
<b>TOTAL</b>	<b>5,241,903</b>	<b>678,660</b>	<b>174,418</b>	<b>31,670</b>	<b>8,455</b>	

Region	Population	ACHN Visits	ED Visits	IP Dischgs	OP Surgeries	Existing ACHN Locations
South	21%	37%	41%	44%	38%	3 PC and 1 Spec. Care
DT/West	17%	27%	26%	27%	21%	6 PC and 1 Spec. Care
North	18%	12%	8%	10%	14%	No Locations
S Cook	8%	7%	10%	7%	7%	2 PC Sites
N Cook	19%	5%	2%	3%	5%	1 PC Site
W Cook	8%	5%	3%	4%	5%	No Locations
SW Cook	9%	4%	6%	4%	5%	1 PC and 1 Spec. Care
Other/NA		3%	5%	1%	5%	
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

Source: CCHHS Experian database

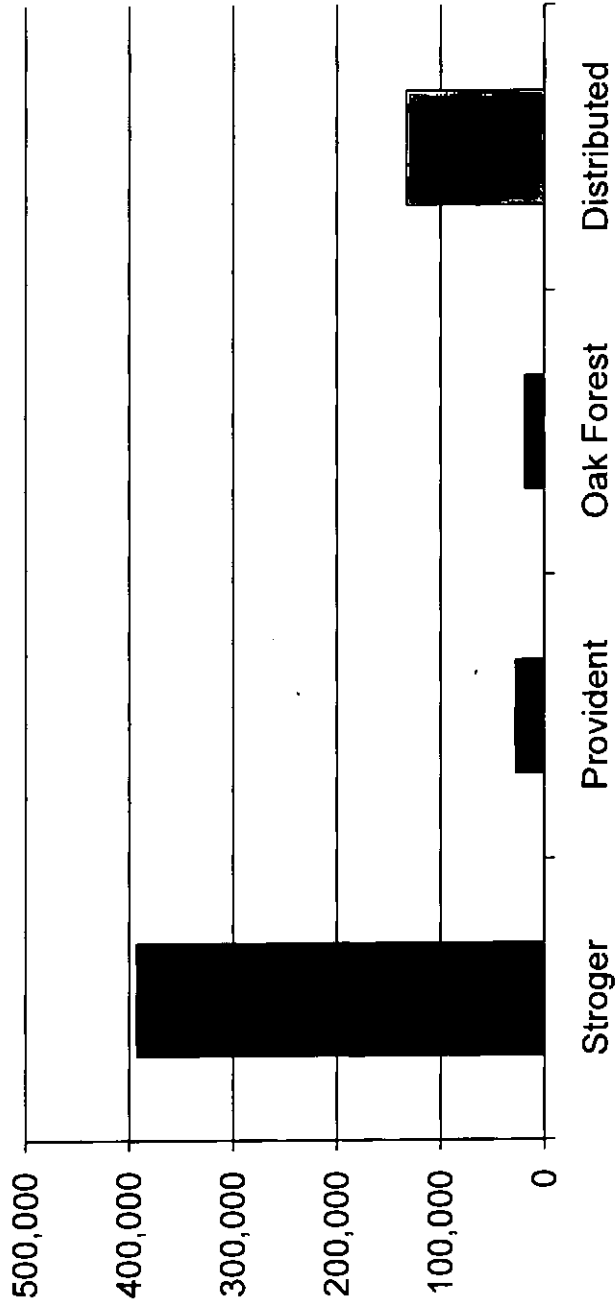
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**6. System resources are disproportionately centered around the hospital environment...**

CCHHS has devoted considerable resources at the John H. Stroger, Jr. Hospital campus for outpatient care, contributing to congestion, backlogs, and patient dissatisfaction.

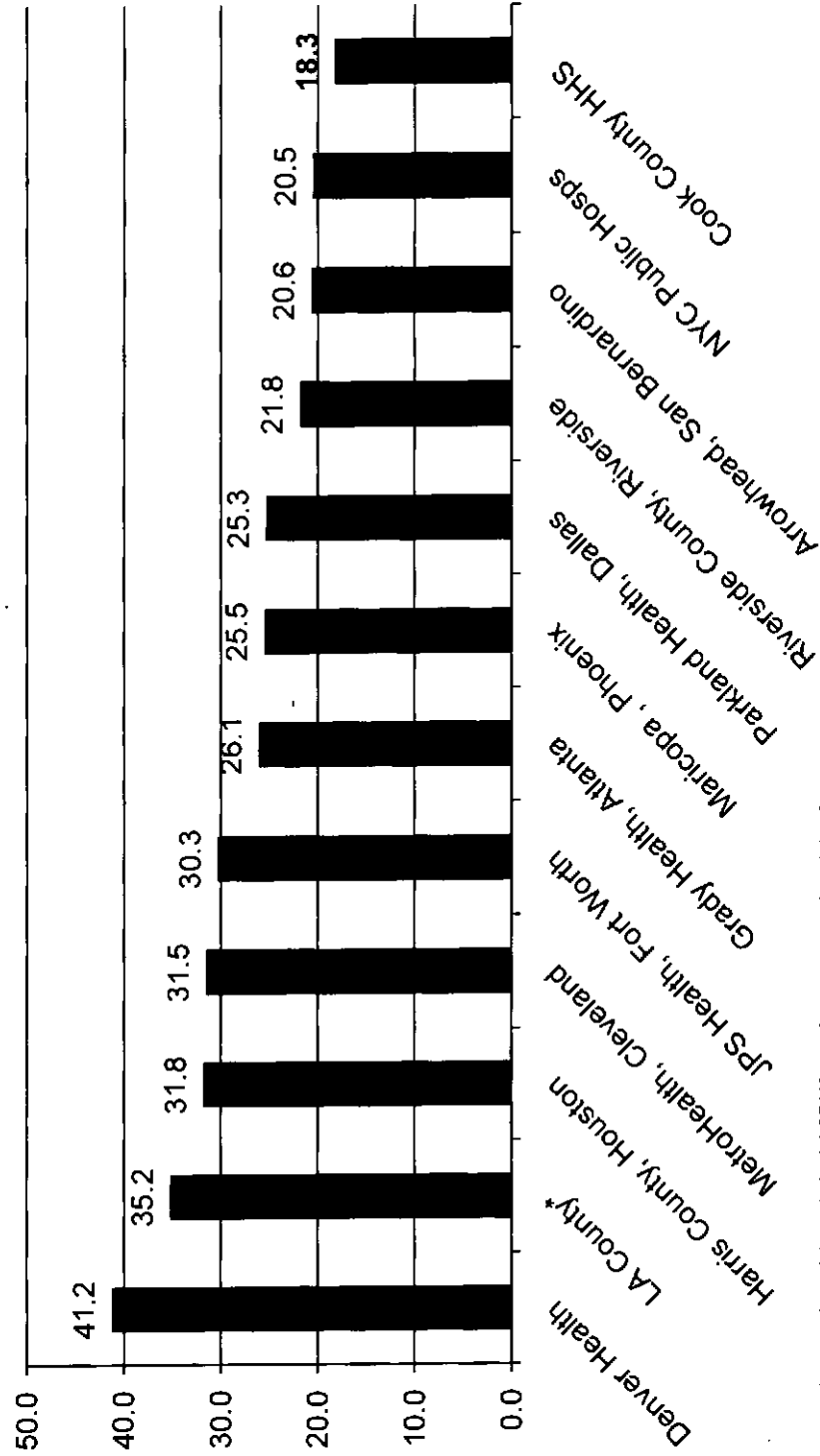
**CCHHS Clinic Visits by Location, 2008**



Source: CCHHS

**...and fewer resources are devoted to outpatient care in general, compared to other public health systems**

**Ratio of OP Visits to IP Discharges, 2008**



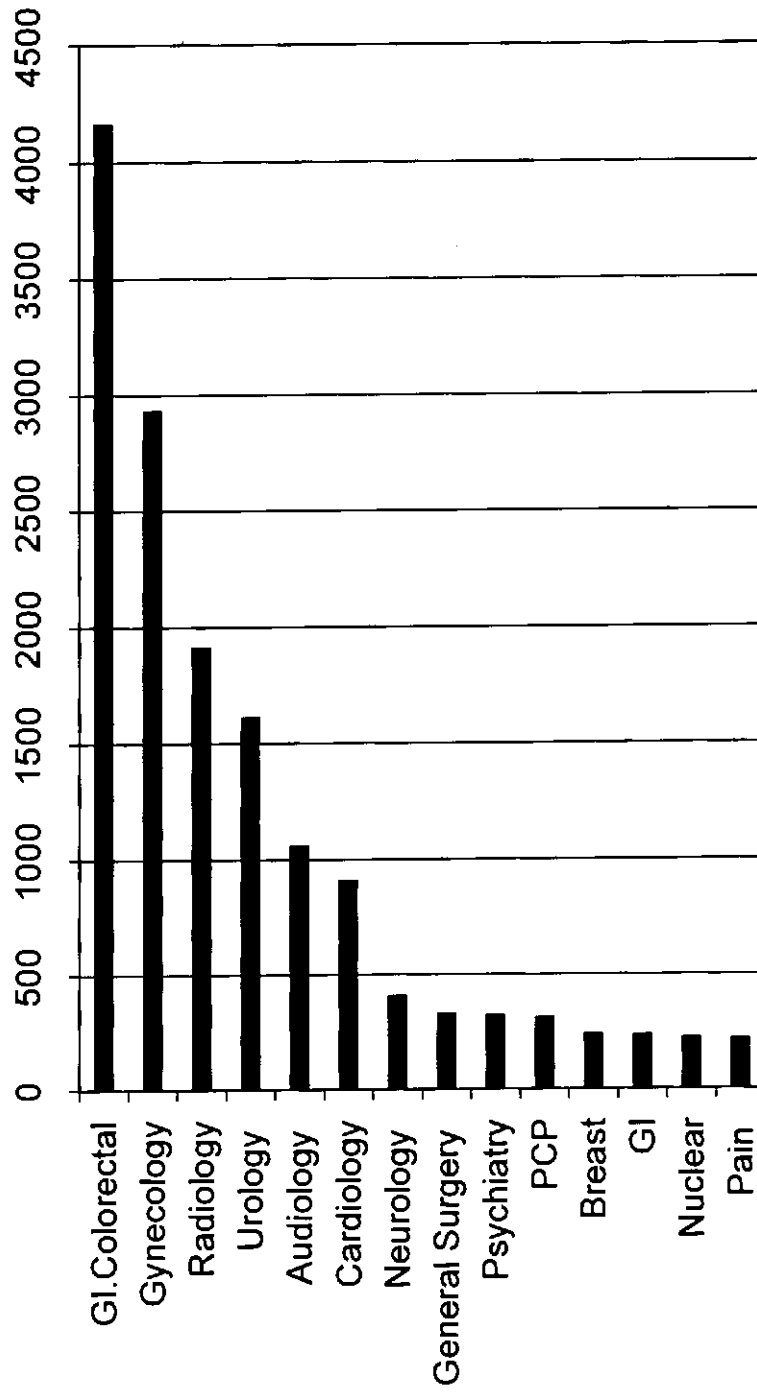
\* Includes 600,000 visits paid by LACDHS to private community clinics for uninsured low-income patients.

Source: Data from "America's Public Hospitals and Health Systems, 2008", Results of the Annual NAPH Hospital Characteristics Survey, February 2010

## 7. System not deploying providers and facilities effectively...

*There is a substantial backlog for procedural and other services*

**Specialties and Associated Clinics,  
IRIS Referrals Greater Than 21 Days Old (as of Feb. 2010)**



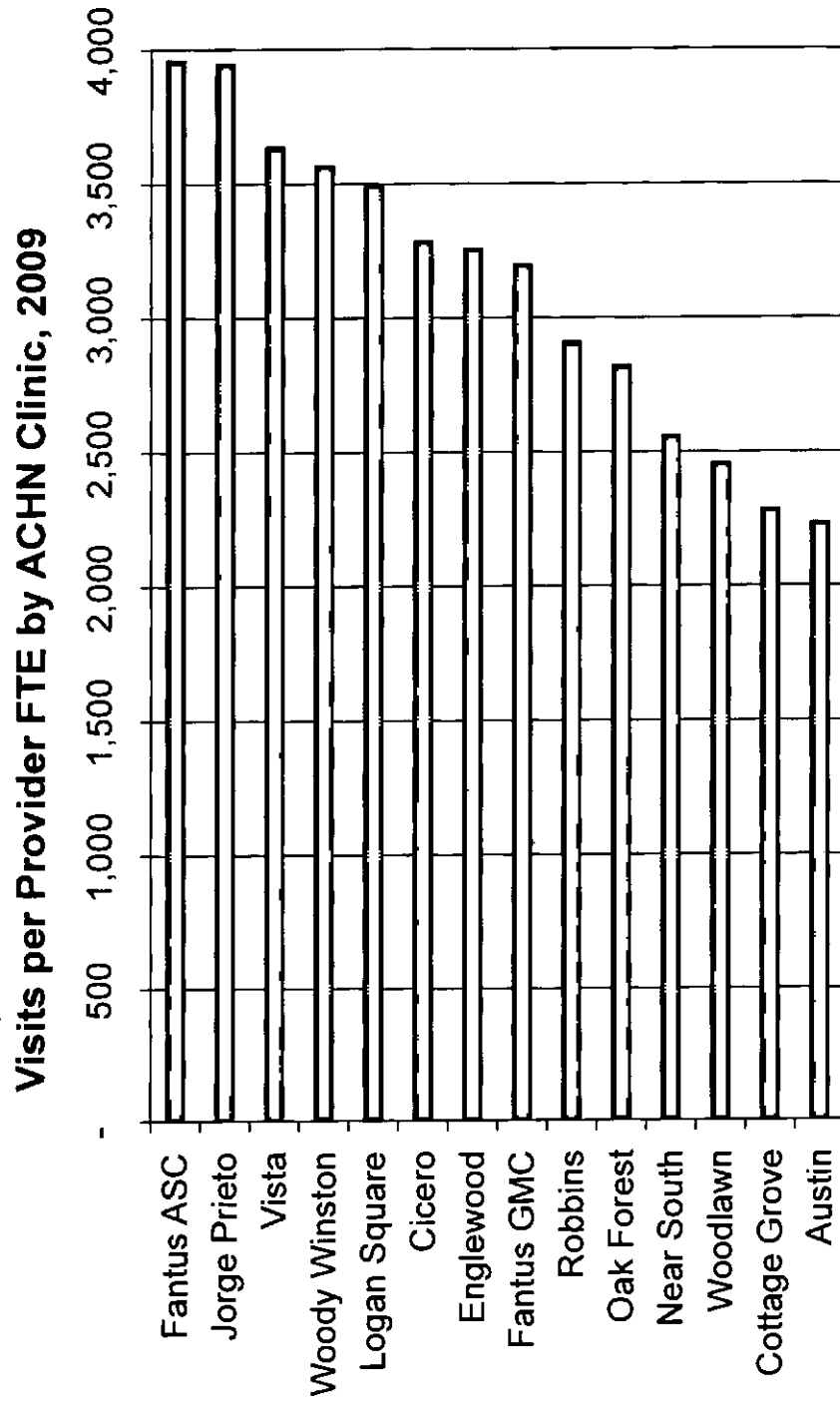
Source: IRIS, CCHHS

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**...backlog and productivity issues highlight need for stronger outpatient capability and performance**

*Primary care productivity varies greatly by location, which is sometimes a function of the availability of support staff*



Source: CCHHS

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**8. Current CCHHS delivery configuration is not sustainable**

*Health care reform...how will it impact CCHHS?*

**Market Impacts**

- ✓ Fewer un-/underinsured
- ✓ Medicaid expansion
- ✓ More healthcare \$\$
- ✓ Increased demand for healthcare
- ✓ More "choice-enabled" patients

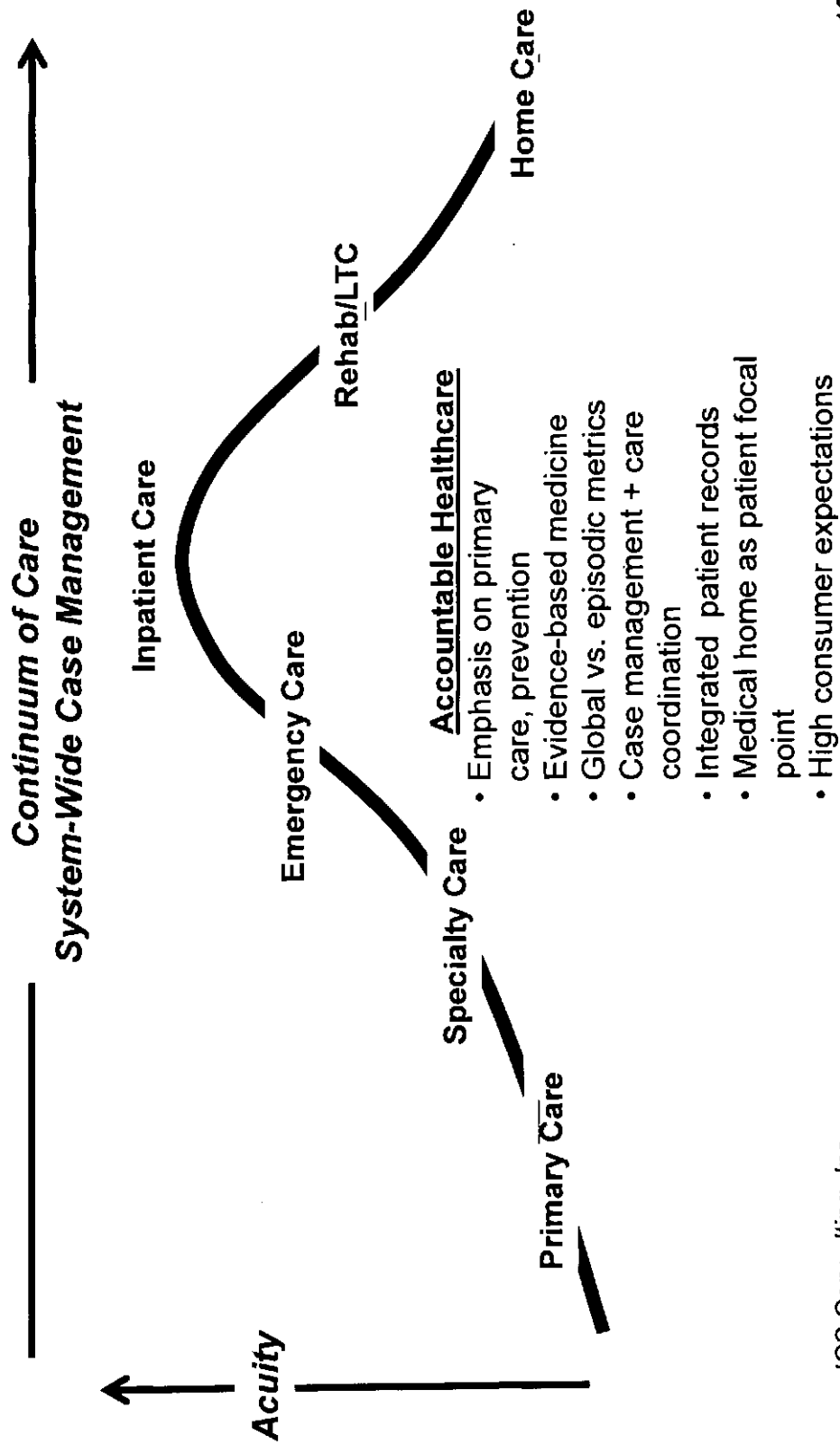
**CCHHS Impacts**

- ✓ Substantial #'s remain uncovered
- ✓ DSH cuts + state freezes
- ✓ Declining special payments & subsidy revenues
- ✓ Growing volumes, esp. OP care
- ✓ Higher consumer expectations

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**Health reform will emphasize accountability for healthcare across the delivery spectrum.**

*The future-state evolution of health care will place increased emphasis on the non-acute/outpatient spectrum of care...*

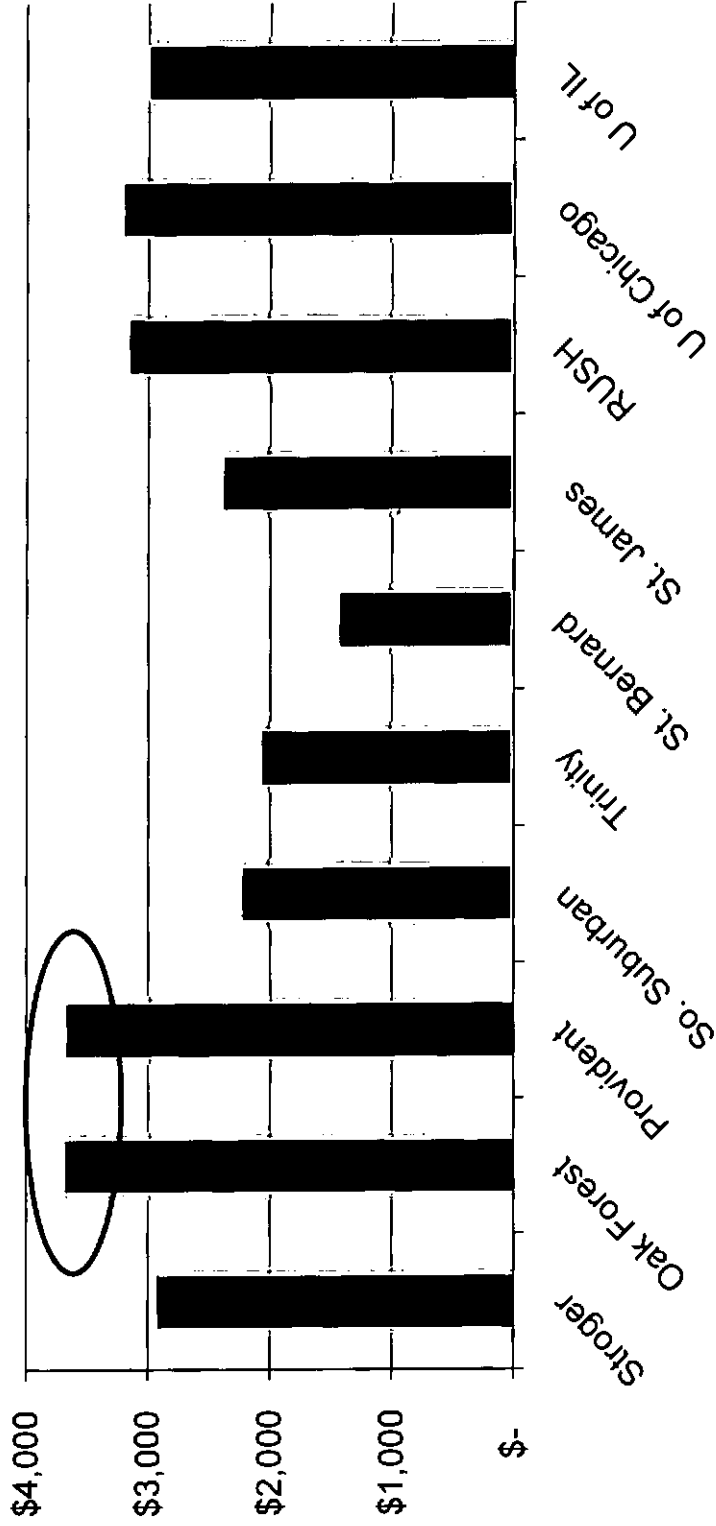


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**9. Current cost structure is not sustainable**

*Provident and Oak Forest Hospitals have a much higher IP cost per patient day, even when compared to area teaching hospitals*

**Calculated IP Cost per Patient Day, 2007**



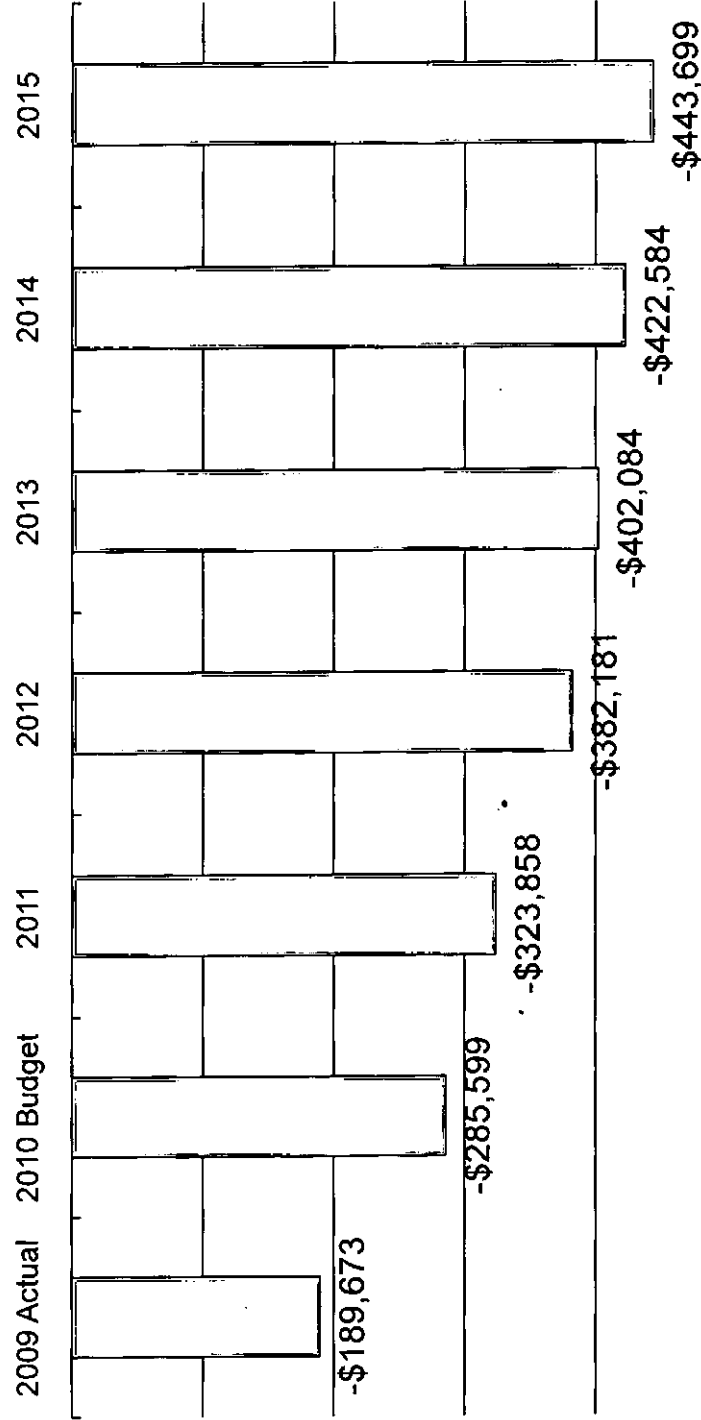
Source: Mike Koetting analysis using data from the Medicare Cost Reports

ICS Consulting, Inc.

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**Maintaining the current hospital-centered model will continue to demand substantial subsidy requirements in a period where contributions from the County are declining**

**Forecasted CCHHS Pro Forma – Momentum Scenario**

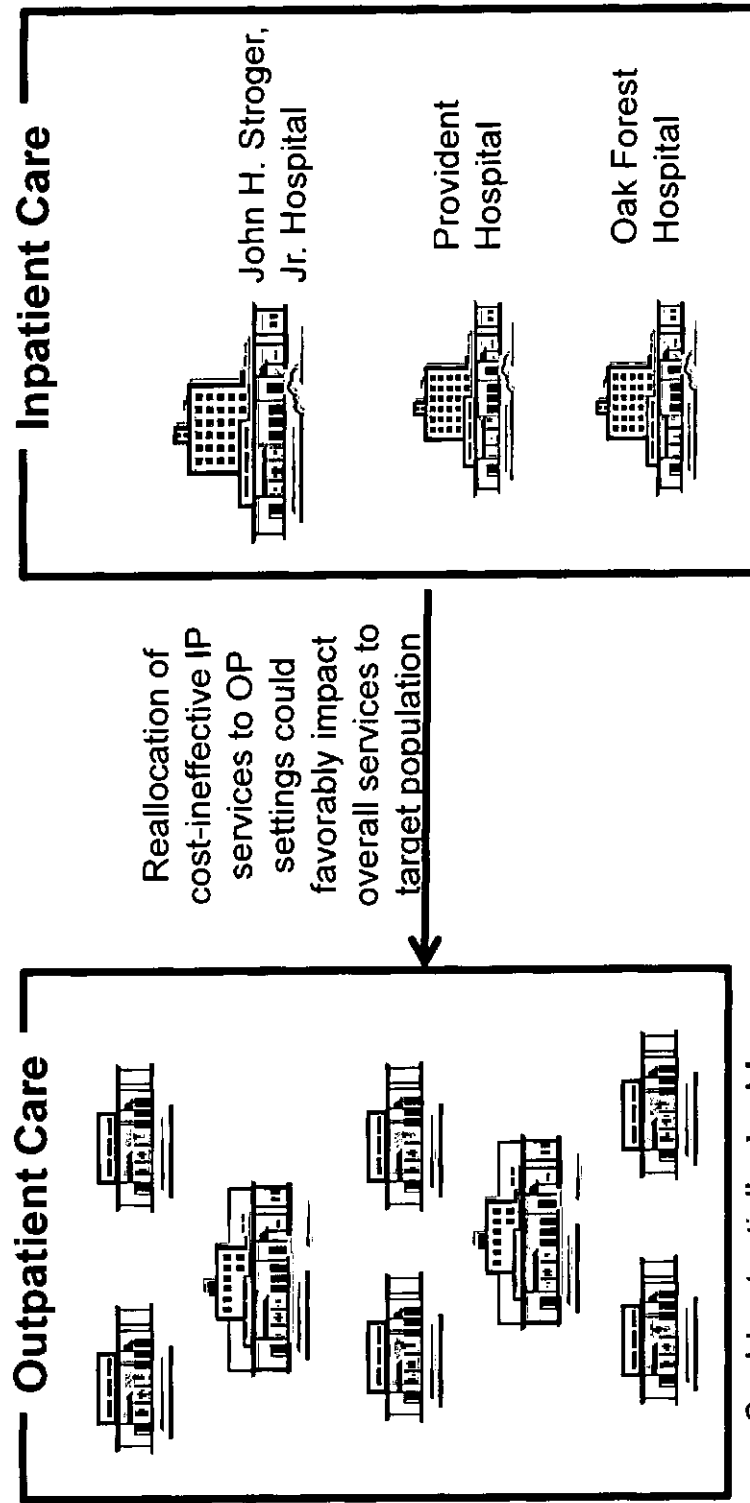


Source: ICS analysis

ICS Consulting, Inc.

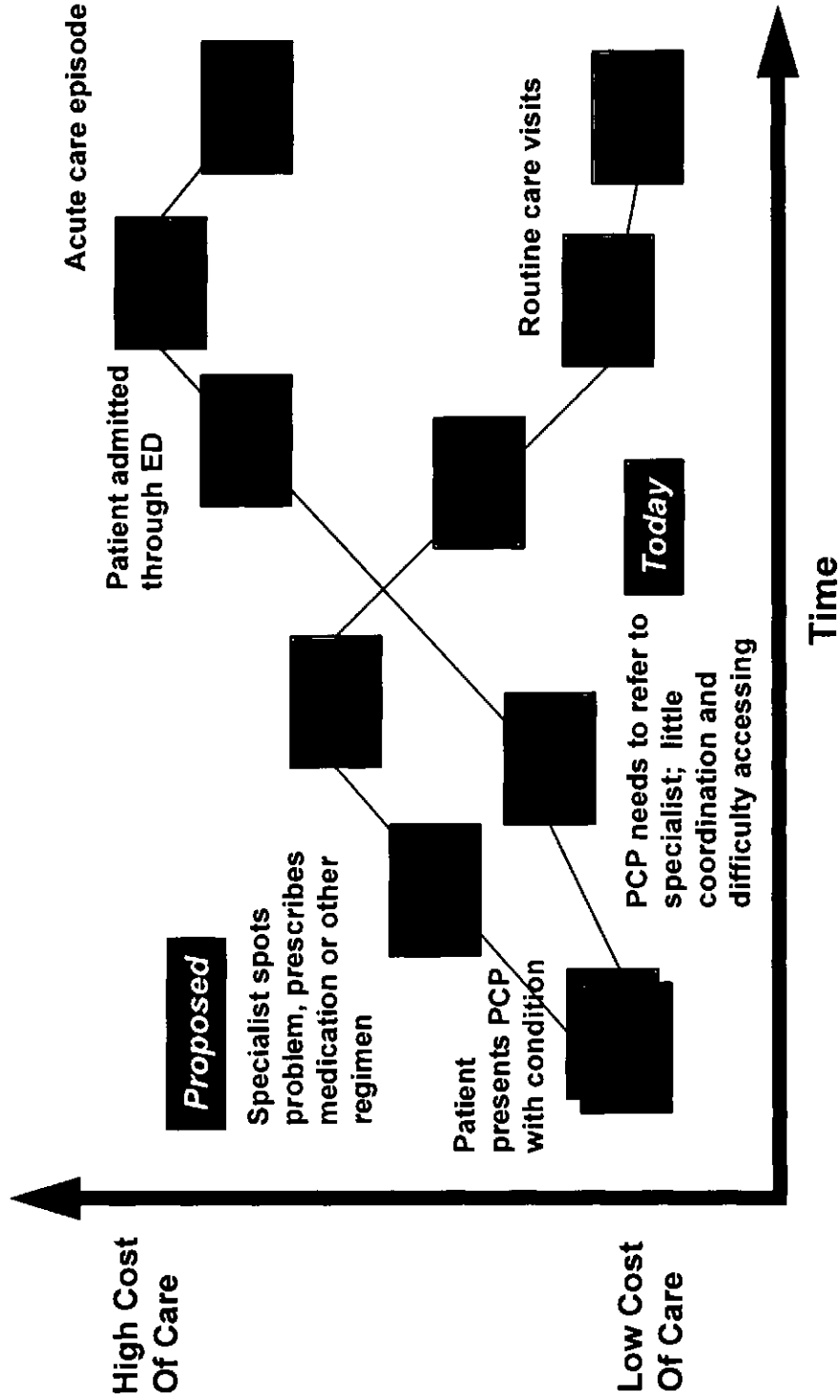
**10. Redirection of inefficient IP resources to OP modalities could substantially increase the volumes of services overall...**

*A portion of reallocated capital can support substantial outpatient expansion.*



**Primary care and specialty access will be key to managing cost and quality...**

*Adequate access to primary care and specialty care is key to managing cost and quality ...*



APPENDIX B  
Cook County Health and Hospitals System  
STRATEGIC PLAN  
Five-Year Financial Overview  
June 25, 2010

**INTRODUCTION**

Overall Guiding Principle:

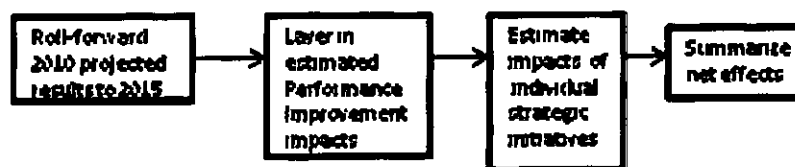
Deliver the best possible health care for the vulnerable population of Cook County within the constraints of dollar resources available to the System. As such the strategic plan is not a plan to reduce expenses; rather the plan seeks to better allocate current resources to best serve the vulnerable population of Cook County.

This financial overview integrates three dynamics:

1. Relying on a set of base line assumptions, it rolls-forward FY2010 anticipated results across the next five years to illustrate the financial impacts of no major organizational changes. It is a "momentum" or "status quo" projection.
2. Management estimated the likely performance improvements by considering the opportunities in improving revenue cycle, productivity and supply chain management. Management anticipates engaging Price Waterhouse Coopers (PWC) to assist in achieving the performance improvements. The Performance Improvement projects are to be undertaken over the next two fiscal years.
3. Using estimates developed by Integrated Clinical Solutions (ICS), the model then layers in estimated consequences of various strategic initiatives.

**ICS**

Each of these layers builds on the previous layer so that the interactive effects of these activities can be understood.



The results are not necessarily precise forecasts of what will happen because many things that are not currently known will intervene. But they provide a working model of the underlying dynamics and the relative impacts of various factors. The model also can show how changes in various elements can influence the five year outcome.

The following sections describe the above steps and specify the assumptions used. It is important to note that because of layering in the results of the Performance Improvement initiatives some of the strategic initiatives have different costs or savings estimates than previous shown. For example, if there is a belief that Performance Improvement initiatives could lower the cost of



providing care at Oak Forest, the model now assumes the savings from reducing services at Oak Forest would save only the amount *after* the Performance Improvement initiatives.

**1. MOMENTUM SCENARIO**

This scenario uses the estimated 2010 financial results as a base and rolls forward across the next five years. Note, that in order to be consistent with the existing budgeting formats, cost estimates do not include malpractice, benefit costs or depreciation.

**A. 2010 Results**

Based on fiscal year to date data, the FY10 projections are:

- Patient service revenue (including the additional FMAP) will end the year at \$253M, roughly \$45M below budget due to continuing shortfall in Medicaid activity
- Other revenue sources will be at the budgeted levels
- Expenses will end the year at budgeted level

**B. FY11 to FY15**

Revenue

- Patient volume is assumed flat for the forecast period.
- Payor mix is assumed to stay constant from FY10 and no explicit assumptions have been incorporated for impacts of PPACA (Health Reform)
- Increases in patient revenue reimbursement rate assumptions:

Patient Service Revenue Assumed Rate increase				
FY11	FY12	FY13	FY14	FY15
Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
2%	0%	2%	0%	2%

- The additional ARRA/stimulus funds are eliminated after the first month of FY11 as bills to extend this funding are not moving in Congress.
- Based on discussion with state Medicaid officials, disproportionate share payments (DSH) are estimated \$150M for FY10, then held constant at \$138M for FY11-13, \$128M for FY14 and \$126M for FY15.
- Other operating revenue is based on 2010 estimate and inflated by 3% per year for the forecasted period.
- The model makes no assumptions about subsidies from the County, but since there are material operating losses every year under all scenarios, there will be a continued need for substantial subsidies.

Expenses

- Salaries and wages are projected to increase 5.0% annually throughout the forecasted period, no assumed change in FTEs.
- Supplies are based 2010 estimate and inflated by 3% per year for the forecasted period.
- Purchased services are based 2010 estimate and inflated by 3% per year for the forecasted period.

- Utilities are based 2010 estimate and inflated by 3% per year for the forecasted period.

#### Routine Capital

- Routine capital is assumed at \$25M annually throughout the forecasted period.

## **2. PERFORMANCE IMPROVEMENT IMPACTS**

Management anticipates engaging PWC to assist them in implementing the performance improvement initiatives. PWC, based on limited information, has estimated the potential financial benefit from performance improvement initiatives. Management took PWC's estimated financial benefits and spread them over the likely years they will impact and separated one time benefits from recurring benefits. Lastly, management made a risk adjustment to the estimated financial benefit based on their comfort of achievability. The result was assuming 33% of the estimated financial impact for 2011 and 50% estimated financial impact for the subsequent years was achievable.

Additional points on how the estimated improvements are included in the model:

- Performance improvement estimates are only for the System as a whole. The model spreads these improvements to entity on the basis of each entity's share of total costs or revenue.
- PWC fees are calculated as a percentage of financial improvements and are netted against the related financial improvements in the model.

## **3. STRATEGIC INITIATIVES**

Each of major strategic initiatives was modeled individually, then combined into the overall strategic plan summary. Except as specifically noted, the assumptions of the momentum scenario were incorporated in this layer of the model. (For instance, the same assumptions were made about rate increases and all expenditures were assumed to inflate at 5% for wages and 3% for everything else. Each section below describes how modeling was done by initiative.

#### Oak Forest Hospital Reconfiguration

- *Strategic initiative description:* assumes all services are discontinued at Oak Forest Campus mid year 2011 with the exception of a large ambulatory clinic included select ancillary services. Services will be housed in Building E.
- Assumes that DSH payments currently allocated to Oak Forest are not impacted by closure of inpatient unit and will be retained by CCHHS.
- Assumes annual carrying cost for Oak Forest campus is roughly \$5M annually. While based on specific detailed assumptions about which costs would be retained, the number is of necessity approximate because it depends on working through with the County the exact mechanisms of decommissioning buildings, arrangements for non-CCHHS occupants, and the specific plant engineering costs that are required for maintenance.
- Assumes mail order pharmacy will continue, if not at Oak Forest, somewhere else and costs of that service (about \$15M) are not considered as a savings.
- Provision for displaced patients (transfer agreements/transition costs) is estimated at \$7M for FY11 and \$3M for FY12
- No specific provision was included for relocation of five remaining nursing home patients.

- Currently Rehab services operate at roughly a \$4M operating loss annually. It is assumed that these services could be relocated or outsourced at the same CCHHS cost.
- Expansion of ambulatory services results in the following assumed volumes and staffing:

Oak Forest Ambulatory Clinic Forecasted Increased Volume and Staffing						
Forecasted Volumes	FY10	FY11	FY12	FY13	FY14	FY15
Primary Care Visits	-	4,420	12,768	19,152	19,643	19,643
Specialty Care Visits	-	7,955	22,982	34,473	35,357	35,357
Urgent Care Visits	-	6,188	17,875	26,813	27,500	27,500
<b>Total Visits</b>	-	<b>18,563</b>	<b>53,625</b>	<b>80,438</b>	<b>82,500</b>	<b>82,500</b>
Forecasted FTEs						
Physicians	-	6.3	18.1	27.2	27.9	27.9
Support Staff	-	25.6	69.0	96.6	97.7	97.7
Other Ancillary Staff	-	4.3	8.8	11.8	12.0	12.0
<b>Total FTEs</b>	-	<b>36.2</b>	<b>95.9</b>	<b>135.6</b>	<b>137.6</b>	<b>137.6</b>

- Volume assumptions are based on following:
  - Urgent care volume is assumed to grow to the current level of ED activity
  - Primary care provision is in high demand throughout the System. Systematic primary care at this site has been limited even though a very large proportion of current CCHHS patients live in the South Suburbs
  - Specialty care activity has historically been limited more by the number of specialists that were assigned there than external demand. Moreover, improving partnerships with FQHCs, which are expanding their primary care offerings but do not provide specialty care, will be a key source of patients.
- Ambulatory payor mix is not modeled to improve. (This is a conservative assumption as there are many possibilities for revenue cycle improvement.)
- Physician productivity here (and elsewhere in the model) was assumed to be midway between current levels and prevailing community standards:
  - 3,800 primary care visits per physician FTE
  - 3,200 urgent care visits per physician FTE
  - 2,500 specialty care visits per physician FTE
- Ambulatory support staff was assumed at 4.3 staff members per FTE physician, but to gradually decrease to 3.5 staff per physician as the practice sizes grew larger and therefore able to experience economies of scale.

Capital Investment Associated with Oak Forest reconfiguration:

- Capital costs for retro fitting Building E for ambulatory services is estimated at \$14M for building (55,000 feet at 250 per sq foot) and \$5M for equipping clinic, including some advanced imaging capabilities.

Provident Hospital Reconfiguration

- Strategic initiative description: assumes inpatient services are scaled back eliminating ICU and OB/GYN units. Remaining inpatient operations is assumed to be 36 med/surg beds with an overflow unit of an additional 18 beds. Outpatient services are relocated to

vacated inpatient units and expanded. Expansion of ambulatory services results in the following assumed volumes and staffing:

- Assumes that DSH payments currently allocated to Provident are not impacted by closure of inpatient unit and will be retained by CCHHS
- Assumes 35% of volume has insurance, primarily Medicaid. This payor mix assumption is held constant throughout the forecasted period.
- Assumes the following productivity levels:
  - For PCP, 3,800 patients visit annually per FTE.
  - For specialists, 2,500 patients visits annually per FTE.
  - For urgent care physicians, 2,800 patients visits annually per FTE.
  - For support staff, a ratio of 4.3 FTEs for every physician FTE, phasing down to 3.5 as volume bases increase
- Expansion of ambulatory services results in the following assumed incremental volumes and staffing:

Provident Ambulatory Clinic Forecasted Increase in Volume and Staffing						
	FY10	FY11	FY12	FY13	FY14	FY15
<b>Forecasted Volumes</b>						
Primary Care Visits	-	7,088	15,750	27,956	31,500	31,500
Specialty Care Visits	-	13,163	29,250	51,919	58,500	58,500
Urgent Care Visits	-	5,063	11,250	19,969	22,500	22,500
<b>Total Visits</b>	-	<b>25,313</b>	<b>56,250</b>	<b>99,844</b>	<b>112,500</b>	<b>112,500</b>
<b>Forecasted FTEs</b>						
Physicians	-	8.7	19.4	34.4	38.7	38.7
Support Staff	-	35.5	73.5	121.9	135.5	135.5
Other Ancillary Staff	-	11.0	22.9	39.3	44.0	44.0
<b>Total FTEs</b>	-	<b>55.2</b>	<b>115.8</b>	<b>195.5</b>	<b>218.2</b>	<b>218.2</b>

Capital Investment Associated with Provident Reconfiguration

- The model assumes \$12M for retrofit of Provident to accommodate new ambulatory activity.

Other Ambulatory Care Initiatives

- *Strategic initiative description:* assumes general strengthening of ambulatory services including the following:
  - Expansion of at least two ACHN current sites (most likely Cottage Grove and Cicero) into Comprehensive Community Health Centers (CCHCs), including addition of rotating specialty physicians and some additional ancillary capability
  - Creation of a third CCHC in a new site somewhere in northwest Cook County where there is a growing concentration of uninsured patients
  - Additional support staff to strengthen all the ACHN primary care clinics
- Modeling does not assume closure of any ACHN clinics, although it is likely that as CCHHS gets into implementation phase, there may be economies of scale without loss of service from a limited number of strategic consolidations.
- Modeling assumes material growth in volumes at new CCHCs (a total of 40K additional visits at Cottage Grove and Cicero and 34K at the new Northwest site between 2013 and 2015). Expansion of ambulatory services results in the following assumed incremental volumes and staffing:

Cicero & Cottage Grove Clinics Forecasted Increase in Volume and Staffing						
Forecasted Volumes	FY10	FY11	FY12	FY13	FY14	FY15
Primary Care Visits	-	3,900	11,000	16,000	16,000	16,000
Specialty Care Visits	-	5,850	16,500	24,000	24,000	24,000
Urgent Care Visits	-	-	-	-	-	-
<b>Total Visits</b>	-	9,750	27,500	40,000	40,000	40,000
Forecasted FTEs						
Physicians	-	3.4	9.5	13.8	13.8	13.8
Support Staff	-	14.5	39.9	56.4	55.2	55.2
Other Ancillary Staff	-	9.2	12.3	13.2	13.2	13.2
<b>Total FTEs</b>	-	27.0	61.7	83.4	82.2	82.2

New Northwest Clinic Forecasted Volume and Staffing						
Forecasted Volumes	FY10	FY11	FY12	FY13	FY14	FY15
Primary Care Visits	-	-	-	1,600	12,400	16,000
Specialty Care Visits	-	-	-	1,800	13,950	18,000
Urgent Care Visits	-	-	-	-	-	-
<b>Total Visits</b>	-	-	-	3,400	26,350	34,000
Forecasted FTEs						
Physicians	-	-	-	1.1	8.8	11.4
Support Staff	-	-	-	4.6	35.4	45.6
Other Ancillary Staff	-	-	-	3.3	3.3	3.3
<b>Total FTEs</b>	-	-	-	9.1	47.6	60.4

- Model does not assume any change in payor mix and incorporates the same rates of payment growth and expense inflation as used elsewhere in model--including the additional costs of ambulatory support staff strengthening.

Capital Investment Associated with other ACHN Clinic Improvements

- Capital costs for ambulatory strengthening include:
  - \$6M for turning Cottage Grove and Cicero into CCHCs
  - \$7M for creating a new CCHC in the Northwest
  - \$9M in general rehab and refresh of remaining ACHN clinics

Improvements on Stroger Campus

- Strategic initiative description: Major items include:
  - Rebuilding of Fantus Facility
  - Investment in information system infrastructure
  - General service line strengthening, especially OB and Surgical Services
- Model assumes no additional staff costs for new Fantus clinic as it is primarily a relocation of existing services.
- Model assumes no reduction in ambulatory activity at Fantus. That is, it assumes that growth at distributed sites will be incremental to the System. (In reality, it is likely that some patients currently using Fantus will use sites closer to their home, but that new patients will come to Fantus since the backlog for services--particularly specialty services--is so large.

- Model assumes \$57M for the development of infrastructure systems that are necessary to improve access and service throughout the system. Much of this capital spending relates to updating old technologies, software and hardware which is needed to improve access, efficiencies and patient quality.

Capital Investment Associated with Stroger Improvements

- The only specific capital investment associated with strengthening of the Stroger campus is the Fantus rebuild. This is estimated at a cost of \$500/square foot for 180K square feet to be opened in 2015. This is a complete cost estimate, including such new equipment as is necessary.

## Cook County Health and Hospital System: Baseline Forecasts

<b>Appendix C Baseline Forecast: System Rollup</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	371,262	\$ 341,996	\$ 350,085	\$ 350,085	\$ 354,462	\$ 354,462	\$ 358,926
ARRA/Stimulus Funds	36,000	38,582	3,215	-	-	-	-
Net DSH	225,000	150,000	138,000	138,000	138,000	128,000	126,000
Total Patient Service Revenue	632,262	530,578	491,300	488,085	492,462	482,462	484,926
Other revenue	3,768	5,467	5,631	5,800	5,974	6,153	6,338
Total operating revenue	636,030	536,045	496,931	493,885	498,436	488,615	491,264
<b>Operating expenses</b>							
Salaries and wages	526,330	546,911	503,014	528,165	554,573	582,302	611,417
Supplies	125,772	129,119	118,947	122,516	126,191	129,977	133,876
Purchased services, rental and other	145,293	169,342	156,981	161,690	166,541	171,537	176,684
Utilities	18,235	18,633	17,165	17,680	18,211	18,757	19,320
Total operating expenses	815,630	864,005	796,108	830,051	865,518	902,573	941,296
<b>Operating Loss</b>	<b>\$ (179,601)</b>	<b>\$ (327,960)</b>	<b>\$ (299,177)</b>	<b>\$ (336,166)</b>	<b>\$ (367,080)</b>	<b>\$ (413,958)</b>	<b>\$ (450,033)</b>
Capital requirement - Routine	-	-	(25,000)	(25,000)	(25,000)	(25,000)	(25,000)
Capital requirement - Strategic	-	-	-	-	-	-	-

<b>Baseline Forecast: Stroger Hospital</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	268,839	\$ 249,390	\$ 240,497	\$ 240,476	\$ 261,456	\$ 260,022	\$ 283,389
ARRA/Stimulus Funds	26,839	28,084	1,112	-	-	-	-
Net DSH	168,368	112,245	103,205	103,295	103,265	95,782	94,288
Total Patient Service Revenue	452,136	386,732	353,815	351,941	354,695	346,404	347,685
Other revenue	3,491	5,127	5,281	5,439	5,602	5,770	5,943
Total operating revenue	455,627	391,858	359,095	357,380	360,297	352,175	353,629
<b>Operating expenses</b>							
Salaries and wages	280,238	284,917	260,245	273,257	286,920	301,268	316,330
Supplies	77,987	79,161	72,925	75,113	77,366	79,687	82,078
Purchased services, rental and other	52,700	55,359	51,595	53,143	54,738	56,380	58,071
Utilities	11,002	12,138	11,182	11,517	11,863	12,219	12,585
Total operating expenses	421,927	431,575	395,947	413,030	430,886	449,551	469,063
<b>Operating Loss</b>	<b>\$ 33,700</b>	<b>\$ (39,716)</b>	<b>\$ (36,852)</b>	<b>\$ (55,651)</b>	<b>\$ (70,589)</b>	<b>\$ (97,377)</b>	<b>\$ (115,436)</b>
Capital requirement - Routine	-	-	(17,308)	(17,308)	(17,308)	(17,308)	(17,308)
Capital requirement - Strategic	-	-	-	-	-	-	-

<b>Baseline Forecast: Provident Hospital</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	40,542	\$ 31,294	\$ 32,907	\$ 32,851	\$ 33,219	\$ 33,160	\$ 33,532
ARRA/Stimulus Funds	3,726	3,726	1,044	-	-	-	-
Net DSH	23,288	15,525	14,283	14,283	14,283	13,248	13,041
Total Patient Service Revenue	67,555	50,545	48,234	47,134	47,502	46,408	46,573
Other revenue	83	114	117	121	125	128	132
Total operating revenue	67,638	50,659	48,352	47,255	47,627	46,536	46,705
<b>Operating expenses</b>							
Salaries and wages	54,910	54,371	49,800	52,290	54,905	57,650	60,533
Supplies	7,037	9,011	8,302	8,551	8,807	9,071	9,343
Purchased services, rental and other	17,862	20,082	18,634	19,193	19,769	20,362	20,973
Utilities	2,306	2,112	1,945	2,004	2,064	2,126	2,190
Total operating expenses	82,115	85,576	78,681	82,038	85,545	89,209	93,038
<b>Operating Loss</b>	<b>\$ (14,477)</b>	<b>\$ (34,917)</b>	<b>\$ (30,330)</b>	<b>\$ (34,782)</b>	<b>\$ (37,918)</b>	<b>\$ (42,673)</b>	<b>\$ (46,333)</b>
Capital requirement - Routine	-	-	(3,846)	(3,846)	(3,846)	(3,846)	(3,846)
Capital requirement - Strategic	-	-	-	-	-	-	-

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## Cook County Health and Hospital System: Baseline Forecasts

<b>Baseline Forecast: Oak Forest Hospital</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG' \$	46,573	\$ 37,173	\$ 38,760	\$ 38,708	\$ 39,067	\$ 39,012	\$ 39,376
ARRA/Stimulus Funds	5,335	5,762	1,059	-	-	-	-
NetDSH	33,345	22,230	20,452	20,452	20,452	18,970	18,673
Total Patient Service Revenue	85,253	65,165	60,270	59,160	59,519	57,982	58,049
Other revenue	193	226	233	240	247	255	282
Total operating revenue	85,447	65,391	60,503	59,400	59,766	58,236	58,312
<b>Operating expenses</b>							
Salaries and wages	60,240	59,403	54,672	57,406	60,276	63,290	66,454
Supplies	20,463	20,611	18,988	19,557	20,144	20,748	21,371
Purchased services, rental and other	10,517	11,043	11,374	11,716	12,067	12,429	12,802
Utilities	4,220	3,366	3,101	3,194	3,290	3,388	3,490
Total operating expenses	95,441	94,424	88,135	91,872	95,777	99,856	104,117
<b>Operating Loss</b>	<b>\$ (9,994)</b>	<b>\$ (29,033)</b>	<b>\$ (27,632)</b>	<b>\$ (32,473)</b>	<b>\$ (36,011)</b>	<b>\$ (41,619)</b>	<b>\$ (45,805)</b>
Capital requirement - Routine		-	(3,846)	(3,846)	(3,846)	(3,846)	(3,846)
Capital requirement - Strategic							

<b>Baseline Forecast: ACHN Clinics</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG' \$	27,317	\$ 28,137	\$ 28,981	\$ 29,850	\$ 30,746	\$ 31,668	\$ 32,618
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	27,317	28,137	28,981	29,850	30,746	31,668	32,618
Other revenue	-	-	-	-	-	-	-
Total operating revenue	27,317	28,137	28,981	29,850	30,746	31,668	32,618
<b>Operating expenses</b>							
Salaries and wages	75,883	80,654	78,677	82,611	86,741	91,078	95,632
Supplies	4,200	4,408	4,061	4,183	4,308	4,438	4,571
Purchased services, rental and other	6,092	6,211	5,750	5,923	6,100	6,283	6,472
Utilities	205	408	375	387	398	410	423
Total operating expenses	86,381	91,681	88,864	93,103	97,548	102,210	107,097
<b>Operating Loss</b>	<b>\$ (59,064)</b>	<b>\$ (63,544)</b>	<b>\$ (69,883)</b>	<b>\$ (63,253)</b>	<b>\$ (66,802)</b>	<b>\$ (70,541)</b>	<b>\$ (74,479)</b>
Capital requirement - Routine		-	-	-	-	-	-
Capital requirement - Strategic		-	-	-	-	-	-

<b>Baseline Forecast: Cermak</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG' \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	-	-	-	-	-	-	-
Other revenue	-	-	-	-	-	-	-
Total operating revenue	-	-	-	-	-	-	-
<b>Operating expenses</b>							
Salaries and wages	30,704	35,402	32,997	34,647	36,379	38,198	40,108
Supplies	4,190	4,223	3,890	4,007	4,127	4,251	4,378
Purchased services, rental and other	8,927	8,134	7,637	7,866	8,102	8,345	8,595
Utilities	-	-	-	-	-	-	-
Total operating expenses	43,821	47,759	44,524	46,519	48,608	50,794	53,082
<b>Operating Loss</b>	<b>\$ (43,821)</b>	<b>\$ (47,759)</b>	<b>\$ (44,524)</b>	<b>\$ (46,619)</b>	<b>\$ (48,608)</b>	<b>\$ (60,794)</b>	<b>\$ (53,082)</b>
Capital requirement - Routine		-	-	-	-	-	-
Capital requirement - Strategic		-	-	-	-	-	-



## Cook County Health and Hospital System: Baseline Forecasts

<b>Baseline Forecast: Bureau of Health</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	-	-	-	-	-	-	-
Other revenue	-	-	-	-	-	-	-
Total operating revenue	-	-	-	-	-	-	-
<b>Operating expenses</b>							
Salaries and wages	8,751	15,727	11,482	12,056	12,658	13,291	13,956
Supplies	5,890	5,749	5,296	5,455	5,619	5,787	5,961
Purchased services, rental and other	45,770	64,728	58,502	60,257	62,065	63,927	65,845
Utilities	-	-	-	-	-	-	-
Total operating expenses	60,411	86,203	75,280	77,768	80,342	83,006	85,762
<b>Operating Loss</b>	<b>\$ (60,411)</b>	<b>\$ (86,203)</b>	<b>\$ (75,280)</b>	<b>\$ (77,768)</b>	<b>\$ (80,342)</b>	<b>\$ (83,006)</b>	<b>\$ (85,762)</b>
Capital requirement - Routine							
Capital requirement - Strategic							

<b>Baseline Forecast: Core</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	-	-	-	-	-	-	-
Other revenue	-	-	-	-	-	-	-
Total operating revenue	-	-	-	-	-	-	-
<b>Operating expenses</b>							
Salaries and wages	4,399	4,925	4,537	4,764	5,002	5,252	5,515
Supplies	5,759	5,692	5,244	5,401	5,563	5,730	5,902
Purchased services, rental and other	187	169	156	161	166	170	176
Utilities	430	535	493	507	523	538	555
Total operating expenses	10,774	11,321	10,429	10,833	11,253	11,691	12,146
<b>Operating Loss</b>	<b>\$ (10,774)</b>	<b>\$ (11,321)</b>	<b>\$ (10,429)</b>	<b>\$ (10,833)</b>	<b>\$ (11,253)</b>	<b>\$ (11,691)</b>	<b>\$ (12,146)</b>
Capital requirement - Routine							
Capital requirement - Strategic							

<b>Forecast after Performance Improvement/Strategic Plan: Dept of Health</b>							
<i>Annual, in 000's</i>							
	FY09	FY10	FY11	FY12	FY13	FY14	FY15
	Actual (Unaudited)	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted	Forecasted
<b>Operating revenue</b>							
Patient Service Revenue (includes IG) \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA/Stimulus Funds	-	-	-	-	-	-	-
NetDSH	-	-	-	-	-	-	-
Total Patient Service Revenue	-	-	-	-	-	-	-
Other revenue	-	-	-	-	-	-	-
Total operating revenue	-	-	-	-	-	-	-
<b>Operating expenses</b>							
Salaries and wages	11,205	11,511	10,604	11,134	11,691	12,276	12,890
Supplies	245	263	242	250	257	265	273
Purchased services, rental and other	3,238	3,617	3,332	3,432	3,535	3,641	3,751
Utilities	71	75	69	71	73	75	78
Total operating expenses	14,759	15,467	14,248	14,888	15,557	16,258	16,991
<b>Operating Loss</b>	<b>\$ (14,759)</b>	<b>\$ (16,467)</b>	<b>\$ (14,248)</b>	<b>\$ (14,888)</b>	<b>\$ (15,557)</b>	<b>\$ (16,258)</b>	<b>\$ (16,991)</b>
Capital requirement - Routine							
Capital requirement - Strategic							

**Attachment 10**

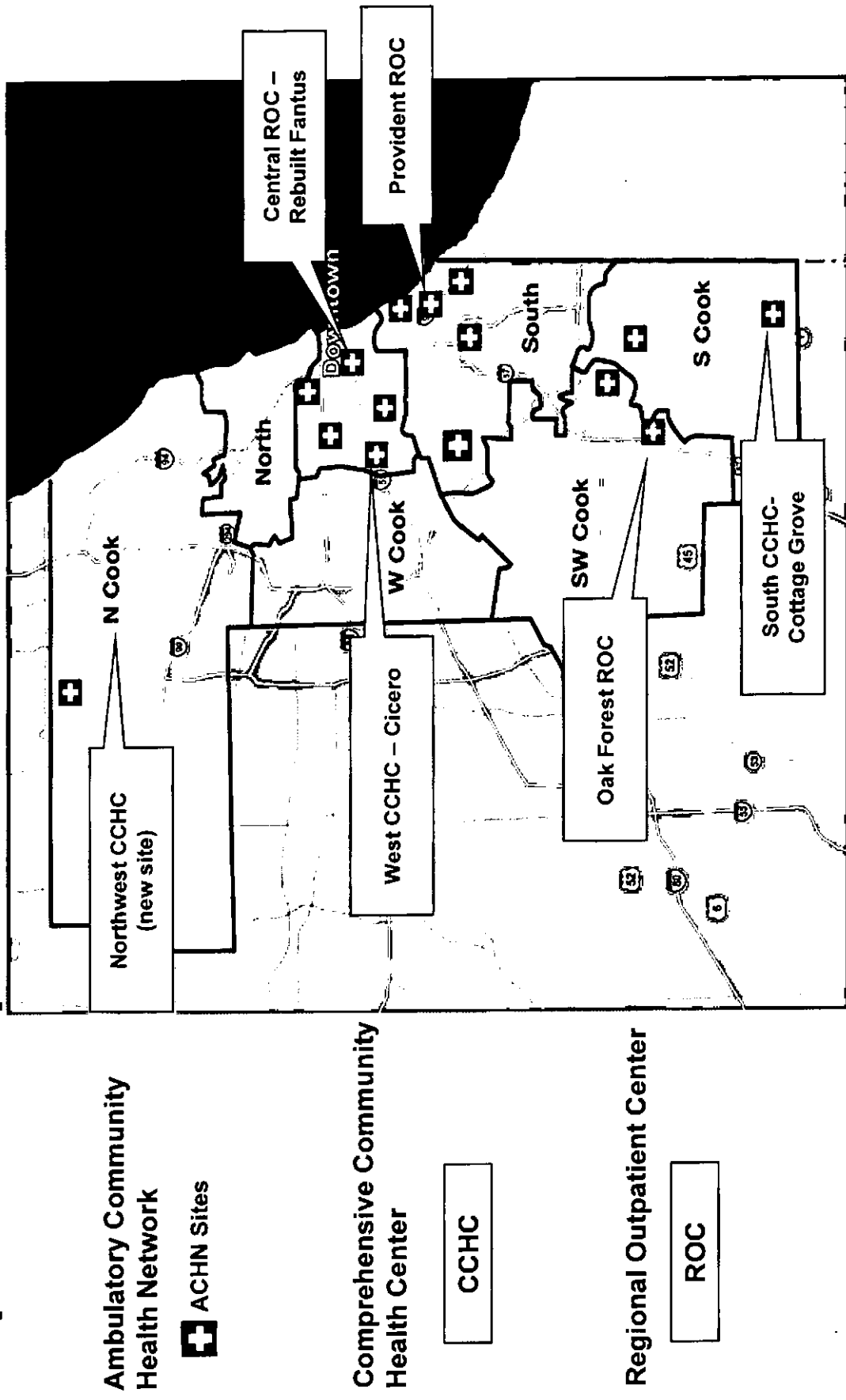
**Figure 1: Vision 2015 -- Expanded Outpatient Locations**

138 - A

Attachment 10

Figure 1

# Strategic Plan: Vision 2015 Expanded Outpatient Locations



GCNHS

138 - B

**Attachment 10**

**Exhibit A**

**Cook County Ordinance establishing the  
Cook County Health and Hospitals System**

**Cook County, Illinois, Code of Ordinances >> PART I - GENERAL ORDINANCES >> Chapter 38 - HEALTH AND HUMAN SERVICES >> ARTICLE V. - COOK COUNTY HEALTH AND HOSPITALS SYSTEM >>**

**ARTICLE V. - COOK COUNTY HEALTH AND HOSPITALS SYSTEM** <sup>19</sup>

- Sec. 38-70. - Short title.
- Sec. 38-71. - Declaration.
- Sec. 38-72. - Definitions.
- Sec. 38-73. - Establishment of the Cook County Health and Hospitals System Board of Directors ("System Board").
- Sec. 38-74. - Mission of the CCHHS.
- Sec. 38-75. - Nominating committee.
- Sec. 38-76. - Members of the System Board.
- Sec. 38-77. - Qualifications of appointed directors.
- Sec. 38-78. - Chairperson/officers of the System Board.
- Sec. 38-79. - Meetings of the System Board.
- Sec. 38-80. - General powers of the System Board.
- Sec. 38-81. - Chief executive officer.
- Sec. 38-82. - Strategic and financial plans.
- Sec. 38-83. - Preliminary CCHHS budget and annual appropriation ordinance.
- Sec. 38-84. - Human resources.
- Sec. 38-85. - Procurement and contracts.
- Sec. 38-86. - Disclosure of interests required.
- Sec. 38-87. - Annual report of the System Board.
- Sec. 38-88. - Managerial and financial oversight.
- Sec. 38-89. - Indemnification.
- Sec. 38-90. - Applicability of the Cook County Code.
- Sec. 38-91. - Transition.
- Sec. 38-92. - Severability.
- Sec. 38-93. - Making CCHHS permanent.

**Sec. 38-70. - Short title.**

This Ordinance shall be known and may be cited as the "Ordinance Establishing the Cook County Health and Hospitals System."

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-71. - Declaration.**

(a) The County Board hereby establishes the Cook County Health and Hospitals System ("CCHHS or System") which shall be an agency of and funded by Cook County. All personnel, facilities, equipment and supplies within the formerly constituted Cook County Bureau of Health Services are now established within the CCHHS. Pursuant to the provisions contained herein, the CCHHS and all personnel, facilities, equipment and supplies within the CCHHS shall be governed by a Board of Directors ("System Board") as provided herein. The System Board shall be accountable to and shall be funded by the County Board and shall obtain County Board approval as required herein. The County Board hereby finds and declares that the CCHHS shall:

- (1) Provide integrated health services with dignity and respect, regardless of a patient's ability to pay;
- (2) Provide access to quality preventive, acute, and chronic health care for all the People of Cook County, Illinois (the "County");
- (3) Provide quality emergency medical services to all the People of the County;
- (4) Provide health education for patients, and participate in the education of future generations of health care professionals;
- (5)

Engage in research which enhances its ability to meet the healthcare needs of the People of the County; and,

- (6) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.

- (b) This article recognizes the essential nature of the Mission of the CCHHS as set forth in Section 38-74, and the need for sufficient and sustainable public funding of the CCHHS in order to fulfill its mission of universal access to quality health care.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-72. - Definitions.**

For purposes of this article, the following words or terms shall have the meaning or construction ascribed to them in this section:

*Chairperson* means the chairperson of the System Board.

*Cook County Code* means the Code of Ordinances of Cook County, Illinois.

*Cook County Health and Hospitals System also referred to as "CCHHS"*, means the public health system comprised of the facilities at, and the services provided by or through, the Ambulatory and Community Health Network, Cermak Health Services of Cook County, Cook County Department of Public Health, Oak Forest Hospital of Cook County, Provident Hospital of Cook County, Ruth M. Rothstein CORE Center, and John H. Stroger, Jr. Hospital of Cook County, (collectively, the "CCHHS Facilities").

*County* means the County of Cook, a body politic and corporate of Illinois.

*County Board* means the Board of Commissioners of Cook County, Illinois.

*Director* means a member of the System Board.

*Fiscal Year* means the fiscal year of the County.

*Ordinance* means the Ordinance Establishing the Cook County Health and Hospitals System, as amended.

*President* means the President of the Cook County Board of Commissioners.

*System Board* means the 11-member board of directors charged with governing the CCHHS.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-73. - Establishment of the Cook County Health and Hospitals System Board of Directors ("System Board").**

- (a) The System Board is hereby created and established. The System Board shall consist of 11 members called Directors. The County Board delegates governance of the CCHHS to the System Board. The System Board shall, upon the appointment of its Directors as provided herein, assume responsibility for the governance of the CCHHS.
- (b) Notwithstanding any provision of this article, the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code of Ordinances, and other provisions of the Cook County Code of Ordinances conferring authority and imposing duties and responsibilities upon the Board of Health and the Cook County Department of Public Health, shall remain in full force and effect.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-74. - Mission of the CCHHS.**

- (a) The System Board shall have the responsibility to carry out and fulfill the mission of the CCHHS by:

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- (1) Continuing to provide integrated health services with dignity and respect, regardless of a patient's ability to pay;
  - (2) Continuing to provide access to quality primary, preventive, acute, and chronic health care for all the People of the County;
  - (3) Continuing to provide high quality emergency medical services to all the People of the County;
  - (4) Continuing to provide health education for patients, and continuing to participate in the education of future generations of health care professionals;
  - (5) Continuing to engage in research which enhances the CCHHS' ability to meet the healthcare needs of the People of the County;
  - (6) Ensuring efficiency in service delivery and sound fiscal management of all aspects of the CCHHS, including the collection of all revenues from governmental and private third-party payers and other sources;
  - (7) Ensuring that all operations of the CCHHS, especially contractual and personnel matters, are conducted free from any political interference and in accordance with the provisions of the Supplemental Relief Order and Consent Decree established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled Shakman, et al. v. Democratic Organization, et al. and all applicable laws; and,
  - (8) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.
- (b) The System Board shall be responsible to the People of the County for the proper use of all funds appropriated to the CCHHS by the County Board.  
(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-75. - Nominating committee.**

- (a) The Nominating Committee shall elect its chair from among its members and all decisions shall be by majority vote of the membership. The Nominating Committee shall include one representative from each of the following organizations:
  - (1) Civic Federation of Chicago;
  - (2) Civic Committee of the Commercial Club of Chicago;
  - (3) Chicago Urban League;
  - (4) Healthcare Financial Management Association;
  - (5) Suburban Primary Healthcare Council;
  - (6) Illinois Public Health Association;
  - (7) Metropolitan Chicago Healthcare Council;
  - (8) Health and Medicine Policy Research Group;
  - (9) Chicago Department of Public Health;
  - (10) Cook County Physicians Association;
  - (11) Chicago Federation of Labor;
  - (12) Chicago Medical Society;
  - (13) Association of Community Safety Net Hospitals; and
  - (14) Midwest Latino Health Research Center.
- (b) Pursuant to Ordinance 08-O-22, "Ordinance Concerning The Bureau of Health Services Notwithstanding Any Provision in Existing Ordinances," which ordinance is amended by this Ordinance, the Nominating Committee convened, selected the names of 20 individuals and transmitted these names to the President for nomination to the System Board. Pursuant to Ordinance 08-O-22, "Ordinance Concerning The Bureau of Health Services Notwithstanding Any Provision in Existing Ordinances," which ordinance is amended by this Ordinance, the President then selected nine names from among the names submitted by the Nominating Committee for the office of Director, and forwarded the list of nine names to the County Board for its approval.
- (c) Pursuant to this Amendatory Ordinance, the number of Directors on the System Board shall increase from nine to 11, one of whom shall be the Chairperson of the County Board's Health and Hospitals Committee, serving ex officio. Accordingly, the President shall now select one additional name from among the names initially submitted to the President by the Nominating Committee for nomination to

the System Board, and shall transmit that name to the County Board for its approval, pursuant to Subsection 38-76(b)(1) of this article.

(Ord. No. 08-O-35, 5-20-2008.)

### Sec. 38-76. - Members of the System Board.

- (a) One of the 11 Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board and shall serve as an ex officio member with voting rights. This Director shall serve as a liaison between the County Board and the System Board.
- (b) The remaining ten Directors of the System Board shall be appointed and removed as follows:
- (1) For the initial Directors, the County Board shall approve or reject each of the names submitted by the President within 14 days from the date the President submitted the names, or at the next regular meeting of the County Board held subsequent to the 14-day period. Where the County Board rejects the President's selection of any name for the office of Director, the President shall within seven days select a replacement name from the remaining names on the initial list of 20 names. There is no limit on the number of names the County Board may reject. The County Board shall exercise good faith in approving the initial Directors as soon as reasonably practicable. In the event the 20 names initially submitted to the President by the Nominating Committee are exhausted before the County Board approves ten names, the President shall direct the Nominating Committee to reconvene and to select and submit an additional three names for each Director still to be appointed.
- a. Each appointed Director, whether initial or subsequent, shall hold office until a successor is appointed. Any appointed Director shall be eligible for reappointment, but no appointed Director shall be eligible to serve more than two consecutive five-year terms.
- b. Upon the expiration of an appointed Director's term, the successor Director shall be appointed in the same manner as the process set forth above for the nomination, selection and appointment of initial Directors; provided, however, that the Nominating Committee shall recommend three names for each Director position to be filled at that time.
- c. Any appointed Director may be removed for incompetence, malfeasance, willful or negligent failure to perform assigned duties, culpable inefficiency in performing assigned duties, or any cause which renders the Director unfit for the position. The President or one-third (of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director in receipt of such notice may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board.
- (2) In the event of a vacancy in an appointed Director position on the System Board, the President may recommend a replacement name to the County Board for its approval from the remaining names on the most recent list of names recommended by the Nominating Committee. In the alternative, the President may direct that the Nominating Committee reconvene to prepare a new list of three names for the vacancy within 30 days of the President's request. The successor Director shall then be appointed in the same manner set forth above for the selection and appointment of initial Directors.
- a. A vacancy shall occur upon the:
1. Resignation,
  2. Death,
  3. Conviction of a felony, or
  4. Removal from the office of an appointed Director as set forth in paragraph (b)(1) (c) of this section.
- b. Any appointed Director who is appointed to fill a vacancy shall serve until the expiration of his predecessor's term.
- (c) The appointed Directors are not employees of the County and shall receive no compensation for their service but may be reimbursed for actual and necessary expenses incurred as a result of performance of their duties as set forth in Section 38-80 of this Article.
- (d) Directors shall have a fiduciary duty to the CCHHS and the County.
- (Ord. No. 08-O-35, 5-20-2008; Ord. No. 08-O-37, 6-3-2008.)

### Sec. 38-77. - Qualifications of appointed directors.



The appointed Directors shall include persons with the requisite expertise and experience in areas pertinent to the governance and operation of a large and complex healthcare system. Such areas shall include, but not be limited to, finance, legal and regulatory affairs, healthcare management, employee relations, public administration, and clinical medicine. The Nominating Committee, the President and the County Board shall take this section into account in undertaking their respective responsibilities in the recommendation, selection and appointment of Directors.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-78. - Chairperson/officers of the System Board.**

- (a) The Directors shall select the initial Chairperson of the System Board from among the initial Directors. The Chairperson shall serve a one-year term and, thereafter, the System Board shall annually elect a chairperson from among the Directors.
  - (1) The Chairperson shall preside at meetings of the System Board, and is entitled to vote on all matters before the System Board.
  - (2) A Director may be elected to serve successive terms as Chairperson.
- (b) The Directors may establish such additional offices and appoint such additional officers for the System Board as they may deem appropriate.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-79. - Meetings of the System Board.**

- (a) The President shall call the first meeting of the System Board. Thereafter, the Directors shall prescribe the times and places for their meetings and the manner in which regular and special meetings may be called.
- (b) Meetings shall be held at the call of the Chairperson, however, no less than 12 meetings shall be held annually.
- (c) A majority of the voting Directors shall constitute a quorum. Actions of the System Board shall require the affirmative vote of a majority of the voting members of the System Board present and voting at the meeting at which the action is taken.
- (d) To the extent feasible, the System Board shall provide for and encourage participation by the public in the development and review of financial and health care policy. The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities.
- (e) The System Board shall comply in all respects with "An Act in relation to meetings," as now or hereafter amended, and found at 5 ILCS 120/1, et seq.
- (f) The System Board shall be an Agency to which the Local Records Act, as now or hereafter amended, and found at 50 ILCS 205/1, et seq. applies.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-80. - General powers of the System Board.**

Subject to the Mission of the CCHHS and consistent with this article, the System Board shall have the following powers and responsibilities:

- (a) To appoint the Chief Executive Officer of the CCHHS ("CEO") or interim CEO, if necessary, as set forth in Section 38-81 hereinafter, to hire such employees and to contract with such agents, and professional and business advisers as may from time to time be necessary in the System Board's judgment to accomplish the CCHHS' Mission and the purpose and intent of this article; to fix the compensation of such CEO, employees, agents, and advisers; and, to establish the powers and duties of all such agents, employees, and other persons contracting with the System Board;
- (b) To exercise oversight of the CEO;
- (c) To develop measures to evaluate the CEO's performance and to report to the President and the County Board at six-month intervals regarding the CEO's performance;
- (d) To authorize the CEO to enter into contracts, execute all instruments, and do all things necessary or convenient in the exercise of the System Board's powers and responsibilities;
- (e) To determine the scope and distribution of clinical services; provided, however, if the System Board determines that it is in the best interest of the CCHHS to close entirely one of the three CCHHS hospitals, such closure will require County Board approval;
- (f) To provide for the organization and management of the CCHHS, including, but not limited to, the System Board's rights and powers to approve all personnel policies, consistent with existing state laws, collective bargaining agreements, and court orders;
- (g)

- To submit budgets for the CCHHS operations and capital planning and development, which promote sound financial management and assure the continued operation of the CCHHS, subject to approval by the County Board;
- (h) To accept any gifts, grants, property, or any other aid in any form from the federal government, the state, any state agency, or any other source, or any combination thereof, and to comply with the terms and conditions thereof;
  - (i) To purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, repair, sell, and dispose of personal property, whether tangible or intangible, and any interest therein;
  - (j) In the name of the County, to purchase, lease, trade, exchange, or otherwise acquire, real property or any interest therein, and to maintain, hold, improve, repair, mortgage, lease, and otherwise transfer such real property, so long as such transactions do not interfere with the Mission of the CCHHS; provided, however, that transactions involving real property valued at \$100,000.00 or greater shall require express approval from the County Board;
  - (k) To acquire space, equipment, supplies, and services, including, but not limited to, services of consultants for rendering professional and technical assistance and advice on matters within the System Board's powers;
  - (l) To make rules and regulations governing the use of property and facilities within the CCHHS, subject to agreements with or for the benefit of holders of the County Board's obligations;
  - (m) To adopt, and from time to time amend or repeal bylaws and rules and regulations consistent with the provisions of this article;
  - (n) To encourage the formation of a not-for-profit corporation to raise funds to assist in carrying out the Mission of the CCHHS;
  - (o) To engage in joint ventures, or to participate in alliances, purchasing consortia, or other cooperative arrangements, with any public or private entity, consistent with state law;
  - (p) To have and exercise all rights and powers necessary, convenient, incidental to, or implied from the specific powers granted in this article, which specific powers shall not be considered as a limitation upon any power necessary or appropriate to carry out the CCHHS' Mission and the purposes and intent of this article;
  - (q) To perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 800.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County; and
  - (r) To be the governing body of the licensed hospitals or other licensed entities within the CCHHS.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-81. - Chief executive officer.**

- (a) The System Board shall appoint a Chief Executive Officer of the CCHHS ("CEO") or an interim CEO as necessary.
- (b) The System Board shall conduct a nationwide search for a CEO which shall be concluded no later than 180 days from the date of the County Board's approval of the appointment of the initial System Board.
- (c) The CEO shall have the responsibility for:
  - (1) Full operational and managerial authority of the CCHHS, consistent with existing federal and state laws, court orders and the provisions of this article;
  - (2) Preparing and submitting to the System Board the Budgets and Strategic and Financial Plans required by this article;
  - (3) Operating and managing the CCHHS consistent with the Budgets and Financial Plans approved by the County Board;
  - (4) Overseeing expenditures of the CCHHS;
  - (5) Subject to Subsection 38-74(a)(7) of this article, hiring and discipline of personnel in conformity with the provisions of this article, all state laws, court orders, and collective bargaining agreements;
  - (6) Negotiating collective bargaining agreements as set forth in Section 38-84(c); and
  - (7) Carrying out any responsibility which the System Board may delegate; however, said delegation shall not relieve the System Board of its responsibilities as set forth in this article.

- (d) The CEO shall report to the System Board.
- (e) The CEO shall provide, through the System Board, quarterly reports to the County Board concerning the status of operations and finances of the CCHHS.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-82. - Strategic and financial plans.**

- (a) As soon as practicable following the establishment of the System Board, the President shall provide to the System Board copies of the audited financial statements and of the books and records of account of the Bureau of Health Services for the preceding five Fiscal Years of the County.
- (b) The System Board shall recommend and submit to the President and the County Board Strategic and Financial Plans as required by this section.
- (c) Each Strategic and Financial Plan for each Fiscal Year, or part thereof to which it relates, shall contain:
  - (1) A description of revenues and expenditures, provision for debt service, cash resources and uses, and capital improvements, each in such manner and detail as the County's Budget Director shall prescribe;
  - (2) A description of the strategy by which the anticipated revenues and expenses for the Fiscal Years covered by the Strategic and Financial Plan will be brought into balance;
  - (3) Such other matters that the County Board, in its discretion, requires; provided, however, that the System Board shall be provided with a description of such matters in sufficient time for incorporation into the Strategic and Financial Plan.
- (d) Strategic and Financial Plans shall not have force or effect without the approval of the County Board and shall be recommended, approved and monitored in accordance with the following:
  - (1) The System Board shall recommend and submit to the President and the County Board, on or before 180 days subsequent to the date of the appointment of the initial Directors or as soon as practicable thereafter, an initial Strategic and Financial Plan with respect to the remaining portion of the Fiscal Year ending in 2008 and for Fiscal Years 2009 and 2010. The Board shall approve, reject or amend this initial Strategic and Financial Plan within 45 days of its receipt from the System Board.
  - (2) The System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years.
  - (3) The System Board shall include in each Strategic and Financial Plan estimates of revenues during the period for which the Strategic and Financial Plan applies. In the event the System Board fails, for any reason, to include estimates of revenues as required, the County Board may prepare such estimates. In such event, the Strategic and Financial Plan submitted by the System Board shall be based upon the revenue estimates prepared by the County Board.
  - (4) The County Board shall approve each Strategic and Financial Plan if, in its judgment, the Strategic and Financial Plan is complete, is reasonably capable of being achieved, and meets the requirements set forth in this section. After the System Board submits a Strategic and Financial Plan to the President and the County Board, the County Board shall approve or reject such Strategic and Financial Plan within 45 days or such Strategic and Financial Plan is deemed approved.
  - (5) The System Board shall report to the President and the County Board, at such times and in such manner as the County Board may direct, concerning the System Board's compliance with the Strategic and Financial Plan. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board that the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Strategic and Financial Plan. The System Board shall produce such budgetary data, financial statements, reports and other information and comply with such directives.
  - (6) For each Strategic and Financial Plan applicable to a Fiscal Year subsequent to the current Fiscal Year, the System Board shall regularly reexamine the revenue and expenditure estimates on which it was based and revise them as necessary. The System Board shall promptly notify the President and the County Board of any material change in the revenue or expenditure estimates in that Strategic and Financial Plan. The System Board may submit to the President and the County Board, or the County Board may require the System Board to submit, modified Strategic and Financial Plans based upon revised revenue or expenditure estimates or for any other good reason. The County Board shall approve or reject each modified Strategic and Financial Plan pursuant to paragraph (d)(4) of this section.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-83. - Preliminary CCHHS budget and annual appropriation ordinance.**

- (a) The System Board shall not make expenditures unless such expenditures are consistent with the County's Annual Appropriation Bill ("Annual Appropriation Ordinance") as provided in 55 ILCS 5/6-24001 et seq.
- (b) The System Board may, if necessary, recommend and submit to the President and the County Board, for approval by the County Board, a request for intra-fund transfers within the Public Health Fund to accommodate any proposed revisions by the System Board to the line items set forth for the Bureau of Health Services in the existing Fiscal Year 2008 Annual Appropriation Ordinance.
- (c) For Fiscal Year 2009 and each Fiscal Year thereafter, the System Board shall recommend and submit a Preliminary Budget for the CCHHS to the President and the County Board, for approval by the County Board, not later than 45 days prior to the first date for submission of budget requests set by the County's Budget Director.
- (d) Each Preliminary Budget shall be recommended and submitted in accordance with the following procedures:
- (1) Each Preliminary Budget submitted by the System Board shall be based upon revenue estimates contained in the approved Strategic and Financial Plan applicable to that budget year.
  - (2) Each Preliminary Budget shall contain such information and detail as may be prescribed by the County's Budget Director. Any applicable fund deficit for the Fiscal Year ending in 2008 and for any Fiscal Year thereafter shall be included as an expense item in the succeeding Fiscal Year's Budget.
- (e) The County Board shall approve each Preliminary Budget if, in its judgment, the Budget is complete, is reasonably capable of being achieved, and will be consistent with the Strategic and Financial Plan in effect for that Fiscal Year. The Board shall approve or reject each Preliminary Budget within 45 days of submission to the County Board or such Preliminary Budget is deemed approved. Such Preliminary Budget shall be included in the President's Executive Budget Recommendation.
- (f) The CCHHS's Annual Appropriation shall be monitored as follows:
- (1) The County Board may establish and enforce such monitoring and control measures as the County Board deems necessary to assure that the revenues, commitments, obligations, expenditures, and cash disbursements of the System Board continue to conform on an ongoing basis with the Annual Appropriation Ordinance. If, in the discretion of the County Board, and notwithstanding the approved Annual Appropriation Ordinance, the County Board imposes an expenditure limitation on the System Board, the System Board shall not have the authority, directly or by delegation, to enter into any commitment, contract, or other obligation that would result in the expenditure limitation being exceeded. Any such commitment, contract or other obligation entered into by the System Board in derogation of this section shall be voidable by the County Board. An expenditure limitation established by the County Board shall remain in effect for that Fiscal Year or unless revoked earlier by the County Board.
  - (2) The System Board shall report to the President and the County Board at such times and in such manner as the County Board may direct, concerning the System Board's compliance with each Annual Appropriation Ordinance. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board which the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Annual Appropriation Ordinance. The System Board shall produce such financial data, financial statements, reports and other information and comply with such directives.
  - (3) After approval of each Annual Appropriation Ordinance, the System Board shall promptly notify the President and the County Board of any material change in the revenues or expenditures set forth in the Annual Appropriation Ordinance. In Fiscal Year 2009 and thereafter, the System Board has the authority to make intra-fund transfers within the Public Health Fund, if necessary, to accommodate any proposed revisions by the System Board to the line items set forth in the Annual Appropriation Ordinance. Such transfers shall be reported by the CEO in the quarterly reports required in Subsection 38-81(e) of this article.
  - (4) The County Comptroller is hereby authorized to process invoices and make payments against line items set forth in the Annual Appropriation Ordinance at the direction of the System Board or, if authorized by the System Board, at the direction of the CEO. The System Board shall provide the Comptroller with all documentation necessary for the Comptroller to perform this accounts payable function and to perform the budget control function. The Comptroller shall also issue payroll checks for employees within the CCHHS.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-84. - Human resources.**

- (a) Notwithstanding the provisions of the Cook County Code, including, but not limited to, provisions pertaining to Personnel Policies, the System Board shall have authority over all human resource functions currently performed by the Cook County Bureau of Human Resources with regard to all employees, including physicians and dentists, within the CCHHS, including, but not limited to, position classification, compensation, recruitment, selection, hiring, discipline, termination, grievance, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. The System Board shall adopt written rules, regulations and procedures with regard to these functions. Until such time as the System Board adopts its own rules, regulations or procedures with regard to these functions, the existing Personnel Rules, regulations and procedures of the County shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion and consistent with existing collective bargaining agreements and obligations.
- (b) Employees within the CCHHS are employees of the County, and as such, shall be free from any political interference in accordance with the Supplemental Relief Order and Consent Decree established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled "Shakman, et al. v. Democratic Organization, et al."
- (c) The CEO shall participate with the County in negotiating collective bargaining agreements covering CCHHS employees. All such collective bargaining agreements must be approved by the System Board and the County Board.
- (d) The System Board or the CEO shall not hire or appoint any person in any position in the CCHHS unless it is consistent with the Annual Appropriation Ordinance in effect at the time of hire or appointment.
- (e) Nothing herein shall diminish the rights of Cook County employees who are covered by a collective bargaining agreement and who, pursuant to this article, are placed under the jurisdiction of the System Board, nor diminish the historical representation rights of said employees' exclusive bargaining representatives, nor shall anything herein change the designation of "Employer" pursuant to the Illinois Public Labor Relations Act. The System Board shall honor all existing collective bargaining agreements, between Cook County and exclusive bargaining representatives, which cover employees under the jurisdiction of the System Board.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-85. - Procurement and contracts.**

- (a) The System Board shall have authority over all procurement and contracts for the CCHHS. The System Board shall adopt written rules, regulations and procedures with regard to these functions, which must be consistent with the provisions set forth in the Cook County Code on Procurement and Contracts; provided, however, that approval of the County Board or County Purchasing Agent required under the Cook County Code on Procurement and Contracts is not required for procurement and contracts within the CCHHS. The System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article or unless the contract expressly provides that the System Board shall not have such authority. Until such time as the System Board adopts its own rules, regulations or procedures with regard to Procurement and Contracts, the existing provisions of the Cook County Code pertaining to Procurement and Contracts shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion.
- (b) No contract or other obligation shall be entered into by the System Board unless it is consistent with the Annual Appropriation Ordinance in effect.
- (c) Any multiyear contracts entered into by the System Board must contain a provision stating that the contract is subject to County Board approval of appropriations for the purpose of the subject contract; and that in the event funds are not appropriated by the County Board, the contract shall be cancelled without penalty to, or further payment being required by, the System Board or the County. The System Board shall give the vendor notice of failure of funding as soon as practicable after the System Board becomes aware of the failure of funding. Multiyear contracts shall also contain provisions that the System Board's or County's obligation to perform shall cease immediately upon receipt of notice to the vendor of lack of appropriated funds; and that the System Board's or County's obligation under the contract shall also be subject to immediate termination or cancellation at any time when there are not sufficient authorized funds lawfully available to the System Board to meet such obligation.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-86. - Disclosure of interests required.**

- (a) Any Director, officer, agent, or professional or business adviser of the System Board, or the CEO who has direct or indirect interest in any contract or transaction with the CCHHS, shall disclose this

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interest in writing to the System Board which shall, in turn, notify the President and the County Board of such interest.

- (b) This interest shall be set forth in the minutes of the System Board and the Director, agent, or professional or business advisor or CEO having such interest shall not participate on behalf of the CCHHS in any way with regard to such contract or transaction unless the System Board or County Board waives the conflict.
- (c) The Cook County Board of Ethics shall have jurisdiction over the investigation and enforcement of this section and over the sanctions for violations as set forth in Sections 2-601 and 2-602 of the Cook County Code of Ethical Conduct.
- (d) Employees of CCHHS shall be bound by the Cook County Code of Ethical Conduct set forth in the Cook County Code, Article VII, Ethics.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-87. - Annual report of the System Board.**

- (a) The System Board shall submit to the President and the County Board, within six months after the end of each Fiscal Year, a report which shall set forth a complete and detailed operating and financial statement of the CCHHS during such Fiscal Year.
- (b) Included in the report shall be any recommendations for additional legislation or other action which may be necessary to carry out the mission, purpose and intent of the System Board.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-88. - Managerial and financial oversight.**

- (a) The County Board may conduct financial and managerial audits of the System Board and the CCHHS.
  - (1) The County Board may examine the business records and audit the accounts of the System Board or CCHHS or require that the System Board examine such business records and audit such accounts at such time and in such manner as the County Board may prescribe. The System Board shall appoint a certified public accountant annually, approved by the County Board, to audit the CCHHS' financial statements.
  - (2) The County Board may initiate and direct financial and managerial assessments and similar analyses of the operations of the System Board and CCHHS, as may be necessary in the judgment of the County Board, to assure sound and efficient financial management of the System Board and the CCHHS.
  - (3) The County Board shall initiate and direct a management audit of the CCHHS at least once every year. The audit shall review the personnel, organization, contracts, leases, and physical properties of the CCHHS to determine whether the System Board is managing and utilizing its resources in an economical and efficient manner. The audit shall determine the causes of any inefficiencies or uneconomical practices, including inadequacies in internal and administrative procedures, organizational structure, uses of resources, utilization of real property, allocation of personnel, purchasing policies and equipment.
  - (4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to achieve greater financial responsibility and to reduce financial inefficiency.
- (b) The System Board and the CCHHS shall be subject to audit in the manner now or hereafter provided by statute or ordinance for the audit of County funds and accounts. A copy of the audit report shall be submitted to the President, the Chairperson of the Finance Committee of the County Board, the Chairperson of the Health and Hospitals Committee, and the Director of the County Office of the Auditor.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-89. - Indemnification.**

- (a) The County shall defend and indemnify patient care personnel and public health practitioners, including, but not limited to, physicians, dentists, podiatrists, fellows, residents, medical students, nurses, certified nurse assistants, nurses' aides, physicians' assistants, therapists and technicians (collectively "practitioners") acting pursuant to employment, volunteer activity or contract, if provided for therein, with the County with respect to all negligence or malpractice actions, claims or judgments arising out of patient care or public health activities performed on behalf of the CCHHS. The County shall also defend and indemnify the members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which

defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below.

- (b) The County shall not be obligated to indemnify a practitioner for:
- (1) Punitive damages or liability arising out of conduct which is not connected with the rendering of professional services or is based on the practitioner's willful or wanton conduct.
  - (2) Professional conduct for which a license is required but the practitioner does not hold a license.
  - (3) Conduct which is outside of the scope of the practitioner's professional duties.
  - (4) Conduct for which the practitioner does not have clinical privileges, unless rendering emergency care while acting on behalf of the CCHHS.
  - (5) Any settlement or judgment in which the County did not participate.
  - (6) The defense of any criminal or disciplinary proceeding.
- (c) To be eligible for defense and indemnification, the practitioner shall be obligated to:
- (1) Notify, within five days of receipt, the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any malpractice claim made against the practitioner and deliver all written demands, complaints and other legal papers, received by the practitioner with respect to such claim to the Department of Risk Management.
  - (2) Cooperate with the State's Attorney's Office in the investigation and defense of any claim against the County or any practitioner, including, but not limited to, preparing for and attending depositions, hearings and trials and otherwise assisting in securing and giving evidence.
  - (3) Promptly notify the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any change in the practitioner's address or telephone number.
- (d) All actions shall be defended [by] the Cook County State's Attorney. Decisions to settle indemnified claims shall be made by the County or the State's Attorney's Office, as delegated by the County, and shall not require the consent of the indemnified practitioner. If a practitioner declines representation by the State's Attorney's Office, the County shall have no obligation to defend or indemnify the practitioner.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-90. - Applicability of the Cook County Code.**

Except as otherwise provided herein, provisions of the Cook County Code shall apply to the System Board and the CCHHS and their Directors, officers, employees and agents. To the extent there is a conflict between the provisions of this article and any other provision in the Cook County Code, the provisions in this article shall control.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-91. - Transition.**

- (a) The County Board recognizes that there will be a necessary transition period between the adoption of this article and the point at which the System Board is capable of assuming all of its powers and responsibilities as set forth in this article. The Office of the President shall cooperate with the System Board during this transition to enable the System Board to assume fully its authority and responsibilities in as timely a manner as practicable. Such cooperation shall include accommodating requests from the System Board to provide adequate staffing at the CCHHS through the transfer or reassignment of personnel to the CCHHS, including, but not limited to, personnel to perform human resource and procurement/contracting functions.
- (b) In order to avoid unnecessary duplication of services, the System Board, on behalf of the CCHHS, may, at its discretion, continue to utilize various ancillary services provided through the Office of the President, including, but not limited to, those services provided by the Office of Capital Planning and Policy, the Bureau of Information Technology, the Department of Risk Management, the Department of Facilities Management, the Department of Real Estate Management, the Office of the Comptroller, and the Office of the County Auditor.
- (c) Any contracts entered into by the County on behalf of the Bureau of Health prior to the adoption of this article shall remain in effect; provided, however, that the System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article.

(Ord. No. 08-O-35, 5-20-2008.)

#### **Sec. 38-92. - Severability.**

Any provision of this article declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this article.

(Ord. No. 08-O-35, 5-20-2008.)

**Sec. 38-93. - Making CCHHS permanent.**

The Cook County Health and Hospitals System and this article shall continue, unless the Cook County Board of Commissioners acts to revoke its powers and responsibilities.

(Ord. No. 08-O-35, 5-20-2008; Ord. No. 10-O-30, 6-1-2010.)

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**FOOTNOTE(S):**

<sup>(9)</sup> *Editor's note— Ord. No. 08-O-35, adopted May 20, 2008, set out provisions intended for use as Art. IV, §§ 38-70—38-93. Inasmuch as this article so numbered already exists, to avoid duplication and at the editor's discretion, these provisions have been included as Art. V, §§ 38-70—38-93. (Back)*

[Copy link to clipboard](#)

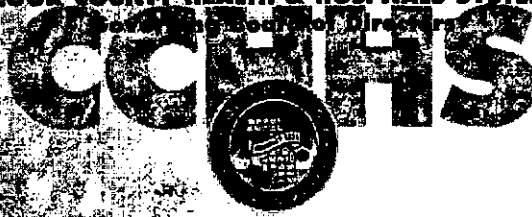


**Attachment 10**  
**Exhibit B**  
**CCHHS Board of Directors<sup>1</sup>**

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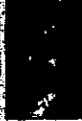
<sup>1</sup> Andrea Zopp listed as a Board Director recently has resigned;

COOK COUNTY HEALTH & HOSPITALS SYSTEM



**Warren L. Batts**  
Chairman

Retired Chairman and Chief Executive Officer of  
Premark International



**Jorge Ramirez**  
Vice Chairman

Secretary Treasurer  
Chicago Federation of Labor

**BOARD OF DIRECTORS**



**David A. Ansell, MD, MPH**  
Quality Committee Chairman

Chief Medical Officer  
Rush University Medical Center



**Jerry Butler**  
Board Member

Cook County Commissioner  
Chairman, Health and Hospitals Committee  
Board of Commissioners of Cook County



**David Carvelko**  
Finance Committee Chairman

Deputy Director of Policy, Planning, and Statistics  
State of Illinois, Illinois Department of Public Health



**Quin R. Golden**  
Board Member

Associate Vice President-Strategic Affiliations  
and Urban Health Initiative  
University of Chicago Medical Center



**Benn Greenspan, PhD, MPH, FACHE**  
Board Member

MHA Program Director, Clinical Associate Professor  
University of Illinois at Chicago School of Public Health



**Sister Shelia Lyne, RSM**  
Board Member

President and Chief Executive Officer  
Mercy Hospital & Medical Center



**Lois Muñoz, MD, MPH**  
Audit Committee Chairman

Director of Occupational Medicine  
WorkCare Medical Management



**Heather E. O'Donnell, JD, LLM**  
Board Member

Policy Director for Health Care and Human Services  
Center for Tax and Budget Accountability



**Andrea L. Zopp**  
Human Resources Committee Chairman

Executive VP and Chief Human Resources Officer  
Exelon Corporation

**Attachment 10**

**Exhibit C**

**References re the National Need for Increased Safety Net  
Specialty Ambulatory Care**

**Attachment 10**

## SPECIAL REPORT

### Monitoring Local Safety-Net Providers: Do They Have Adequate Capacity?

In five diverse cities, safety-net capacity was strained for specialty and pharmaceutical services.

by Suzanne Felt-Lisk, Megan McHugh, and Embry Howell

**ABSTRACT:** The safety-net providers that serve the nation's thirty-nine million uninsured residents are vulnerable organizations even in good economic times, yet efforts to monitor their capacity have been limited at best. This study of the safety-net in five cities found that capacity was strained for specialty services and that access to pharmaceuticals was difficult, while primary care capacity was more often adequate to serve those who presented themselves for care. Also, free clinics grew during the 1990s, while many other safety-net providers focused on improving their efficiency and collecting more fees from patients.

THE SAFETY-NET PROVIDERS that serve the nation's thirty-nine million uninsured residents are fragile organizations, as documented in the Institute of Medicine's 1999 report, *America's Health Care Safety Net: Intact but Endangered*.<sup>1</sup> Yet policymakers concerned about potential breakdowns in the health care safety net are hampered by a lack of key data on both the well-being of safety-net providers and their capacity to meet community needs. In the absence of such data, the information gathered for this study provides a current picture of safety-net providers' capacity to provide care to uninsured, low-income patients in five cities: Columbus, Detroit, Kansas City (MO), Oklahoma City, and San Antonio.

#### Study Methods

Using a case-study methodology, we selected five medium-size cities, all with mandatory Medicaid managed care experience and

varied types of safety nets (for example, at least one with and one without a public hospital).<sup>2</sup> We found that the cities differed on characteristics such as degree of local support for the safety net, generosity of Medicaid benefits and eligibility, and economic environment (Exhibit 1).

The consistency of our substantive findings across all five of these relatively diverse cities was striking for our findings on the strains in specialty care access, the difficult access to pharmaceuticals, and the growth in free clinics. Although they are not nationally representative, we believe that our findings are notable both because of this consistency and because various recent studies of other communities and safety-net providers also report similar findings (cited throughout). Our information about the increased focus on business aspects of health care is consistent across the cities where the topic was discussed.<sup>3</sup>

For each city, we collected information

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 Suzanne Felt-Lisk is a senior health researcher and Megan McHugh is a health research analyst at Mathematica Policy Research in Washington, D.C. Embry Howell is a principal research associate at the Urban Institute Health Policy Center, also in Washington.

**EXHIBIT 1**  
**Profile Of Safety-Net Study Cities**

City	Population, 2000	Percent white	Percent African American	Percent Hispanic <sup>a</sup>	Index of Medicaid eligibility generosity <sup>b</sup>	Percent of Medicaid enrollees in HMOs, 1999	Percent below poverty <sup>c</sup>	Medicaid spending per enrollee, 1998
Columbus	711,470	69.8%	26.0%	2.5%	8	27.9%	11.1%	\$4,330
Detroit	951,270	13.8	82.8	5.0	2	61.5	18.0	3,944
Kansas City <sup>d</sup>	441,545	62.5	32.3	6.9	7	39.9	12.2	3,436
Oklahoma City	506,132	71.7	16.4	10.1	6	10.4	15.8	2,864
San Antonio	1,144,646	70.8	7.4	58.7	7	4.3	18.5	3,101

**SOURCES:** Population and population characteristics are from D.A. Gaquin and K.A. DeBrandt, eds., *County and City Extra, Special Decennial Census Edition* (Lanham, Md.: Berman Press, 2002). Percent of enrollees in health maintenance organizations (HMOs) was developed through Mathematica Policy Research analysis of InterStudy data. Medicaid spending per enrollee is from the Kaiser Family Foundation State Health Facts, [www.statehealthfacts.kff.org](http://www.statehealthfacts.kff.org) (21 May 2002).

<sup>a</sup>Hispanic persons may be of any race.

<sup>b</sup>This measure was developed by the Urban Institute to assess the generosity of states' Medicaid eligibility rules. Among other factors, the scale accounts for state eligibility expansions beyond mandatory populations, the percentage of the population below 200 percent of poverty eligible for Medicaid, Temporary Aid for Needy Families (TANF) income limits, and the existence and size of general-assistance medical care and/or other state-subsidized health insurance programs. States with the most generous Medicaid eligibility rules are in Category 1; those with the most restrictive are in Category 8.

<sup>c</sup>Percentage of persons below poverty is based on county data from [quickfacts.census.gov/qfd/index.html](http://quickfacts.census.gov/qfd/index.html) (21 May 2002).

<sup>d</sup>Population data are from 1998; population characteristics are from 1990.

from secondary data sources, telephone interviews, and site visits. This UpDate is based primarily on the telephone interviews and site-visits. The site visits involved interviews with hospitals, community health centers, health departments, other safety-net organizations, and one or two nonprovider informants in each city. More than 100 people were interviewed from more than sixty-five organizations during May 2000 through January 2001. Site-visit interview guides were tailored to each type of respondent; topics included the provider's role in the safety net, their current capacity, and recent and planned changes in capacity.<sup>4</sup>

**Study Findings**

We used the information we collected from interviews and secondary data sources to assess the capacity of the safety net in the five cities and to describe how capacity was changing. We found that safety-net capacity was strained for specialty services (five cities), pharmaceutical services (five cities), dental care (three cities), and behavioral health care (three cities). With small-scale exceptions, primary care capacity was generally adequate to

serve those who sought care.<sup>5</sup> The study findings are presented in full in the study report.<sup>6</sup> Here, we highlight several issues that may be of particular interest to policymakers.

■ **Specialty services.** Capacity was strained for many specialties in each city, according to our respondents.<sup>7</sup> In all five cities waiting times for nonurgent appointments for specialty care were reported to be much longer than for primary care and were often expressed in months.

In four cities we heard that uninsured patients in need of specialty care were consistently referred to local hospitals. The exception was in Columbus, where providers referred patients to a free clinic that was open one night per week. This free clinic, although not able to fully meet the demand for specialty care, was well known throughout the community as a dignified place for uninsured patients to receive specialty care services.

In the other four cities one or two local hospitals tended to provide the outpatient specialty care (offering a sliding fee scale), while the rest refused uninsured patients unless they paid in full prior to treatment. Even in hospitals that offered a sliding fee scale, access to

specialty care tended to be difficult. For example, in Oklahoma City and Detroit the major hospital providers for specialty care required patients to pay some (even half) of the specialty procedure up front.<sup>8</sup> In San Antonio and Kansas City hospital respondents noted a staffing shortage of specialty care physicians, resulting in long waiting times for certain specialties (in some cases six to twelve months).<sup>9</sup> In Kansas City the major safety-net hospital had difficulty recruiting specialists because the hospital was unable to compete with the prevailing wages offered by other local hospitals. In one San Antonio hospital, specialists were refusing to provide service on an on-call basis to emergency room patients because of the large number of uninsured patients.

However, the availability of specialists was better for children than for adults in Kansas City, Columbus, and San Antonio. Each of these cities had a children's hospital that assumed responsibility for uninsured children needing specialty care.

Despite capacity strains for specialty services, we did not identify any planned increases in capacity for serving the uninsured who need specialty care. This is probably because many of the hospitals we visited that provided these services were under financial strain.

Still, some providers had taken steps to lessen the barriers. In one city the federally qualified health center (FQHC) and free-clinic providers began quarterly meetings with hospital administrators after a patient with esophageal cancer reported a nine-month wait for consultation with a gastrointestinal specialist. As a result of the meetings, FQHC physicians can make appointments for patients at the major safety-net hospital, and transmission of patient records was eased. In Detroit one of the FQHCs developed a special arrangement with a local hospital that agreed to accept all FQHC patients for specialty care on a

sliding fee scale.

■ **Business aspects of health care. Collection procedures.** Traditionally, safety-net providers have focused on service delivery far more than the "business" of health care. However, this balance is shifting as safety-net providers look for ways to maintain their financial stability and increase their capacity in an ever-changing and always challenging financial environment. For example, over the past few years, especially in the past year or two, many

safety-net providers have begun insisting that their patients pay their fees. In two cities all of the community health centers (CHCs) had taken specific steps to improve collections. In one city both CHCs hired an accounting staff person, who is responsible for helping to improve collection from

**"Most of the safety-net providers who had stepped up collections said that they had not denied services to those who failed to comply with payment rules."**

patients. In both cases, the CHCs report improvement (one increased its collections by \$1,000 per day). Also, the safety-net hospital in this city now uses a collection agency for delinquent accounts. CHCs in the second city reported less effectiveness from their efforts; the CHC that now sends more than 3,000 statements per month, and uses a collection agency after three or four statements have been ignored, reports that little is collected as a result.

In a third city the major safety-net hospital entered into a long-term joint operating agreement with a for-profit firm. Although overall service to the uninsured has remained level, patient bills, often totaling large sums because of the costly nature of hospital care, are now sent to uninsured patients. A local CHC explained that the large number of undocumented Hispanic residents it serves are fearful of receiving bills. The CHC itself had a history of not billing but has recently become more aggressive and now asks for proof of income to qualify for sliding-scale charges, expects payment, and bills patients when necessary. Most of the safety-net providers who had stepped up collections said that they had not to date

denied services to those who failed to comply with payment rules, or that such cases were extremely rare.

**Improving efficiency.** The safety-net providers also focused on other business-related concerns, especially improving patient flow, and in several cases were using new information systems to improve their financial management.<sup>10</sup> In Columbus in 1997, largely as a result of the upcoming implementation of mandatory Medicaid managed care, seven small public health clinics that provided primary care to the uninsured consolidated to become a single CHC. In so doing they improved their combined revenue and the consistency of service, and they made other changes to increase their combined efficiency.

In Kansas City three of the four major safety-net providers were focusing on efficiency as a means to relieve financial problems that had threatened their survival. One clinic had affiliated with a local nonprofit hospital and in the process had to give up its FQHC designation. Despite a substantial budget reduction, the clinic was able to add a pediatrician because of the new affiliation and is seeing more patients than before by operating more efficiently. Another changed its management team. The new management cut the number of staff about 25 percent without reducing service. At the same time, the public hospital was testing a redesign of its outpatient clinic operations intended to reduce appointment waiting times and per patient costs. The new design called for training staff in customer service practices, testing a new registration and billing system, and adding a social worker and clerical staff.

In Oklahoma City and San Antonio safety-net hospitals had set up fast-track clinics adjacent to their emergency rooms so that ER patients without urgent conditions (those most often uninsured) could be shifted to outpatient clinics for rapid treatment. In the Oklahoma City hospital the shift to a fast-track clinic reportedly reduced waiting times by 66 percent.

Both CHCs in San Antonio had expanded or were expanding the number of examination

rooms per physician. The centers believed that the change in space configuration would allow the same number of physicians to see more patients.

Finally, new information systems in CHCs in Columbus and Kansas City were reported to be key to improving financial management. For example, one CHC reported that its collections had improved 25–30 percent with the new system.

■ **Access to pharmaceuticals.** Safety-net providers in all five cities assisted their uninsured patients in obtaining necessary pharmaceuticals, but the process was cumbersome and could have resulted in suboptimal treatment for many patients.<sup>11</sup> Safety-net providers with full pharmacies or dispensaries were able to obtain medications using primarily three methods. First, almost all reported relying heavily on charity programs from pharmaceutical companies, but, consistent with past research, providers complained about administrative difficulties associated with the programs and limits on the supply (one to three months) of the medication.<sup>12</sup> Second, safety-net providers took advantage of sample medications provided by pharmaceutical companies. One provider noted that his son in private practice sends all samples he receives to a CHC in Kansas City. Finally, several relied on grants from foundations and government assistance, from either city/county and state grants or the federal 403B and AIDS Drug Assistance programs to purchase pharmaceuticals for their patients.<sup>13</sup> For example, pharmacies at the CHCs in Columbus, Detroit, and Kansas City are largely funded by state or local grants. The state provides some funding for pharmacy to the CHCs in Oklahoma City, although one reported having to turn pharmacy patients away by the fifteenth of every month because of lack of funding.

**Duplication of physician visits.** The lack of pharmacy programs available to all uninsured patients in the community sometimes created unnecessary duplication of physician visits. Two different hospital providers, one in Columbus and one in San Antonio, reported advising patients in need of assistance obtaining

medications to schedule appointments for the same condition at a provider with the pharmacy program, to be able to obtain the necessary prescription. The referring physicians viewed the situation as not ideal but necessary.

*Keeping costs down.* To keep costs down, many safety-net providers explained that they prescribed older drugs and generics, used samples provided by drug companies, and in one case partnered with a local grocery/pharmacy chain to reduce costs. Despite these efforts, some respondents raised concerns about whether their patients were able to obtain what they needed. Some reported that their patients go without medication or use their medications sparingly so they will last. Others reported that although their patients never go without the medicine they need, many have to take suboptimal drugs because of cost.

*Shortage of pharmacists.* Complicating the access issues further, several safety-net organizations reported facing difficulty recruiting pharmacists. In Detroit, where there is great competition for pharmacists, a CHC and a hospital were both having trouble recruiting. Under an arrangement with the city, the health department hires and supervises pharmacists at the CHC, and the local pharmacists' salaries were too high for the health department's civil service guidelines. As a result, the CHC had temporarily closed its pharmacy until the position could be filled. A San Antonio CHC also was having trouble finding a pharmacist. A CHC in Oklahoma City was planning to open an in-house pharmacy at the time of our visit. Initially it tried to obtain a pharmacist from a pharmacy management organization, but since the CHC could not guarantee a certain number of prescriptions per day, efforts were unsuccessful.

Columbus was the only community where access to pharmaceuticals may be improving. There, a local foundation had undertaken a major initiative to support development of a more rational system for providing pharma-

ceuticals to the uninsured.

■ **Growth of free clinics.** All of the studied cities have one or more free clinics that play a role in the safety net, and nearly all of these were established in the past decade.<sup>14</sup> In Columbus, Detroit, and Oklahoma City the free clinics are small. They are open during limited hours (typically only a few evenings per month); are staffed by volunteer nurses, doctors, or medical residents; and typically provide service to 30–200 patients per month. The

**“Free clinics provide a comfortable environment for undocumented residents since they are not asked for their addresses.”**

clinics are funded by churches, hospitals, or private donations (or some combination) and are often located in makeshift facilities in schools or churches. They primarily provide adult primary care (one also provided specialty care), and most acted as dispensaries, providing patients with free pharmaceuticals.

In Columbus most of the church-based clinics had been established with ongoing technical assistance from a hospital program that aimed to ensure that the nurse-staffed clinics linked their patients to other health care services. In the same community a free clinic for specialty care had been established by the local medical society and operated from a school. In Detroit the clinics were also church-based but were not part of an organized program supported by a hospital partner.

In Kansas City and San Antonio the free clinics are larger and operate in a roughly similar manner as other safety-net health centers, except that they are free. One began as a clinic focused on care for people with HIV/AIDS and then expanded to provide general primary care. It operates with grant funding and volunteer physician and nurse staffing. The two clinics in San Antonio were established by a hospital conversion foundation and thus enjoy a predictable budget from the foundation and employ their staff. Two of these three largest clinics were constantly operating at maximum capacity, according to respondents, which suggests that there is a real need for such entities.



The free clinics offer an alternative for patients who are unsuccessful or simply not comfortable seeking care from other providers, including other safety-net providers.<sup>15</sup> We asked why someone would be more comfortable at a free clinic than at another safety-net provider. One respondent explained that the large size and busy feel of the major safety-net hospital that provides much of the care in that city can be intimidating for some residents. Also, although other safety-net clinics do not turn people away, people know that they will be asked questions about their income, and if they owe money to the clinic for past care, they will be asked to pay. This does not occur in free clinics. Finally, we heard that at least in some cases, free clinics provide a comfortable environment for undocumented residents since they are not asked for their addresses.

The new presence and growth of free clinics in the 1990s raises several issues. The limited and sporadic hours of the smallest free clinics make them unreliable places for patients to receive continuous care. Also, the heavy dependence on donations and volunteers makes the very existence of small clinics tenuous. Since we found differences across cities in the structure and operation of the clinics, further research could identify the best free-clinic models. Such models could encourage physician volunteerism. We heard that many private physicians preferred to volunteer at free clinics instead of seeing uninsured patients in their offices. Finally, while the appeal of care that is completely free is hardly a mystery, the growth of free clinics in a particular community could also indicate that traditional providers such as hospitals and CHCs cannot handle the volume of uninsured patients, are not conveniently located, or do not provide a comfortable environment for all patients.

### Conclusions

Lacking data to assess the need for services by the uninsured, we were nevertheless successful in learning qualitatively about the extent to which safety-net providers are meeting the expressed demand for care by the uninsured in five cities. Here we identify several

follow-up issues of likely interest to policymakers.

First, follow-up research could determine whether the health care system's capacity for providing specialty services to the uninsured is as strained nationwide as it is in the five cities we studied; if it is, policymakers at all levels of government should pursue timely solutions.

Second, while the new focus on the business aspects of health care is allowing some safety-net providers to increase their capacity for serving the uninsured while maintaining their financial stability, we are concerned that it might also have the unintended effect of discouraging some people from seeking care.

Third, we are concerned that heavy reliance on pharmaceutical companies' voluntary programs may not be a viable long-term strategy. Also, some respondents suggested that patients are not complying strictly with their treatment protocols or are receiving sub-optimal medications because of cost issues.

Finally, issues for follow-up include the extent to which small free clinics link people to other providers rather than serving as their sole source of primary care, and whether they may be a positive force to encourage physician volunteerism. We also need a better understanding of these clinics' contribution to the community's safety net as a whole.

In spite of these concerns, it is reassuring that at least in the five cities we studied, with certain small-scale exceptions, the safety net for primary care is generally adequate to meet the needs of those who present themselves for care. This does not mean that the primary care safety-net is secure for the future, however, nor does it help the many uninsured persons who do not seek primary care. Also, safety-net providers' increased focus on efficiency holds promise for continued ability to expand service without increasing cost.

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#### NOTES

1. U.S. Census Bureau, "Health Insurance Coverage: 2000," [www.census.gov/hhes/hlth/in00/dtable1.html](http://www.census.gov/hhes/hlth/in00/dtable1.html) (21 May 2002); and M.E. Lewin and S. Altman, eds., *America's Health Care Safety Net* (Washington: National Academy Press, 2000).
2. However, all selected cities had to have a federally funded community health center (CHC), since the CHCs' roles in local safety nets was an issue of interest to the project's sponsor, the Health Resources and Services Administration (HRSA).
3. This issue emerged rather than being a central focus for our study design, and we therefore do not have complete information for Detroit, in particular.
4. Our assessment of the adequacy of primary and specialty care in each city relative to the expressed demand for services by the uninsured population was based on our review of typical waiting times for appointments reported by interviewees, whether various services or clinics were open versus closed or sometimes closed to new uninsured patients, and the interviewees' characterization of the experiences of their patients in seeking services. Interviews with emergency department directors about use of the emergency department for nonurgent care also contributed to our assessment.
5. Primary care capacity for women's and children's services was more consistently adequate than was primary care capacity for adult medicine. For example, waiting times for an appointment were generally short. Also, in most cities there were one or more small sites that were operating at maximum capacity for primary care.
6. S. Felt-Lisk, M. McHugh, and E. Howell, *Study of Safety Net Provider Capacity to Care for Low-Income Uninsured Patients* (Washington: Mathematica Policy Research, September 2001).
7. This is consistent with findings from the Center for Studying Health System Change's Community Tracking Study, which has examined the safety net longitudinally across a diverse group of communities from 1996 to 2001. Barbara Ormond and Amy Westpfahl Lutzky also mention difficulties in specialty care referral in Los Angeles county, one of three safety-net systems they recently studied. B.I. Ormond and C.W. Lutzky, "Ambulatory Care for the Urban Poor: Structure, Financing, and System Stability," Occasional Paper no. 49 (Washington: Urban Institute, June 2001).
8. The Oklahoma City and Detroit hospitals were for-profit and private nonprofit hospitals, respectively.
9. These hospitals were the two government-run hospitals in the study.
10. Laurie Felland and colleagues similarly report that safety-net providers are focusing on efficiency, instituting fees for the uninsured, and, in some cases, beginning to enforce and collect payments from the uninsured on sliding fee schedules. L. Felland et al., "The Resilience of the Health Care Safety Net, 1996-2001" (Washington: Center for Studying Health System Change, under review).
11. Felland and colleagues similarly report difficult access to pharmaceuticals. *Ibid.*
12. This finding is consistent with research on a sample of California safety-net providers. K. Raube and T. Douglas, *Managing Pharmaceutical Costs among California Safety Net Providers* (Final Report to the California Program on Access to Care, University of California, Berkeley, Haas School of Business, January 2001).
13. The 403(b) drug pricing program allows FQHCs, disproportionate-share hospitals, and certain other safety-net providers to receive the same discounted drug pricing and rebates that the Medicaid program receives.
14. "Free clinics" are defined as clinics that never bill third-party payers and that are not operated by the local health department or other government entity.
15. Free-clinic patients may also find the location of the free clinics more convenient than the location of other safety-net providers, although we did not specifically hear this reason from respondents.



# Changing Care for Changing Times

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*Ambulatory Care in  
America's Public  
Hospital Systems*



National Association of  
Public Hospitals and  
Health Systems

# Changing care for changing times

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Just a few short years ago, a cancer patient in need of chemotherapy would have required hospitalization for treatment. Today, thanks to tremendous advances in modern medicine, patients routinely receive a host of health care services – including chemotherapy and other life-saving treatments – in the ambulatory care setting. The development of sophisticated new medical devices, pharmaceutical innovations, and creative models of patient care have all contributed to this important shift in the way people receive care.

Also known as outpatient care (because the patient does not need to be admitted to the hospital as an inpatient), ambulatory care services are typically provided through daytime visits to a doctor's office or health clinic. Both major and minor health concerns are now commonly addressed in the outpatient setting. From high-tech diagnostic and surgical procedures like magnetic resonance imaging and laparoscopy, to high-touch basics like well-baby check-ups and physical exams, outpatient care affords patients a more convenient and cost-effective approach to staying well.

Over the last two decades, the use of ambulatory care services has sharply increased. Along with the rest of the health care industry, the members of the National Association of Public Hospitals and Health Systems (NAPH) have adapted to keep pace with this growing trend, experiencing unprecedented growth in the amount of ambulatory care they deliver.

Because public hospitals and health systems comprise the heart of America's health care safety net, most people are familiar with the trademark services they provide on the inpatient side: life-saving tertiary services such as trauma and burn care; resident training programs that prepare the next generation of doctors; health care services for low-income and uninsured populations. However, few people have a solid understanding of the important role public hospitals and health systems play by providing more than 28 million outpatient visits each year through their extensive ambulatory care networks.



# A full spectrum of care



Access to quality health care is an essential ingredient to maintaining good health, and public hospitals and health systems have hit on a sure-fire recipe for wellness: offer patients a comprehensive range of ambulatory care services designed to keep them healthy, functioning and out of the hospital.

Routine care benefits both patient and provider by effectively addressing conditions before they become more dangerous, difficult or costly to treat. A diabetic patient diagnosed early is more likely to be able to control his symptoms through a regimen of proper diet and exercise. A simple well-baby exam might identify a respiratory problem that can be easily treated with proper medication and prevent more serious health problems from developing later. Help for a patient who wants to quit smoking can greatly enhance her quality of life – and avoid triggering a multitude of tobacco-related health problems down the road.

About half of all visits to NAPH outpatient facilities are for prevention-oriented primary care services intended to identify and address health problems early, such as annual physical check ups, Pap smears, vision tests, mammograms and screenings for hypertension or cholesterol.

The other half of outpatient visits involves more specialized services, such as dialysis, physical rehabilitation, ambulatory surgery, treatment for substance and alcohol abuse, or care by medical specialists such as cardiologists and neurologists. In many communities, NAPH members provide access to these crucial specialty services for the poor and uninsured which would otherwise be unavailable.

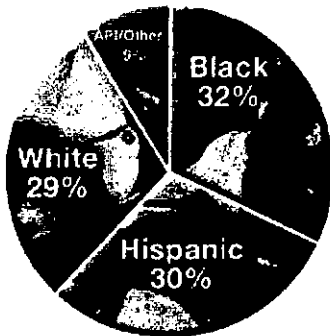
In this way, public health system patients can enjoy all the benefits of a full spectrum of health services in the convenience and ease of the ambulatory care setting.

## Services Provided

- Ambulatory Surgery
- Asthma Care
- Cardiology
- Chemotherapy
- Child Care during Appointments
- Dental Care
- Diabetes Care
- Diagnostic Lab Services
- Diagnostic X-Ray Procedures
- Dialysis
- Extended Hours
- Financial Eligibility Workers
- HIV / AIDS Care
- Housing Counseling
- Mental Health Treatment
- Physical Rehabilitation
- Prenatal Care
- Substance Abuse Treatment
- Transportation Assistance to/from Appointments
- Urgent Care
- Women's Health

# Something for everyone

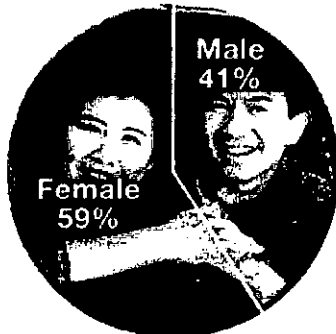
## Distribution by Race



Public hospitals and health systems provide ambulatory care to a diverse cross-section of Americans. The patient mix of NAPH members as a group is distributed in near-equal thirds among African Americans (32%), Hispanics (30%) and Caucasians (29%), with Asian Americans, Pacific Islanders and other groups comprising about 9 percent.

While these statistics illustrate the overall national picture, it is important to note that in many regions of the country, public health systems serve communities that are home to unique populations, such as Somalian immigrants in Minnesota or Bosnian refugees in Iowa.

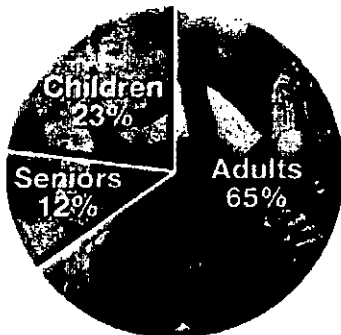
## Distribution by Gender



In addition to racial and ethnic distinctions, public hospitals and health systems cut across gender and generational lines. Women account for almost two-thirds of patients, and seniors account for one in every eight. Children make up about one-quarter of all ambulatory care visits provided by public hospitals and health systems.

Recognizing that a one-size-fits-all approach to patient care doesn't always work, public hospitals and health systems create ambulatory care programs specially tailored to meet the unique health care needs of these different groups. To address the needs of a culturally and linguistically diverse patient population, NAPH members foster a multilingual staff environment, provide face-to-face medical interpretation services and translate into multiple languages everything from patient education materials to facility signs.

## Distribution by Age



Many public health systems have established special outpatient clinics to meet the distinctive needs of patients at various stages of life, such as school-based clinics for kids, OB clinics for pregnant women and geriatric clinics for seniors.

In short, when it comes to ambulatory care, public hospitals and health systems have something for everyone.

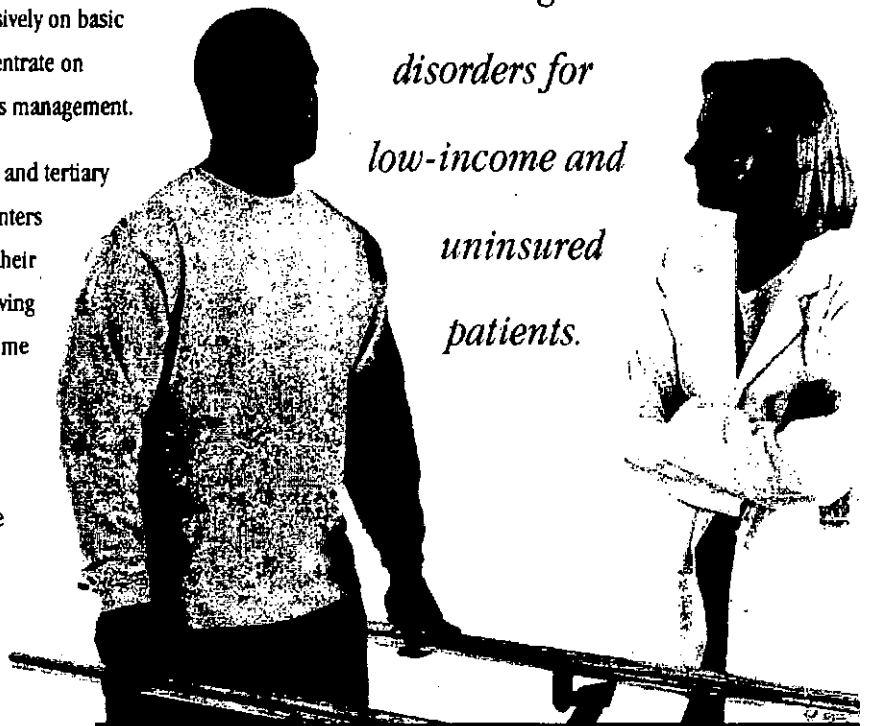
# Here, there, and everywhere

**A**lthough many of the better-known safety net providers are located in some of the country's largest urban centers (Los Angeles, New York City, Atlanta, Denver), many public health systems operate in smaller communities like Monroe, Louisiana or Colton, California. To make it as easy as possible for patients to gain access to health services regardless of where they live, ambulatory care services are provided through a wide variety of means.

Approximately two-thirds of all ambulatory care visits to NAPH members take place at hospital outpatient departments, and about one-third occurs at off-site locations, such as freestanding neighborhood clinics, primary and secondary schools, housing developments, homeless shelters and mobile vans.

In 2000, more than 10 million visits occurred at 668 community-based care sites affiliated with NAPH members. About two-thirds of these sites offer a combination of primary and specialty services; the rest focus exclusively on basic primary care or provide tailor-made clinics that concentrate on particular health concerns, such as asthma or diabetes management.

NAPH members are an important source of secondary and tertiary care for patients initially seen by community health centers or other federally funded health care delivery sites in their area. Over 80 percent of NAPH members report receiving such referrals from other community providers. At a time when federally funded clinics are reporting increasing difficulty finding providers who will accept specialty care referrals for their patients, NAPH members fill an important role in ensuring high quality comprehensive care for all.



*Public hospitals are usually the only source of specialty treatment for such serious illnesses as cancer, heart disease, and neurological disorders for low-income and uninsured patients.*

# 28 Million and counting

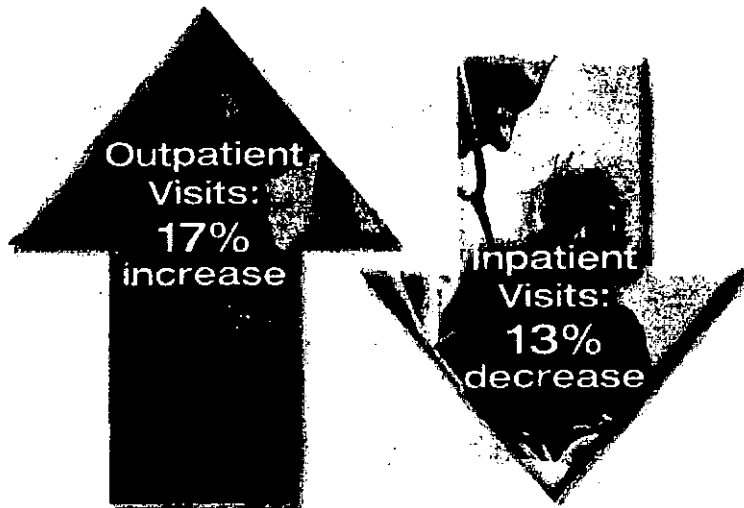


**G**iven all the efforts to enhance access to ambulatory care, it should come as no surprise that the popularity of outpatient services at NAPH members has steadily increased. Over the past several years, demand for outpatient services has rapidly outpaced that for inpatient services in the nation's public hospitals and health systems.

Between 1993 and 1999, the number of outpatient visits to NAPH members increased 17 percent, while inpatient visits decreased 13 percent. On average, NAPH member hospitals also provide almost double the volume of outpatient services of other acute care hospitals in their markets, suggesting that safety net providers place a singularly high importance on prevention-focused ambulatory care.

As a group, NAPH hospitals provided more than 28 million ambulatory visits in the year 2000. This clearly illustrates that public health systems are major providers of outpatient care to America's communities. It also suggests that the remarkable growth of ambulatory care services in recent years is a sign of things to come.

Outpatient Visits vs.  
Inpatient Visits,  
1993 - 1999





# *A matter of trust*

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**A** strong, trusting relationship between a patient and his or her provider is one of the most important factors in ensuring good health. That's why public hospitals and health systems give high priority to making sure that the patients in their ambulatory care systems are given a primary care provider – a doctor, nurse practitioner or physician assistant – who is their main connection to the health care system. In fact, two out of every three patients who regularly visit public hospital ambulatory care sites have a designated primary care provider.

As the name implies, primary care providers manage the primary care needs of patients; but they also oversee the management and treatment of patients' chronic conditions, coordinating referrals to specialized services when necessary. Simply put, the role of the primary care provider is to get to know a patient's medical history, look after his or her health care needs and provide patients with a reliable "medical home."

Outpatients at public health systems can rest easy knowing they have a trusted provider they can turn to in times of need.



*Ambulatory care  
fosters strong patient-  
provider relationships.*

# *A helping hand*

*Ambulatory care is more than medical care. It's about the realities of life.*

**M**any people are reluctant or unable to seek health care simply because of the realities of life. A single mother may not schedule a medical appointment if there's no place to leave her preschooler. A low-income elderly man without a car doesn't know how he will get to his medical appointment across town. A young TB patient is unable to follow a medication regimen because he has no regular place to live. But these realities should not stand in the way of needed medical care.

Public hospitals and health systems are uniquely practiced in helping patients overcome these barriers by offering an array of supportive services that put medical services within the reach of patients. Public hospitals provide such supportive services as:

- Help in filling out paperwork
- Childcare during a parent's medical appointment
- Extended evening or weekend hours
- Housing counseling
- Transportation vouchers



# *A way to pay*

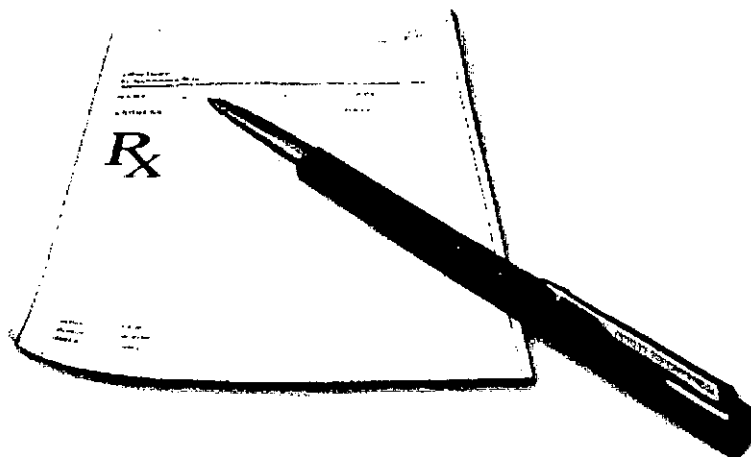
**F**or obvious reasons, financial worries are frequently the main reason why some patients delay seeking needed health care services. An uninsured worker, for example, may put off going to the doctor for a persistent health problem out of fear that she won't be able to pay her medical bills.

Because the vast majority of patients who use the services of public hospitals and health systems are low-income, NAPH members work closely with outpatients to seek ways to identify sources of coverage and payment for uninsured individuals. Almost 90 percent of NAPH members have some type of on-site eligibility worker to help patients determine whether they are eligible for Medicaid or other sources of funding.

From the uninsured child with asthma, to the elderly patient whose Medicare doesn't cover drugs, the public hospital outpatient pharmacy is often the only option for free or reduced cost pharmaceuticals. Such pharmacies dispense large volumes of outpatient drugs in spite of their rising costs.

Without these supportive services, patients may be more likely to delay seeking care until their health conditions become serious. Such delays can needlessly jeopardize a patient's health and create circumstances that require higher levels of care and higher costs.

*Public hospital  
pharmacies continue  
to provide free  
prescription drugs to  
outpatients, despite  
the rising cost of  
medications.*

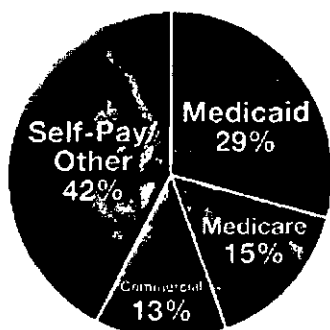


# *An under-funded investment in our future*

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**E**nsuring the availability of comprehensive, easy-to-access, culturally appropriate health care services for all Americans is not only good for the health of our families and our communities – it's also good public policy. The investment of public dollars to support cost-effective, prevention-oriented outpatient care, for example, can help reduce the much greater expenses associated with emergency room visits or hospital admissions for healthcare needs that can be met in less costly ways.

**Ambulatory Care  
Visits by Payer Source**



Unfortunately, the value of ambulatory care services at public health systems is not always recognized, nor is it adequately funded. Most of the patients who receive ambulatory care services through public hospitals and health systems are low-income or uninsured. Indeed, more than 40 percent of ambulatory care patients at public health systems do not have any health coverage at all (known as “self pay” patients). These patients usually can afford to pay only a fraction – if any – of the costs associated with their care.

Medicaid – the state-federal health insurance program for low-income populations – covers three in ten ambulatory patients at NAPH members. But Medicaid reimbursement rates do not sufficiently cover the costs of care, leaving providers and individuals to bear more of the expense. At the same time, funding from Medicare and commercial insurers, which covers 28 percent of ambulatory patients, is not able to make up for these shortfalls. In the end, this chronic under-funding steadily erodes the financial stability of public hospitals and health systems, compromising their ability to meet the health care needs of the communities they serve.

# *Always room for improvement*

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Over the past several years, NAPH members have made great strides in building patient-friendly ambulatory care systems designed to enhance the health and well being of the individuals and families they serve. As a result, they know first-hand that ensuring easy access to a full scope of outpatient services encourages patients to seek care early and regularly, assuring that emerging health needs can be met in the most appropriate and cost-effective manner possible.

But they also know that when it comes to meeting the health care needs of a community, the only thing that stays the same is change. Even relatively subtle demographic or socioeconomic shifts can lead to significant changes in the health status of a community. Because the needs of patients and communities are constantly evolving, public health systems continually seek ways to evaluate and improve the care they provide, developing new services and adapting old ones as necessary. In this way, NAPH members aim to further strengthen the role of ambulatory care and raise the level of health in their communities.

Still, with nearly one out of two outpatient visits provided to uninsured patients, NAPH members are finding it increasingly difficult to serve the growing needs of their communities. Given the importance of these services, it is imperative that the search for solutions to this challenging dilemma becomes a public policy priority.



# NAPH Members

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- Alameda County Medical Center (Oakland, CA)  
Arrowhead Regional Medical Center (Colton, CA)  
Boston Medical Center (Boston, MA)  
Broadlawn Medical Center (Des Moines, IA)  
Cambridge Health Alliance (Cambridge, MA)  
Central Georgia Health System Inc. (Macon, GA)  
Community Health Network of San Francisco (San Francisco, CA)  
    Laguna Honda Hospital & Rehabilitation Center (San Francisco, CA)  
    San Francisco General Hospital (San Francisco, CA)  
Community Medical Centers (Fresno, CA)  
Contra Costa Regional Medical Center (Martinez, CA)  
Cook County Bureau of Health Services (Chicago, IL)  
    Cook County Hospital (Chicago, IL)  
    Oak Forest Hospital (Oak Forest, IL)  
    Provident Hospital of Cook County (Chicago, IL)  
Cooper Green Hospital (Birmingham, AL)  
Denver Health (Denver, CO)  
Erlanger Medical Center (Chattanooga, TN)  
Governor Juan F. Luis Hospital and Medical Center (St. Croix, VI)  
Grady Health System (Atlanta, GA)  
Halifax Community Health Systems (Daytona Beach, FL)  
Harborview Medical Center (Seattle, WA)  
Harris County Hospital District (Houston, TX)  
    Ben Taub General Hospital (Houston, TX)  
    Lyndon B. Johnson Hospital (Houston, TX)  
Hawaii Health Systems Corporation (Honolulu, HI)  
    Hale Ho'ola Kamaku Hospital (Honokaa, HI)  
    Hilo Medical Center (Hilo, HI)  
Ka'u Hospital (Pahala, HI)  
Kauai Veterans Memorial Hospital (Waimea, HI)  
Kohala Hospital (Kapaau, HI)  
Kona Hospital (Kealahou, HI)  
Kula Hospital (Kula, HI)  
Lana'i Community Hospital (Lana'i City, HI)  
Leahi Hospital (Honolulu, HI)  
Maui Memorial Hospital (Wailuku, HI)  
Samuel Mahelona Memorial Hospital (Kapaa, HI)  
The Health and Hospital Corporation of Marion County (Indianapolis, IN)  
Hennepin County Medical Center (Minneapolis, MN)  
Hurley Medical Center (Flint, MI)  
Jackson Memorial Hospital (Miami, FL)  
JPS Health Network (Fort Worth, TX)  
Kem Medical Center (Bakersfield, CA)  
Los Angeles County Department of Health Services (Los Angeles, CA)  
    Harbor/UCLA Medical Center (Torrance, CA)  
    High Desert Hospital (Lancaster, CA)  
    Martin Luther King/Drew Medical Center (Los Angeles, CA)  
    LAC+USC Medical Center (Los Angeles, CA)  
    Olive View-UCLA Medical Center (Sylmar, CA)  
    Rancho Los Amigos National Rehabilitation Center (Downey, CA)  
LSU Health Sciences Center Health Care Services Department (Baton Rouge, LA)  
    E.A. Conway Medical Center (Monroe, LA)  
    Earl K. Long Medical Center (Baton Rouge, LA)  
    Huey P. Long Medical Center (Pineville, LA)  
    Lillie Kemp Regional Medical Center (Independence, LA)  
    Leonard J. Chabert Medical Center (Houma, LA)  
    Medical Center of Louisiana at New Orleans (New Orleans, LA)  
    University Medical Center (Lafayette, LA)  
    Washington-St. Tammany Regional Medical Center (Bogalusa, LA)  
    Dr. Walter O. Moss Regional Medical Center (Lake Charles, LA)  
Maricopa Integrated Health System (Phoenix, AZ)

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Memorial Healthcare System (Hollywood, FL)  
Joe DiMaggio Children's Hospital at Memorial (Hollywood, FL)  
Memorial Hospital Pembroke (Pembroke Pines, FL)  
Memorial Hospital West (Pembroke Pines, FL)  
Memorial Regional Hospital (Hollywood, FL)

Metropolitan Nashville General Hospital (Nashville, TN)

The MetroHealth System (Cleveland, OH)

Mississippi Public Hospital Coalition (Gulfport, MS)  
Singing River Hospital (Pascagoula, MS)  
Southwest Mississippi Regional Medical Center (McComb, MS)  
Memorial Hospital at Gulfport (Gulfport, MS)  
Field Memorial Community Hospital (Centerville, MS)

Nassau University Medical Center (East Meadow, NY)

Natividad Medical Center (Salinas, CA)

New York City Health and Hospitals Corporation (New York, NY)  
Bellevue Hospital Center (New York, NY)  
Coler-Goldwater Memorial Hospital (Roosevelt Island, NY)  
Coney Island Hospital (Brooklyn, NY)  
Elmhurst Hospital Center (Elmhurst, NY)  
Gouverneur Nursing and Diagnostic & Treatment Center (New York, NY)  
Harlem Hospital Center (New York, NY)  
Jacobi Medical Center (Bronx, NY)  
Kings County Hospital (Brooklyn, NY)  
Lincoln Medical and Mental Health Center (Bronx, NY)  
Metropolitan Hospital Center (New York, NY)  
North Central Bronx Hospital (Bronx, NY)  
Queens Hospital Center (Jamaica, NY)  
Sea View Hospital Rehabilitation Center & Home (Staten Island, NY)  
Woodhull Medical and Mental Health Center (Brooklyn, NY)

North Broward Hospital District (Fort Lauderdale, FL)  
Broward General Medical Center (Fort Lauderdale, FL)  
Coral Springs Medical Center (Coral Springs, FL)  
Imperial Point Medical Center (Imperial Point, FL)  
North Broward Medical Center (Pompano Beach, FL)

The Ohio State University Hospital (Columbus, OH)

Parkland Health & Hospital System (Dallas, TX)

Regional Medical Center at Memphis (Memphis, TN)

Riverside County Regional Medical Center (Riverside, CA)

San Joaquin General Hospital (Stockton, CA)

San Mateo County General Hospital (San Mateo, CA)

Santa Clara Valley Health & Hospital System (San Jose, CA)

Thomason General Hospital (El Paso, TX)

Truman Medical Centers (Kansas City, MO)  
TMC Hospital Hill (Kansas City, MO)  
TMC Lakewood (Kansas City, MO)  
TMC Behavioral Health (Kansas City, MO)

UMDNJ-University Hospital (Newark, NJ)

University HealthSystem Consortium (Oak Brook, IL)

University Hospital, The University of New Mexico Health Sciences Center (Albuquerque, NM)

University Hospital of Brooklyn (Brooklyn, NY)

University Medical Center of Southern Nevada (Las Vegas, NV)

University of Arkansas for Medical Sciences (Little Rock, AR)

University of Chicago Hospitals & Health System (Chicago, IL)

University of Colorado Hospital (Denver, CO)

University of Missouri Health Care (Columbia, MO)

University of Texas System (Austin, TX)  
Health Center at Tyler (Tyler, TX)  
M.D. Anderson Cancer Center (Houston, TX)  
Medical Branch at Galveston (Galveston, TX)

VCU Health System Authority (Richmond, VA)

Westchester Medical Center (Valhalla, NY)

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*April 2002*

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Attachment 10

# HEALTH MANAGEMENT ASSOCIATES

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*Prepared for the Blue Shield of California Foundation*

## **Abstract**

Accountable Care has emerged as a critical delivery system redesign companion to expanded coverage within federal health reform. Accountable Care calls for providers to organize to provide a full continuum of care to patients and populations, to commit to improving quality while controlling cost, and to be rewarded as they succeed. However, the principles of Accountable Care are based upon demonstrations and lessons learned primarily in Medicare populations served by highly organized and integrated health systems. The Safety Net differs in the patient populations it serves, the structures and relationships between its providers, and its funding, which is mainly concentrated in Medicaid and local government reimbursement. Thus, the federal emphasis on the development of Accountable Care will need to be tailored differently for the Safety Net. Further, California's Safety Net will face the challenges of building collaborative delivery models earlier than the rest of the nation as the renewal of the State's 1115 Medicaid Waiver is implemented during the next year. These State and national moves toward integrated care offer both opportunity and challenge to the Safety Net and progress toward Accountable Care will be made only after embarking on an honest and thorough examination of necessary changes in relationships and organization, delivery system design, infrastructure, and revenue distribution. Taking leadership now to create Accountable Care is a strategy that is most likely to secure the ongoing existence of Safety Net providers, assure access for the patients they have historically served, and improve the health status of their communities. It is also a strategy that is likely to gain the support of the federal government as new models are sought to efficiently and effectively deliver care for a population that will soon represent the single largest publically-funded health coverage program.

## **Introduction**

In the post-health reform flurry of speculation and amidst the scramble to prepare for 2014, the Accountable Care Organization (ACO)—which is the focus of the newly created Innovation Center within the Center for Medicaid and Medicare Services (CMS)—is emerging as a centerpiece of federal strategy to implement vast coverage expansions while also assuring and promoting quality of care, improving the health status of defined populations and, at the same time, not bankrupting future generations. It appears that CMS is seriously and quickly moving to assist in the establishment of these new delivery systems.

Further, the focus on integrated health care delivery is being echoed in the renewal of the California Medicaid Waiver,<sup>1</sup> which will precede national reform in its implementation. Both major Waiver

components—expansion of the “Coverage Initiative” for the uninsured and the transition of Seniors and Persons with Disabilities (SPDs) from fee-for-service into managed care—will require a new integrated delivery approach that is reflective of the basic tenets of an ACO model. The Waiver offers a further incentive to California providers that rely on Medicaid reimbursement to start moving toward new accountable care models that will ultimately be required under federal reform.

Why should the Safety Net focus on the development of integrated delivery systems, including ACOs? The ACO concept is still indistinct. Past CMS demonstrations have involved large physician groups with predominantly Medicare and commercially insured patients—not the primary populations served by the Safety Net. The vision of shared responsibility required by an ACO is complicated within the Safety Net which includes entities as disparate as public health and hospital systems, Federally Qualified Health Centers (FQHCs), private community hospitals and physician groups. State Medicaid agencies will need to be involved in ACOs focused on the Safety Net and they are now inundated with budget deficits and faced with staff furloughs. It may seem more prudent, and certainly easier, to wait and see how things fall out as health reform moves toward implementation.

However, there is a compelling case to be made that the Safety Net should not only participate in the development of ACOs and other integrated delivery system models, they should lead. Among the reasons to proceed aggressively now are the following:

- **CMS needs models for ACOs that target the populations cared for by the Safety Net.** Patients covered by Medicaid and the uninsured will be a significant focus for health reform expansion in 2014. Safety Net systems have the opportunity to help shape the evolving concept of ACOs for these groups. Safety Net systems can build collaborations with little active competition from others concentrating on ACOs predominately serving Medicare and commercial patients.
- **The Safety Net would benefit from the support that will be offered by CMS to prepare for the massive change that this transformation will require.** An ACO governance model will need to be built that takes into account the various accountabilities of County systems, FQHCs and private hospitals and physicians. An ACO finance strategy will need to be conceived that transforms the current complexity of Intergovernmental Transfer agreements (IGTs), Disproportionate Share Hospital (DSH) payments and FQHC PPS reimbursement into a “bundled” revenue stream that encourages efficiencies and best practices. Clinical silos will need to be replaced with integrated approaches and shared agreement on approaches to care delivery. This transformation will require an infusion of financial, regulatory, legal and technical assistance.
- **Local community and government support of health care in California is currently an advantage but may change under health reform and new delivery systems will need to be developed that assure access and maximize efficient use of resources.** In California, counties have long been mandated to address the care of the medically indigent and, while this charge has materialized in different forms, the building blocks are there to begin to construct a new model. Further, as health reform moves toward implementation, the role of local government as

both a payor and provider of health care services will, more and more, come into question. This next period of time, with potential for both State and federal support, provides a window of opportunity for the local Safety Net to define and shape its role in the future.

- **The core principles inherent in ACOs offer a strategy to the Safety Net to improve health outcomes and reduce costs.** The care provided in the Safety Net should be more coordinated, produce better outcomes, result in greater patient satisfaction and cost less. This is an opportunity for providers to be supported to do what they know should be done anyway.

This paper offers a broad analysis of the elements of ACOs and their likely role in the future, the particular challenges faced by the Safety Net in moving toward this new model and basic steps that Safety Net providers need to take to achieve a population-focused, collaborative approach to delivering health care services. While the focus of this paper is on the ACO (because of the emerging federal opportunities), the principles that make up these models are applicable to many different approaches to integrated care delivery that would be of significant benefit to the Safety Net. It is the premise of the authors that the Safety Net must be preserved—not because “it is too big to fail” but because it is likely to continue to be needed<sup>2</sup> and has a *responsibility* to survive. The lessons of the past have confirmed that “coverage” does not equal “access.” There will always be those that have no other place to go for care and there will always be those that rely on the services that only Safety Net providers have the experience and expertise to provide. The potential failure of Safety Net providers would have a more profound impact than the failure of other providers for whole communities and for their most vulnerable residents.

It will be important, though, not to be like the generals who repeatedly plan to “win the last war;” preparation must be for the emerging challenges ahead. The transition period between the way that care is delivered and funded today to the model for the future will be the most critical time for the Safety Net. Lack of capital and infrastructure, difficult and cumbersome bureaucracies and governing organizations, financial arrangements that reward processes and expenditures rather than quality and outcomes—all of these issues are very real in the Safety Net and will take leadership, collaboration and intensive effort to address. It must be done, however, and it must start now.

It will be important (for the Safety Net) not to be like the generals who repeatedly plan to “win the last war;” preparation must be for the emerging challenges ahead.

### What is “Accountable Care”?

“Accountable care” is a mechanism that the federal government hopes will address what is widely acknowledged to be poor value for the money spent in the U.S. health system, which is more expensive and inflationary while, at the same time, failing to achieve even comparable health status of other countries.<sup>3</sup> Further, within the borders of the United States, there is wide variability of health care costs and no seeming relation between the cost of care and the outcomes achieved.<sup>4</sup> Health care in this country can be dazzling and dramatic but fails to broadly provide even half of the services

recommended to achieve and maintain good health, resulting in life spans, infant mortality rates, potential years of life lost, and health-related quality of life that are clearly subpar. In addition, the population is generally dissatisfied with their care and certain populations have shamefully and disproportionately poor health outcomes.

If health care value were improved, it would mean the population would receive more value for what they pay. This could happen if health care quality and outcomes improved while cost remained the same or if costs decreased while quality remained constant. Of course, improving quality and decreasing cost would enhance value the most. Expanding health insurance coverage for the population is necessary but not sufficient to improve value. Coverage might improve outcomes for those who previously had no access to medical care but would also add new cost and would not end the current inflationary spiral. Further, increased coverage might not completely address access problems as providers shift their focus to take advantage of the most profitable "lines of business," while avoiding "losing services," leaving already underserved communities with high risk populations served unequally. This complex intersection of cost, quality and health status is the paradigm that ACOs are meant to address.

While the definition of ACOs is still being fully refined and may, in fact, take multiple forms, several elements must be in place. Care must be provided to a distinct population, large enough to be able to show a clear impact of organized care delivery but not too large that such an impact would be impossible to accomplish. The ACO should eventually care for patients covered by all types of payers, public and private. The ACO must be driven by providers, with decisions made that reflect the elements of practice that can deliver higher quality care at lower cost. Among current providers, there are likely to be winners and losers in a successful ACO. Based on previous federal ACO demonstration experience, it is clear that, to achieve its objectives, a new practice model must be adopted that is heavily focused on primary care medical homes, care management and connective health information technology.<sup>5</sup> Progress in meeting cost, quality and improved health status goals must be able to be measured. A new financial model must be established that aligns provider incentives to meet cost, quality and health status improvement objectives rather than basing payment on service volume. Finally, ACO governance must rely on integrated clinical leadership, organized in a way to constantly evaluate medical evidence and health outcomes and, as necessary, alter resources and practice to meet the needs of the population.

### **What are Challenges for Safety Net Participation in Accountable Care?**

The Safety Net has been determined to be "those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients."<sup>6</sup> These providers typically include public health care systems, FQHCs, community hospitals that serve vulnerable populations (because of either mission or geography), and private practitioners located in underserved areas. Health care delivered by the Safety Net is financed predominantly by Medicaid, local government funds, out-of-pocket payments by patients, Medicare, and a small percentage of commercial health insurance.<sup>7</sup> A significant, but undetermined amount of care is completely uncompensated. Patients served by the Safety Net have generally lower health status than that of the broader population in their communities, whether measured by health outcomes or self-reported, and

tend to have a higher prevalence of chronic illness, suffer from a higher incidence of catastrophic occurrences, and have a higher prevalence of serious and persistent mental illness, substance abuse, and co-morbid chronic conditions.<sup>8</sup> Safety Net patients are expensive.

The Safety Net is not currently, in most communities, a *system of care*. It is, rather, a fragmented and unsystematic collection of hospitals and doctors and clinics that deliver care to complex patients in a way that can be episodic and reactive, though often heroic. As the name implies, the Safety Net has focused much of its energy and resources on catching those who already are "falling" due to lack of prevention or complications of uncontrolled illness. Safety Net institutions are generally characterized by poor data generation with resulting scanty information on cost of care or health outcome measurements. Particularly for public Safety Net providers (local government-operated hospitals and health systems), the main business strategy has historically focused on increasing revenues, not controlling costs. One of the unique features of many Safety Net institutions is that they are reimbursed by Medicaid based on the costs they generate.<sup>9</sup> These institutions may be adept at calculating the total overall costs used for reimbursement, but have a poor sense of the specific distribution and reasons for cost that might be helpful to generate cost-reducing interventions.

While Safety Net providers often have unique and distinctive expertise in caring for complex patients, they have limited tradition of collaboration or formal partnering with each other. There is often no history of prospective joint planning to improve the health of the population, to secure revenue, or to share in savings. Even within public health systems, primary care and behavioral health services are often disconnected from emergent and inpatient care. These institutions have usually developed their information systems separately and communicate inadequately to improve patient care or to fill gaps and eliminate costly duplications in service delivery. Complex and difficult patients are often sent without adequate coordination of care to other providers within the Safety Net, causing them to fall through the "cracks" in the system, suffer adverse health consequences, and ultimately incur higher health care costs.

Central to the ACO model (and all effectively managed integrated delivery systems) is a Patient Centered Medical Home (PCMH) for each patient.<sup>10</sup> The PCMH is the starting point for all health care coordination and offers prevention, management of chronic illness, and access for acute problems. The PCMH initiates and coordinates referrals for subspecialty consultation and diagnostics and receives recommendations, shares in the development of the patient's care plan and is the point in the health system that brings together all the patient's health needs and treatments. The PCMH, however, is not simply a conventional primary care practice. It is expected to supply team-based care where staff roles are optimized and defined to meet the needs of patients in a planned, rather than a reactive, manner. It manages transitions between levels of care as, for example, in post-hospital discharge back to primary

The Safety net....deliver(s) care to complex patients in a way that can be episodic and reactive, though often heroic....(Safety Net providers) developed originally as services of "last resort" without incentives or direction to become "patient-centered."

care. While many Safety Net providers are attempting to move toward the PCMH model, it is not yet widely implemented. The Safety Net is characterized by lack of reserves to meet the financial challenges that even well-funded systems met during the transition to PCMH.<sup>11</sup> Safety Net providers are less likely to have invested in the information technology that is necessary to support the implementation of the PCMH.<sup>12</sup> "Patient-Centeredness" is a fundamental attribute of the PCMH but Safety Net providers developed originally as services of "last resort" without incentives or direction to become "patient-centered." The participation of FQHCs, many of which have greater experience in Medical Home conversions than other providers serving similar populations, could be an asset in the development of ACOs in the Safety Net. Further, some of the California Counties that have participated in the State's "Coverage Initiative" over the past several years have experimented with converting old forms of episodic care delivery to Medical Home models and could serve as the basis for building integrated delivery systems.

The Safety Net shares in the national crisis of an inadequate supply of primary care practitioners, as fewer and fewer medical students enter primary care careers.<sup>13</sup> However, unlike the commercially-insured health care system which has an overabundance of specialists, the Safety Net strains to provide minimum access to specialists and diagnostics for its patients<sup>14</sup> and the lack of access to these services may contribute to the less than optimal health outcomes of its patients.<sup>15</sup> Further, poor communication between providers of specialty care and primary care in the Safety Net often squanders scarce resources by causing a repetition of treatment and testing or "churning" of patients in specialty settings who could have been returned to primary care. Lack of common information systems between specialty and primary care practitioners, the insular culture of training clinics at public academic medical centers, and little financial incentive to communicate with primary care all conspire to decrease the effectiveness of specialty care when it can be obtained. The role of both public hospital systems and private doctors in the development of specialty care panels tied to the ACO (and the assurance of their connection to primary care) will be a critical feature in an effective integrated ACO model, as will exploring the potential expansion of specialty care in innovative collaborations between specialists and FQHCs. The involvement in Medicaid managed care plans (in particular, California's Local Initiatives and County Organized Health Systems, plans with a mandate to preserve the Safety Net) can provide assistance in identifying those specialty providers who have traditionally served Safety Net populations, often in isolation from each other.

Information technology (IT) is an essential tool for care coordination and disease management; it improves quality and may help to control costs. Safety Net investment in IT, however, has lagged behind the broader health care community.<sup>16</sup> The establishment of an Electronic Health Record (EHR) is the focus for integrated delivery systems and the inclusion of a chronic disease registry is a necessity in effective disease management. Further, EHRs need to be connected to all providers that make up the ACO as efficient care in one sector (primary care, for example) is limited if it is not connected to other parts of the continuum of care, such as hospitals and outpatient specialty consultation. All levels of care in an ACO need to share a common patient care plan, be able to refer and gain advice from specialists, access diagnostics easily and appropriately, and manage the transition of patients between institutions and toward lower levels of care. Information systems that do exist within Safety Net institutions are

rarely connected or consistent with each other and their potential to support an ACO is limited by their isolation. Solutions such as Health Information Exchanges are needed and have been developed in Safety Nets,<sup>17</sup> as have other creative approaches that have emanated from the Safety Net and are available, less expensive and readily implementable that can: provide registry functions short of a complete EHR (*i2i* disease registries initiated in the Bay Area); assure accessible but efficient links between primary care and specialists for referral and communication (the *IRIS* clinical rules-based specialty referral system conceived in the Cook County system in Chicago); and connect hospitals and EDs to Medical Homes in near real time (*Safety Net Connect* that links all of the hospitals in the community with physician practices and clinics caring for the uninsured supported by Orange County).

Beyond the need for using information technology to manage and coordinate the care for individual patients, the ACO must be accountable for cost and quality and must be able to measure both in a reasonable time. Ultimately, revenue will depend upon these factors and the successful ACO must know the status of quality and cost of care of its population<sup>18</sup>. Safety Net systems are weak in this regard as data often cannot be generated in real time and its accuracy may be suspect because, historically, Safety Net systems have not needed to closely tie expenditures to utilization. The change in orientation of the Safety Net to generate and use valid and timely utilization, cost and quality data is critical. Further, ACOs may ultimately be held responsible to demonstrate improvement in the health status outcomes of the whole geography its serves, not simply those enrolled in the ACO itself. In that case, the Safety Net ACO must be connected to data that currently resides in the public health realm. In some local communities within the United States, these linkages already exist.<sup>19</sup>

ACOs must be formed by provider collaborations of practitioners and institutions willing to be held responsible for the quality and cost of patient care and health outcomes. They also must agree to be reimbursed in new ways. The ACO will be a new organization with a legal structure that must accommodate an abundance of complicated existing regulations and laws (and politics). The agreements that establish and organize the Safety Net ACO are likely to be even more complex than those that will be utilized in the private health care system, as most will include local government health systems and FQHCs and private hospitals—all with their own governance structures. The participation of a public system in an ACO will involve internal policies, such as human resource rules, that extend beyond the health care sector. The high percentage of unionization of public systems (compounded further by civil service) may heighten resistance to change. On the other hand, organized labor may serve as an agent that helps this restructuring proceed if brought to the table early in the process. In Santa Clara County, for example, Local 521 of the Service Employees International Union (SEIU) was instrumental in both developing a broad analysis of the challenges facing the County in light of the California Waiver renewal and national health reform and in providing the catalyst to bring together all components of the local Safety Net—public and private—to begin to discuss the potential for forming an ACO focused on the meeting the health care needs of the most vulnerable residents of the County.

Payment in the ACO will be different than conventional medical revenue generation, particularly for the public sector but also for private Safety Net provider participants. Revenue will not be based on volume of service delivered but rather on the number of persons served by the ACO and meeting benchmarks for the quality of their care and its cost. Reimbursement will include sharing of savings through a system



of incentives that emphasize the most effective and lowest cost care. This is in direct opposition to the current focus of investment in and reimbursement of care within the United States where the highest cost, highest utilizing areas of the country often demonstrate worse health outcomes than areas of lower cost and utilization<sup>20</sup>. A single ACO financial model does not exist and will have to be tested and refined based on the principles of cost and quality tied to reimbursement. A starting point might be chosen from the experience of the CMS Physician Group Practice (PGP) Demonstrations<sup>21 22</sup> or evaluations of practice incentives such as the Pay for Performance (P4P) initiatives.<sup>23</sup> The PGP experience is helpful but was focused entirely on Medicare populations and tested in settings of established and successful, highly structured physician group practices that most resembled integrated delivery systems. Even with guidance from evaluations of P4P initiatives, unique models will have to be fashioned for a Safety Net ACO, since many of the evaluations of models existing today are from the commercial insurance market. When P4P in the Safety Net has been examined, concerns about comparability have arisen due to differences in the patient population, data sources, and the type and employment status of physicians who practice in the Safety Net.<sup>24 25</sup> But new Safety Net financing models are starting to emerge. In Chicago, for example, a group of FQHCs, private hospitals and the Cook County Health and Hospital System, spurred by foundation support, have come together to develop an integrated delivery model, first targeting Medicaid patients, and are working with the State of Illinois to test a new "gain-share" payment methodology that would allow cost-savings to be returned to the new entity to improve quality and access. Lessons learned from efforts like these will be important in making the transition from current Safety Net payment mechanisms that incentivize cost and volume.

The makeup, coverage and nature of the patient population cared for by the Safety Net will require additional consideration in an ACO, which assumes not only patient cooperation but increased patient-centeredness and empowerment. The Safety Net's patients are, by definition, poor and have had little political, individual or market force strength. Health services available to them have been episodic and reactive so it is not surprising that their health-seeking behavior reflects this pattern. The patient population within the Safety Net is not only socially complex and disadvantaged; they are sicker. Health disparities are a recognized fact in the United States<sup>26</sup> and an ACO within the Safety Net must be prepared to address these disparities. The population suffers and dies mainly from poorly-controlled chronic illness and experiences a higher level of serious and persistent mental illness and substance abuse.<sup>27</sup> Services available to these persons may be inadequate but do exist within the current Safety Net, although they are often organized separately from the rest of the health care delivery system. Integration of medical, mental health and behavioral health will have to be a priority but the mere availability of these services can be a tremendous advantage to effective care for a Safety Net ACO. These models are also starting to be explored in places like Los Angeles, where an integration is being implemented between FQHCs, the County's medical system and its mental health services, all focused on the highest utilizing and most complex patients in the skid row area of the city.

The Safety Net may be unique in its inclusion of the uninsured.... This is another reason to ...influence the process as (they) offer a unique laboratory for building effective approaches to these populations.

The Safety Net may be unique in its attention to the uninsured, including persons who are not legal residents or otherwise are not likely to be covered under health reform. Formation of ACOs will not change this commitment but practitioners and institutions within the Safety Net are concerned that the uninsured are not discussed in proposed models or evaluations of past initiatives and worry that they may be overlooked or crowded-out by ACO planning. This is another reason to step up and influence the process now as Safety Net ACOs offer a unique laboratory for building effective approaches to these populations. In Orange County, for example, the leaders of all of the private hospitals have begun to collaborate with the Orange County Health Care Agency and CalOptima (the County Organized Health System Medicaid managed care plan) to help expand the County's current approach to meeting the needs of the nearly half million uninsured by finding new ways to expand the pool of dollars available and to develop a more coordinated delivery system that includes the hospitals, clinics and private physicians. By starting with those patients with few options, a better system can be developed to meet the needs of those who have coverage.

### **What Steps Must the Safety Net Take to Participate in or Direct the Development of Approaches to Accountable Care?**

As Safety Net leaders move their own institutions toward more integrated approaches to care delivery, they will first need to accept the inevitability of the change that health reform presents and reach the conclusion that there won't be a "magic bullet" reprieve for the Safety Net, as there has been in the past. When the management of Safety Net institutions is so often dominated by moving from one crisis to the next, it is difficult to focus—and be supported in that focus—on planning for the future. As the country approaches 2014—and as California approaches the implementation of its Medicaid Waiver next year—there will need to be a resolve on the part of the leadership of Safety Net institutions (as well as their governing boards) that they are going to help to shape the transformation in how health care is delivered, not to wait for change to be imposed upon them. It is critical to move before policies are set in stone. There is enough fluidity now—and apparent openness to trying new things—that the Safety Net can be in the forefront of developing models that make sense for its providers and, even more important, its patients and communities.

It is important to understand that there is still a great deal of ambiguity about the specifics of ACO development and implementation. This uncertainty is likely to cause ambivalence, a lack of urgency and even hostility to change within the Safety Net. However, the massive expansion of coverage will clearly require new models to both assure access and contain costs. The focus on the core principles of ACOs (management of a population, direction by a coordinated set of providers, financial incentives aligned with clinical goals, containment of cost, enhancement of quality and the patient experience, improvement of overall health status) will benefit the Safety Net institutions and all of its patient populations, whether ultimately covered by health reform or not, or whether the adoption of these principles results in the formation of an ACO or not.

The steps that the Safety Net should take to prepare for the likely movement into integrated systems of care through ACOs are detailed below.

1. **Someone has to step up and lead.** The key to forming an approach to accountable care is to find a leader or leaders who can look beyond the self interest of any one provider. In Chicago, that leader was a foundation that committed both start-up and long term support to the effort that is resulting in an integrated system of care for Medicaid patients on the south side of the city. In North Carolina, private physicians directed the development of integrated networks that eventually formed the basis for service delivery for Medicaid patients throughout the state. In South Los Angeles, a private hospital system served as the convener of a group that now includes FQHCs, the public health and hospital system, other private hospitals and the Local Initiative Medicaid managed care plan to take on the development of an integrated approach to the care of vulnerable populations in that community. In San Mateo, the County government initiated a process that has resulted in collaboration between the public health system, private hospitals, large physician groups and FQHCs in the care of traditional Safety Net populations. FQHCs, public hospitals, local business groups concerned about access for their employees, unions, foundations, private hospitals—the impetus for change, and the tenacity and skill to keep all of the players at the table, can come from many quarters.
2. **Determine the geographic area to be covered by a Safety Net ACO.** The area should be large enough to demonstrate the impact of the ACO on cost, quality and health status but not too large to be impossible to manage effectively. For example, some California counties would likely represent a plausible target area while others would need to be divided into rational subdivisions. Within the geographic target area, while understanding that all populations would ultimately be included, a plan for an incremental approach to population inclusion will need to be developed, likely starting with Safety Net populations (i.e., Medi-Cal, uninsured, dually Medicare and Medicaid eligible).
3. **Thoroughly understand the target populations and communities.** A Safety Net ACO will need to identify vulnerable populations, their current utilization patterns (ED use, connection to primary care, hospital readmission rates), and their health problems. This analysis will then need to be compared with what care *should be* provided and what health status goals *should be* achieved. It is not enough to identify, for example, how many outpatient specialty visits were generated by a given population; it must be compared to objective criteria for what should be occurring in a managed approach for a comparable group of patients. Other information to be identified should include: gaps in care (i.e., too few specialty visits compared to what is indicated for the care of certain chronic illnesses), duplication of services (i.e., diagnostics at multiple institutions) and inappropriate use of certain levels of care (i.e., excessive Emergency Department visits for ambulatory sensitive conditions). This process of assessing the population is a critical step in allocating resources and setting goals in an integrated delivery system that will effectively care for the population. All available data should be thoroughly examined: County health utilization, FQHC federal reports, state Medicaid data. Medicaid managed care plans, particularly those that have a commitment to preserve the Safety Net, can be invaluable partners in assessing current utilization patterns and identifying trends, gaps and duplications.

4. **Begin to build a framework for how different providers could fit into an integrated delivery system.** It is important to identify the providers to whom target populations have traditionally gone for their care. These clinicians and institutions (public and private) should form the first critical mass of those who will come together to begin to plan for this new and integrated approach to care delivery through an ACO. Developing an ACO made up of providers with little history of collaboration and joint planning for a population is a delicate endeavor. Conversations must start between individual leaders to build relationships, to demonstrate a clear willingness to “put everything on the table” and to build on the assets of individual providers, sharing what one does best and giving up other services when there are better options. In some areas it may become clear, for example, that certain providers are better suited to become the primary care Medical Homes for some patients, while another provider may develop “Enhanced Medical Homes” for those patients that require greater access to specialty, behavioral health and diagnostic support. One hospital provider may be seen as the primary resource for cancer care for the ACO and another may develop cardiac services. Still another provider participant may have the most effective model for care management that can be disseminated throughout the ACO. FQHCs will need to coordinate with each other and with the large number—in many communities—of private physicians who are caring for Safety Net populations, building on each other’s strengths in the development of Medical Homes and specialty panels. These preliminary discussions are vital to assembling this inventory and engaging in creative thinking among provider participants.
5. **Bring a critical mass of providers into discussions about an ACO.** Once it is clear that there is the potential for an integrated approach to the delivery of care to a defined population, those providers should be convened and start meeting together to plan for the development of an ACO. It will be important that the CEOs and other senior administrators—including clinical leaders—of these provider organizations compose the planning group so that commitments can be made for the individual institutions. Eventually, this body will need to further expand to include other key stakeholders (schools, mental/behavioral health, business, etc.). Local Initiatives and County Organized Health Systems can provide expertise in both identifying key private physician groups that have traditionally been major providers for Safety Net populations and offer resources in the development and implementation of infrastructure in managing the integrated delivery system.

The focus on the core principles of ACOs (management of a population, direction by a coordinated set of providers, financial incentives aligned with clinical goals, containment of cost, enhancement of quality and the patient experience, improvement of overall health status) will benefit the Safety Net institutions and all of its patient populations, whether ultimately covered by health reform or not.

6. **Agree to move together in phases but with a clear timeline.** The issues that will require scrutiny and decision once there is a determination of the target area and the initial component of providers will be daunting. These issues must be developed in a “forced march” of timelines and clear deliverables. Each area will appear overwhelming and must be pushed through, often with incremental solutions.

The list includes, but is certainly not limited to:

- setting priorities and a schedule for *patient inclusion* (who will be cared for when will impact the scope of the provider network, the financial strategies, the infrastructure and the shape of the organization);
  - establishing a model or models for an *organizational structure for the ACO* which will likely include public health and hospital systems, FQHCs, private hospitals and even private practitioners—all with their own constraints and all required to be represented;
  - determining an approach to *integrated clinical leadership and goal setting* that will assure provider inclusion in the operation of the ACO;
  - setting a plan for *patient management infrastructure*, including connective information technology, targeted care management, utilization review; and
  - establishing *financial strategies* that incent best practices, fill gaps in the continuum of care, minimize duplication or inappropriate use of resources, identify the potential use of shared savings.
7. **Involve the major payers of the Safety Net, including State and local governments that reimburse for the care of the Medicaid population and the uninsured.** It is important that these entities are included and, perhaps through CMS, supported to partner with Safety Net ACOs as they attempt to build integrated delivery systems to provide higher quality, better coordinated and more cost-efficient care for vulnerable populations.
  8. **Start by starting: begin to act as a “virtual ACO” as the real one is being developed.** Even before the final structures are in place, the provider participants in the ACO should start to find ways to operationally and clinically collaborate or expand coordinated activities already in place. Further, health care institutions (whether they are large academic medical centers or community-based FQHCs or faith-based community hospitals or two-physician private practice offices) all have employees and systems and cultures. They may have limited experience with working collaboratively with other providers. The understanding of new ways of operating, of working and openly communicating with partners, is a new lesson to be learned and is counter-intuitive on many levels. The ability to make this concept real will be contingent on developing and doing real work together.
  9. **Get help to build the infrastructure that will make the ACO a reality.** The transition period will be a very difficult one. It is projected that there will be support available from the Center for

Innovation in CMS and that Safety Net ACOs will be viewed as attractive partners as the federal government moves to cover tens of millions of patients who have traditionally relied on Safety Net providers for their care. Other sources of support should be mined, however. Foundations could play an important role in seeding real and ultimately sustainable infrastructure elements (IT, legal assistance as governance is being developed, medical home readiness training, etc.) and sponsoring formal interactions between Safety Net ACO efforts to share best practices as learning from each other will likely be more helpful than drawing lessons from traditional ACO models.

### What is the Conclusion about Accountable Care and the Safety Net?

The Safety Net, like the rest of the country, is about to experience the greatest change in health care delivery in several generations. As its patients move from uninsurance to coverage, as payment mechanisms transition from subsidizing providers who care for underserved populations to incentivizing quality and cost-controls and as new clinical models emerge that demand integration and best practice, the Safety Net must be prepared. These institutions are critical resources in their communities and waiting for changes to be imposed without influencing how they impact the Safety Net, and those patients who have traditionally relied upon it, is a bankrupt strategy. There is a window of opportunity to lead and the Safety Net has an obligation to be in the forefront of change, not resistant or ambivalent to it. Across the country, small groups of hospitals, FQHCs, physician groups, and public health systems are beginning to talk about the populations that they all serve and how to serve them more effectively and efficiently. These efforts should be incubated and brought to fruition. The entire US health system will be better for it.

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Special Article

SPECIALTY OF AMBULATORY CARE PHYSICIANS AND MORTALITY AMONG ELDERLY PATIENTS AFTER MYOCARDIAL INFARCTION

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ABSTRACT

**Background** The outcome after myocardial infarction may be influenced by the type of physician providing ambulatory care.

**Methods** We studied 35,520 patients 65 years of age or older who were hospitalized for myocardial infarction in seven states during 1994 and 1995 and who survived for at least three months after discharge. From Medicare claims, we identified ambulatory visits to cardiologists, internists, and family practitioners. Using propensity scores to adjust for demographic, clinical, and hospital characteristics, we analyzed treatment and mortality at two years among patients matched according to their estimated propensity to receive care from a cardiologist within three months after discharge.

**Results** As compared with patients who saw only an internist or a family practitioner in the three months after discharge, patients who saw a cardiologist were younger, were more likely to be white, were more likely to be male, had fewer coexisting conditions, and were more likely to have undergone invasive cardiac procedures while hospitalized ( $P < 0.01$  for all comparisons). Patients who saw a cardiologist were more likely to undergo cardiac procedures and rehabilitation after discharge. Patients who saw a cardiologist had a lower two-year mortality rate than matched patients who saw only an internist or a family practitioner (14.6 percent vs. 18.3 percent,  $P < 0.001$ ). Patients who saw both a cardiologist and an internist or a family practitioner had a lower mortality rate than matched patients who saw only a cardiologist (11.1 percent vs. 12.1 percent,  $P = 0.02$ ).

**Conclusions** Ambulatory visits to cardiologists were associated with greater use of cardiac procedures and decreased mortality after myocardial infarction. Concurrent care by an internist or a family practitioner was associated with a further reduction in mortality. (N Engl J Med 2002;347:1678-86.)

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EFFECTIVE ambulatory care after acute myocardial infarction can identify related complications, such as chest pain or depression, and promote appropriate therapies for the prevention of recurrent myocardial infarction.<sup>1</sup> High-quality ambulatory care can also reduce or prevent complications of coexisting illnesses, such as diabetes mellitus.

Previous studies have assessed patients' treatment and mortality after myocardial infarction according to the specialties of the physicians who provided hospital care.<sup>2-4</sup> In some studies, patients of cardiologists had lower adjusted mortality than patients of internists or family practitioners,<sup>5-8</sup> but in other studies, differences in mortality were smaller in magnitude and were largely explained by the characteristics of the patients and the hospitals.<sup>9-12</sup> The use of cardiac drugs that are effective in reducing the risk of cardiovascular events may increase when both cardiologists and generalist physicians participate in the care of patients with myocardial infarction.<sup>9,13</sup> Building on these hospital-based studies of physicians' specialties and outcomes, we evaluated the relation between ambulatory care and mortality among elderly patients after myocardial infarction.

METHODS

Study Population

Patients were identified from the Cooperative Cardiovascular Project, a federal evaluation of approximately 225,000 elderly Medicare beneficiaries who were hospitalized in the United States with a principal diagnosis of acute myocardial infarction during 1994 and 1995.<sup>14,15</sup> We studied patients in seven states (California, Florida, Massachusetts, New York, Ohio, Pennsylvania, and Texas). The study was approved by the Committee on Human Studies of Harvard Medical School.

We identified 52,064 patients 65 to 84 years of age with fee-for-service Medicare coverage who were discharged alive after a clinically confirmed myocardial infarction.<sup>14</sup> We excluded 4146 patients who died within three months after discharge, 3115 who had metastatic cancer or a do-not-resuscitate order, 411 who were enrolled in

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a health maintenance organization within three months after discharge, 773 who resided in nursing homes, and 648 who lacked Medicare Part B coverage for physicians' care. Of the remaining 42,971 patients, we excluded 7341 without at least one claim for an ambulatory visit to a cardiologist, family practitioner, or internist within three months after discharge and 110 for whom clinical data were incomplete, yielding a study cohort of 35,520 patients.

#### Sources of Data

Trained abstracters reviewed hospital records using a standardized instrument with excellent reliability to ascertain patients' demographic characteristics, coexisting illnesses, cardiac complications, test results, cardiovascular medications, and treatment involving coronary angiography, angioplasty, and bypass surgery.<sup>14</sup> The use of these coronary procedures within three months after discharge was determined from Medicare Part A and hospital outpatient claims. Hospitals' teaching status, ownership, and location and the availability of coronary angiography and revascularization procedures were determined from Medicare and American Hospital Association data. Patients' vital status during the two years after discharge was determined from Medicare enrollment files.

The use of cardiovascular medications was assessed approximately 18 months after discharge by a telephone survey of 3271 patients (with a response rate of 78 percent), as previously described.<sup>16</sup> Patients also reported whether they underwent cardiac rehabilitation or exercise testing or received advice on diet or exercise from the physicians who provided ambulatory care.

Ambulatory visits to physicians were determined from Medicare Part B and hospital outpatient claims available for 18 months after discharge. For each patient, we identified all paid claims with Current Procedural Terminology (CPT-4) codes for office-based evaluation and management services (codes 99201 through 99215 and 99241 through 99245).<sup>17</sup> The physician's specialty was listed on the Part B claims. We determined a physician's specialty for hospital outpatient claims by linking with the Medicare physicians' registry. To determine whether a patient had received care from a cardiologist while hospitalized, we analyzed Part B claims for attending or consultative services (codes 99217 through 99239 and 99251 through 99275).

#### Statistical Analysis

Our primary analysis was a comparison between patients who had at least one office visit with a cardiologist during the three months after discharge (with or without a visit to an internist or a family practitioner) and those who had at least one visit with an internist or a family practitioner but no visit with a cardiologist. Because of marked differences in observed characteristics between patients in these two groups, we analyzed patients closely matched for the likelihood that they would receive ambulatory cardiology care.<sup>18,19</sup> As demonstrated in other observational studies of health outcomes,<sup>20-23</sup> propensity-score methods are a powerful tool for comparing groups that are similar in observed characteristics without specifying the relation between confounders and outcomes, as is required by more traditional multivariate-regression approaches.<sup>24</sup>

We fitted a logistic-regression model that predicted whether a patient would visit a cardiologist within three months after discharge as a function of 36 variables, including the patient's demographic and clinical characteristics, care provided in the hospital, medications at discharge, and hospital characteristics (Table 1).<sup>25</sup> Each patient who did not see a cardiologist was matched with a patient who did see a cardiologist with the closest estimated propensity on the logit scale within a specified range ( $\leq 0.6$  of the pooled standard deviation of estimated logits) to reduce differences between treatment groups by at least 90 percent.<sup>26</sup> Using identical methods among patients with at least one cardiology visit, we matched patients who did not see an internist or a family practitioner with patients who did. Among survey respondents, we also matched patients according to physician's specialty in a similar manner.

In descriptive analyses of unmatched and matched cohorts, we compared patients' characteristics according to the specialty of the physicians who provided ambulatory care. In the unmatched cohort, we analyzed the numbers of visits (median and interquartile range) according to physician's specialty within 3 months after discharge and during the subsequent 15 months. In the matched cohort, we assessed the use of coronary angiography, angioplasty, and bypass surgery within three months after discharge. Among matched survey respondents, we analyzed the rates of receipt of aspirin, beta-blockers, angiotensin-converting-enzyme inhibitors, cholesterol-lowering drugs, cardiac rehabilitation, exercise testing, and dietary or exercise counseling.

We analyzed the unadjusted mortality rates at two years after discharge according to physician's specialty in the unmatched cohort using Pearson's chi-square test. We used McNemar's test for paired data to compare two-year mortality among all matched patients and according to quintiles of propensity to visit a cardiologist, and we compared risk ratios across quintiles with the Mantel-Haenszel test. We assessed Kaplan-Meier survival curves with log-rank tests in the matched samples. We also performed a sensitivity analysis to evaluate whether unmeasured characteristics of patients might explain differences in mortality associated with the physician's specialty.<sup>27</sup> We report two-tailed tests of significance for all analyses using SAS statistical software.

## RESULTS

#### Characteristics of the Patients

Table 1 shows the characteristics of the initial study cohort of 35,520 patients before and after they were matched according to their propensity to visit a cardiologist within three months after discharge. In the sample of unmatched patients, 24,656 patients (69.4 percent) had at least one visit with a cardiologist. The likelihood of visiting a cardiologist was significantly greater for younger, male, and white patients than for older, female, and black patients and for patients in California, Florida, or Texas than for those in New York, Ohio, or Pennsylvania.

In comparison with those who saw only a generalist physician, patients who had ambulatory visits with cardiologists were less likely to have had major coexisting conditions or impaired mobility before admission to the hospital for myocardial infarction. These patients were also more likely to have been admitted to nonrural hospitals or major teaching hospitals that offered invasive coronary procedures. While hospitalized, they were less likely to have had congestive heart failure or renal insufficiency but were more likely to have had recurrent chest pain, cardiac arrest, or cardiogenic shock. These patients were much more likely to have been treated by a cardiologist while hospitalized and to have received thrombolytic therapy, coronary angiography, angioplasty, or bypass surgery. They were also more likely to have been discharged taking aspirin, beta-blockers, or cholesterol-lowering drugs but were less likely to have been discharged taking angiotensin-converting-enzyme inhibitors or to have been transferred to a skilled-nursing facility after discharge.

Of the 10,864 patients who visited an internist or a family practitioner but not a cardiologist within

**TABLE 1. CHARACTERISTICS OF PATIENTS WHO RECEIVED AMBULATORY CARDIOLOGY CARE WITHIN THREE MONTHS AFTER MYOCARDIAL INFARCTION AND PATIENTS WHO DID NOT.\***

CHARACTERISTIC	UNMATCHED PATIENTS			MATCHED PATIENTS†		
	CARDIOLOGIST (N=24,656)	GENERALIST ONLY (N=10,864)	P VALUE	CARDIOLOGIST (N=10,199)	GENERALIST ONLY (N=10,199)	P VALUE
Mean age (yr)	73.2	74.4	<0.001	74.1	74.2	0.24
Male sex (%)	59.6	50.9	<0.001	51.9	52.0	0.87
Race or ethnic group (%)			<0.001			0.77
White	92.1	89.8		90.1	90.2	
Black	3.3	5.5		5.3	5.1	
Hispanic	3.6	3.8		3.6	3.7	
Other	1.0	0.9		1.0	1.0	
State (%)			<0.001			0.96
California	15.0	8.3		8.8	8.8	
Florida	19.1	17.7		18.2	18.1	
Massachusetts	7.3	7.4		7.5	7.6	
New York	14.2	16.8		17.2	16.8	
Ohio	12.7	15.2		14.7	14.9	
Pennsylvania	17.4	23.0		22.3	22.1	
Texas	14.3	11.6		11.3	11.7	
Conditions before admission (%)						
Myocardial infarction	29.2	29.2	0.99	29.8	29.1	0.30
Angina	55.4	51.8	<0.001	53.1	52.7	0.49
Congestive heart failure	13.3	18.5	<0.001	17.4	17.7	0.56
Stroke	9.2	12.9	<0.001	12.1	12.1	0.98
Peripheral vascular disease	10.3	11.3	0.005	11.0	11.1	0.95
Hypertension	62.2	64.8	<0.001	65.8	64.6	0.15
Diabetes mellitus	28.7	34.2	<0.001	33.7	33.5	0.74
Chronic obstructive pulmonary disease	17.9	22.8	<0.001	21.6	21.7	0.76
Impaired mobility	19.1	24.6	<0.001	23.6	23.4	0.69
Dementia	1.3	2.9	<0.001	2.2	2.3	0.48
Rural hospital (%)	6.0	11.7	<0.001	9.4	10.0	0.12
Hospital teaching status (%)			<0.001			0.19
Major teaching	14.5	12.3		13.3	12.9	
Other teaching	30.8	32.0		33.3	32.4	
Nonteaching	54.7	55.7		53.4	54.7	
Hospital ownership (%)			<0.001			0.91
Not-for-profit	78.6	80.5		80.5	80.4	
For-profit	12.7	10.7		10.6	10.9	
Public	8.7	8.8		8.8	8.7	
Coronary procedures available on site (%)			<0.001			0.08
Coronary angiography and bypass surgery	57.6	46.9		50.0	48.7	
Coronary angiography only	21.9	22.1		22.5	22.5	
None	20.5	30.9		27.5	28.9	
Clinical complications in hospital (%)						
Cardiac arrest	6.6	4.9	<0.001	5.1	5.0	0.77
Cardiogenic shock	3.4	2.6	<0.001	2.7	2.7	0.80
Congestive heart failure	35.9	40.5	<0.001	40.4	39.6	0.22
Recurrent chest pain	32.1	28.6	<0.001	29.9	29.2	0.28
Serum creatinine $\geq$ 2.0 mg/dl ( $\geq$ 176.8 $\mu$ mol/liter)	8.6	11.4	<0.001	10.9	10.8	0.84
Serum albumin $<$ 3.0 g/dl	3.1	3.9	<0.001	3.7	3.8	0.85
Care provided in hospital (%)						
Attending or consultant cardiologist	77.5	56.9	<0.001	60.6	60.3	0.66
Thrombolytic therapy	23.2	16.3	<0.001	17.5	17.2	0.63
Echocardiography	62.0	63.3	0.02	63.8	63.6	0.80
Stress test	17.2	17.4	0.70	17.7	17.8	0.87
Coronary angiography	48.7	33.6	<0.001	36.7	35.6	0.10
Coronary angioplasty	17.8	10.7	<0.001	11.9	11.3	0.20
Coronary bypass surgery	10.0	6.5	<0.001	7.2	6.9	0.30
Care at discharge from hospital (%)						
Aspirin	66.5	64.6	<0.001	64.9	64.9	0.93
Beta-blockers	43.3	41.0	<0.001	41.8	41.7	0.78
Angiotensin-converting-enzyme inhibitors	28.6	32.9	<0.001	32.5	32.1	0.63
Cholesterol-lowering drugs	8.8	7.2	<0.001	7.5	7.4	0.91
Transfer to skilled-nursing facility	1.7	3.9	<0.001	3.0	3.1	0.84

\*A generalist physician was defined as an internist or a family practitioner. All P values are based on the Pearson chi-square test, except for that for age, which is based on Student's t-test. Because of rounding, percentages may not total 100.

†Patients were matched according to their estimated propensity to visit a cardiologist within three months after discharge.

PHYSICIAN SPECIALTY AND MORTALITY AFTER MYOCARDIAL INFARCTION

90 days after discharge, 10,199 (93.9 percent) were matched with a similar patient who visited a cardiologist. After matching, no statistically significant differences were noted between the characteristics of patients who visited a cardiologist and those who did not (Table 1). Unlike the substantial differences between unmatched patients in these two groups, the differences in the unmatched analysis between the 10,871 patients (44.1 percent) who visited only a cardiologist and the 13,785 patients (55.9 percent) who also visited an internist or a family practitioner were much smaller and often nonsignificant (Table 2). Among patients who visited only a cardiologist, 10,415 (95.8 percent) were matched with a similar patient who also visited an internist or a family practitioner; no significant differences were noted between matched patients in these two groups.

Office Visits

The initial patterns of ambulatory care were largely maintained over time. In the unmatched cohort,

most patients who saw only a cardiologist during the 3 months after discharge (median, two visits; interquartile range, one to three) continued to see a cardiologist in the subsequent 15 months (median, three visits; interquartile range, two to six); 42 percent saw an internist or a family practitioner in this later period, but only 22 percent had three or more visits. Most patients who saw only an internist or a family practitioner in the first 3 months after discharge (median, three visits; interquartile range, two to four) continued to do so in the subsequent 15 months (median, five visits; interquartile range, three to nine); 22 percent saw a cardiologist in the later period, but only 8 percent had three or more cardiology visits. Most patients who initially saw both an internist or a family practitioner (median, two visits; interquartile range, one to three) and a cardiologist (median, two visits; interquartile range, one to two) continued to see both types of physician, although they had more subsequent visits with internists or family practitioners (median, five visits; interquartile range, two to eight) than with

TABLE 2. SELECTED CHARACTERISTICS OF PATIENTS WHO RECEIVED AMBULATORY CARDIOLOGY CARE WITHIN OR WITHOUT CARE FROM A GENERALIST PHYSICIAN WITHIN THREE MONTHS AFTER MYOCARDIAL INFARCTION.\*

CHARACTERISTIC	UNMATCHED PATIENTS			MATCHED PATIENTS†		
	CARDIOLOGIST AND GENERALIST (N=13,785)	CARDIOLOGIST ONLY (N=10,871)	P VALUE	CARDIOLOGIST AND GENERALIST (N=10,415)	CARDIOLOGIST ONLY (N=10,415)	P VALUE
Mean age (yr)	73.2	73.2	0.23	73.2	73.2	0.69
Male sex (%)	57.2	62.6	<0.001	61.4	61.6	0.78
White race (%)	92.8	91.3	<0.001	91.8	91.9	0.88
Conditions before admission (%)						
Myocardial infarction	27.5	31.4	<0.001	30.0	30.3	0.60
Congestive heart failure	13.3	13.2	0.70	13.2	13.1	0.97
Hypertension	64.2	59.6	<0.001	60.9	60.6	0.58
Diabetes mellitus	31.9	24.5	<0.001	25.9	25.4	0.44
Chronic obstructive pulmonary disease	18.8	16.9	<0.001	17.2	17.3	0.90
Hospital characteristics (%)						
Major teaching hospital	13.9	15.3	0.003	15.0	15.1	0.82
Coronary angioplasty and bypass surgery available on site	57.5	57.6	0.92	57.8	57.8	0.99
Clinical complications in hospital (%)						
Congestive heart failure	36.0	35.6	0.50	35.4	35.7	0.65
Recurrent chest pain	32.9	31.1	<0.001	31.3	31.5	0.82
Serum creatinine ≥2.0 mg/dl (≥176.8 μmol/liter)	8.3	9.0	0.04	8.6	8.8	0.86
Care provided in hospital (%)						
Attending or consultant cardiologist	77.3	77.8	0.38	77.8	77.6	0.80
Thrombolytic therapy	23.0	23.6	0.27	23.7	23.7	0.99
Coronary angiography	48.3	49.2	0.14	49.3	49.1	0.80
Care at discharge from hospital (%)						
Aspirin	66.6	66.5	0.95	66.7	66.7	0.96
Beta-blockers	43.8	42.8	0.11	43.3	43.2	0.83
Cholesterol-lowering drugs	9.0	8.5	0.15	8.5	8.5	0.96

\*A generalist physician was defined as an internist or a family practitioner. All P values are based on the Pearson chi-square test, except for that for age, which is based on Student's t-test.

†Patients were matched according to their estimated propensity to visit both a cardiologist and a generalist physician within three months after discharge.

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cardiologists (median, two visits; interquartile range, one to four).

**Cardiac Care**

In the full matched cohort, the use of coronary angiography, angioplasty, and bypass graft surgery within three months after discharge was significantly more frequent among patients who visited a cardiologist than among those who did not visit a cardiologist (Table 3). In contrast, among those who saw a cardiologist, those who also saw a generalist were significantly more likely to undergo coronary angiography, but there was no difference in the likelihood of undergoing angioplasty or bypass surgery between those who did and those who did not see a generalist. Among matched survey respondents, patients who saw a cardiologist were more likely than those who did not to report having received cardiac rehabilitation or undergone exercise testing after discharge. The use of cardiovascular drugs and reports of receiving dietary or exercise advice 18 months after discharge did not differ according to the physician's specialty.

**Mortality**

The two-year mortality rate in the unmatched cohort was 11.8 percent for those who saw a cardiologist in the first three months after discharge and 19.1 percent for those who saw only an internist or a family practitioner ( $P < 0.001$ ). This absolute difference in

mortality of 7.3 percent was reduced by half, to 3.7 percent (14.6 percent vs. 18.3 percent), after matching but remained statistically significant ( $P < 0.001$ ). The Kaplan-Meier survival curves for this matched cohort are depicted in Figure 1A. When the matched cohort was divided into quintiles according to the propensity to visit a cardiologist, the absolute reduction in mortality associated with cardiology care was greatest among patients with the least propensity to visit a cardiologist (Fig. 2). The relative reduction in mortality did not differ significantly among quintiles, with values of 0.76, 0.79, 0.86, 0.85, and 0.80 for the relative risk of death in quintiles one (lowest propensity) to five (highest propensity), respectively, as compared with patients who did not visit a cardiologist ( $P = 0.66$ ).

In a sensitivity analysis, we estimated the effect of controlling for an unmeasured factor, such as a high-school degree, that could have been present in two thirds of the cohort, could have increased the likelihood of visiting a cardiologist by 10 percent, and could have been associated with a 40 percent reduction in mortality.<sup>28</sup> Adjusting for such a factor would reduce the absolute difference in mortality between patients who did and who did not visit a cardiologist from 3.7 percent to 2.8 percent, but this difference would remain significant. For this difference to become nonsignificant, an unobserved variable would have to be associated with a 40 percent relative in-

**TABLE 3. CARE RECEIVED AFTER MYOCARDIAL INFARCTION AMONG MATCHED PATIENTS ACCORDING TO TYPE OF PHYSICIAN PROVIDING AMBULATORY CARE WITHIN THREE MONTHS AFTER DISCHARGE.\***

TYPE OF CARE	GENERALIST			CARDIOLOGIST		
	CARDIOLOGIST	ONLY	P VALUE	AND GENERALIST	CARDIOLOGIST ONLY	P VALUE
Coronary procedures within 3 mo (%)†						
Angiography	26.8	16.7	<0.001	25.9	24.0	0.002
Angioplasty	11.8	6.9	<0.001	12.7	12.1	0.17
Bypass graft surgery	11.9	7.0	<0.001	11.7	11.4	0.53
Ambulatory care reported at 18 mo (%)‡						
Cardiac rehabilitation	36.4	29.0	0.03	39.8	33.8	0.06
Exercise-tolerance testing	61.4	52.8	0.003	64.0	64.4	0.88
Dietary counseling	57.4	58.8	0.65	61.4	60.0	0.62
Exercise counseling	63.1	60.8	0.45	65.9	64.7	0.65
Cardiovascular drugs reported at 18 mo (%)‡						
Aspirin	72.1	72.1	1.00	76.8	74.3	0.30
Beta-blockers	40.8	40.0	0.77	39.7	38.8	0.73
Angiotensin-converting-enzyme inhibitors	31.6	31.3	0.85	28.6	30.8	0.39
Cholesterol-lowering drugs	23.2	20.8	0.33	28.4	27.3	0.66

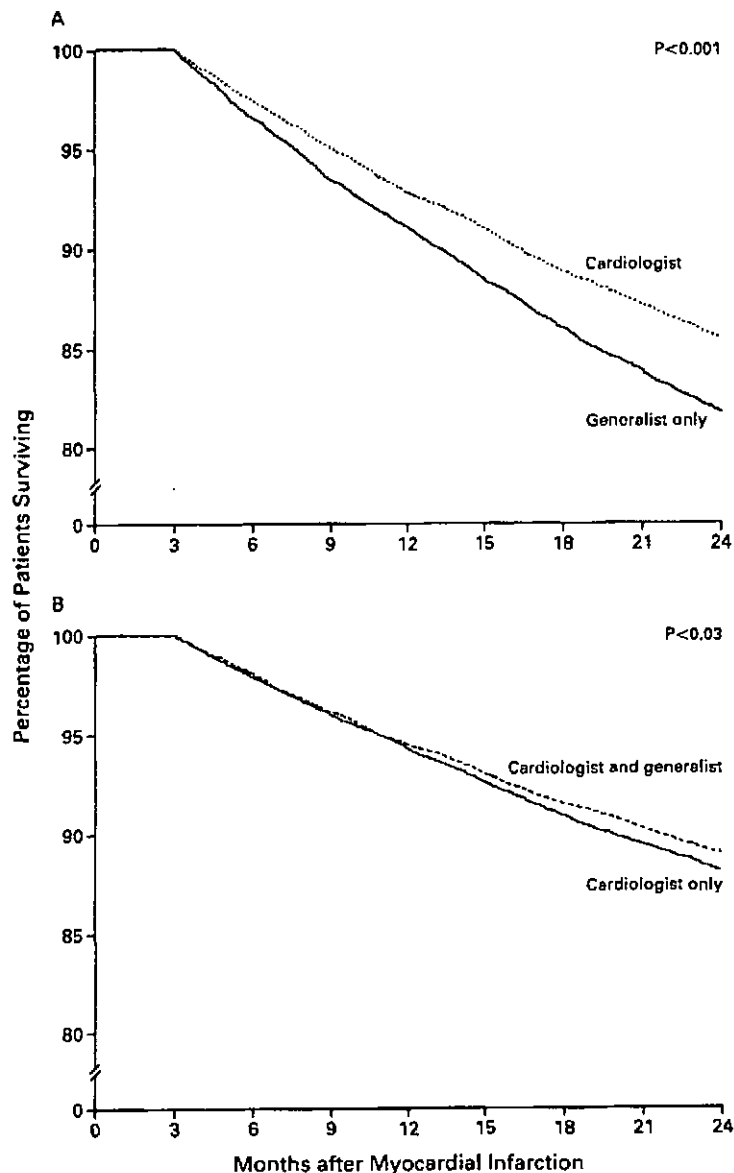
\*All P values are based on the chi-square test.

†Data are from Medicare Part A and hospital outpatient claims for matched cohorts, as described in the Methods section. The numbers of subjects were 10,199, 10,199, 10,415, and 10,415, respectively, for the cardiologist, generalist-only, cardiologist-and-generalist, and cardiologist-only groups.

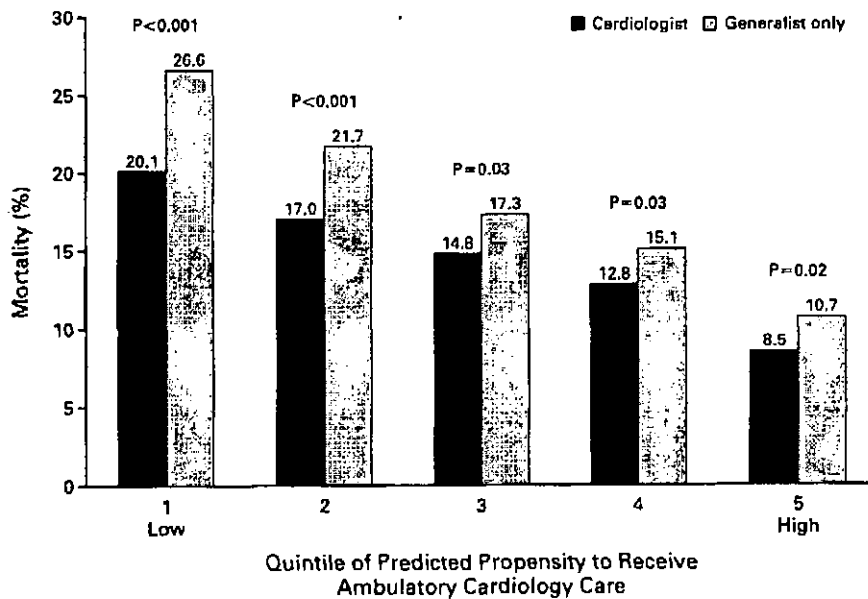
‡Data are from matched cohorts of survey respondents, as described in the Methods section. The numbers of respondents were 595, 595, 642, and 642, respectively, for the cardiologist, generalist-only, cardiologist-and-generalist, and cardiologist-only groups.

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PHYSICIAN SPECIALTY AND MORTALITY AFTER MYOCARDIAL INFARCTION



**Figure 1.** Kaplan-Meier Survival Curves for Two Years after Myocardial Infarction, According to the Types of Physicians Providing Ambulatory Care during the Initial Three Months. Panel A shows a matched cohort of 10,199 patients who saw a cardiologist and 10,199 patients who saw an internist or a family practitioner, but not a cardiologist. Panel B shows a matched cohort of 10,415 patients who saw both a cardiologist and an internist or a family practitioner and 10,415 patients who saw only a cardiologist. P values are derived from log-rank tests. Note expanded scale on the ordinates in both panels.



**Figure 2.** Mortality within Two Years after Myocardial Infarction in a Matched Cohort of 10,199 Patients Who Saw a Cardiologist and 10,199 Patients Who Saw Only an Internist or a Family Practitioner during the Initial Three Months, Stratified According to Quintile of Estimated Propensity to See a Cardiologist.

All P values are based on McNemar's test.

crease in the likelihood of visiting a cardiologist and a 60 percent relative reduction in the two-year mortality rate.

Among patients in the unmatched cohort who visited a cardiologist in the first three months after discharge, the two-year mortality rate was slightly, but not significantly, lower for those who also visited an internist or a family practitioner than for those who did not (11.5 percent vs. 12.2 percent,  $P=0.12$ ). After these two groups of patients were matched according to their propensity to visit an internist or a family practitioner, the difference in the mortality rate was statistically significant (11.1 percent vs. 12.1 percent,  $P=0.02$ ) and was initially apparent about one year after discharge (Fig. 1B). This 1.0 percent absolute difference would be reduced to 0.8 percent and would become nonsignificant if an unobserved variable were associated with a 10 percent relative increase in the rate of concurrent care by cardiologists and generalist physicians and a 25 percent relative reduction in two-year mortality.

#### DISCUSSION

Among Medicare beneficiaries who were hospitalized in seven states for acute myocardial infarction during 1994 and 1995, the likelihood of visiting a cardiologist within three months after discharge var-

ied markedly according to characteristics of the patient and the hospital. Older patients, women, black patients, patients with major coexisting illnesses, and those admitted to hospitals that did not offer invasive coronary procedures were less likely to visit a cardiologist for subsequent ambulatory care. These results extend those of previous studies that have demonstrated similar differences in patients' access to cardiology while hospitalized for acute myocardial infarction.<sup>5,9,11,29</sup> Patients who saw both a cardiologist and an internist or a family practitioner had somewhat higher rates of coexisting illness than those who saw only a cardiologist; these two groups of patients were fairly similar in terms of other characteristics.

When propensity-score methods were used to account for differences in observed characteristics of patients, visits to a cardiologist during the initial three months after discharge were associated with a significant reduction in two-year mortality. The absolute differences in mortality were greatest among patients least likely to visit a cardiologist, a result suggesting that the marginal benefit of improving access to cardiologists could be greatest for these patients. Among patients who saw a cardiologist, two-year mortality was lower for those who also saw an internist or a family practitioner, indicating that concurrent — and, ideally, collaborative — ambulatory care by generalists and

specialists may provide the best prospect for improving outcomes after myocardial infarction.

Two main factors could explain the differences in mortality associated with the specialty of the physician providing ambulatory care after myocardial infarction. First, unobserved variations in patients' severity of illness, socioeconomic status, extent of social support, or adherence to therapy may persist, even after patients are matched closely with regard to numerous observed characteristics. Controlling for an unobserved variable, such as the patient's level of education, in a sensitivity analysis reduced, but did not eliminate, the statistically significant difference in mortality associated with care by a cardiologist. The reduction in mortality associated with concurrent care by both a cardiologist and an internist or a family practitioner was more sensitive to mild residual confounding.

A second possible explanation is that the quality of care after myocardial infarction may be enhanced when cardiologists provide ambulatory care or collaborate with internists or family practitioners.<sup>30</sup> Patients who saw a cardiologist were more likely than patients who saw only an internist or a family practitioner to undergo invasive coronary procedures, exercise testing, and cardiac rehabilitation after discharge, which may have contributed to differences in mortality over the ensuing two years. Similarly, mortality may have been further reduced among patients who saw both a cardiologist and an internist or a family practitioner if they received better care for common coexisting conditions, such as diabetes mellitus.

In this study, however, we did not find significantly higher rates of use of effective cardiovascular drugs among patients of cardiologists surveyed in 1996 and 1997. Many patients, regardless of their physician's specialty, were not receiving effective drugs or relevant counseling, suggesting that substantial opportunities exist for both cardiologists and generalist physicians to improve their care. In a subsequent survey conducted during 1999 and 2000, elderly patients who were cared for by a cardiologist were more likely to be taking cholesterol-lowering drugs after myocardial infarction than those treated by an internist or a family practitioner (67 percent vs. 58 percent),<sup>31</sup> a result consistent with previous research indicating that specialists adopt new cardiovascular drugs more rapidly than generalist physicians.<sup>32,33</sup>

The strengths of our study include the large and representative cohort, detailed data from hospital records, longitudinal assessment of Medicare claims for ambulatory care, and the use of rigorous propensity-score methods to minimize selection bias in the analysis. Our study also had several limitations. We relied on specialty designations obtained from Medicare data, as has been done in previous studies of myocardial infarction.<sup>5,10-12,29</sup> These designations may differ some-

what from other sources of specialty information, such as the American Medical Association Physician Masterfile.<sup>34</sup> Data on the use of cardiovascular drugs were available for only a sample of patients who completed a telephone survey, and we did not have data on coronary procedures performed more than three months after discharge. We excluded patients enrolled in health maintenance organizations, in which the effects of primary and specialty care may differ from the effects we observed with fee-for-service care. Assessments of office records, which we did not review, would provide additional insights into the quality of ambulatory care after myocardial infarction.

In conclusion, access to cardiologists for ambulatory care after hospitalization for myocardial infarction varied substantially according to characteristics of the patient and the hospital. Ambulatory care by cardiologists was associated with lower mortality among elderly patients, and a further reduction in mortality was noted among patients treated by both cardiologists and internists or family practitioners. Involvement of cardiologists in ambulatory care after myocardial infarction and effective collaboration between cardiologists and generalist physicians have the potential to improve long-term outcomes after myocardial infarction, particularly for patients who are least likely to receive care from cardiologists.

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**Specialty Care in  
the Safety Net:  
Efforts to Expand  
Timely Access**

May 2009

Attachment 10

**Specialty Care in  
the Safety Net:  
Efforts to Expand  
Timely Access**

*Prepared for*

CALIFORNIA HEALTHCARE FOUNDATION and  
KAISER PERMANENTE COMMUNITY BENEFIT PROGRAMS

*by*

Lisa Canin and Bobbie Wunsch  
Pacific Health Consulting Group

May 2009

Attachment 10

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# I. Introduction

*The work focused on three areas:  
the demographics of specialty care  
for California's underserved;  
the size and scope of access problems;  
and the cultivation of innovative  
strategies to improve access and  
manage demand.*

TIMELY ACCESS TO SPECIALTY CARE IS A SIGNIFICANT AND growing challenge for low-income Californians who depend on safety-net institutions—public hospitals and community clinics and health centers—for their health care.

To better understand the size and causes of the problem, as well as to encourage effective solutions, Kaiser Permanente Northern and Southern California Regions' Community Benefit Programs partnered with the California Association of Public Hospitals (CAPH) and the California Primary Care Association (CPCA) in 2006 to examine specialty care access for uninsured and Medi-Cal populations. Project activities included a statewide survey of safety-net providers, discussion papers, roundtable forums, and technical assistance teleconferences. Then, in 2007 Kaiser Permanente Community Benefit and the California HealthCare Foundation (CHCF) came together to fund 28 planning grants and 23 implementation grants to regional provider coalitions across California to identify local barriers to care and develop strategies to improve access. Implementation projects began in early 2009.

The work has focused on three areas: the demographics of specialty care for California's underserved; the size and scope of access problems; and the cultivation of innovative strategies to improve access and manage demand.<sup>1</sup> The purpose of this report is to share findings from these activities with a broad audience.

## Major Activities and Sources of Data

This report highlights findings from a series of activities that address specialty care access and the promotion of integrated community care in the safety net. The Specialty Care Access Initiative (SCAI) was established in 2006 by Kaiser Permanente Community Benefit in partnership with the California Association of Public Hospitals and Health Systems/California Health Care Safety Net Institute (CAPH/SNI), and the California Primary Care Association (CPCA). Kaiser

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1. The work focused on internal medicine sub-specialty services to adults and did not include mental health or dental care.

Permanente Community Benefit brought CAPH and CPCA together as partners to examine the problem of specialty care access and explore promising approaches to improving access. Building a strong collaborative alliance between these institutions was an important component of the overall project.

To provide benchmark information, the Pacific Health Consulting Group conducted a specialty care survey of the state's community clinics and health centers (CCHCs) and public hospital systems in 2007. Fifty-eight percent of California's clinic corporations responded to the survey, as did 80 percent of the state's public hospital systems.

At the end of 2007, Kaiser Permanente Community Benefit (throughout its Northern and Southern California regions) and CHCF (for rural communities not covered by Kaiser facilities) offered local safety-net coalitions the opportunity to develop community plans to improve specialty care access. In most cases, coalitions were county-based, comprised of community health centers, public hospital systems, and other partners such as county health departments, private providers, and medical societies. In other areas, such as Los Angeles, coalitions were based on specific geographic planning areas within the county. In some rural areas regional coalition members partnered across county lines. Coalitions received planning grants and the opportunity to apply for multi-year implementation grants in 2008. A total of 28 coalitions completed planning grants and 23 coalitions received implementation grants, representing a four-year commitment of more than \$20 million by the funders. A complete list of grants is included in Appendix A.

The funders developed, and will continue to provide, training and technical assistance resources for learning about promising practices across California's safety-net organizations. Included are reports, discussion papers, roundtable forums, and technical assistance teleconferences. These activities are detailed in Appendix B.

## II. California's Safety Net for Specialty Care

*Public hospitals are the largest provider of specialty care in California's safety net.*

WHILE THE SAFETY NET FOR PRIMARY CARE IS CLEARLY defined, the safety net for specialty care is not well understood. Safety-net primary care providers throughout California rely on three principle sources for specialty care: public hospital systems, community clinics and health centers (CCHCs), and private specialists.

**Public hospital systems.** These are the largest provider of specialty care for the safety net in California, offering a wide range of onsite services for their own primary care patients and those in the community. The vast majority of public hospital patients' specialty care needs are met in-house. Where there are no public hospital systems, patients receive specialty care from an array of sources, including private providers, CCHCs, out-of-area specialty centers, and private hospitals. Further findings:

- Most referrals to public hospitals for specialty care come from providers within the public hospital systems: In-house primary care providers account for 52 percent of the total referrals, and in-house specialists provide another 12 percent. One-fifth of the referrals come from CCHCs, and 11 percent from private providers.
- Public hospital systems are the largest referral destination for outside specialty care for CCHCs, receiving 39 percent of their total outside referrals.
- All of the public hospital systems refer at least some patients to sources outside of their systems for specialty care.

**Community clinics and health centers.** Though the level of specialty care provided by CCHCs is often limited, 61 percent of CCHCs indicated that their organizations provide at least one specialty service onsite, and more than a third offer three or more different specialties. Despite the generally limited role that CCHCs play in providing specialty care services, a few serve as major safety-net specialty care providers in their communities; this is particularly true in rural Northern California.

Specialty care services offered by CCHCs tend to be targeted to their own primary care patients. Of the specialty care referrals that CCHCs receive, 82 percent come from in-house primary care providers. Ten percent come from primary care providers at other CCHCs, and 4 percent come from private providers. Only 16 percent of the CCHCs that provide onsite specialty care do so with special funding. Almost half of those with special funding for specialty care are located in the Los Angeles area; this indicates that most CCHCs absorbed these services into their annual operating budget.

**Private providers.** These deliver a significant amount of specialty services for safety-net patients. Survey respondents reported that 33 percent of all CCHC referrals for outside specialty care were made to private providers. The lowest percentage of referrals from CCHCs to private providers was reported in communities with public hospital systems, such as Los Angeles County (16 percent); the highest percentage was in rural Northern California (61 percent) and other communities without access to public or University of California hospital systems.

### **Areas of Highest Need**

The 2007 survey findings reaffirm a 2004 Mathematica survey commissioned by CHCF that found significant barriers to timely access for specialty care by Medi-Cal and uninsured patients. In

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*One-third of safety-net primary care providers "frequently" limit referrals to high-need specialty services because of perceived lack of access.*

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the 2004 study, 85 percent of clinic medical directors in California's federally funded health clinics said their patients "often" or "almost always" had trouble accessing specialty care. Half of the surveyed medical directors described the situation as having worsened over the prior two years.

As reflected in both the 2007 statewide survey and the regional coalition needs assessments, orthopedics, gastroenterology, neurology, and dermatology were perceived as the services most difficult for safety-net patients to access. These specialty areas were also among the top ten most needed services identified in the 2004 Mathematica study. Not surprisingly, the 2007 survey showed that the longest mean wait time for CCHC patients referred out were ones identified by survey respondents as being among the most needed and most difficult to access: neurology, orthopedic surgery, and dermatology. For two-thirds of the types of specialty services referred out, CCHC patients typically waited between one and three months to see specialists. Public hospital patient referrals to neurology care outside of the public hospital system also had long waits (three to six months). The longest wait time of all was for dermatology services referred out of public hospital systems for patients with complex needs; the typical wait was more than six months.

The survey inquired about the extent to which primary care providers limit patient referrals due to anticipated access difficulties. Respondents estimated that approximately one-third of their primary care providers "frequently" limit referrals to high-need specialty services because of perceived access difficulties. This type of referral suppression was more pronounced among CCHC providers than those in public hospital systems, possibly because these hospitals provide a range of specialty services in-house.



Furthermore, primary care providers in CCHCs had difficulty accessing consultation with specialists when they needed it. The clinics reported that their primary care providers were able to consult with a specialist less than half of the time that consultation was needed. Some regional differences were notable, with primary care providers in Los Angeles County reporting particularly high levels of difficulty obtaining consultation. Primary care providers in the public hospital systems were somewhat less impacted; survey respondents reported that these providers were able to access consultation 50 percent to 75 percent of the time.

### **Efforts to Expand Access**

Prior to new funding there were already efforts underway to increase access to specialty care, according to survey respondents. These strategies included providing onsite specialty care, expanding the scope of practice for primary care providers, building a specialty referral network, and acquiring the capacity to get access via telemedicine.

- Onsite specialty care, provided to some degree by 61 percent of responding CCHCs and all the public hospital systems, reduced patient wait time, improved primary care providers' ability to expedite service delivery, and enhanced the frequency and ease with which primary providers could access consultation. For example, while the typical wait time for a majority of outside referrals was between three and six months, CCHC patients typically waited less than four weeks for onsite care. In addition, primary care providers were much more likely to receive consultation reports back from onsite specialists.
- Only 14 percent of CCHC respondents indicated that some of their primary care providers incorporated specialty dermatology, infectious

disease (including HIV/AIDS), or orthopedic care into their scope of practice. There was little evidence of expanded scope activities in other specialties.

- Personal relationships were critically important in engaging specialists and obtaining care for patients and consultations with providers. Safety-net institutions overwhelmingly depended on providers' personal relationships to recruit specialists. Concern was expressed about the risk of overburdening a limited number of specialists personally known to safety-net providers.
- Although nearly one-third of the responding CCHCs had telemedicine equipment available, it was not widely used to expand access to specialist providers in the safety net, except in isolated rural areas.

### **Challenges in Referral and Communication Processes**

Referral processes generally were not standardized and did not incorporate referral guidelines and treatment protocols. The resulting inefficiencies were particularly problematic in an environment of limited resources. They included:

- Inappropriate or ambiguous referrals (those without sufficient information);
- Incomplete or insufficient work-ups better addressed with more complete primary care attention, resources, or training to manage routine specialty needs in-house;
- Difficulty allocating specialty appointments rationally for the sickest or most complex patients; and
- Over-reliance on one-to-one personal relationships and informal processes that are

inefficient and do not build a reliable and sustainable institutionalized network of specialty providers.

Few CCHCs and public hospital systems had or used written guidelines for referring patients for outside specialty care. Most of the public hospital systems had written referral guidelines for at least some onsite specialty areas.

Furthermore, strategies for improving coordination of specialty care referrals had not been widely adopted in safety-net practice. These strategies include technology enhancements, such as tracking, electronic health records (EHRs), email, and Web-based referral, as well as offering patient support to insure that appointments are kept and that records are in order and present at appointments. A significant survey finding was that 68 percent of the CCHCs and 53 percent of public hospitals used a manual log to track referrals, and 30 percent of safety-net institutions did not track specialty referrals in any formal way. Only 4 percent of the CCHCs and 20 percent of the public hospitals reported using electronic medical records, and less than 15 percent of all respondents used email to communicate with specialists.

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*Most safety-net primary care providers used manual logs to track specialty referrals; 30 percent did not track referrals at all.*

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## Challenges in Data Collection

In order to establish a baseline understanding of specialty care access, the authors used the survey and the needs assessment component of the implementation planning grants to assess the access problems in a range of ways. For example, the survey included queries regarding numbers of patients seen, specialty visits provided, and number of patients referred.

There were significant difficulties in capturing consistent, reliable, and valid information about the level of care provided by CCHCs and public hospital systems and the amount of care needed by their patients. Often, the data were incomplete, inaccurate, or missing. Only a minority of the organizations consistently tracked referrals in searchable and quantifiable ways. The safety-net organizations had very different processes for tracking referrals and accessing data about them. Some only kept information in patient charts or handwritten logs; some that had computer systems did not use them; and others used computer referrals, but with systems that were not searchable. Even clinics that maintained computerized referrals often captured information that was inconsistent across standard fields. This meant that observations regarding need were likely to reflect qualitative impressions.

The lack of a common understanding of metrics created other problems. For example, "wait time" for specialty care could be defined as beginning when a provider identifies the need for specialty care, or when a referral clerk records and enters the need.

Another measurement challenge was the difficulty of accounting for demand *suppression*—which occurs when providers do not refer patients to specialty care because they have not been successful in accessing it in the past. A related problem was measuring the impact of referral lists being closed because they were too long or full to accept referrals.

### III. Findings and Future Directions

*Three broad approaches emerged:  
Reduce the demand for  
specialty care; expand the  
supply of available services; and  
strengthen the coordination of care.*

IN LATE 2008, KAISER PERMANENTE COMMUNITY BENEFIT and CHCF Specialty Care Initiative grantee coalitions submitted implementation proposals describing local strategies to improve access to specialty services. Twenty-three coalitions received funding to implement the strategies. Three broad approaches emerged: Reduce the demand for specialty care; expand the supply of available services; and strengthen the coordination of care. The plans reflected the unique needs and capabilities of individual coalitions, as well as knowledge and opportunities that emerged through the statewide survey, discussion papers, technical briefs, roundtable forums, and regional planning processes. The goal of coalition activities is to enable systemwide change and advance the larger goal of integrated community care in the safety net. It is anticipated that future work will extend far beyond the life of the grants.

More than half of the regional coalitions plan to implement one or more of five types of improvement activities, including:

- Development and implementation of referral and/or clinical care guidelines;
- Training for primary care providers, including fuller scope to incorporate specialty care activities;
- Expanded specialist networks;
- Web-based referral or consult systems; and
- Referral coordination improvements.

In addition, a wide range of other approaches are being planned or expanded by the coalitions, including:

- Shared specialist or hub models to expand specialist networks;
- Use of mid-level providers;
- Internal specialty clinic redesign;
- Chronic disease registries;

- Clinical care screening programs;
- Community collaborations and regional partnerships;
- Public health campaigns; and
- Transportation services to specialty care appointments.

The planned improvement activities tend to be multi-dimensional. Adoption of one approach typically involves a range of inter-connected activities. For instance:

- Primary care provider training to incorporate some degree of specialty care or diagnostic activity into the primary care setting is almost always planned alongside clinical guideline adoption;
- Expanded specialty care networks designed to encourage broader participation by private specialists are generally accompanied by complementary strategies to simplify the referral process, ensure appropriate referrals, and improve provider communication (i.e., referral coordinators, Web-based referral systems, referral guidelines);
- Web-based referral projects are frequently implemented with the use of referral guidelines; and
- Telemedicine, Web-based consulting technologies, shared specialists, and circuit riders are all strategies that require recruitment of specialists or expansion of specialist networks; some of the plans articulate recruitment strategies.

The specialty areas most frequently focused on in implementation plans include:

- Orthopedics (addressed in 50 percent of the coalition plans)
- Gastroenterology (38 percent)
- Neurology (31 percent)
- Dermatology (23 percent)
- Cardiology (19 percent)
- Endocrinology (19 percent)
- Ophthalmology (15 percent)
- Rheumatology (15 percent)

The implementation plans are not necessarily directed toward highest-need specialties. In a number of situations, coalitions selected specialties perceived as having the greatest opportunity for success. For example, while cardiology and ophthalmology were identified by CCHC survey respondents as two of the easiest specialty services for their patients to access, they are included as focus areas in a number of the coalition plans. Feasibility and ease of implementation, regardless of relative assessment of need, was a significant factor for some coalitions. In fact, one plan characterized a component of their activities as a "low-hanging fruit" approach, in which it was determined that a large impact on access and quality could be realized with minimal added cost.

## Referral and Clinical Care Guidelines

Safety-net providers see guidelines as a way to standardize and streamline specialty referral, improve provider relations, and triage specialty resources by preserving them for higher-need cases. Rather than designing guidelines from scratch, a number of coalitions and safety-net providers intend to use guidelines that have already been implemented in other settings. Significant concern was expressed about the extent to which guidelines incur additional diagnostic services and care management resources

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*Safety-net providers see guidelines as a way to standardize and streamline specialty referral, improve provider relations, and triage specialty resources by preserving them for higher-need cases.*

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for which there is generally no compensation. In addition, internal resources need to be allocated for provider education and training to use guidelines effectively. The coalitions that plan to develop guidelines through specialist/primary care collaborative processes, sometimes referred to as “consensus guidelines,” see this as an opportunity to create the trust needed to build future clinical collaboration—including patient co-management, consultation, and mentoring.

## Provider Training and Expanded Scope of Practice

Training for primary care providers, included in 61 percent of the coalition plans, focused on general specialty training and skill development in specific diagnostic and treatment procedures. A range of purposes were given, including:

- Increasing comfort and familiarity in expanded clinical areas in order to implement care guidelines effectively in specialty areas and pre-referral work-ups;
- Enabling primary care providers to expand their scope of practice in order to directly provide specialty care and diagnostics;
- Allowing primary care providers to adopt the role of specialist champion at their sites, providing internal training for and consultation with other primary care providers; and
- Enhancing the possibilities for co-management between specialists and primary care providers for patients with complex specialty care needs.

The plans identified a range of delivery approaches to expanded training, including:

- Mini-fellowships, in which specialists provide intensive clinical training opportunities (often alongside themselves) as well as mentoring, patient co-management, and access to future consultation;
- Monthly or quarterly CME workshops, typically onsite in the primary care provider environment, focused on effective triage and delivery of specialty care;
- Access to Webinar classes or telemedicine consults for training purposes; and

- Procedure-intensive training opportunities, including short courses and focused procedural mini-fellowships.

These approaches often focus on the most common procedures and conditions with high unmet need, such as flexible sigmoidoscopy, colposcopy, breast cyst aspirations, facial lesions, cryotherapy, splinting, casting, joint injections, diabetic foot care, nail/callous removal, stress testing, and office ultrasound.

Because the scope of practice for primary care providers has narrowed over the past decades, there is vigorous debate within national family and internal medicine societies regarding the need to train and certify primary care providers in a fuller range of procedural and diagnostic skills. The potential benefits include better access for patients, greater continuity of care, and professional growth and competence-building opportunities for providers. A discussion paper about an expanded scope of primary care practice described eight examples in safety-net institutions throughout California. Major discussion points included the following:

- Activities most frequently identified as appropriate for primary care provider fuller scope include: colonoscopy, esophagogastroduodenoscopy, diagnostic ob/gyn ultrasound, colposcopy, outpatient radiography, office orthopedics (including joint exams, injections, simple castings, and fracture care), fine-needle aspiration, skin cancer screening and biopsy, EKG interpretation, diabetes care, and infectious disease management.
- Expanded scope activities that specialists do not want to do tend to happen naturally and with relatively little "turf" conflict. The same is true for locations, settings, and populations (e.g., rural

areas and safety-net patients) that specialists are less interested in. Geography plays an important role.

- Providing primary care providers with training in procedures is resource intensive in terms of time, cost, and personnel. A growing number of fellowships as well as successful commercial ventures offer hands-on CME specialty procedures training for primary care providers. In making decisions, safety-net providers must weigh need, capacity, and access to cost-effective training.
- Consideration must be given to managing time and resource demands as well as financial disincentives such as reimbursement obstacles and productivity pay arrangements. One viewpoint is that primary care providers can most easily train to provide procedures and diagnostics that are more objectively assessed and amenable to practice guidelines (e.g., ENT, diabetes, fractures, and sigmoidoscopies). Further, it is argued by some experts that the more "cognitively complex" and time-consuming areas (e.g., neurology, psychiatry, and pain) pose too great a potential drain on basic primary care to recommend as a strategy.

Ongoing consulting relationships with specialists are an important support for expanded scope of practice. Collaborative training experiences, including mini-fellowships and formal and informal mentoring relationships, all provide opportunities for the growth of consultative relationships and patient co-management.

The benefits of an expanded scope of practice must be balanced against potential negative impacts on primary care time and overburdening primary care providers. Concerns include increased marginal

costs (diagnostics, medications, and provider time dedicated to specialty care), the need for expanded liability coverage, and increased demand for specialty services. In addition, fear was expressed about increased demands of more complex, medically difficult patients.

Strategies for retention of primary care providers included opportunities for professional growth such as teaching, leadership, clinical care, and procedural training activities. However, it was noted that such experiences make primary care providers more eligible for recruitment to specialty practices. Additionally, the role and training of mid-level clinicians such as nurse practitioners and physician assistants was discussed as a strategy to further reduce the burden on primary care physicians.

### **Expanding Specialist Networks**

About one-third of coalitions proposed developing “specialist networks” that formally engage a larger network of volunteer and paid specialists to serve safety-net patients. This differs markedly from the historically informal personal relationships that characterize specialty care in many safety-net settings. In order to make participation more attractive to specialists and efficient for safety-net primary care providers, coalition strategies typically include system improvements such as strengthened utilization tracking, clear contractual agreements, Web-based referral systems, and implementation of consensus care guidelines. Benefits of developing more formalized referral processes include simplifying participation for specialty providers, ensuring that there are clear terms of participation for them, and reducing the burden on primary care providers caused by having to manage multiple individual relationships. Some providers plan to use physician champions or specialty care coordinators for their

recruitment efforts to develop and publicize system improvements.

Expanded efforts are expected to help support professional norms and expectations regarding participation in safety-net care, which, in turn, helps create sufficient “critical mass.” When more specialists are engaged to help, those who do can be assured that the burden will be spread so they are not overwhelmed with unmet need.

Not all of the plans intend to use newly recruited specialists in the same way. Some are committed to having decentralized onsite services, although only four programs plan to recruit for the purpose of scheduling specialists onsite. To attain malpractice coverage and enhanced Medi-Cal reimbursement, some plans are moving toward shared specialist care through a specialty care “hub” at sites with federally qualified health center (FQHC) approval.

A discussion paper and technical brief commissioned for this project address some of the financial, legal, and regulatory challenges safety-net institutions face as they offer more specialty care within primary care settings. Providing onsite care requires considerable administrative time and attention to manage. Safety-net providers must attend to a complex set of federal and state policies and regulations that govern accepted scope of practice and licensing. Additionally, there are financial implications of onsite care, including:

- Risk of increased levels of uncompensated care;
- Increased auxiliary staffing and other resources, including space, equipment, pharmaceutical and diagnostic needs; and
- Need to provide malpractice “gap” coverage for specialists who otherwise would not be covered (e.g., retired specialists).

A January 2009 Policy Information Notice (PIN) regarding "Specialty Services and Health Centers' Scope of Project" describes the criteria federal agencies will use to evaluate requests from health centers seeking to add specialty services. Important implications for staffing arrangements, malpractice coverage, data requirements, and compliance reporting are outlined in these new criteria.

### **Web-Based Referrals**

Over 60 percent of the coalitions plan improvements to their referral and consulting systems. Some encompass full integration with EHRs and interoperability with other systems management tools, while others focus on specific specialty areas or on standardizing email protocols. A range of goals were identified for these initiatives, including:

- Automation of appointment reminders;
- Integration of guidelines;
- Convenient review and triage of requests;
- Increase in legibility and completeness of referral and scheduling;
- Ability to expedite urgent referrals;
- Ability to track referral progress;
- Capacity to store and forward diagnostic information and images; and
- Standardization and improvement of consultation reports back.

Even implementation plans that lack guideline and decision-support or provider communication mechanisms can enable the tracking of access and utilization data (e.g., referral or consult request and utilization by specialty, reason for referral, provider, specialist, time from initiation to appointment,

number of patients referred, seen, closed, remaining open, and directly booked).

There are financial implications of referral technologies and Web-based programs. Advantages range from improved allocation of scarce resources, reduced waste and inefficiency, improved communication between primary care providers and specialists, and enhanced capacity to track and report on referral metrics. The costs are also significant: intensive commitment of staff resources; hardware; software licensing, subscription, and maintenance; implementation support; training; and maintenance. An additional obstacle is that some private specialist offices may be unequipped to handle referrals or connect electronically to the referral system.

Some implementation plans proposed new or modified staff roles to help oversee improved specialty referral and case management. These varied by institution with respect to terminology and functions of personnel. Specific activities described for these staff roles include:

- Recruiting and maintaining relationships with specialty providers;
- Overseeing care coordination and planning (work-ups, patient education, tertiary care, follow-up);
- Referral coordinating and tracking;
- Standardizing, streamlining, and coordinating communication between specialists and primary care providers and between patients and providers;
- Developing and/or implementing referral guidelines and treatment protocols;
- Managing chronic disease registry activities;
- Internal quality improvement and referral review;



- Patient navigation and advocacy;
- Matching patient requests with volunteer specialists;
- Staff training;
- Appointment reminders and scheduling; and
- IT support and review of alternative vendors for new systems acquisition.

### Telemedicine

Telemedicine is gaining attention as a way to address the gap in specialty care access for both urban and rural patients. In the statewide survey, nearly one-third of the CCHCs indicated they had some availability of onsite telemedicine equipment; however, only rural sites reported using telemedicine with any frequency. Half of the coalition implementation plans included some telemedicine-

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*Primary care sites have significant difficulty finding specialists who are equipped and willing to see their patients via telemedicine, particularly if patients are uninsured or on Medi-Cal.*

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related activity, often targeting ophthalmology (for retinal screenings) and dermatology. Other plans included provider continuing education and consultation for specialty care.

California has been a pioneer in telemedicine policy, enacting one of the first state telemedicine laws in 1996 and expanding it in 2005. Nevertheless, reimbursement policies lag behind current practice.

Though a "site fee" designed to cover the costs of telecommunication, setup, and administration of the program for some referring provider sites is provided by some payers, there is still significant confusion among providers about whether and how to bill for telemedicine consultations. In addition, primary care sites have significant difficulty finding specialists who are equipped and willing to see their patients via telemedicine, particularly if patients are uninsured or on Medi-Cal. To date, most telemedicine providers have had difficulty developing a viable business model, and safety-net providers have relied heavily on grant funding to support telemedicine activities.

Infrastructure and broadband connectivity have also been barriers to more widespread use of telemedicine. The California Telehealth Network, established in 2008 under a federal grant from the FCC, will provide access to subsidized, high-speed broadband for hundreds of safety-net providers throughout the state. This will allow them to connect to one another more easily and with the security and service-level guarantees necessary for telemedicine. Funds available through the American Recovery and Reinvestment Act (ARRA) will also offer funding opportunities for the advancement of broadband and telehealth programs.

## IV. Conclusions

*These findings and the integrated project activities engaged safety-net participants across the state in learning from one another and developing a common understanding of the challenges they face.*

THE PROJECT SURVEY ESTABLISHED A FOUNDATION FOR conversations about specialty care access for California's underserved. These findings and the integrated project activities engaged safety-net participants across the state in learning from one another and developing a common understanding of the challenges they face. A number of overarching themes emerged from this multi-phase project:

- While initiatives are locally designed and implemented, they share common goals and strategies across the state in their efforts to impact the demand for care, the supply of providers, and coordination of patient care;
- To the extent possible, the one-on-one relationships need to be transformed into institutional relationships, so they can be sustained over time and are not solely dependent on specific individuals and situations;
- The ability to capture accurate information about the status of specialty care and of the need for specialty care in the safety net are critical to progress;
- Improvement activities and systemwide changes aimed at providing more integrated and comprehensive care require multi-dimensional approaches;
- Planning and implementing improvement activities are resource-intensive in terms of time, funding, and individual and organizational motivation;
- Relationships, effective communication, and recognition of individual and partner contributions build the trust and create the foundation upon which collaborations depend; and
- Coalition-building—among regional safety-net partners and between professional institutions like CAPH and CPCA—is necessary for systemwide change as well as for implementation of specific strategies.

The funding for planning and implementation projects enabled most of the coalitions to move forward with a variety of projects. The participants offered general guidelines for others pursuing similar goals:

- Carefully craft the early steps, with strong vision, leadership, and achievable goals;
- Begin with smaller projects or pilots to build competence and confidence;
- Establish adequate time for planning that includes detailed business and feasibility assessments and addresses strategies for sustainability;
- Recruit internal champions and identify, support, and develop capable and visionary leaders;
- Attain “buy-in” from impacted staff—from administrators to line staff; and
- Be committed to adaptation and change, which are not universally embraced within systems.

Both the statewide survey and the planning grant needs assessments revealed the need to establish standardized and reliable methods for specialty care related data collection—a challenge common among safety-net institutions in many areas of patient care. Systemwide use of some common metrics and comparable data fields to capture and report on a range of variables is critical to creating an accurate clinic, regional, and statewide picture of access to care. Without valid and reliable data, it is not possible to capture and report on the status of safety-net care, establish benchmarks, assess progress, and demonstrate return-on-investment.

Numbers will not, on their own, tell the whole story. As one participant stated: “High care utilization rates do not necessarily imply waste; low

utilization rates do not necessarily imply prudence.” To give the data meaning, it is important to set benchmarks for judging progress, whether it be Medi-Cal or other cost savings, reduced wait times, increased patient and staff satisfaction, or improved performance standards.

The findings from this project so far provide a snapshot in time, but the implementation of local access strategies will continue to reflect a dynamic process and changing environmental conditions. In addition, the experiences of participating coalitions will further highlight statewide policy opportunities to address systemic barriers to specialty care access.

Future publications will address new lessons that emerge as local specialty care access strategies are implemented and evaluated. The stage is now set for supported implementation of projects around the state that are designed to reduce obstacles and to increase access to specialty care for California’s safety-net patients.

## Appendix A: Specialty Care Coalitions and Grants

COALITION	LEAD AGENCY	PLANNING GRANT	IMPLEMENTATION GRANT
<b>California HealthCare Foundation</b>			
ACCEL Specialty Access Project	El Dorado County Department of Public Health	✓	✓
Gold Country Access to Care Coalition	Northern Sierra Rural Health Network	✓	
Improving Appropriate Access to Specialty Care in Rural California	Del Norte Clinics, Inc.	✓	
Improving Specialty Care Access on the North Coast	Humboldt Del Norte IPA / North Coast Clinics Network	✓	✓
Lassen Modoc Shasta Siskiyou Coalition	Shasta Consortium of Community Health Centers	✓	✓
MCHCC Specialty Care Planning Project	Merced County Health Care Consortium	✓	
Mendocino County Specialty Care Access Project	Alliance for Rural Community Health	✓	
<b>Kaiser Permanente Community Benefit Programs</b>			
<b>NORTHERN CALIFORNIA REGION</b>			
Ad-hoc Specialty Care Access Committee	Santa Clara Community Health Partnership	✓	✓
Alameda County Access to Care Collaborative	Alameda County Medical Center	✓	✓
Community Clinic Consortium	Community Clinic Consortium of Contra Costa	✓	✓
Fresno Healthy Communities Access Partners	Fresno Healthy Communities Access Partners	✓	✓
Marin Specialty Access Coalition	Marin County HHS	✓	✓
San Francisco Safety-Net Coalition	San Francisco General Hospital/UCSF	✓	✓
San Joaquin County Specialty Access Coalition	Health Plan of San Joaquin	✓	✓
San Mateo County SCAI	San Mateo Medical Center	✓	✓
Solano Coalition for Better Health	Solano Coalition for Better Health	✓	✓
Yolo County Future of the Safety Net	Communicare Health Centers	✓	✓

COALITION	LEAD AGENCY	PLANNING GRANT	IMPLEMENTATION GRANT
<b>Kaiser Permanente Community Benefit Programs, continued</b>			
<b>SOUTHERN CALIFORNIA REGION</b>			
Access OC Specialty Care Work Group	Access OC (Orange County)	✓	
Coalition of Safety-Net Access Providers	Valley Care Community Consortium (Los Angeles)	✓	✓
Kern Medical Center Specialty Care Coalition	Kern Medical Center	✓	✓
LAC+USC Camino de Salud Network Specialty Care Access Project	LAC+USC Healthcare Network	✓	✓
Long Beach Community Increased Access Specialty Care Coalition	The Children's Clinic	✓	✓
San Bernardino Specialty Care Coalition	Latino Health Collaborative	✓	✓
San Diego Specialty Care Access Initiative	Council of Community Clinic Health Care Network	✓	✓
Service Planning Area (SPA) 3 Specialty Care Planning Coalition	East Valley Community Health Centers (Los Angeles)	✓	✓
South Los Angeles Collaborative for Specialty Care Access	Southside Coalition of Community Health Centers	✓	✓
Ventura County Safety-Net Specialty Care Access Coalition	Ventura County Medical Center Health Care Agency	✓	✓
Westside Specialty Care Access Project	Venice Family Clinic (Los Angeles)	✓	✓

## Appendix B: Resources to Support Specialty Care Access

	DATE/ LOCATION	FUNDER/ ORGANIZER
<b>California HealthCare Foundation Publications</b>		
<i>Examining Access to Specialty Care for California's Uninsured</i> www.chcf.org/specialtycare or www.chcf.org/topics/healthinsurance/index.cfm?itemID=102587	May 2004	CHCF
<i>Transforming the Specialty Referral Process</i> www.chcf.org/specialtycare or www.chcf.org/topics/view.cfm?itemID=133607	March 2008	CHCF
<i>Bridging the Care Gap: Using Technology for Patient Referrals</i> www.chcf.org/specialtycare or www.chcf.org/topics/view.cfm?itemID=133761	September 2008	CHCF
<i>Understanding Common Reasons for Patient Referrals in Difficult-to-Access Specialties</i> www.chcf.org/specialtycare	May 2009	CHCF
Telehealth Reports and Initiatives (multiple reports) www.chcf.org/telehealth	Ongoing	CHCF
Pending specialty reports on these topics will become available in June 2009:	June 2009	CHCF
<ul style="list-style-type: none"> <li>• Nurse practitioner and physician assistant specialty practice models</li> <li>• Federally qualified health centers as specialty care providers—business planning tool</li> <li>• Regulatory issues related to federally qualified health centers as specialty care providers</li> <li>• Improving specialty access through enhanced primary care scope—mini-fellowship models</li> </ul> www.chcf.org/specialtycare		
<b>Discussion Papers</b>		
<i>Fuller Scope of Practice for Primary Care Providers: A Strategy to Improve Access to Specialty Care in the Safety Net</i> by Pacific Health Consulting Group 208.176.52.104/content/Upload/AssetMgmt/Site/programs/specialtycarematerials/roundtable3/ScopeofPracticeDiscussionPaper.pdf	February 2008	KPSC CB
<i>Weaving Webs in the Safety Net: Public Hospital Systems and Community Health Centers Collaborating to Improve Specialty Care</i> by Pacific Health Consulting Group 208.176.52.104/content/Upload/AssetMgmt/Site/programs/specialtycarematerials/SCAIDiscPaper2Collaboration.pdf	July 2008	KPSC CB
<i>A Slippery Slope: Financing Specialty Services in California's Safety Net</i> by Pacific Health Consulting Group www.safetynetinstitute.org/content/upload/AssetMgmt/Site/DiscussionPap3SpecialtyCareFinancing.pdf	January 2009	KPSC CB

	DATE/ LOCATION	FUNDER/ ORGANIZER
<b>Roundtable Forums</b> <a href="http://www.safetynetinstitute.org/content/SpecialtyCareResources.htm">www.safetynetinstitute.org/content/SpecialtyCareResources.htm</a>		
Developing and Managing Effective Referral Systems (65 attendees)	July 30, 2007 Oakland	KPSC CB
E-Health (70 attendees)	November 5, 2007 Burbank	KPSC CB
Scope of Practice (70 attendees)	March 6, 2008 Burlingame	KPSC CB
Protocols and Guidelines (90 attendees)	June 17, 2008 Sacramento	KPSC CB
Workforce Strategies (45 attendees)	September 22, 2008 San Diego	KPSC CB
Financing (60 attendees)	November 3, 2008 Burbank	KPSC CB
<b>Technical Assistance Teleconference Calls</b> <a href="http://www.communityclinicvoice.org/webx/000ef98">www.communityclinicvoice.org/webx/000ef98</a> (register to enter)		
Needs Assessment (participant numbers unavailable)	March 8, 2008	KPCB
Coalition Building (28 participants/17 coalitions)	April 4, 2008	KPCB
Building a Case for Sustainable Strategies (35 participants/24 coalitions)	May 21, 2008	KPCB
Business Case Statements (7 participants/6 coalitions)	June 25, 2008	KPCB
Promising Practices: Telemedicine (20 participants/14 coalitions)	July 15, 2008	KPCB
Promising Practices: Volunteer Model (21 participants/14 coalitions)	July 22, 2008	KPCB
Promising Practices: Hub Model (21 participants/14 coalitions)	July 22, 2008	KPCB
E-Referral Approaches (38 participants/20 coalitions)	October 8, 2008	KPCB



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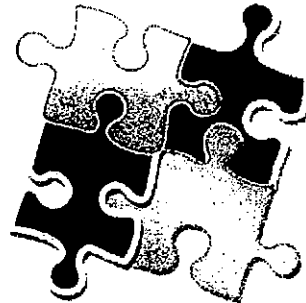
**Attachment 10**

**Exhibit D**

**References re the Need for Increased Safety Net  
Specialty Ambulatory Care in Metropolitan Chicago**

**Attachment 10**

**The  
Chicago  
Health  
Care  
Access  
Puzzle**



**Fitting the Pieces Together**

November 2008



City of Chicago  
Richard M. Daley  
Mayor

**Chicago Board of Health**  
James R. Webster, Jr., MD, MS, M.A.C.P.  
President



Department of Public Health  
*"Providing the Prescription for a Healthier City"*  
Terry Mason, MD, F.A.C.S.  
Commissioner

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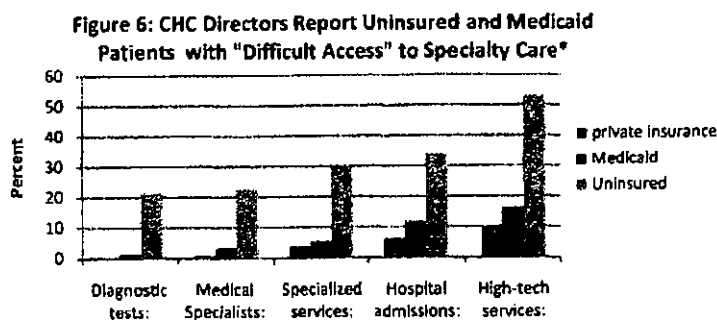
**Suggested Citation:** Getzenberg, J. et al. The Chicago Health Care Access Puzzle: Fitting the Pieces Together. Chicago: Chicago Department of Public Health, Office of Policy & Planning, 2008.

*It is increasingly difficult for the uninsured and Medicaid population to access specialty care.*

The difficulty in accessing specialty care was a major issue identified at each meeting. Patients who are uninsured or who receive Medicaid benefits are reportedly having a more difficult time receiving needed specialty care. There also seems to be a maldistribution of services geographically, which corresponds to the socioeconomic conditions found within certain communities.

A recent study documented the problems experienced by CHC patients. While CHCs provide comprehensive primary and preventive care to uninsured and patients covered by Medicaid, they do not have the expertise or equipment to provide much of the needed diagnostic or specialty care. Obtaining referrals for these off-site services, however, can be difficult, especially for patients who are uninsured or covered by Medicaid.<sup>21</sup> (Figure 6)

Patients covered by private insurance or Medicare were better able to access these services. In contrast, patients that had Medicaid or were uninsured had difficulties obtaining the same types of services. One promising finding, however, was that CHCs affiliated with medical schools or hospitals reported better access for the uninsured and patients covered by Medicaid.



\* "Difficult access" defined as patients that were "never" or "rarely" able to access services

Nonetheless, it is locally acknowledged that many Chicagoans, especially those uninsured, are experiencing difficulty in accessing specialty care. Locally, providers reported that despite new community health center collaboratives and collaborative relationships between some community health centers and hospitals, securing timely subspecialty care for patients remains difficult. Access problems also exist for diagnostic testing, including cardiovascular disease, colonoscopy, and other cancer screening. Even with expansion of the Illinois Breast and Cervical Cancer Program, which has greatly expanded eligibility for state-funded cervical and breast cancer screening and treatment, the community lacks access to mammograms and radiology services.

As would be expected, given the concentration of academic medical centers in Cook County and the typical concentration of specialists in metropolitan areas, Cook County overall is not a shortage area for specialty care. Lack of access is likely an artifact of medical, social, and economic conditions. Large numbers of uninsured Chicagoans; lack of primary care and medical homes even among the insured; the

<sup>21</sup> Nakela L. Cook, LeRoi S. Hicks, A. James O'Malley, Thomas Keegan, Edward Guadagnoli and Bruce E. Landon. "Access To Specialty Care And Medical Services In Community Health Centers." Health Affairs. 26, no. 5 (2007): 1459-1468.

prevalence of chronic diseases and high incidence in minority populations; low Medicaid reimbursement rates; long wait times at County facilities; clustering of specialty care providers in specific practices and institutions; and few collaborative arrangements among institutions all contribute to the difficulty of access to specialty care in the safety net.

While clearly these and many other issues help determine the availability of specialty care services for patients, especially those who are uninsured or are covered by Medicaid, it is useful to look at local access issues in a broader context.

*Nationally.* The adequacy of the present and future supply of physicians is continually being debated in the literature.

There is a consensus in the literature that the overall physician supply will slowly increase over the next fifteen years. Yet the supply of specialty physicians in clinical care is projected to grow at a slower rate, 10%, than that of primary care physicians, 18%, between 2005 and 2020. The total U. S. population is projected to grow 14% between 2005 and 2020. This is approximately the same anticipated growth rate as that of the combined primary and specialty FTE physician supply resulting in an expected and unvarying physician to patient ratio of 259 nationally.

Physician supply projections (Figure 7) from the Health Resources and Services Administration (HRSA) assume that current patterns of new graduates, specialty choice, and practice behavior continue.<sup>22</sup>

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<sup>22</sup> "Physician Supply and Demand: Projections to 2020." October 2006. USDHHS, HRSA, Bureau of Health Professions.

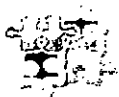


Figure 7: FTE Supply of Physicians in Clinical Practice\*: 2000, Projected to 2020

Specialty	Base Year	Projected				Percent Change from 2005- 2020
	2000	2005	2010	2015	2020	
<b>Total</b>	597,430	635,780	669,010	699,450	719,940	13%
<b>Primary Care</b>	214,810	228,660	244,370	259,910	271,440	19%
Gen. & Family Practice	89,710	94,380	99,850	105,460	109,980	17%
General Internal Med.	82,250	88,620	95,410	102,230	106,910	21%
General Pediatrics	42,850	45,670	49,110	52,230	54,560	19%
<b>Other Med. Specialties</b>	84,460	90,130	93,040	96,370	98,540	9%
Allergy	3,320	3,140	2,970	2,860	2,730	-13%
Cardiovascular Disease	18,690	19,450	19,940	20,370	20,420	5%
Dermatology	8,630	9,420	9,880	10,310	10,680	13%
Gastroenterology	9,660	10,220	10,430	10,630	10,650	4%
Internal Med Sub Spec	27,450	29,350	30,240	31,620	32,650	11%
Pediatric Cardiology	1,210	1,410	1,530	1,650	1,750	24%
Pediatrics Sub Spec	8,060	9,360	10,440	11,490	12,390	32%
Pulmonary Diseases	7,460	7,690	7,610	7,450	7,270	-5%
<b>Surgical Specialties</b>	134,470	138,990	141,750	143,140	143,090	3%
General Surg Sub Spec	5,780	6,410	6,900	7,180	7,310	14%
General Surgery	23,610	22,570	21,970	21,510	21,040	-7%
Neurological Surgery	4,220	4,380	4,490	4,520	4,490	3%
Obstetrics & Gynecology	35,990	38,790	41,280	43,240	44,630	15%
Ophthalmology	16,820	17,440	17,560	17,550	17,350	-1%
Orthopedic Surgery	20,170	21,210	21,740	21,870	21,710	2%
Otorhinolaryngology	8,440	8,820	8,980	9,050	9,030	2%
Plastic Surgery	5,760	5,890	5,820	5,690	5,510	-6%
Thoracic Surgery	4,480	4,270	4,070	3,850	3,620	-15%
Urology	9,200	9,200	8,950	8,680	8,400	-9%
<b>Other Specialties</b>	163,690	178,010	189,860	200,020	206,860	16%
Anesthesiology	33,560	37,680	41,080	43,690	45,250	20%
Child Psychiatry	5,550	6,440	7,240	8,070	8,800	37%
Diagnostic Radiology	18,130	20,570	22,100	23,120	23,640	15%
Emergency Medicine	21,890	25,450	28,490	30,770	32,490	28%
Gen. Prevent Medicine	2,160	1,850	1,680	1,620	1,560	-16%
Neurology	10,810	12,040	12,870	13,660	14,160	18%
Nuclear Medicine	1,230	1,280	1,300	1,320	1,330	4%
Occupational Medicine	2,320	2,520	2,690	2,880	3,020	20%
Other Specialties	3,280	3,200	3,290	3,400	3,450	8%
Pathology	14,240	14,730	14,880	14,970	14,940	1%
Physical Med. & Rehab	5,790	6,830	7,770	8,610	9,250	35%
Psychiatry	33,120	33,630	34,410	35,510	36,230	8%
Radiation Oncology	3,560	4,100	4,500	4,810	5,020	23%
Radiology	8,090	7,690	7,560	7,600	7,730	0%

\*Includes MD and DO office-based and hospital staff physicians. Excludes residents, and those in non-patient care. Physicians age 75 and older are excluded.

Note: Totals might not equal sum of subtotals due to rounding.

Estimated need for clinical care specialists nationally in 2000 was 33 for medical specialties, 55 for surgery, and 70 for other specialty care per 100,000. Between 2005 and 2020, the population under 65 is expected to grow by 9%. The population 65 and older is projected to grow by 50%. Although they vary by specialty type, these data reflect the impact of changing demographics on requirements and demonstrate that the aging population will contribute to foster growth for specialty services relative to the demand for primary care. According to HRSA, the projections likely overestimate projected shortages and surpluses in individual specialties because it is easier to adjust nationally to inadequacies in specialties than to inadequacies in overall physician supply. The length of time invested in training, eight to 15 years depending on specialty, guides educational policies that control admissions. At the conclusion of the training period, market forces affect individual choices by newly practicing physicians.

Projections by medical specialty are difficult to predict. While the number of medical school graduates is expected to increase over the next 20 years, while it has been stable over the past two decades, the specialties chosen will reflect the dynamics of market and other forces.

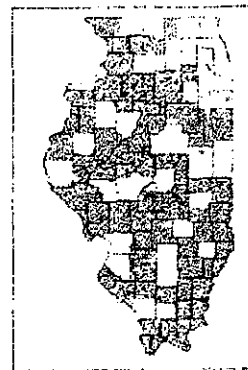
Career and lifestyle issues influence the selection of residency programs by new graduates. Future employment opportunities and reimbursement patterns for specialty care are particularly important. Knowing what specialties or subspecialties are being recruited by physician groups or healthcare providers will significantly influence the choices made by those entering residency programs.

Financial pressures, including the cost of malpractice coverage, rates of reimbursement, and loan repayment options, affect choices. One increasingly important factor is that the number of older Americans will increase dramatically by 2020 as will the need for geriatricians and other specialists that predominantly serve that population.

*Locally.* There is growing concern at the local level about whether the supply of physicians in Illinois, including specialists, will keep pace with anticipated future need. According to the Governor's Office, the number of potential physicians and other caregivers is projected to decrease 4.2% between 2000 and 2020<sup>23</sup>. At the same time, the number of Illinoisans needing care is projected to increase by 31% during that period.

In 2007, 59% of the 41,826 physicians in Illinois were specialists resulting in a ratio of 50 per 100,000.<sup>24</sup> There is an uneven distribution of specialists throughout the state with all or most of 70 counties designated as federal underserved areas for specialty care (Figure 8).<sup>25</sup>

Figure 8: Specialty Care Physician Scarcity

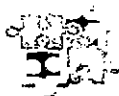


Shaded areas represent zip codes that have been designated as specialty care physician scarcity areas by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services.

<sup>23</sup> Press Release: "Gov. Blagojevich introduces plan to address nursing shortage, ensure adequate level of frontline healthcare providers as baby-boomers age." February 7, 2006. Office of Governor Rod R. Blagojevich.

<sup>24</sup> Kaiser State Health Facts. [www.statehealthfacts.org](http://www.statehealthfacts.org). Retrieved August 25, 2008.

<sup>25</sup> "Specialty Care Shortage Areas in Illinois." Shortage Designations, Illinois Department of Public Health Center for Rural Health. <http://icahn.org/scarcityareas/SpecialtyCare/default.asp>. Accessed September 11, 2008.



In a dynamic health care environment, market forces that drive individual and institutional choice exacerbate specialty care shortages in the safety net. The Centers for Disease Control and Prevention (CDC) has documented how emergency department diversions reduce patient access to timely care. CDC estimates that the aging population will increase the demand for specialist care in emergency departments.

A recent article, for example, documented the absence of surgical subspecialty emergency care in community hospitals as a growing public health concern in Cook County. Fully 66% of neurosurgical transfers to academic medical facilities originated at hospitals without full-time neurosurgery coverage. The mean transfer time was five hours ten minutes. Delays led to deterioration in patient condition with 29 patients showing a decline in Glasgow Coma Scale score. A shortage of neurosurgical intensive care unit beds occurred on 55% of the days in the study. The authors believe that coordinated efforts among local governments, medical centers, and emergency medical services to efficiently coordinate subspecialty services will be necessary to manage this problem.<sup>26</sup>

Research on the relationship of provider type to health outcomes, measured by traditional population based disease related mortality rates and life expectancy, is beginning to show distinct patterns. States with more primary care physicians per capita have better health outcomes than states with fewer primary care physicians. Among the benefits of primary care medicine for patients is greater likelihood of receiving preventive care, better management of chronic diseases, and higher satisfaction with the care they receive.

Areas with more specialists or higher specialist to population ratios, by contrast, appear to have no advantages in meeting population health needs. A recent article in the *New England Journal of Medicine*,<sup>27</sup> for example, was critical of the growing emphasis on specialty care. The article asserts that areas with more specialist-oriented patterns are associated with higher spending but are not related to improved access to care, higher quality, better outcomes, or greater patient satisfaction.

#### Possible Solutions

One possible local solution discussed was a system for specialty referrals similar to the Robert Wood Johnson medical school initiative, which places academic center-based specialists in community hospitals at no expense to the community hospitals.

Hospital provider staff as a resource for community-based specialty care remains an underutilized strategy; training programs should be encouraged to continually move more of their training opportunities into the community.

FQHC-hospital relationships should be fully utilized, as research has shown, in addition to other benefits, that patients of FQHCs with strong hospital affiliations have an easier time accessing specialty care; this finding was borne out anecdotally among meeting participants as well.

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<sup>26</sup> Byrne, Richard W. MD; Bagan, Bradley T. MD; Slavin, Konstantin V. MD; Curry, Daniel, MD; Kostj, Tyler R. MD. "Neurosurgical Emergency Transfers to Academic Centers in Cook County: A Prospective Multicenter Study." *Neurosurgery*. 62(3):709-716, March 2008.

<sup>27</sup> Iglehart, John K, "Medicare, Graduate Medical Education, and New Policy Directions." *New England Journal of Medicine*, Volume 359:643-650, August 7, 2008.



Another strategy to be explored is expanding the use of physician assistants (PAs), advance practice nurses, and other mid-level practitioners in specialty care practices. PAs, in particular, have been used to great success in several specialty areas, with the results being high quality and efficient care that permits the physician to see a greater number of patients.

Public policy, rather than market forces, must guide a national solution to specialist shortages. Reform in the current Graduate Medical Education (GME) system, incentives tied to safety net practice, increases in Medicaid reimbursement for specialty care, and other financial inducements require political will and the support of policymakers.



Needy patients find door shut when searching for specialist Chicago Tribune May 15, 2005 Sunday

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May 15, 2005 Sunday  
Chicago Final Edition

**SECTION:** NEWS ; ZONE C; Pg. 1

**LENGTH:** 2091 words

**HEADLINE:** Needy patients find door shut when searching for specialist

**BYLINE:** By Judith Graham, Tribune staff reporter.

**BODY:**

Sandra Herron's health was taking a sharp turn for the worse. It was becoming hard to breathe. Lesions were sprouting around her nose. She was tired all the time.

Herron worried it was a serious flare-up of the chronic inflammatory disease she has had for 24 years--a clear signal she needed help from a doctor who specialized in her illness, sarcoidosis.

But Herron, 51, a part-time psychology instructor, didn't have health insurance and couldn't afford to pay a specialist's fees. Not sick enough to go to an emergency room, too distressed to ignore her symptoms, and without a regular doctor to ask for advice, she was at a loss for where to turn.

Millions of uninsured Americans face a similar challenge. Although basic medical services for the needy are available at community clinics across the country, specialty care is scarce for people without health insurance.

"It's the biggest hole in the safety net," said Patricia Terrell, the former deputy chief of Cook County's Bureau of Health Services.

Several factors are fueling a growing sense of crisis surrounding specialty care for the uninsured. The number of people without medical coverage, now estimated at 45 million, is rising steadily, and experts project the trend will continue.

As a group, the uninsured tend to have more chronic illnesses than the population at large. Medical complications requiring specialists' attention also are more common because these patients often forgo routine medical care.

At the same time, public hospitals, which provide the bulk of care to the uninsured, are under intense financial pressure as governments cut back support. Though physicians and private hospitals offer some free or discounted services, they are not sufficient to meet demand.

The result is that uninsured patients with conditions ranging from diabetes to arthritis to Parkinson's disease don't get regular consultations with the doctors who know best how to treat their conditions.

The health consequences are dire: "People get sicker, they die earlier, or they end up with disabling conditions that can create problems throughout the remainder of their lives," said Diane Rowland, executive director of the Kaiser Commission on Medicaid and the Uninsured.

Cancer is an example. Every year, 200,000 uninsured cancer patients spend more than twice as much out of pocket on medical services even though they see doctors far less often than patients with insurance, according to research by experts at Emory University's school of public health.

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People with insurance also get sophisticated medical tests such as MRI scans, high-tech services such as heart bypass operations, and preventive screenings such as colonoscopies at much higher rates than those without.

"It's time to examine the current state of specialty care for the uninsured in our communities and talk seriously about what health-care systems across the area can and should be doing," said Donna Thompson, chief executive of Access Community Health Network, which runs 44 clinics for the medically underserved.

New research confirms the scope of the problem. Marsha Regenstein, professor of health policy at George Washington University, recently completed a survey of public hospital systems in 10 cities, including Boston and Detroit. In every case, access to specialty services was limited, poorly coordinated with primary care or extremely confusing to patients.

"This is a crisis of national proportions," Regenstein said.

#### Payment upfront--in cash

American medicine is flush with specialists, experts who know particular body systems or diseases inside-out and stay on top of the most advanced treatments. For someone with insurance, access to these physicians is usually as easy as calling for an appointment.

But if a patient without insurance contacts a private doctor's office, he will typically be asked for payment upfront--in cash. If he doesn't have the money, he often is politely asked to seek care elsewhere.

"There are very few physicians in private practice who make themselves available to the uninsured," said Alan Channing, chief executive officer of Sinai Health System in Chicago, where one out of every five patients has no medical coverage.

If a patient tries a community clinic for the medically needy, and a doctor there finds a problem that needs a more expert examination--let's say, a suspicious mass in the abdomen--the options are limited.

Often, "the doctor will pick up the phone and call a specialist he knows, asking for a favor: Please, can you see this patient; she really needs attention," said Bruce Johnson, executive director of the Illinois Primary Health Care Association. Specialists will frequently agree to help a colleague.

If that doesn't work, patients often seek specialty care at hospital emergency rooms. But that isn't a good solution for the 1.8 million Illinoisans without medical coverage.

Though hospitals are required to treat patients in medical crises, there's no such requirement for non-emergency or follow-up care--the kind of specialty services that are most needed and hardest to get.

Most community hospitals supply only limited amounts of charity care, and then mostly for patients with acute conditions. As a rule, their specialists are in private practice and don't take many patients without insurance.

There are exceptions: Some private institutions, such as Mt. Sinai Hospital and St. Anthony's Hospital in Chicago, among others, open their doors to large numbers of indigent patients.

Academic medical centers once offered a fairly substantial amount of care. But now, under financial pressure, specialists at these institutions are treating more people with private insurance and fewer of the uninsured.

A 2003 study by researchers at Boston's Massachusetts General Hospital documents the trend: Of 2,000 physicians surveyed across the country, one in four said they had problems admitting uninsured patients to teaching hospitals or were forced to limit those patients' care.

Public institutions like Stroger Hospital are the largest providers of specialized medical services to the uninsured. Patients who get basic medical care from these hospitals' clinics also are eligible for more advanced care.

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But getting an appointment can take months. And patients who try to see a specialist without a referral from an affiliated doctor won't get to see one.

"At most public hospitals, the attitude has been, 'We'll do a great job for you as long as you can get in the door.' But good luck getting in," said Dr. Terry Conway, an internist who splits his time between Cook County's sprawling health-care system and a consulting practice.

'I get so worried'

On a recent rainy morning, Sandra Herron was wondering how she was going to do it all--get expensive tests, arrange for specialty care, pay for needed medicines--as she sat in the crowded waiting room of an Access Community Health clinic in Chicago Heights.

A part-time social worker and psychology instructor at South Suburban College, Herron has known for 24 years that she has sarcoidosis, an inflammatory disease that can cause lumps to form in the lungs and other organs.

Most of the time, her symptoms were manageable, and she thought she could get by without medical checkups or insurance, which she dropped about five years ago because of the expense.

That changed in January after she started waking up gasping for air in the middle of the night and her son took her to the emergency room at South Suburban Hospital in Hazel Crest.

Three months and several doctor visits later--but still without a specialist managing her condition--she was having trouble breathing on a regular basis, nasty-looking bumps were popping up around her nostrils, and she was scared.

"I get so worried that I don't know what's going on with my body, and that I'm getting worse," Herron said.

On this dismal spring day, she decided to go to a federally funded health clinic for the medically needy in search of help, and it was Dr. Kevin Gordon's turn to take a look at her.

"This is really not something I know much about," he said after an examination. Gordon, a family physician, proposed referring her to a pulmonologist at Mt. Sinai Hospital.

"That's an hour from where I live: I want something closer to home in case I have another attack," Herron responded.

Doctor and patient agreed her best strategy was to go to Oak Forest Hospital, part of Cook County's sprawling health system, and try to get a referral from an emergency room physician to a pulmonologist.

It would be a long wait, but it was also her best bet, Gordon told Herron, who later acknowledged she was nervous about what lay ahead.

What would the hospital bill her for the services? How could she pay for further treatments with other unpaid medical bills sitting at home? And what if something were to happen to her before she saw a specialist and she again suffered that devastating feeling of not getting enough air into her lungs?

"If only clinics like these had it so those who cannot afford much could still go to a specialist around where they live, it wouldn't be nearly so scary," Herron sighed.

If Herron's medical concerns had been the kind general doctors see every day--say, an infection--she wouldn't have had to worry so much.

Over the last decade, the federal government has poured significant amounts of money into expanding neighborhood health clinics for the needy, increasing the capacity to deliver basic care. Boosting the number of such centers is a significant priority for the Bush administration.

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In Illinois, 43 federally qualified health centers now offer services at 250 sites across the state to 850,000 patients--including 325,000 without insurance--every year, according to the Illinois Primary Health Care Association.

Yet the federal government hasn't devoted funding to expanding specialty care; neither have most local and state governments.

Without a reliable funding stream, "these [specialty] services just aren't readily available," said Conway, who consults widely with public hospital systems across the country.

#### Specialists in short supply

Aggravating the situation is a nationwide shortage of certain specialists--for instance, orthopedists and radiologists.

Few choose to practice in disadvantaged locations, with demand for their services high, and with much more money to be made in the suburbs.

"Even if we had lots and lots of extra money, we still couldn't totally staff our clinics," said Dr. Daniel Winship, chief of Cook County's Bureau of Health Services, which runs three hospitals and 28 clinics across the city and suburbs.

Oak Forest Hospital, for example, lost its sole gastroenterologist--a doctor that handles diseases of the digestive system--last year and has not yet been able to replace him. As a result, patients from the south suburbs have to find their way to Stroger Hospital, where waits in the gastroenterology clinic now extend about 12 months, Winship said.

The chaos surrounding specialty care plays out every day in Chicago Heights at Access Family Health Society, the center run by Access Community Health, the nation's largest chain of federally funded clinics for the needy.

On a recent morning, Gordon paused between exams to describe the difficulties he routinely faces when a sick patient walks in the door.

"If the person doesn't have insurance, I can't order up MRI or CT scans even if I think they're necessary," he said. "The best I can do, usually, is to send them over to the Oak Forest Hospital emergency room and hope they can get it done over there."

Once a patient goes off to the hospital, however, "I don't have much control over what happens," Gordon said. "Often, you lose them and just hope everything turned out all right."

"Sometimes I'm on the phone for hours at a time, trying to make things work," chimed in Dr. Cynthia Thomas, the clinic's medical director.

Although the Chicago Heights clinic has a referral relationship with specialists at Mt. Sinai Hospital, many south suburban patients don't have a way to get to the West Side hospital. Others can't afford even the scaled-back fees that Sinai physicians charge patients without insurance.

Thomas remembered a patient the week before with kidney stones who needed to see a urologist and get two important diagnostic tests. After negotiating reduced rates at Mt. Sinai through a financial counselor, Thomas told the woman what she'd pay: at least \$50 for the urologist, \$70 for the ultrasound, \$100 for the CT scan.

It was a fraction of the true cost, but it was too much.

"She just started crying," Thomas said.

jeraham@tribune.com

**Attachment 10**

**Exhibit E**

**Non-System FQHC's and other Safety Net Providers  
referring to CCHHS for Specialty Care**

**Attachment 10**

<b>Cook County Health &amp; Hospitals System IRIS Partners</b>		
<b>Name of Facility:</b>	<b>Refers for ADULT Specialty:</b>	<b>Refers for PEDS Specialty:</b>
* Access - Auburn Gresham		Yes
* Access - Booker		Yes
* Access - Brandon		Yes
* Access - Grand Blvd.		Yes
* Access - Jackson Park		Yes
* Access - South State		Yes
* Access Illinois Eye Institute		Yes
Access to Care	Yes	
** Aliaga Health Center		Yes
Alivio - 21st Street	Yes	
Alivio - Cicero	Yes	
Alivio - Little Village High School	Yes	Yes
Alivio - Orozco	Yes	
Alivio - Spry Elementary School	Yes	Yes
Alivio - Western	Yes	
American Indian Health Center	Yes	
* Beloved Community Health		Yes
*** Cavero Medical Group		Yes
CDPH Englewood Health Center	Yes	
CDPH Lawndale Mental Health Center	Yes	
CDPH Lower Westside Neighborhood Clinic	Yes	
CDPH Near North Mental Health Center	Yes	
CDPH North West Mental Health Center	Yes	
CDPH Roseland City	Yes	
CDPH South Chicago City	Yes	
CDPH South Lawndale Clinic	Yes	
CDPH Uptown City	Yes	Yes
CDPH West Town Neighborhood Clinic	Yes	
Chicago Family - Roseland	Yes	
* Chicago Family South Chicago		Yes
* Christian Community - Calumet City		Yes
* Christian Community - Halsted		Yes
* Christian Community - South Holland		Yes
Community Health Center	Yes	
*** Dr. Kowalski's Office		Yes
Erie Family Health	Yes	
Erie Family Health Humboldt Park	Yes	
Erie Family Health, West Town	Yes	
Erie Family Health, Westside	Yes	
Erie FHC Erie Teen Health Center	Yes	
Erie Helping Hands Clinic	Yes	
Esperanza Health Center	Yes	Yes
* Friend Family Health - East		Yes
*** Harvey DeBofsky, M.D., Ltd		Yes
Heartland Health Center	Yes	
Infant Welfare Health Center	Yes	Yes
* Komed Near North Health Center		Yes
*** Kunhunni Vellody, M.D.		Yes
La Rabida		Yes
Lawndale Christian Health Center	Yes	
*** MD Pediatric Center - Omar Sawlani, M.D.		Yes
*** Mercy Medical on Pulaski		Yes
* Mile Square - BOTY		Yes
* Mile Square - Main		Yes
Mile Square Better Care for Youth Health	Yes	Yes

Mile Square Center @ Suder Elementary	Yes	Yes
Mile Square Health Center	Yes	
Mile Square Health Center @ James	Yes	
Mile Square Jordan Boys and Girls Club	Yes	
Mile Square Near West Family Center	Yes	
*** Nazin Khatib, M.D.		Yes
* Near North - Komed Health Center	Yes	Yes
Near North HSC: Louise Landau Clinic	Yes	
Near North HSC: Winfield Moody Clinic	Yes	
** PCC Lake Street Family Health (Oak Park)		Yes
** PCC South		Yes
*** Pilsen Community Pediatrics - Cermak		Yes
*** Pilsen Community Pediatrics - Pilsen		Yes
*** Practice Administrative Services		Yes
*** Practice Administrative Services - Berwyn		Yes
*** South Suburban Pediatrics		Yes
St. Anthony Centro Medico @ Cicero	Yes	
*** St. Anthony Health Affiliates Brighton Park		Yes
St. Anthony Hospital	Yes	
St. Anthony Hospital Physicians Center	Yes	
*** St. Jude Medical Practice		Yes
* TCA - Health		Yes
* U of C Emergency		Yes
* U of C Pediatric Outpatient		Yes
*** Vandna A. Shah, M.D., S.C.		Yes
** Young Family Health Associates		Yes
<b>* UCMC Southside Collaborative Members</b>		
<b>** Illinois Health Connect Partners</b>		
<b>*** Medical Home Network Partners</b>		



**Attachment 10**  
**Responses from Nursing Homes**

**Wykowski, Joy**

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**From:** WW Administrator [ww\_administrator@aldengroup.org]  
**Sent:** Wednesday, September 22, 2010 11:49 AM  
**To:** Wykowski, Joy; Foley, William  
**Cc:** 'Esther Davis'; 'Rick Hoffman'  
**Subject:** Oak Forest Hospital Closing

Dear Ms. Wykowski:

Please be advised that Alden Wentworth Rehabilitation and Health Care Center has available beds to assume any of your long term care patients who now reside at Oak Forest Hospital. Alden Wentworth Rehab and Care Center has a Certified Alzheimer Unit, In-House Hemodialysis, and a Sub-Acute Unit for Ortho, Neuro, and Cardiac care. Please call me at any time if you need any additional information. I am looking forward to hearing from you.

Respectfully,

Charlene Hill-Jeon, MA LNHA  
Administrator

Alden Wentworth Rehabilitation & Health Care Center  
201 W. 69<sup>th</sup> Street  
Chicago, Illinois 60621  
773-487-1200  
773-487-4782 (Fax)  
312-320-4156 (Cell)

**Wykowski, Joy**

---

**From:** Countryside Health Care [countryside@careplusmgt.com]

**Sent:** Wednesday, September 22, 2010 2:41 PM

**To:** Wykowski, Joy

Ms. Wykowski

I am very pleased that you thought of our facility for placing some of your patients. We here at Countryside Nursing and Rehabilitation would be very grateful to accept the patients. Can you please let me know how you will go about this transfer we are willing to assist in any way possible to make this a smooth transfer. We do have availability.

Thank You  
Callie Graham, Administrator

**Wykowski, Joy**

---

**From:** Marie Montvidas [lmadmissions@extendedcarellc.com]

**Sent:** Wednesday, September 22, 2010 1:39 PM

**To:** Wykowski, Joy

**Subject:** LEMONT CENTER

Ms. Joy Wykowski,

I am writing this letter to respond to the letter we received indicating that Oak Forest Hospital will be discontinuing their services. We would like to assist you in this matter as much as possible. Lemont Center is a skilled nursing facility located in Lemont, IL. We have 158 beds and we accept MC, Insurance, Private Pay, and Medicaid. We offer short term stay as well as long term. I would love the opportunity to meet with you to discuss how we could assist you in taking care of your patients. Please feel free to call me at (630)243-0400 so we can discuss more details. I thank you in advance for your time and look forward to hearing from you soon.

Sincerely,  
Heather Mensik  
Admissions Director  
Lemont Center

**Wykowski, Joy**

---

**From:** Princeton Administrator [pr\_administrator@aldengroup.org]

**Sent:** Wednesday, September 22, 2010 10:26 AM

**To:** Wykowski, Joy

**Subject:** Patient Acceptance

Good Morning Ms. Wykowski, my name is Trina Springs-Rehder. I am the administrator at Alden Princeton. I received your notice and am responding to let you know we do have bed availability in our facility. I would like to schedule an appointment to discuss what are our options regarding patient placements with Princeton. Please let me know the date and time that Ru Griciute, Marketing Director and I can meet you.

Sincerest Regards,

Trina Springs-Rehder

**Wykowski, Joy**

---

**From:** Earl Van Dusen [evandusen@platinumhc.net]  
**Sent:** Thursday, September 23, 2010 10:52 AM  
**To:** Wykowski, Joy  
**Subject:** Oak Forest Hospital

Dear Ms. Joy Wykowski,

Hello! My name is Earl Van Dusen. I am the Administrator at All Faith Pavilion. I am writing in response to the letter concerning the closing of Oak Forest Hospital. All Faith Pavilion is a skilled nursing facility which offers skilled therapy (OT, PT, ST), Dementia Services, Psychiatric Services, Long term care, and short term Care. We accept both Medicare and Medicaid. All faith currently has 30 available beds. If there is anything we can do to assist in the transition of the resident from Oak Forest please contact our Admission Director Agnes Gilham. She can be reached at 312-326-2000 or by fax at 312-326-5753. If you have any other questions, I also can be reached at 312-326-2000.

Sincerely yours,

Earl Van Dusen, Administrator

9/23/2010

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Attachment 10

**Wykowski, Joy**

---

**From:** Boulevard [boulevard@careplusmgt.com]  
**Sent:** Thursday, September 23, 2010 10:58 AM  
**To:** Wykowski, Joy  
**Subject:** Oak Forest Patients

Hello Ms. Joy Wykowski,

I am the administrator at Boulevard Care Nursing and Rehabilitation. We are located at 3405 South Michigan Avenue and we are able to accept residents who will be in need of long-term nursing services. If you have any questions please do not hesitate to call.

Sincerely,

Latonya Davis, RN  
Administrator

**Wykowski, Joy**

---

**From:** Wayne Hanik [whanik@nucareonline.com]

**Sent:** Thursday, September 23, 2010 12:32 PM

**To:** Wykowski, Joy

**Subject:** available capacity

September 23, 2010

Monroe Pavilion Health & Treatment Center  
1400 W. Monroe  
Chicago, IL 60607

Dear Mr. Foley,

I received your correspondence regarding the changes at Oak Forest Hospital. Monroe Pavilion Health & Treatment Center is licensed for intermediate care. With this licensure I do not believe that we would be able to meet the needs of the population for which you are seeking.

Presently we are at capacity and have no bed availability. Should you have any questions I can be reached at 312-666-4090.

Sincerely,

Wayne Hanik  
Administrator





*Windmill Nursing Pavilion, Ltd.*

September 24, 2010

Ms. Joy Wykowski  
1900 W. Polk St., Suite 220  
Chicago, IL 60612

Re: Available Capacity To Assume Additional Long-Term Care Patients

Dear Ms. Joy Wykowski:

Windmill Nursing Pavilion, LTD, does have available capacity to assume additional long-term care patients.

Windmill's total bed capacity is 150 beds, our number of available beds is 15, and our average 2009 daily census was 133 patients.

Windmill can accept up to 10 additional patients and assist you with relocating these patients as soon as needed.

If you have any questions, please contact me at 708-339-0600.

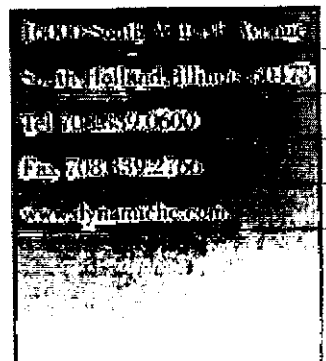
Respectfully,

A handwritten signature in black ink that reads "Anmarie Harrington".

Anmarie Harrington

Administrator

Sent via certified and registered mail.





**S.I.R.  
Management, Inc.**

6840 North Lincoln Ave. • Lincolnwood, IL, 60712  
Phone: 847-675-7979 Fax: 847-675-0555  
[www.nursinghomeshelp.com](http://www.nursinghomeshelp.com)

September 24, 2010

CC-HHS

Ms. Joy Wykowski  
1900 W. Polk St., Suite 220  
Chicago, IL 60612  
[jwykowski@ccbhs.org](mailto:jwykowski@ccbhs.org)

Dear Ms. Joy Wykowski,

In response to the letter dated September 20, 2010 from CC-HHS and your plans to reorient patients from the Oak Forest Hospital to facilities nearby, we are interested in work for SIR Management, Inc. consulting agent for a group of Skilled Nursing Facilities in the Chicago area.

All together, SIR Management, Inc. provides consulting services for 7 skilled nursing facilities and 5 psychiatric facilities caring for 2000+ residents daily. We currently have bed availability and appreciate the opportunity to work with you in placing your patients from Oak Forest Hospital to our facilities.

Please feel free to visit our website [www.nursinghomeshelp.com](http://www.nursinghomeshelp.com) for a directory of our facilities and locations. Some of the services we provide are:

- 24 hour nursing care
- Medication Administration
- Psychiatric Rehabilitation and Therapies
- Ventilator Care
- On-site Dialysis
- Vent/Dialysis Care
- Wound Care
- Bariatric Care
- Alzheimer's and related Dementia Care
- Physical, Occupational and Speech Therapies

Again, we look forward to assisting you anyway we can. I am attaching my business card for your reference. If you need to contact me please feel free to do so.

Sincerely,

Keim Lee

**Attachment 10**

**Exhibit E**

**Non-System FQHC's and other Safety Net Providers  
referring to CCHHS for Specialty Care**

**Attachment 10**

249-A

<b>Cook County Health &amp; Hospitals System IRIS Partners</b>		
<b>Name of Facility:</b>	<b>Refers for ADULT Specialty:</b>	<b>Refers for PEDS Specialty:</b>
* Access - Auburn Gresham		Yes
* Access - Booker		Yes
* Access - Brandon		Yes
* Access - Grand Blvd.		Yes
* Access - Jackson Park		Yes
* Access - South State		Yes
* Access Illinois Eye Institute		Yes
Access to Care	Yes	
** Aliaga Health Center		Yes
Alivio - 21st Street	Yes	
Alivio - Cicero	Yes	
Alivio - Little Village High School	Yes	Yes
Alivio - Orozco	Yes	
Alivio - Spry Elementary School	Yes	Yes
Alivio - Western	Yes	
American Indian Health Center	Yes	
* Beloved Community Health		Yes
*** Cavero Medical Group		Yes
CDPH Englewood Health Center	Yes	
CDPH Lawndale Mental Health Center	Yes	
CDPH Lower Westside Neighborhood Clinic	Yes	
CDPH Near North Mental Health Center	Yes	
CDPH North West Mental Health Center	Yes	
CDPH Roseland City	Yes	
CDPH South Chicago City	Yes	
CDPH South Lawndale Clinic	Yes	
CDPH Uptown City	Yes	Yes
CDPH West Town Neighborhood Clinic	Yes	
Chicago Family - Roseland	Yes	
* Chicago Family South Chicago		Yes
* Christian Community - Calumet City		Yes
* Christian Community - Halsted		Yes
* Christian Community - South Holland		Yes
Community Health Center	Yes	
*** Dr. Kowalski's Office		Yes
Erie Family Health	Yes	
Erie Family Health Humboldt Park	Yes	
Erie Family Health, West Town	Yes	
Erie Family Health, Westside	Yes	
Erie FHC Erie Teen Health Center	Yes	
Erie Helping Hands Clinic	Yes	
Esperanza Health Center	Yes	Yes
* Friend Family Health - East		Yes
*** Harvey DeBofsky, M.D., Ltd		Yes
Heartland Health Center	Yes	
Infant Welfare Health Center	Yes	Yes
* Komed Near North Health Center		Yes
*** Kunhunni Veilody, M.D.		Yes
La Rabida		Yes
Lawndale Christian Health Center	Yes	
*** MD Pediatric Center - Omar Sawlani, M.D.		Yes
*** Mercy Medical on Pulaski		Yes
* Mile Square - BOTY		Yes
* Mile Square - Main		Yes
Mile Square Better Care for Youth Health	Yes	Yes

249-B

Mile Square Center @ Suder Elementary	Yes	Yes
Mile Square Health Center	Yes	
Mile Square Health Center @ James	Yes	
Mile Square Jordan Boys and Girls Club	Yes	
Mile Square Near West Family Center	Yes	
*** Nazin Khatib, M.D.		Yes
* Near North - Komed Health Center	Yes	Yes
Near North HSC: Louise Landau Clinic	Yes	
Near North HSC: Winfield Moody Clinic	Yes	
** PCC Lake Street Family Health (Oak Park)		Yes
** PCC South		Yes
*** Pilsen Community Pediatrics - Cermak		Yes
*** Pilsen Community Pediatrics - Pilsen		Yes
*** Practice Administrative Services		Yes
*** Practice Administrative Services - Berwyn		Yes
*** South Suburban Pediatrics		Yes
St. Anthony Centro Medico @ Cicero	Yes	
*** St. Anthony Health Affiliates Brighton Park		Yes
St. Anthony Hospital	Yes	
St. Anthony Hospital Physicians Center	Yes	
*** St. Jude Medical Practice		Yes
* TCA - Health		Yes
* U of C Emergency		Yes
* U of C Pediatric Outpatient		Yes
*** Vandna A. Shah, M.D., S.C.		Yes
** Young Family Health Associates		Yes
<b>* UCMC Southside Collaborative Members</b>		
<b>** Illinois Health Connect Partners</b>		
<b>*** Medical Home Network Partners</b>		

249-C

**Attachment 10**  
**Letters from Hospitals**

**Attachment 10**

*250*

17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429-0989  
Telephone 708.799.8000



June 3, 2011

Dr. Terry Mason MD  
Interim Chief Executive Officer  
Cook County Health and Hospitals System  
1900 West Polk Street  
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

As you know, Advocate is the largest provider of health care services in the Southland. At the same time, we actively partner with other providers to enhance the Southland's health care delivery system whenever possible. We are pleased to be working with you in this regard. We acknowledge your need to discontinue inpatient services at the Oak Forest location. We also agree with you that a robust immediate care facility on the Oak Forest campus is essential to the Southland's delivery system and meets an important need in our community. As an immediate care facility with extended evening and weekend hours is a central element to your transition plan for Oak Forest Hospital, we do not oppose your plans or your CON application. Additionally, we also recognize the need for enhanced outpatient services in the Southland and are supportive of your efforts to meet this important need.

With regard to our ability to provide care to Oak Forest Hospital patients, we do have capacity to care for Oak Forest patients and would do so without restrictions, conditions, limitation or discrimination. We are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

Thank you again for your time and attention. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

A handwritten signature in cursive script that reads "M. Englehart".

Michael Englehart  
President

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board  
Toni Preckwinkle, Chair, Cook County Board



**Ingalls.**

Ingalls Health System

---

One Ingalls Drive  
Harvey, IL 60426  
708.333.2333

November 4, 2010

*Via First Class Mail and*

*Email: [wfoley@ccbhs.org](mailto:wfoley@ccbhs.org) and [jwykowski@ccbhs.org](mailto:jwykowski@ccbhs.org)*

William T. Foley, Chief Executive Officer and

Joy Wykowski

Cook County Health & Hospitals System

1900 W. Polk Street – Suite 220

Chicago, IL 60612

Dear Mr. Foley:

We appreciated meeting with you and your team regarding the closure of inpatient services at Oak Forest Hospital. We understand the needs and strategy of the Cook County Health & Hospitals System, and as a result, Ingalls Memorial Hospital will not oppose the closing of Oak Forest Hospital for inpatient services. We support continued operation of the urgent care center and expansion of outpatient services. In addition, Ingalls has the ability to assume patients who traditionally sought services at Oak Forest without restrictions, conditions, limitations, or discrimination.

If you need any further information, please feel free to call me.

Sincerely,

Kurt E. Johnson  
President and Chief Executive Officer

klm

Attachment 10





EXECUTIVE OFFICES

**RECEIVED**

APR 21 2011

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

10-078

April 12, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

As Chief Executive Officer of MetroSouth Medical Center, I support the application by Cook County Health and Hospitals System (CCHHS) to discontinue services at Oak Forest Hospital. Plain and simple, this proposal is good public policy.

MetroSouth Medical Center is located in Blue Island, not far from Oak Forest. We understand the vital role that safety net services play in the communities of southern Cook County. Like CCHHS, we fundamentally impact the lives of tens of thousands of people every year that might otherwise not be able to receive care.

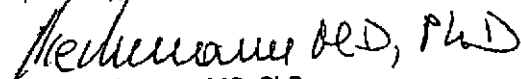
We also understand that all health systems must re-evaluate how they provide care in light of healthcare reform and medical advances. One thing is clear: No matter what your patient base, ambulatory and specialty care must be a focus moving forward. This is even more imperative given that CCHHS serves a low-income population. Some of its patient base currently relies solely on emergency departments for medical care. Emergency department services are costly and can provide too little care too late for those who do not see doctors regularly.

As we work together to improve the area's safety net services, we must give low-income residents more access to primary care physicians and specialists. MetroSouth is doing that through the health centers we recently opened throughout the Southland. CCHHS plans to do that by overhauling its Oak Forest campus. Discontinuing Oak Forest Hospital as it currently operates is the first step toward bringing CCHHS patients the preventative, diagnostic and specialty care they need.

Southern Cook County has no shortage of nearby emergency and inpatient facilities. Those who currently use Oak Forest Hospital for these purposes will still have access, including through our own hospital in Blue Island. CCHHS and MetroSouth are partners in the region, and we will continue to collaborate on improving safety net services in the years to come.

Cook County Health and Hospitals System's plan would replace an underutilized hospital with a new model that would give patients the services they truly need to maintain their health. I urge the Health Facilities and Services Review Board to approve this request to discontinue Oak Forest Hospital.

Respectfully,

  
Enrique Beckmann, MD, PhD  
Chief Executive Officer

12935 South Gregory Street, Blue Island, IL 60406-2428 • Tel 708-597-2000 • [www.MetroSouthMedicalCenter.com](http://www.MetroSouthMedicalCenter.com)

Attachment 10

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 **Advocate**  
**Christ Medical Center**  
**Hope Children's Hospital**

4440 West 95th Street || Oak Lawn, IL 60463 || T 708.684.8000 || [advocatehealth.com](http://advocatehealth.com)

---

June 2, 2011

Dr. Terry Mason, MD  
Interim Chief Executive Officer  
Cook County Health and Hospitals System (CCHHS)  
1900 West Polk Street, Suite 220  
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of Cook County Health and Hospital Systems discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

As you know, Advocate is the largest provider of health care services in the Southland. At the same time, we actively partner with other providers to enhance the Southland's health care delivery system whenever possible. We are pleased to be working with you in this regard. We acknowledge your need to discontinue inpatient services at the Oak Forest location. We also agree with you that a robust immediate care facility on the Oak Forest campus is essential to the Southland's delivery system and meets an important need in our community. As an immediate care facility with extended evening and weekend hours is a central element to your transition plan for Oak Forest Hospital, we do not oppose your plans or your CON application. Additionally, we also recognize the need for enhanced outpatient services in the Southland and are supportive of your efforts to meet this important need.

With regard to our ability to provide care to Oak Forest Hospital patients, as the tertiary/quaternary hub for the Southland, Advocate Christ Medical Center ("ACMC") would accept Oak Forest patients requiring tertiary or quaternary inpatient services to the extent our capacity allows. ACMC has historically operated at or above our functional capacity. We are pleased, however, that we have recently begun plans for a major expansion of our Ambulatory Services. We anticipate that our Ambulatory Pavilion, if approved by the Review Board, will significantly enhance our ability to serve the Southland area. We would care for Oak Forest's patients without restrictions, conditions, limitation or discrimination. Please

A faith-based health system serving individuals, families and communities

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center

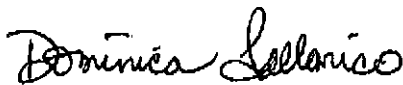


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note that Oak Forest patient requiring primary or secondary inpatient care may be served by a facility closer to your campus, such as our sister hospitals, Advocate South Suburban Hospital or Advocate Trinity Hospital. Most importantly, we are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

We look forward to working with you further as Oak Forest Hospital's transition progresses. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

Sincerely yours,



Dominica Tallarico, Chief Operating Officer  
Advocate Christ Medical Center and  
Hope Children's Hospital

cc: Dale Galassie, Chair, Illinois Health Facilities and Services Review Board  
Toni Preckwinkle, Chair, Cook County Board



2320 East 93rd Street || Chicago, IL 60617 || T 773.967.2000 || [advocatehealth.com](http://advocatehealth.com)

June 2, 2011

Dr. Terry Mason MD  
Interim Chief Executive Officer  
Cook County Health and Hospitals System  
1900 West Polk Street  
Chicago, Illinois 60612

Re: Oak Forest Hospital – CON for Discontinuation

Dear Dr. Mason:

I am writing in response to your recent request for a letter assessing the impact of discontinuing inpatient services at Oak Forest Hospital. We appreciate your ongoing efforts to keep us informed of your transition plans.

As you know, Advocate is the largest provider of health care services in the Southland. At the same time, we actively partner with other providers to enhance the Southland's health care delivery system whenever possible. We are pleased to be working with you in this regard. We acknowledge your need to discontinue inpatient services at the Oak Forest location. We also agree with you that a robust immediate care facility on the Oak Forest campus is essential to the Southland's delivery system and meets an important need in our community. As an immediate care facility with extended evening and weekend hours is a central element to your transition plan for Oak Forest Hospital, we do not oppose your plans or your CON application. Additionally, we also recognize the need for enhanced outpatient services in the Southland and are supportive of your efforts to meet this important need.

With regard to our ability to provide care to Oak Forest Hospital patients, we do have capacity to care for Oak Forest patients and would do so without restrictions, conditions, limitation or discrimination. We are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting.

Thank you again for your time and attention. Should you have any follow up questions or concerns, please have your office contact Elyse Forkosh Cutler, Advocate's Vice President of Strategic Planning and Network Development at 630-990-5388.

Sincerely yours,

A handwritten signature in cursive script that reads "Michelle Gaskill".

Michelle Gaskill, RN  
Vice President of Nursing and Clinical Operations

cc: Jon Bruss, President, Advocate Trinity Hospital  
Dale Galassie, Chair, Illinois Health Facilities and Services Review Board  
Toni Preckwinkle, Chair, Cook County Board

A faith-based health system serving individuals, families and communities



South  
Shore  
Hospital

September 22, 2010

Ms. Joy Wykowski  
1900 W. Polk Street – Suite 220  
Chicago, IL 60612

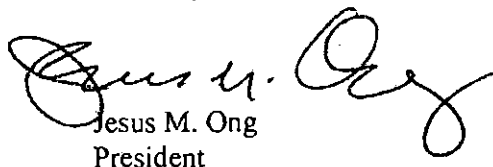
Dear Ms. Wykowski:

This is in response to the letter of Mr. William Foley dated September 20, 2010 requesting us to comment on whether our facility has available capacity to assume any or all of the patient load now at Oak Forest Hospital.

I am very pleased to inform you that South Shore Hospital will be able to assume 90% of the annual medical/surgical and ICU admissions of Oak Forest Hospital.

I appreciate the consideration given to our hospital and please do not hesitate to call me for any questions you might have.

Sincerely,



Jesus M. Ong  
President

JMO/hw



1200 Maple Road • Joliet, IL 60432  
(815) 740-1100 • [www.silvercross.org](http://www.silvercross.org)

September 27, 2010

Ms. Joy Wykowski  
Cook County Health & Hospitals System  
1900 West Polk Street, Suite 220  
Chicago, IL 60612

Dear Ms. Wykowski:

We have received your letter indicating that the Cook County Health & Hospitals System is planning to file a Certificate of Need application to discontinue inpatient services and convert emergency room services to urgent care at Oak Forest Hospital. Silver Cross Hospital does not anticipate any adverse impact from your proposed changes on our existing services.

Should you need any other information from us, please do not hesitate to let us know.

Sincerely,

Ruth Colby  
Senior Vice President, Business Development  
Chief Strategy Officer

cc: Mr. Michael Constantino  
Supervisor, Project Review Section  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761



## Palos Community Hospital

12251 S. 80th Avenue Palos Heights, Illinois 60463 (708) 923-4000

Executive Offices

September 28, 2010

Ms. Joy Wykowski  
Cook County Health & Hospital System  
1900 West Polk Street – Suite 220  
Chicago, IL 60612

Dear Ms. Wykowski:

This letter is in response to Mr. Foley's letter dated September 20, 2010. Thank you for keeping us informed about your operations in Oak Forest.

You have asked us to respond whether our facility has available capacity to assume "any or all of the patient load now at Oak Forest". Because of inadequate space and an aging facility, we have begun a major expansion, renovation project which involves building a seven story east wing, replacing ten operating rooms, expanding our Emergency Room, and creating a center for Short Stay Care. Our current E.R. volume is close to 50,000 E.R. visits per year. We have 86,000 patient days per year. We don't believe that we have the capacity to assume additional volumes at this time. Obviously, if we had extra capacity we would not be engaged in a \$420 million dollar construction project.

I don't believe that we have need to meet to discuss our inability to take on additional volumes when Oak Forest discontinues its three inpatient categories of service and converts the "stand-by" emergency room to an urgent care facility. None of us has excessive time on our hands. I am certain your days are full as you plan and execute your proposed plan.

Thank you for keeping us informed.

Sincerely,

Sister Margaret Wright  
President

SMW:nkn

Attachment 10

Attachment 10

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April 11, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

We strongly support the reallocation of resources from inpatient to outpatient services at Oak Forest Hospital. A "Regional Outpatient Center" would allow us to arrange for critical post-hospital care for our patients, something that is currently often hard to obtain.

Holy Cross Hospital is a safety net hospital, serving a region that has been federally designated as a health professional shortage area. We estimate that about 60% of our area is either *uninsured or covered by Medicaid*.

Our patients often have chronic disease which requires medication and follow-up care in the community to avoid additional, costly hospitalizations. Currently, because they cannot access these services, patients visit our Emergency Department again and again, with acute exacerbations of their disease. We have 45,000 visits to our Emergency Department annually, a significant portion of which are repeat visits.

In addition, public transportation is acutely lacking in our area; we have no trains or major arteries nearby. Regionalizing outpatient services makes them more accessible to those who must rely on a network of buses to move around the city.

Finally, as medical technology improves and our longevity increases, care is increasingly provided in the physician office or health center rather than the hospital. We believe Cook County has rightly assessed where the investment of limited resources should occur.

We urge your approval of the discontinuation of inpatient services so that Cook County can establish a comprehensive safety net ambulatory center at Oak Forest.

Sincerely,

Wayne M. Lerner, D.P.H., F.A.C.H.E.  
President and CEO

2701 WEST 68TH STREET - CHICAGO, ILLINOIS 60629 - 773.884.0000

HOLY CROSS HOSPITAL IS SPONSORED BY THE SISTERS OF ST. CASIMIR





'TO SERVE AND TO GROW' 7531 STONY ISLAND AVENUE CHICAGO, ILLINOIS 60649 (773) 947-7500

October 1, 2010

Ms. Joy Wykowski  
Cook County Health & Hospital System  
1900 W. Polk Street  
Suite 220  
Chicago, IL 60612

Dear Ms. Wykowski,

We recently received Mr. Foley's letter outlining your strategic plans for the Cook County Health & Hospitals System, including your plans to discontinue inpatient services at Oak Forest Hospital.

Jackson Park Hospital has the ability and capacity to assume the entire patient load outlined in your letter to us without restrictions, conditions, limitations or discrimination. More importantly, Jackson park Hospital has the desire to work with your health system in providing care to your patients on the south side.

As you might be aware, Jackson Park Hospital is a not for profit, Joint Commission Accredited, critical access healthcare facility serving the healthcare needs of the south side. We provide a full range services including Medical/Surgical, Intensive Care, Adult Psychiatry, Medical Stabilization, General Surgery, Emergency Services and many other services and programs too numerous list.

Over the years, Jackson Park Hospital has partnered with the Cook County Health & Hospitals System with various programs to serve our patients. These programs have helped serve the healthcare needs of the underserved patients in our service area.

We welcome the opportunity to assist you in the relocation of the Oak Forest Hospital patient base and other collaborative efforts in the future.

Please contact me at (773) 947-7581 to discuss our next steps.

Sincerely,

Merritt Hasbrouck  
President

cc: William Foley  
William Dorsey, M.D.



MERCY HOSPITAL & MEDICAL CENTER  
2525 SOUTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60616-2477  
phone 312.567.2000

April 11, 2011

Mr. Dale Galassie  
Illinois Health Facilities and Services Review Board  
525 West Jefferson St., 2nd Floor  
Springfield, Illinois 62761

Re: Support of Project 10-078

Dear Chairman Galassie:

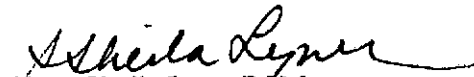
As a Director of the Cook County Health and Hospitals System and as President and CEO of Mercy Hospital and Medical Center on Chicago's South Side, I am writing to urge your approval of the proposed discontinuation of Oak Forest Hospital. I believe the proposal before the Illinois Health Facilities and Services Review Board is an important and much-needed step to transforming access to health care for our area's most needy patients.

Providing access to health care for safety net populations is my mission. Aside from serving as the CEO of a South Side hospital through many challenging times, I have also served as the Commissioner of the Chicago Department of Public Health, and have volunteered on countless committees, boards and initiatives focused on improved safety net access in Chicagoland.

I can attest that the commitment of the System to provide health care to underserved communities is unwavering. The System is a leader in the region, providing free medical care to those most in need. The proposed changes to Oak Forest will replace an underutilized and outmoded inpatient facility with new and expanded outpatient, primary and specialty care services. It is a prime example of how we can take leadership to reform healthcare and actually increase access for many areas patients by redirecting them to receive the care and services where they are most needed.

The plan to replace Oak Forest Hospital with a Regional Outpatient Center is good public policy and will allow scarce resources to be put to use by providing more health, wellness and specialty services to communities in the south suburbs.

Sincerely,

  
Sister Sheila Lyne, RSM



**Sinai Health System**

California Avenue at 15th Street ■ Chicago, IL 60608-1787 ■ (773) 642-2000 ■ TTY (773) 257-0289

**Alan H. Channing**  
President and CEO  
Office: 773-257-6434  
Fax: 773-257-6953  
[chaalan@sinai.org](mailto:chaalan@sinai.org)

April 14, 2011

Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

On behalf of Sinai Health System, I would like to offer our support for the Cook County Health and Hospitals System (CCHHS) proposal before the Illinois Health Facilities and Services Review Board related to the transformation of Oak Forest Hospital.

Sinai Health System is located on the west side of Chicago and is one of the largest private providers of health services for low income patients in Illinois. Approximately 60% of our patients are covered by the Illinois Medicaid program and an additional 15% are uninsured. Our payer mix mirrors that of many public hospitals in the country, and we are familiar with the challenges faced by CCHHS. We have, in fact, collaborated with CCHHS on several occasions to provide services to vulnerable communities. It is our belief that a strong public hospital system in Chicago is necessary not only for the patients, but for the not-for-profit safety net of health care in the city and county.

I am very familiar with the CCHHS Strategic Plan, having had the opportunity to be consulted during its development. As safety net providers, our challenge is to make the best use of limited resources to provide care for the large population that depends on our care. In addition, we are all making preparations to transition our care models to the integrated delivery system model that is envisioned by health care reform. We support the plan by CCHHS to begin to shift from costly, inefficiently inpatient services to providing the right care in the right environment with emphasis on outpatient care, particularly in the area of specialty care. At Sinai, we are also in the process of planning for a much greater emphasis on outpatient specialty care. This plan is consistent with the direction in which health care is moving and will make far better use of the CCHHS limited resources to serve the needs of low-income and uninsured patients.

I encourage the Illinois Health Facilities and Services Review Board to support the Oak Forest application. Sinai Health System would anticipate no material impact from the proposed discontinuation of inpatient services at Oak Forest and will work with CCHHS to assure that patients formerly seen as inpatients at Oak Forest have access to care.

Sincerely,

  
Alan H. Channing



A proud member of Sinai Health System

Mount Sinai Hospital ■ Schwab Rehabilitation Hospital ■ Sinai Community Institute ■ Sinai Medical Group  
Access Community Health Network Affiliate ■ Jewish Federation of Metropolitan Chicago Affiliate

April 18, 2011

Mr. Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

**RE: Support for Project 10-078 (Discontinuation of Oak Forest Hospital)**

Dear Chairman Galassie:

My name is Sharon O'Keefe, and I am President of the University of Chicago Medical Center. I have a Masters in Nursing, and before entering the field of hospital administration was the Director of Nursing at Johns Hopkins. Since becoming a hospital administrator in the early 1980s, I have worked at large research-oriented academic medical centers that also serve urban communities, such as the University of Maryland Medical System in Baltimore, Beth Deaconess Israel Medical Center in Boston, Barnes-Jewish Hospital in St. Louis, and Loyola University Medical Center in Maywood.

I am writing to express my strong support for the proposal by the Cook County Health and Hospitals System to transform the Oak Forest Hospital campus into a leading safety net outpatient specialty care, primary care, immediate care and diagnostic testing hub. The development of this outpatient facility is contingent on discontinuation of inpatient services at Oak Forest, and therefore I support the Cook County System's CON Application.

While I am new to my role as President of the UCMC, I am very familiar with the challenges faced by safety net provider systems in urban areas across the country, including those in the Chicago area. The public and private safety net health care systems are being called upon to deliver health care in ways that reduce unnecessary inpatient care and ED visits, while at the same time offering better quality, access and continuity through stronger primary care and outpatient specialty care relationships. Lack of adequate access to specialty outpatient care and diagnostic testing is a widely acknowledged problem for uninsured and Medicaid patient populations in the greater Chicago area, and in other urban areas across the country.

As an academic medical center located on the South Side of Chicago, UCMC provides a high volume of complex tertiary care to Medicaid patients. We also support the South Side Health Collaborative, which is a network of five hospitals and over 30 FQHCs and other providers seeking to improve safety net access on the South Side of Chicago.

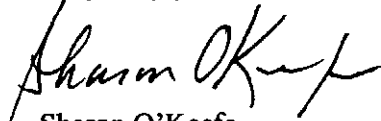
In order to carry out the dual missions of world class medical research and health care services delivery to the community, UCMC--like its academic medical center counterparts in Illinois and across the country--must partner collaboratively with the public health system. In our case, we are fortunate to have the Cook County System as our public health system partner.

Based on my experiences both as an urban academic medical center administrator and nurse administrator, I am confident that Cook County System is embracing good health policy by proposing to transform underutilized inpatient services and standby ED capabilities at its Oak Forest campus into a comprehensive outpatient campus that will provide specialty care, primary care, immediate care and diagnostic testing services targeted to the particular health needs of uninsured and Medicaid patient populations.

It is my understanding that other area hospitals have indicated a willingness and ability to absorb the current inpatient load at Oak Forest Hospital, and we anticipate no adverse impact on UCMC as a result of the closure of this hospital facility.

Accordingly, I ask you to approve the Cook County System's CON Application.

Very truly yours,



Sharon O'Keefe  
President



June 3, 2011

Terry Mason, MD  
Interim CEO  
Cook County Health & Hospitals System  
1900 West Polk, Suite 220  
Chicago, IL 60612

Dear Dr. Mason:


Vanguard Health Systems owns and operates four hospitals in the Chicago metropolitan region – Louis A. Weiss Memorial Hospital, MacNeal Hospital, West Suburban Medical Center, and Westlake Hospital.

As President of the Chicago Market for Vanguard Health Systems, I write to support Cook County Health & Hospitals System's application for permit to transform Oak Forest Hospital to a Regional Outpatient Center.

I am deeply familiar with the System's Strategic Plan: Vision 2015. I believe it embodies long-term commitment to expanded safety access, provides for necessary adaptation for imminent federal and state health reform, and seeks to utilize the System's limited resources for their highest safety net purpose.

Please contact me if I may be of any further assistance.

Sincerely,



William T. Foley  
President, Chicago Market  
Vanguard Health Systems

1725 West Harrison Street  
Suite 364  
Chicago, IL 60612

Tel: 312.942.7073  
Fax: 312.942.2055  
Larry\_J\_Goodman@rush.edu  
www.rush.edu



 RUSH

Larry J. Goodman, MD  
Rush University  
President  
Rush University Medical Center  
Chief Executive Officer

April 12, 2011

Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

Rush University Medical Center has closely and productively partnered with the Cook County Health & Hospitals System, and its predecessors, over nearly twenty years. The partnership spans education undertakings, research, joint operation of the Ruth M. Rothstein CORE Center, and shared medical staff.

At the request of Senator Richard Durbin, I led a "Blue Ribbon" task force in 2008 to study Cook County's health system. The report of that group of experts recommended independent governance for the system and increased professionalization of its management structure among other conclusions. I have been gratified to witness both of those recommendations being realized over the last three years.

I have been briefed in detail on the Strategic Plan developed by the Health System, and approved by its governing boards. The focus upon increased outpatient access for safety net patients, particularly for specialty services, mirrors current national policy efforts to increase access for those most in need and to shift medical delivery to lower cost settings, where possible.

To my mind, the plan's recommendation to materially expand outpatient care through a "Regional Outpatient Center" at Oak Forest meets important policy and access goals by strengthening the regional safety net. To those of us responsible for managing hospitals, the inevitable inefficiencies and high costs, particularly in a metropolitan area, from operating a low census, limited capability hospital such as Oak Forest, are plain.

In an environment of limited, and indeed, shrinking federal, state, and local government financial resources, the Cook County Health & Hospital's System's re-allocation of its healthcare resources toward outpatient care appears to me to be sound public policy that will benefit the largest number of patients.

I encourage you and the Health Facilities and Services Review Board to allow the Cook County Health & Hospital's System to implement its thoughtful strategic plan by approving its application for permit for Oak Forest.

Sincerely,

Larry J. Goodman, MD

# **M** Northwestern Memorial® HealthCare

Dean M. Harrison  
*President and Chief Executive Officer*

April 15, 2011

The Honorable Dale Galassie  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, Illinois 62761

**Re: Support for Project 10-078, Oak Forest Hospital**

Dear Chairman Galassie:

On behalf of Northwestern Memorial Hospital (NMH), I am writing to express support for the proposal by the Cook County Health and Hospitals System (CCHHS) to transform its Oak Forest Hospital campus to a hub for outpatient specialty, primary and immediate care as well as diagnostic testing. The development of this outpatient facility is contingent on the discontinuation of inpatient services at Oak Forest Hospital and, therefore, we support the CCHHS CON Application.

NMH is an academic medical center where the patient comes first. Our longstanding commitment to make quality care available, regardless of patients' ability to pay, is the foundation of our *Patients First* mission - to improve the health of the community we serve by putting patients first in everything we do. Access to specialty care for is a critical issue for many communities throughout Cook County. CCHHS helps provide the backbone of our regional health care safety net; and, NMH and CCHHS have collaborated on a number of initiatives to help address this issue. NMH has collaborated with CCHHS to support postgraduate training programs, research endeavors and service delivery. Like CCHHS, NMH also collaborates with a number of Federally-Qualified Health Centers (FQHCs) and community health centers throughout the region to furnish specialty and inpatient care to their patients.

NMH has been briefed on CCHHS' Strategic Plan, and we commend its leadership for its long term thoughtfulness, especially at a time when government resources are diminishing. Transforming the Oak Forest campus from what is currently very limited capacity to provide inpatient services to one that allows CCHHS to address the critical need for outpatient specialty and diagnostics services will bring value to the County's underserved population. We believe it is also sound public policy consistent with the "right care, right place" principles embodied in national health reform.

I respectfully encourage the Illinois Health Facilities and Services Review Board to approve this application for permit in the interests of expanded access for those most in need.

Sincerely,



Cc: Toni Preckwinkle  
Warren Batts  
William T. Foley



**Attachment 10**  
**Support Letters from non-Hospitals**

**Attachment 10**



National  
Association  
of Public  
Hospitals  
and Health  
Systems

1301 Pennsylvania Avenue, NW  
Suite 950  
Washington, DC 20004  
202 585 0100 tel / 202 585 0101 fax  
www.naph.org

April 14, 2011

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson St., 2nd Floor  
Springfield, Illinois 6276

*Re: Support of Project 10-078, Oak Forest Hospital*

Dear Mr. Galassie:

On behalf of the National Association of Public Hospitals and Health Systems (NAPH), I am writing to support Cook County Health and Hospitals System's (CCHHS) application to discontinue inpatient service at its Oak Forest Hospital facility and to expand ambulatory care. In the current environment of national health reform, diminishing governmental resources to finance safety net health care, and renewed emphasis on access and cost containment, we believe CCHHS' strategic direction to re-allocate costly, inpatient resources to expanded ambulatory care is consistent with best practice health policy.

NAPH has represented America's public hospitals and safety net health systems for thirty years. Our members provide quality care to low-income, uninsured, and vulnerable populations. They are distinguished by their commitment to provide access to care for people with limited or no access to health care, to delivering culturally competent quality care, and to addressing health disparities in their communities. For decades, our member hospitals have delivered disproportionately large volumes of ambulatory, emergency, and urgent care to the medically underserved in the communities in which they serve.

The Cook County system, like its sister public hospital systems around the country, must strategically position itself to maximize access, address disparities, and fill the gaps in the safety net by investing its limited resources in modes of service delivery that provide the greatest public health return to the community. CCHHS' strategic plan addresses expanded access as a core goal, in part, by transformation of its limited capability, low census south suburban hospital into a "Regional Outpatient Center". The provision of primary care, and specialty care and diagnostics on one site will further this core goal.

In particular, specialty care access for the medically underserved remains a national problem. NAPH has closely monitored this issue for many years. Our members, including CCHHS, are often the only providers of specialty care to the uninsured in their communities. Even Medicaid patients often have difficulty accessing specialty care because of low reimbursement rates, or the limited number of providers.

Much has changed about the way health care is currently delivered. More systems are finding success in establishing regional outpatient centers that provide preventative and specialty care in an outpatient setting. Cook County's vision of transforming the Oak Forest Hospital facility into a regional outpatient care facility aligns with the future direction for health care. NAPH supports their application to discontinue inpatient service at Oak Forest, and would encourage this board to do the same.

Sincerely,

Bruce Siegel, MD, MPH  
CEO



Illinois Primary Health Care Association

www.iphca.org

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**OFFICERS**

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**Frederick Bernstein, Chair**  
*Community Health & Emergency Services, Inc.*

**Kim Mitroka, Chair-Elect**  
*Christopher Rural Health Planning Corporation*

**Berneice Mills-Thomas, Secretary**  
*Near North Health Service Corporation*

**Virgil Tolbert, Treasurer**  
*Christian Community Health Center*

**Barbara Dunn, Immediate Past Chair**  
*Community Health Improvement Center*

**Bruce A. Johnson**  
**President & Chief Executive Officer**

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April 14, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

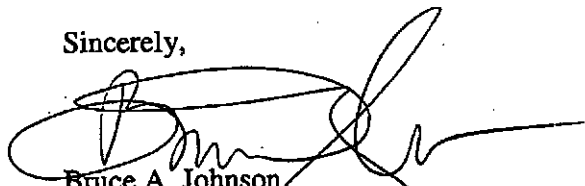
Dear Chairman Galassie:

On behalf of the Illinois Primary Health Care Association, I am writing in support of the application to discontinue inpatient services at Oak Forest Hospital. By approving the discontinuation, we will actually be able to increase access to care for many underserved residents.

As the sole non-for-profit trade association representing Illinois Community/Migrant Health Centers, IPHCA has been partners with Cook County Health and Hospitals System for many years. As the President and CEO of IPHCA, I am keenly aware of the health care access issues facing the underserved, our Federally Qualified Health Center (FQHC) members rely on their partnership with Cook County to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for free specialty care.

We believe our partnership with Cook County will increase and that community residents serviced by our programs will see significant improvements in access to services under the proposal. We urge your approval of the discontinuation so that the establishment of a comprehensive center in Oak Forest can become a reality.

Sincerely,



Bruce A. Johnson  
President & Chief Executive Officer

Springfield - 500 S. Ninth St. ■ Springfield, IL 62701 ■ tel (217) 541-7300 ■ fax (217) 541-7301  
Chicago - 542 S. Dearborn, Suite 300 ■ Chicago, IL 60605 ■ tel (312) 692-3000 ■ fax (312) 692-3001

Attachment 10

*Serving the Medically Underserved Across Illinois*



**Access to Care**  
THE GAP FOR THE UNINSURED

2225 Enterprise Drive ■ Suite 2507 ■ Westchester, Illinois 60154  
(708) 531-0680 ■ FAX (708) 531-0686 ■ [www.accesstocare.org](http://www.accesstocare.org)

April 13, 2011

Dale Galassie  
Chair  
Illinois Health Facilities and Services  
Review Board  
525 W. Jefferson St., 2<sup>nd</sup> fl.  
Springfield, IL 62761

Dear Mr. Galassie

Access to Care is a 22 years old non-profit organization committed to providing healthcare access for those who are uninsured and ineligible for government programs. We have provided care for over 103,000 persons through arrangements with voluntary participant physicians, providers of laboratory, radiology, and pharmacy services, and with the significant assistance of Cook County and the Cook County Health & Hospitals System. Almost all of our patients reside in suburban Cook County. In 2011, we will serve approximately 6,000 suburban Cook County residents with a budget of \$3,103,000. Our budget this year has been reduced by absence of a State of Illinois appropriation by \$3,000,000 a year for the past two years.

For many years the Cook County Health & Hospitals System has supported Access to Care financially and equally important, by providing specialty care and diagnostics for our patients. While ATC finds a primary care physician for our patients, when they are in need of specialty care and diagnostics, patients often are referred to Stroger Hospital.

The expansion of specialty care and diagnostics access at the Oak Forest campus would greatly benefit Access to Care patients who live in the southern suburbs, who no longer would have to travel to Stroger Hospital.

ATC was in attendance at many of the 14 public town hall meetings at which the CCHHS Strategic Plan was presented and discussed. The CCHHS Strategic Plan attempts to make best use the System's limited resources to assure maximum access for safety net patients. The plan responds to many of the concerns raised at the public meetings by members of the public who sought better geographical distribution of the System's specialty and diagnostic services. The Strategic Plan was modified in its development in order to respond to concerns raised by the public.

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## **S**uburban Primary Health Care Council\*

\* A not-for-profit organization founded by: the Community and Economic Development Association of Cook County, Inc.; the Cook County Department of Public Health; the Northwest Suburban Cook County Health Care Task force; and the Park Forest Health Department.

*Attached Agency*

Access to Care, a longtime, committed provider of healthcare access for those in need, urges the Illinois Facilities and Services Review Board to approve the application for permit from CCHHS. By transitioning its limited resources from costly, inefficient inpatient care, to greatly expanded ambulatory care, this great municipal safety net provider is seeking to address one of the large gaps healthcare for the poor: specialty care access.

Sincerely,



Victoria Bigelow



## HEALTHCARE COLLABORATIVE

April 14, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

On behalf of the South Side Healthcare Collaborative (SSHC), I am submitting this letter in support of the Cook County Health and Hospitals System (CCHHS) CON application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the entire county safety net system will be strengthened through a substantial increase in access to essential specialty medical care and diagnostic testing for medically underserved residents.

The SSHC is a network of over 30 federally qualified community health centers, free clinics and 5 local hospitals. The mission of this network is to help residents make a long-term connection with a primary care physician and to improve access to specialty care and other social support services that help maintain optimal health and well-being. CCHHS, Provident Hospital and SSHC members have worked together for many years to implement programs to improve the overall health of Chicago's South Side.

Federally Qualified Health Centers (FQHCs), and free clinics with the SSHC, are community-based providers of primary and preventative health care services. As you know, patients seen at these facilities are largely Medicaid beneficiaries and uninsured individuals. Many SSHC members rely on services provided by Cook County to increase access to specialty medical care and diagnostic testing--one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHCs and other safety net providers in Cook County.

As much as Cook County has done to increase specialty care and diagnostic access for our patients, there is still a significant unmet need. With the expansion of those services at Oak Forest campus, our patients will experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus.

We urge your immediate approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.

Sincerely,

Kimberly Hobson  
Interim Director, South Side Healthcare Collaborative

**Board of Directors**

Steven H. Abbey  
David A. Abel  
Catherine M. Adduci  
Allan Ambrose\*  
A.G. Anglum\*  
Adrienne Archia\*  
Murray E. Ascher\*  
Alicia Berg  
Brian A. Bernardoni  
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Kevoork M. Derdorian \*  
Julian C. D'Esposito  
Jon B. DeVries  
Thomas H. Donohoe  
Martin L. Eisenberg  
Brian D. Fabes  
Timothy J. Faerber  
Timothy Fair  
Stephen B. Friedman  
Charles R. Gardner\*  
Carol W. Garmant \*  
Sarah Garvey\*  
Anthony Gedeller  
Ronald J. Gidwitz  
Peter G. Glick  
Judith A. Gold\*  
Andrew F. Gottschalk\*  
Patrick J. Hagan\*  
Philip Hale  
M. Hill Hammoek\*  
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David Hickerson  
Patricia M. Holden  
Bruce T. Hopple  
Margaret Houlihan Smith  
Lorna Brett Howard  
Bennett Johnson III  
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William Keichum  
Jim Kranjc\*  
Betsy LaVelle  
Stephen Legatzke  
Michael A. Lovett  
William Mack\*  
Glenn Mazade  
Thomas McNulty\*  
Fred H. Montgomery\*  
Timothy E. Moran  
Monica M. Mueller  
Michael E. Murphy \*  
Bert Nuehring\*  
Michael F. O'Brien  
Holly O'Connor  
Gregory O'Leary  
Samh Pang  
Robert Pasin  
Donice Pepin  
Donovan Pepper  
Moira Pollard  
Bruce V. Rauner  
Alexander I. Rourke  
Scott Saef \*  
John C. Sciacotta  
Patrick Sheahan  
James E. Spiotto\*  
Caryn Stancik  
Barbara Stewart \*  
Eugene S. Sunshine  
Theodore M. Swain\*  
Kent A. Swanson\*  
Courtney A. Thompson  
Thomas C. Vanden Berk  
Robert S. Vihon\*  
Daniel Wagner  
Sue E. Wallace\*  
John F. Ward\*  
Jeffrey D. Warner  
Andrew L. Weil  
Jerrold Wolf  
William Young  
Philo Zinn\*

**The Civic Federation**

177 North State Street, Suite 400, Chicago, IL 60601 • 312.201.9066 fax 312.201.9041 • civicfed.org



April 14, 2011

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Project #10-078 – Oak Forest Hospital

Dear Mr. Galassie:

The Civic Federation strongly supports the application by the Cook County Health and Hospitals System to discontinue acute-care hospital services at Oak Forest Hospital.

The decision to close Oak Forest Hospital and turn the existing campus into a comprehensive regional center for outpatient care was the result of a strategic planning process that began in May 2009 and took more than a year. The process included 14 community meetings across Cook County attended by hundreds of people. After considerable deliberation, the five-year strategic plan was approved by the Cook County Health and Hospitals System's Board of Directors in June 2010 and by the Cook County Board of Commissioners in July 2010.

The Civic Federation supported the Health System's strategic planning process and the subsequent decision to refocus the System's limited resources on expanding outpatient services. The Civic Federation agrees with the Health System's conclusion that serving an average of 50 to 60 inpatients a day on a campus with more than a million square feet of facility space is not financially prudent. Oak Forest has offered only limited intensive care service and has routinely transferred the truly critically ill to Stroger Hospital. According to the Health System, 85% of the visits to its emergency room could be treated in an urgent care setting, which would be available at Oak Forest under the strategic plan, along with a wide array of primary, specialty and diagnostic services.

As a 117-year old non-partisan organization dedicated to improving the quality and cost-effectiveness of government services, the Civic Federation has had a long history of examining budget issues relating to Cook County government. The Civic Federation has projected that both the County and its Health System face serious financial challenges going forward. Failure to allow the Health System to restructure itself so it can provide healthcare more efficiently would increase the financial stress on the System and on Cook County.

The Civic Federation appreciates the opportunity to support the application by the Cook County Health and Hospitals System. We urge you and the other members of the Board to grant the permit at your May 10 meeting.

Sincerely,

Laurence Msall  
President

cc: Illinois Health Facilities and Review Board  
Governor Pat Quinn

**Officers**

Thomas Livingston  
Chairman  
Mark Davis  
Vice Chairman  
Susan McKeever  
Vice Chairman  
Eileen Mitchell  
Vice Chairman  
Joseph B. Starshak  
Treasurer  
Laurence J. Msall  
President  
Lise Valentine  
Vice President  
\*Executive Committee  
\* Past Chairmen's Council

The controversy surrounding Oak Forest Hospital's replacement by a 24 hour urgent care center and outpatient primary, specialty and diagnostic services is a terrible harbinger of the disarray in America's and Cook County's dysfunctional health system.

Of course the people in the communities around the Oak Forest Hospital defend inpatient facilities in the seriously underserved south suburbs of Cook County. The Cook County Health and Hospitals System board proposes a full service 24 hour urgent care center and full outpatient primary, specialty and diagnostic services as an alternative to a small extant hospital facility in Oak Forest.

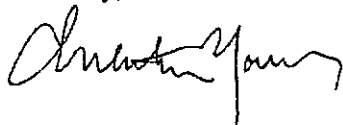
Compelling arguments can be made for both of these alternatives. The real question is which meets the care needs of the underserved community going forward. In my opinion the increased outpatient services have the stronger argument.

South suburban Cook County will have greater benefits from a facility offering comprehensive primary and specialty services to thousands of patients than it will providing care for a small number hospitalized inpatients- acute and long term.

We recognize the concern about reducing hospital beds at Oak Forest but feel this can be mitigated if not resolved by the not-for profit local hospitals providing charity care as the law requires for hospitals receiving tax exemptions.

What we face here in Cook County reflects a nationwide dysfunction in health care costs and distribution. Until we as a nation reallocate our vast resources to meet the needs of all residents we will have recurrent Oak Forest type dilemmas. Until we reach that point we must choose the best alternative for the most people, in this case the outpatient alternative will serve the needs of the greatest number of people in need.

Sincerely,

A handwritten signature in black ink, appearing to read "Quentin Young". The signature is fluid and cursive, with a long horizontal stroke at the end.

Quentin Young, MD  
Illinois Public Health Advocate



**GREGG GOSLIN**  
COMMISSIONER  
14<sup>TH</sup> DISTRICT



www.commissionergoslin.com  
Email: commissioner.goslin@cookcounty.gov

**COOK COUNTY BOARD OF COMMISSIONERS**

**County Building**  
118 North Clark Street, Room 567  
Chicago, Illinois 60602  
(312) 603-4932  
(312) 603-3686 Fax

**District Service Office**  
3801 West Lake Avenue  
Glenview, Illinois 60026  
(847) 729-9300  
(847) 729-2279 Fax

April 15, 2011

The Honorable Members  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
Via Facsimile: Attention Joy Wykowski, 312-884-9994

Dear Members:

Thank you for the opportunity to address the board at this important hearing on the fate of Oak Forest Hospital, and the future of the Cook County Health and Hospital System.

The closing of inpatient care at Oak Forest Hospital was not a decision made lightly, but after a great deal of expert analysis on the needs of the County and the South suburbs. The CCHHS began their strategic planning process in 2009 to assess the needs of the County's healthcare system through its mission to provide health services to its citizenry regardless of ability to pay. During this process it became clear that the System's resources are disproportionately centered around inpatient services and is unsustainable in today's changing healthcare environment. This led to the CCHHS, and the Cook County Board of Commissioners, embracing a shift to a population-centered delivery model vs. the current hospital-centered one.

This new health service delivery model emphasizes Comprehensive Community Health Centers that provide acute care and out-patient services. Converting Oak Forest into a regional Center and shifting to outpatient services will help the CCHHS serve four times the number of patients it currently sees while saving scarce dollars that can be reinvested in the healthcare environment in more responsive ways.

As you know, Oak Forest currently costs \$100 million a year to operate, but averages only 50 to 60 patients a day. By any reasonable standards, this is not efficient way to use precious funds that are scarcer every year.

It is my sincere hope that you will look carefully at the facts gathered by our health experts and allow the CCHHS to convert Oak Forest Hospital into a Regional Outpatient Center. Only in this way can the County leverage its current healthcare dollars to serve more people and ready itself for the future of healthcare.

Very truly yours,

  
Gregg Goslin, Commissioner

**Commissioner Gregg Goslin's Mission Statement**

*To professionalize, modernize and privatize Cook County government. Provide efficient, effective, economical and compassionate management of County business. Partner with other units of government and the private sector to develop regional solutions for regional issues. Provide citizens with the necessary tools to access and be served by the resources of Cook County Government.*



Printed on Recycled Paper

Attachment 10

Apr. 15 2011 02:07PM PT

PHONE NO. : 847 296 5062

FROM : CABOT COMPANIES

277



# MERCY

Mercy Family Health Center  
2525 South Michigan Avenue  
Chicago, Illinois 60616-2477  
312.567.2360

April 13, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

As you consider the application to discontinue inpatient services at Oak Forest Hospital, I urge your support. By permitting Cook County to reallocate its resources to a "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

The Mercy Family Health Center has been an active provider of high quality, efficient, healthcare to the vulnerable populations of Chicago's South Side. For many years, we at the Mercy Family Health Center have realized that healthy communities cannot be fully achieved without access to outpatient primary and specialty healthcare providers and other associated outpatient care resources.

As a Federally Qualified Health Center (FQHC) Look Alike, we are a community-based provider of preventative care services. We rely on our partnership with the Cook County Health Services Board to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for scarce, safety net outpatient specialty care.

We believe our partnership with Cook County will increase and that community residents serviced by our programs will see significant improvements in access to services under the proposal.

We urge your approval of the application to discontinue inpatient services at Oak Forest Hospital and the creation of the Regional Outpatient Center at the Oak Forest Hospital site to bolster the fragile web of comprehensive safety net ambulatory healthcare centers in the Southland.

Sincerely,

Daniel Vicencio, MD  
Medical Director and Interim Executive Director,  
Mercy Family Health Center

April 11, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

I am submitting this letter in support of the Cook County Hospitals and Health System Certificate of Need application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the county safety net system will be strengthened through increasing access to essential specialty medical care and diagnostic testing for medically underserved residents.

Since its inception in 1976, Chicago Family Health Center has partnered with the County system to provide ancillary, specialty and inpatient services to our patient base. The vast majority of our patients have availed themselves of the facilities available at the main campus at Stroger Hospital, with some utilizing the Provident center as well. Oak Forest has not been a primary location for our patients to receive care.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of primary and preventive health care services. As you know, our patients are largely Medicaid beneficiaries and uninsured individuals – almost 85% fall into those two categories. We currently rely on our partnership with Cook County to increase access to specialty medical care and diagnostic testing—one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHC locations and other safety net providers in Cook County. We believe providing quick, guaranteed access to these services should be the primary mission of the Cook County system, and that the addition of services at the Oak Forest Campus will improve access to this critical care. We applaud the County's recent addition of transportation services for our patients to enable the access to specialty care for children.

There is still significant unmet need for specialty services within greater Cook County. With the expansion of those services at Oak Forest campus, we anticipate that our patients will

**SOUTH CHICAGO**  
9119 South Exchange Avenue  
Chicago, IL 60617-4321  
tel. 773.768.5000  
fax 773.768.6153

**PULLMAN**  
556 East 115th Street  
Chicago, IL 60628-5740  
tel. 773.768.5000  
fax 773.785.9661

**ROSELAND**  
120 West 111th Street  
Chicago, IL 60628-4247  
tel. 773.768.5000  
fax 773.995.5523

**EAST SIDE**  
10536 S. Ewing Avenue  
Chicago, IL 60617-7008  
tel. 773.768.5000  
fax 773.978.4806

**CHICAGO LAWN**  
3223 West 63rd Street  
Chicago, IL 60629-3333  
tel. 773.768.5000  
fax 773.778.9593

*Chairman Dale Galassie*

*April 14, 2011*

*Page 2*

experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus. We further urge the County to prioritize access to specialty services for patients of Federally-Qualified Health Centers.

We support the approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.

Sincerely,



Warren J. Brodine  
Chief Executive Officer  
Chicago Family Health Center, Inc.



April 12, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

This letter comes in support of the Cook County Bureau of Health Services' proposal to become a Regional Outpatient Center.

Christian Community Health Center (CCHC) is a community-based 501 (c) 3 not-for-profit organization founded in 1991 by a local physician seeking to address the lack of health care on Chicago's South side. Since becoming a Federally Qualified Health Center in 2001, we have sought to meet the primary health care and social service needs of Chicago's south side and southern suburbs. Our programs include: primary care; mental health and substance abuse services; dentistry; HIV/AIDS services incorporating outreach, counseling and testing, case management and housing; job training and placement; shelter services for homeless women and children; subsidized housing; and a full array of rehabilitative services designed for women in prostitution. In 2010, we served more than 20,000 clients and patients.

As an FQHC, we are a community-based provider of preventative care services that relies on our partnership with Cook County to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. As a result of our long-standing partnership in serving Chicago's uninsured and under-insured, Christian Community Health Center has witnessed Cook County's health system evolve from its pivotal role as the hub of the healthcare safety net in metropolitan Chicago to its current state of financial emergency. This emergency has precipitated discontinuing essential healthcare services by the Bureau, particularly specialty care access for other community providers.

We urge your approval of the establishment of a comprehensive ambulatory center at Oak Forest, continuing the facility's role as a part of the safety net for the uninsured and under-insured in the south suburbs. With your approval, the County will be able to redirect and increase its much-needed services to the Southland, a vastly underserved region for scarce, safety

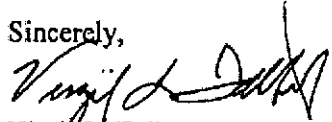
*where everyone is welcome*

9718 South Halsted Street | Chicago, Illinois 60628 | 773 233 4100 | [www.cchc-online.org](http://www.cchc-online.org)

Attachment 10

net specialty care. We believe our partnership with Cook County will benefit from this proposed change, if the Cook County Bureau of Health Services is permitted to reallocate its resources in such a manner. We anticipate that community residents serviced by our programs will have greater access to services and that the healthcare safety net will be strengthened for the County's underserved residents under the proposal.

Sincerely,



Virgil L. Tolbert  
CEO



Bernice Mills-Thomas  
Executive Director

Administrative Office  
Winfield Moody Health Center  
1276 North Clybourn Avenue  
Chicago, Illinois 60610  
phone: 312.337.1073  
www.nearnorthhealth.org

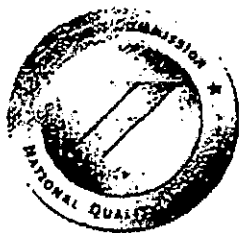
Cottage View Health Center  
4828 South Cottage Grove Avenue  
Chicago, Illinois 60615  
phone: 773.548.1173

Densy Community Health Center  
30 West Chicago Avenue  
Chicago, Illinois 60654  
phone: 312.826.3984

Komad Holman Health Center  
4290 South Berkeley Avenue  
Chicago, Illinois 60653  
phone: 773.268.7600

Louise Landau Health Center  
3845 West Chicago Avenue  
Chicago, Illinois 60651  
phone: 773.826.3460

Auxiliary Sites  
Chicago Nutrition Education Center  
Drop-In Center  
Plannery Clinic  
Humboldt Park WIC  
Norwegian American WIC



Committed to the Health of Our Community

April 13, 2011

Mr. Dale Galassie

Acting Chairman

Illinois Health Facilities and Services Review Board

525 W. Jefferson

Springfield, IL 62761

Dear Chairman Galassie:

As you consider the application to discontinue inpatient services at Oak Forest Hospital, I urge your support. By permitting Cook County to reallocate its resources to "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

Near North Health Service Corporation have been partners with Cook County Health & Hospitals System for over twenty years.

As a Federally Qualified Health Center (FQHC), we are a community based provider of preventative care services. We rely on our partnership with Cook County to increase specialty care. Currently, that care is geographically concentrated at John H. Stroger Hospital. With your approval the County will be able to redirect and increase much needed services to the Southland, a vastly underserved region for scarce, safety net specialty care.

Near North Health Service Corporation for fiscal year 2010 had a total of 105,357 center visits. Near North Health Service Corporation exists to improve the health and well being of the people and communities it serves. It operates program and services using community and primary care concepts, emphasizing prevention of illness and the promotion of healthy lifestyles. Services provided by Near North focuses on the medically underserved and are sensitive the cultural and linguistic need of the people it serves. Acknowledging that environmental, social and cultural factors influence one's health, its programs empower individuals to be healthy through educational and skilled building. We advocate for safe and healthy communities. Near North plays a role in educating and training medical and health care professionals in order to

Celebrating 40 Years of  
Quality Healthcare Services  
1966-2006

Attachment 10

assure the accomplishments of its objectives. As a responsible partner and neighbor, the composition of the Board of Directors of Near North is always representative of the community it serves.

We believe our partnership with Cook County will increase and that community residents served by our programs will see significant improvements to access to services under the proposal.

We urge your approval of the discontinuation so that the establishment of a comprehensive safety net ambulatory center at Oak Forest can become a reality.

Sincerely,

Donald McDaniels  
  
Director of Operations

Near North Health Service Corporation



Celebrating over 85 Years  
of Quality Health Care

TCA Health, Inc.  
1029 East 130th Street  
Chicago, Illinois 60628  
Telephone 773.995.6300  
Fax 773.995.7985

# TCAHealth

April 11, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

I am submitting this letter in support of the Cook County Hospitals and Health System CON application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the entire county safety net system will be strengthened through a substantial increase in access to essential specialty medical care and diagnostic testing for medically underserved residents.

We at TCA Health, Inc. have been partners with Cook County Health and Hospitals System for over 15 years.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of primary and preventative health care services. As you know, our patients are largely Medicaid beneficiaries and uninsured individuals. We currently rely on our partnership with Cook County to increase access to specialty medical care and diagnostic testing--one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHCs and other safety net providers in Cook County.

As much as Cook County already has done to increase specialty care and diagnostic access for our patients, there is still a significant unmet need. With the expansion of those services at Oak Forest campus, our patients will experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus.

We urge your immediate approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.

TCA Health, Inc., NFP  
1029 East 130th Street  
Chicago, Illinois 60628  
773.995.6300

Carver Military Academy  
13100 South Doty Road  
Chicago, Illinois 60627  
773.635.5357

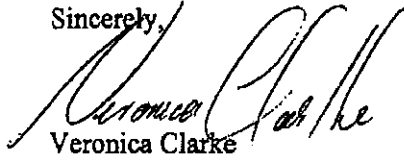
Maternal & Child Health Center  
1106 W. 79th Street  
Chicago, Illinois 60619  
773.488.3048

South Shore Nutrition Center  
1802 East 71st Street  
Chicago, Illinois 60649  
773.583.2500

Attachment 10

285

Sincerely,

A handwritten signature in cursive script, appearing to read "Veronica Clarke".

Veronica Clarke

CEO, TCA Health, Inc



**BELOVED**  
COMMUNITY FAMILY WELLNESS CENTER

Healthcare for the entire family

April 12, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie,

As you consider the application to discontinue inpatient services at Oak Forest Hospital, I urge your support. By permitting Cook County to reallocate its resources to a "Regional Outpatient Center", we will actually be able to increase access to care for many underserved residents.

The Beloved Community Family Wellness Center (BCFWC) is an established and innovative health center that is playing a crucial role in improving the health status and social well-being of the residents of Greater Englewood and surrounding communities. The Beloved Community Family Wellness Center have been partners with Cook County Health and Hospitals—System for five years.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of preventative care services. We rely on our partnership with Cook County to increase access to primary and specialty care. Currently, that care is geographically concentrated at John H. Stroger Jr. Hospital. With your approval, the County will be able to redirect and increase much-needed services to the Southland, a vastly underserved region for scarce, safety net specialty care.

Sixty-four percent (64%) of our community lives below 200% of the federal poverty level and 38% lives below poverty. We are a community that struggles on a day-to-day bases. Thirty-five percent (35%) of our young mothers enter prenatal care after the first trimester and 30% of our births are to teenage mothers. We have a cancer rate that is 50% higher than the City of Chicago and coronary heart disease rate that is 25% higher than the City of Chicago. We are a community in need of increase access to primary health care.

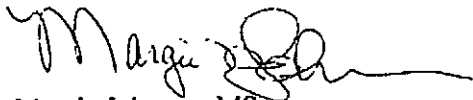
We believe our partnership with Cook County will increase and that community residents serviced by our program will see significant improvements in access to services under the proposal.

Phone: (773) 651-3629 + Fax: (773) 651-9268

Beloved Community Family Wellness Center 6821 S. Halsted St. Chicago, Illinois 60621

We urge your approval of the discontinuation so that the establishment of a comprehensive safety net ambulatory center at Oak Forest can become a reality.

Sincerely,

A handwritten signature in cursive script, appearing to read "Margie Johnson", with a long horizontal flourish extending to the right.

Margie Johnson, MS  
Executive Director  
Beloved Community Family Wellness Center



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Mary Pat Studdert, R.N.  
Greg Tipword  
Sally Benjamin Young

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Judith Haasis  
*Executive Director*

April 12, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

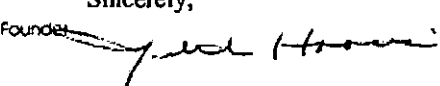
I am writing to ask for your support of the Cook County Health and Hospitals System (CCHHS) application to redirect the resources of Oak Forest Hospital to specialty care. In keeping with the CCHHS strategic plan, the establishment of "Regional Outpatient Centers" is an essential step forward toward improving access to these vital services for patients living in Cook County.

As the largest volunteer-based free clinic in Illinois and one of the leading free clinics nationwide, CommunityHealth's mission is to provide quality medical care to low-income uninsured patients in need of a medical home. (All services are provided at no cost to patients.) Over our 18 year history of working closely with the CCHHS, we have been committed to finding new ways to stretch limited resources to better serve our patients. Through a strong focus on prevention and health promotion – as well as support for patients diagnosed with chronic conditions -- we find that fewer and fewer of our patients require visits to the emergency room or inpatient hospitalization.

However, one of our greatest challenges is helping our patients access the specialty and diagnostic services not available on site. With the recent opening of our satellite site in Chicago's Englewood community, we are reminded of the importance of increasing access to this level of care for patients served by safety net providers on the south side. We are, therefore, supportive of the CCHHS plan to transform Oak Forest Hospital into a Regional Outpatient Center.

We believe in our partnership with Cook County and urge your approval of this application.

Sincerely,

  
Judith Haasis  
Executive Director

---

*Illinois' largest volunteer-based health center providing free care to the uninsured.*  
[www.communityhealth.org](http://www.communityhealth.org)

West Town: 2611 W. Chicago Ave., Chicago, IL 60622 Admin: 773.395.9901 / Patient Care: 773.395.9900  
Englewood: 641 West 63<sup>rd</sup> Street, Chicago, IL 60621 Patient Care: 773.994.1515

Attachment 10

289



An Affiliate of the University of Chicago Medical Center

800 East 55<sup>th</sup> Street  
Chicago, IL 60615-4906  
T (773) 702-0660 F (773) 702-4356

[www.friendfhc.com](http://www.friendfhc.com)

April 12, 2011

Mr. Dale Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Chairman Galassie:

**HRSA Announcement: Update: Partnership for Patients** I am submitting this letter in support of the Cook County Hospitals and Health System CON application to discontinue inpatient services at Oak Forest Hospital. By permitting Cook County to reallocate health care resources to a "Regional Outpatient Center" on the Oak Forest campus, the entire county safety net system will be strengthened through a substantial increase in access to essential specialty medical care and diagnostic testing for medically underserved residents.

Friend Family Health Center, Inc. has been partners with Cook County Health and Hospitals System for 14 years.

As a Federally Qualified Health Center (FQHC), we are a community-based provider of primary and preventative health care services. As you know, our patients are largely Medicaid beneficiaries and uninsured individuals. We currently rely on our partnership with Cook County to increase access to specialty medical care and diagnostic testing—one of the most challenging access issues for those of us who serve medically underserved patient populations. In 2010, for example, Cook County accepted and served almost 35,000 specialty care and diagnostic testing referrals from more than 70 FQHCs and other safety net providers in Cook County.

As much as Cook County already has done to increase specialty care and diagnostic access for our patients, there is still a significant unmet need. With the expansion of those services at Oak Forest campus, our patients will experience significantly reduced wait times, and those who reside in the Southern Cook County suburbs will be able to receive these services without traveling to the John H. Stroger Hospital campus. FFHC's goal is to provide continuance access to quality healthcare to uninsured and underinsured residents throughout various Southside communities.

We urge your immediate approval of the CON application, so that the establishment of a comprehensive safety net regional outpatient center at Oak Forest can become a reality.

Sincerely,

Wayne Moyer, CEO



Parkland

April 15, 2011

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson St., 2nd Floor  
Springfield, Illinois 62761

***Re: Support of Project 10-078, Oak Forest Hospital***

Dear Mr. Galassie:

I am the Chief Medical Officer at Parkland Health & Hospital System in Dallas, Texas. Parkland is the public health safety net system in Dallas County, and one of the oldest and largest public hospitals in the nation.

I am writing to support the Certificate of Need application of the Cook County Health & Hospitals System to discontinue inpatient services at Oak Forest Hospital, and then transform Oak Forest into a "Regional Outpatient Center."

I trained in Pulmonary and Critical Care Medicine at the University of Michigan in Ann Arbor. Before returning to Parkland, where once I had served as Chief Resident in the Department of Medicine, I was the Chief of the Division of Pulmonary and Critical Care Medicine at John H. Stroger, Jr. Hospital of Cook County (the former Cook County Hospital) from 1999-2007. I chaired the Critical Care Committee of Cook County Hospital from 2003-2007, and I coordinated the transfer of patients from all intensive care units with the move from Cook County Hospital into John H. Stroger, Jr. Hospital in December of 2002. In my role at County, I was responsible for oversight and development of processes for transfer of critically ill patients between participating Bureau institutions, including Provident Hospital and Oak Forest Hospital. In all, I had the privilege of serving as a pulmonary care/critical care attending physician within the Bureau and at Cook County Hospital for 12 years, and I continue to practice pulmonary and critical care medicine at Parkland Memorial Hospital.

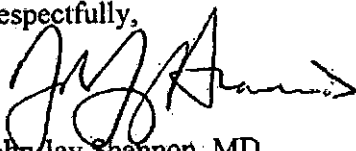
I understand that the Illinois Health Facilities and Services Review Board found that the project proposal would exacerbate a critical care bed need in southern Cook County. I wish to testify from my professional experience with Oak Forest Hospital, that its critical care unit does not render what would be widely regarded as a contemporary standard of care for

critically ill patients. I have reviewed the Certificate of Need comments on this point, as analyzed by my respected former colleague, Cook County's Dr. Robert Cohen, and agree that the Oak Forest Intensive Care unit does not, and cannot, for the most part, treat truly critically ill patients. In addition to round-the-clock staffing by intensivists, modern critical care requires a hugely diversified support staff including critical care nurses, highly skilled and experienced critical care respiratory therapists, a wide variety of medical, surgical and neurosurgical specialists, and 24/7 support services such as interventional radiology and magnetic resonance imaging. It makes no sense to keep a small unit in a small inpatient environment such as currently exists at Oak Forest. The limitations at Oak Forest make such a proposal a losing game economically, and send a false message of reassurance to the public; the type of unit at Oak Forest is not a modern intensive care unit. Oak Forest would do best to stabilize and immediately transfer the critically ill by qualified methods to larger facilities with intensive care services, as is done by many community hospitals across the country today.

Lastly, I note that expansion of specialty ambulatory services as planned for Oak Forest, and as called for more widely in the Cook County Health & Hospitals System Strategic Plan, would address a substantial need in the Cook County safety net. As we witness regularly at Parkland, and as the Massachusetts health reform changes have shown, access to outpatient *specialty* care for the poor and uninsured can be extremely difficult to obtain except from public health systems such as Parkland and Cook County. The plan for development of decentralized foci of regional specialty care proposed by Cook County Health and Hospitals Systems leadership makes infinite sense to me-and is in fact a model that we are developing here as we strive to provide vital services to the citizens of Dallas County.

I would strongly encourage the Board to approve the proposal from Cook County Health and Hospitals System regarding needed changes to services at Oak Forest Hospital.

Respectfully,



John Jay Shannon, MD  
Executive Vice President and Chief Medical Officer

Parkland Health & Hospital System  
5201 Harry Hines Blvd. | Dallas, TX 75235  
214.590.8000 | fax 214.590.8096  
parklandhospital.com



**Attachment 10**  
**Impact Letters to Hospitals**

**Attachment 10**

*293*



September 20, 2010

Rick Mace  
 Chief Executive Officer  
 Adventist Bolingbrook Hospital  
 500 Remington Blvd  
 Bolingbrook, IL 60440

Dear Mr. Mace:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

**SENDER: COMPLETE THIS SECTION**

- Complete form 1, 2, and 3. Also complete form 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 medication, or on the front if space permits.

1. Article Addressed to:

Rick Mace  
 Chief Executive Officer  
 Adventist Bolingbrook Hospital  
 500 Remington Blvd  
 Bolingbrook, IL 60440

2. Article Number: 7007 0720 0005 5045 6638  
 Transfer from article label

PS Form 3811, February 2004      Connected Return Receipt      48750-02-00-1000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*       Agent       Addressee

B. Received by (Printed Name): *[Signature]*      C. Date of Delivery: *[Date]*

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.  
 Restricted Delivery/ Extra Post       Yes       No

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 Warren L. Earis - Chairman  
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 Joseph R. Ramirez - Vice-Chairman  
 Cook County Health & Hospitals System  
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 Cook County Health & Hospitals System



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 Herbert L. O'Donnell  
 Andrea L. Zopp

September 20, 2010  
 Page 2

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LTC	1	5.25	3,832

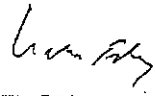
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Sincerely,

  
 William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010  
 David L. Crane  
 Chief Executive Officer  
 Adventist Hinsdale Hospital  
 120 North Oak Street  
 Hinsdale, IL 60521

Dear Dr. Crane:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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Anatomical & Community Health Network • Community Health Services • Cook County Department of Public Health •  
 Adair H. Shroyer, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Schwab COHE Center •  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if above permits.</p> <p>4. Article Addressed to:</p> <p>David L. Crane            Chief Executive Officer            Adventist Hinsdale Hospital            120 North Oak Street            Hinsdale, IL 60521</p> <p>5. Article Number            (Transfer from service label) 7007 0710 0005 5045 4557</p> <p>PG Form 3811, February 2004      Domestic Return Receipt      10289-02-00-1000</p>	<p>A. Signature <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Sender Type  <input 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.  <input type="checkbox"/> Restricted Delivery? (Elevated Fee) <input type="checkbox"/> Yes</p>

295

1900 W. Polk St. President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
of Cook County Health & Hospitals System  
Joseph R. Randolf - Vice-Chairman  
of Cook County Health & Hospitals System  
William T. Foley - CEO  
of Cook County Health & Hospitals System



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Conciliator: Jerry Becker  
David N. Carrasco  
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Rose Greenwood  
St. Sheila Lyle  
Dr. Lita R. Melnik  
Heather E. O'Donnell  
Andrea L. Papp

September 20, 2010  
Page 2

September 20, 2010

Rick Wright  
Chief Executive Officer  
Adventist La Grange Memorial Hospital  
5101 S. Willow Springs Road  
La Grange, IL 60525

Dear Mr. Wright:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency rooms at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	72

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsk@cchhs.org](mailto:jwykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-664-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anticancer & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Reischle COB Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Address Approved to:</p> <p>Rick Wright Chief Executive Officer Adventist La Grange Memorial Hospital 5101 S. Willow Springs Road La Grange, IL 60525</p>	<p>A. Signature <input checked="" type="checkbox"/> Agrees <input type="checkbox"/> Disagrees</p> <p>B. Received by (Print Name) <input checked="" type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address correct from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what delivery address error: <input type="checkbox"/> No</p> <p>D. Service Type</p> <p><input checked="" type="checkbox"/> Domestic Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>E. Restricted Delivery? (Check Field) <input type="checkbox"/> Yes</p>
<p>2. AIN# Number: 7007 0710 0005 8045 6496</p> <p>3. Priority Free Service Ind: _____</p>	



September 20, 2010  
 Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Lena Dobbs-Johnson  
 President  
 Advocate Bethany Hospital  
 3435 W. Van Buren Street  
 Chicago, IL 60624

Dear Ms. Dobbs-Johnson:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Lena Dobbs-Johnson  
 President  
 Advocate Bethany Hospital  
 3435 W. Van Buren Street  
 Chicago, IL 60624

2. Article Number (Transfer from sender label)  
 7007 0710 0005 5045 6564

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  
 B. Received by (Printed Name)  
 [Signature]  
 C. Date of Delivery  
 9-20-10

D. Agency Address  
 [Blank]

3. Sample Type  
 Certified Mail  Certified Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.D.

4. PostOffice Delivery? (Extra Fee)  
 Yes  No

Domestic Return Receipt 10558-01-00 (1-04)

Todd R. Strayer - President  
Cook County Board of Commissioners  
Wayne L. Bass - Chairman  
Cook County Health & Hospitals System  
Jorge Morales - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



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St. Sheth Lynn  
Dr. Luis R. Madico  
Member E. O. Dorsett  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Kenneth W. Lukhard  
President  
Advocate Christ Memorial Hospital  
4440 W. 95th Street  
Oak Lawn, IL 60453

Dear Mr. Lukhard:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health •  
• John W. Stroger Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Solerstein CORE Center •

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SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the back if space permits.</li> </ul>	<p>A. Signature K. S. <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Restricted Delivery C. S. <input type="checkbox"/> Yes <input type="checkbox"/> No C. Is delivery address different from 11? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>D. Delivery Type  <input type="checkbox"/> Registered 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.  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Addressee to:</p> <p>Kenneth W. Lukhard President Advocate Christ Memorial Hospital 4440 W. 95th Street Oak Lawn, IL 60453</p>	
<p>2. Article Number: 7007 0710 0005 5045 6360 (Postmark from service agent)</p>	

298



To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplemented by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cochhs.org](mailto:wykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Michael W. Engelhart  
 President  
 Advocate South Suburban Hospital  
 17800 S. Kedzie Ave  
 Hazel Crest, IL 60429

Dear Mr. Engelhart:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><i>[Signature]</i> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business</p> <p>B. Delivered by (Postnet Number) <i>10412</i> Date of Delivery <i>9/20/10</i></p> <p><input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Delivery Type: <input 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. <input type="checkbox"/> Signature Required</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Michael W. Engelhart                  President                  Advocate South Suburban Hospital                  17800 S. Kedzie Ave                  Hazel Crest, IL 60429</p>	<p>2. Article Number (Number from address label) <b>7007 0730 0005 5045 6335</b></p>

Todd H. Sawyer - President  
Cook County Board of Commissioners  
Warren L. Berry - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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David N. Corrado  
Celia R. Gidycz  
Jesse Greenquist  
Dr. David L. Lipp  
Dr. Lisa R. Meyer  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Jonathan Brass  
President  
Advocate Trinity Hospital  
2320 E. 93rd Street  
Chicago, IL 60617

Dear Mr. Brass:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be prepared for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provena Hospital • Beth J. Rothman COB Center

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- 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 envelope, or on the front if space permits.

1. Article Addressed to:

Jonathan Brass  
President  
Advocate Trinity Hospital  
2320 E. 93rd Street  
Chicago, IL 60617

2. Article Number  
(Transfer from service label)

7007 0710 0005 6045 6430

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*R. Foley*

B. Received by (Printed Name)  
*CAIRB*

C. Date of Delivery  
*9-22-10*

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

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Same Day)  Yes



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 Cook County Board of Commissioners  
 Warren L. Baits - Chairman  
 Cook County Health & Hospitals System  
 Jorge Riestrup - Vice-Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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 Councilmember Jerry Butler  
 David H. Carls  
 Chris E. Collins  
 Ben Crain  
 St. Dennis Lyles  
 Dr. Lori B. Meeks  
 Heather E. O'Donnell  
 Andrea L. Zapp

September 20, 2010

Wayne M. Lerner, DPH  
 President & Chief Executive Officer  
 Holy Cross Hospital  
 2701 W. 68th Street  
 Chicago, IL 60629

Dear Dr. Lerner:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
 • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Wayne M. Lerner, DPH            President &amp; Chief Executive Officer            Holy Cross Hospital            2701 W. 68th Street            Chicago, IL 60629</p> <p>5. Article Number (Indicate exact service used)</p>	<p>A. Delivery</p> <p><input checked="" type="checkbox"/> <i>Drop-off</i> <input type="checkbox"/> <i>Express</i>  <input type="checkbox"/> <i>Priority</i> <input type="checkbox"/> <i>Registered</i></p> <p>B. Received by (Print Name)</p> <p><i>D. Swanson</i></p> <p>C. Date of Delivery</p> <p><i>9/20/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, what delivery address please:</p> <p>E. Delivery Type</p> <p><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.</p> <p>F. Restricted Delivery? (Item Flag) <input type="checkbox"/> Yes</p>
<p>7007 0710 0095 5045 6534</p>	

Todd H. Stenger - President  
Cook County Board of Commissioners  
Warren L. Davis - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members

Dr. David A. Ansell  
Comptroller Amy Bricker  
David N. Corvado  
Otha R. Golden  
Bern Greenstein  
Dr. David L. Lipp  
Dr. Luis R. Melles  
Heather E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Kurt E. Johnson  
President & Chief Executive Officer  
Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426

Dear Mr. Johnson:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COB Center

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete forms 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on this form if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Kurt E. Johnson</i>    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Registered by (Typed Name)  <input checked="" type="checkbox"/> <i>Kurt E. Johnson</i>    <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address correct from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No. If YES, enter delivery address below: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>D. Service Type  <input 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.</p> <p>E. Restricted Delivery? (Circle one)  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:            Kurt E. Johnson            President &amp; Chief Executive Officer            Ingalls Memorial Hospital            One Ingalls Drive            Harvey, IL 60426</p>	<p>2. Article Number            (Character with service code)    7007 0710 0005 5045 6359</p>

PS Form 3811, February 2004

Domestic Return Receipt

10886-01-01-1001



September 20, 2010

Merritt J. Hasbrouck  
 President  
 Jackson Park Hospital  
 7531 S. Stony Island Avenue  
 Chicago, IL 60649

Dear Mr. Hasbrouck:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of services—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

*William T. Foley*  
 William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ONLY IF BY AIR
<ul style="list-style-type: none"> <li>Complete Parts 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Registered <input type="checkbox"/> Urgent <input type="checkbox"/></p> <p>X <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Air Mail <input type="checkbox"/></p> <p>B. Registered by (Postage Paid) <input type="checkbox"/> Date of Delivery <input type="checkbox"/></p> <p>C. Is delivery address different from Item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>D. Delivery Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> D.O.D.</p> <p>E. Restricted Delivery? (EPC Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Merritt J. Hasbrouck                      President                      Jackson Park Hospital                      7531 S. Stony Island Avenue                      Chicago, IL 60649</p>	
<p>2. Article Number (Transfer from service label) 7007 0730 0005 5045 6427</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt (10295-02-00-100)</p>	



September 20, 2010

Paula Ktenberger Jaudes, M.D.  
 President & Chief Executive Officer  
 La Rabida Children's Hospital  
 6501 S. Promontory Drive  
 Chicago, IL 60649

Dear Dr. Jaudes:

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cochhs.org](mailto:jwykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
 William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Paula Ktenberger Jaudes, M.D.                      President &amp; Chief Executive Officer                      La Rabida Children's Hospital                      6501 S. Promontory Drive                      Chicago, IL 60649</p> <p>E. Article Number                      (Transfer from service label) 7007 0710 0005 5045 6469</p>	<p>A. Delivery</p> <p><i>X</i> Registered <input type="checkbox"/> Special <input type="checkbox"/> Registered <input type="checkbox"/> Registered <input type="checkbox"/></p> <p>B. Return to (Printed Name)</p> <p>John M. Saylor 9-22</p> <p>C. Restricted Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below:</p> <p>F. Service Type</p> <p><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"/> G.O.D.  <input type="checkbox"/> Restricted Delivery (Postage Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



September 20, 2010

Dennis Reilly  
President & Chief Executive Officer  
Little Company of Mary Hospital  
2800 W. 95th Street  
Evergreen Park, IL 60805

Dear Mr. Reilly:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Academy of Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center

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**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Registered 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 envelope, or on the front if space permits.

1. Article Addressed to:  
Dennis Reilly  
President & Chief Executive Officer  
Little Company of Mary Hospital  
2800 W. 95th Street  
Evergreen Park, IL 60805

2. Article Number: 7007 0710 0005 5045 4403  
(Transfer from service label)

PG Form 3811, February 2004      Donnette Nelson, Russell      1025942146 1341

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*  Date of Delivery: *10/22/10*

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

3. Service Type:  Certified Mail  Return Receipt for Merchandise  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Signature Required (Extra Fee)  Yes



September 20, 2010  
Page 2

September 20, 2010  
Steven C. Drucker, PACHE  
President & Chief Executive Officer  
Loretto Hospital  
645 South Central Ave  
Chicago, IL 60644

Dear Mr. Drucker:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

SENDER: COMPLETE THIS SECTION	CONSIGNEE: THIS SECTION ONLY
<p>1. Article Accused to:</p> <p>Steven C. Drucker, PACHE President &amp; Chief Executive Officer Loretto Hospital 645 South Central Ave Chicago, IL 60644</p>	<p>A. Postmark</p> <p>B. Postmarked by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Delivery Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> GDS</p> <p>F. Restricted Delivery? (Item Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number</p> <p>7007 0710 0005 5045 6656</p>	



September 20, 2010  
 Page 2

September 20, 2010

Brian Lemon  
 Chief Executive Officer  
 MacNeal Hospital  
 3249 S. Oak Park Ave  
 Berwyn, IL 60402

Dear Mr. Lemon:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

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 Chief Executive Officer  
 Cook County Health & Hospitals System

We Bring Health CARE to Your Community

**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:  
 Brian Lemon  
 Chief Executive Officer  
 MacNeal Hospital  
 3249 S. Oak Park Ave  
 Berwyn, IL 60402

2. Article Number (Restrictive service label)  
 7007 0730 0005 5045 6625

PS Form 3811, February 2004

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Signature  Agent  Address

B. Received by (Printed Name) *9/20/10*

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

E. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  COD

F. Restricted Delivery (Extra Fee)  Yes



September 20, 2010

Enrique Beckmann, MD, PhD  
President & Chief Medical Officer  
Metro South Medical Center  
12935 S. Gregory Street  
Blue Island, IL 60406

Dear Dr. Beckmann:

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September 20, 2010  
Page 2

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION (RECIPIENT ONLY)
<p>• Complete Parts 1, 2, and 5. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach one cent to the back of the mailpiece, or on the label space permits.</p> <p>1. Article Addressed to:</p> <p>Enrique Beckmann, MD, PhD President &amp; Chief Medical Officer Metro South Medical Center 12935 S. Gregory Street Blue Island, IL 60406</p>	<p>A. Return <input checked="" type="checkbox"/> Return <input type="checkbox"/> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Insured by (Priority Mail) <input checked="" type="checkbox"/> Date of Delivery 9/20/10</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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"/> D.O.D.  <input type="checkbox"/> Restricted Delivery (3500 Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Printer's use only) 7007 0710 0005 5045 6342</p>	



Todd R. Bronger - President  
Cook County Board of Commissioners  
William T. Foley - Chairman  
Cook County Health & Hospitals System  
Joseph B. Bazzani - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Allen  
Commissioner Jerry Butler  
David N. Carrick  
Olin R. Dalton  
Benjamin Grossman  
St. Sheila Lytle  
Dr. Luis R. Mullen  
Nancy G. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Alan H. Channing  
President & Chief Executive Officer  
Mt. Sinai Hospital  
1500 South California Avenue  
Chicago, IL 60608

Dear Mr. Channing:

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Ambulatory & Community Health Network • CareLink Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COBE Center •

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SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Alan H. Channing President &amp; Chief Executive Officer Mt. Sinai Hospital 1500 South California Avenue Chicago, IL 60608</p>	<p>A. Signature <i>Alan H. Channing</i></p> <p>B. Date 9/20/10</p> <p>C. Care of Delivery <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery restricted? (Mark "X" if YES, enter delivery address below)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Phone First) <input type="checkbox"/> Yes</p>
2. Article Number (Number from service label)	
7007 0710 0005 5045 6595	
PS Form 3811, February 2004	Domestic Return Receipt

Todd B. Rieger - President  
Cook County Board of Commissioners  
Walter L. Bette - Chairman  
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Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commissioner Jerry Butler  
David M. Cavitt  
Olin A. Golden  
Benn Grossman  
St. Shelia Lynn  
Dr. Lisa P. Menden  
Member E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6020.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

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

Dear Mr. Harrison:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Anatomical & Community Health Network • Community Health Services • Cook County Department of Public Health • John W. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Sullivan OGBS Center

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SENDER: COMPLETE THIS SECTION	CONSIGNEE: THIS SECTION GOES AWAY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return this card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Dean M. Harrison President &amp; Chief Executive Officer Northwestern Memorial HealthCare 251 East Huron Street Chicago, IL 60611</p> <p>5. Article Number (Transfer from service label) 7007 0710 0005 5045 6574</p> <p>PS Form 3811, February 2004</p>	<p>A. Signature <i>W. Johnson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery 9/20/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Article Type <input 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"/> COD</p> <p>4. Restricted Delivery? (Print Flag) <input type="checkbox"/> Yes</p>

David J. Brager - President  
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Warren L. Raitis - Chairman  
Oak County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Oak County Health & Hospitals System  
William T. Foley - CEO  
Oak County Health & Hospitals System



Health & Hospitals System Board Members  
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Concessione/Jerry Becker  
David N. Corwin  
Ola R. Golden  
Dawn Greenman  
Dr. Sheila Lyne  
Dr. Lela B. McFon  
Heather E. O'Donohi  
Andrea L. Zopp

September 20, 2010  
Page 2

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Please send your response to Mr. Jay Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cochhs.org](mailto:jwykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Sister Margaret Wright  
President  
Palos Community Hospital  
12251 S. 80th Ave.  
Palos Heights, IL 60463

Dear Sister Wright:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • Anna M. Brager, M. Hospital • Oak Forest Hospital • Provident Hospital • Santa M. Barbara CORE Center

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- 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 Margaret Wright  
President  
Palos Community Hospital  
12251 S. 80th Ave.  
Palos Heights, IL 60463

2. Article Number: 7007 0730 0005 5045 4366  
(Transfer from service label)  
PS Form 3811, February 2004

**RECIPIENT: COMPLETE THIS SECTION OF DELIVERY**

A. Signature:

B. Received by (Print Name):

C. Date of Delivery: 9/20/10

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

3. Service Type:  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Rate Paid)  Yes



September 20, 2010

Jeffrey L. Brickman, FACHE  
System Senior Vice President & Chief Executive Officer  
Provena St. Joseph Medical Center  
333 North Madison Street  
Joliet, IL 60435

Dear Mr. Brickman:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of services—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joy.wykowski@cchhs.org](mailto:joy.wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

SENDER - COMPLETE THIS SECTION	POSTAL SERVICE STANDARD DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article addressed to:</p> <p>Jeffrey L. Brickman, FACHE System Senior Vice President &amp; Chief Executive Officer Provena St. Joseph Medical Center 333 North Madison Street Joliet, IL 60435</p>	<p>5. <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>6. Received by <i>Jim O'Sullivan</i> Date of Delivery <i>9-23-10</i></p> <p>7. Is delivery address different from item 1? <input type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No</p> <p>8. Single Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>9. Article Number: 7007 0730 0005 5045 6502 (Consider this service label)</p> <p>PG Form 3811, February 2004 Domestic Return Receipt (PSN9548-00-1000)</p>	

Todd H. Strayer - President  
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Wayne L. Bates - Chairman  
Cook County Health & Hospital System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospital System  
William T. Foley - CEO  
Cook County Health & Hospital System



Health & Hospital System Board Members  
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David N. Gavrilov  
Quin R. Gilman  
Debra Occigiano  
Dr. Sheila Lynn  
Dr. Lois R. Mink  
Heather S. O'Donoghue  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospital System

Robert Hamilton  
Chief Operating Officer  
Provident Hospital  
500 E. 51st Street  
Chicago, IL 60615

Dear Mr. Hamilton:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospital System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Analytical & Community Health Network • Chronic Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COSE Center

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1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked, so that we can return the return so that we can return the card to you.

2. Attach this card to the back of the recipient, or on the front if appropriate.

3. Article Addressed to:  
Robert Hamilton  
Chief Operating Officer  
Provident Hospital  
500 E. 51st Street  
Chicago, IL 60615

4. Article Number  
(Number from service label) 7007 0730 0005 5045 6456

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Wayne L. Bates*

B. Received by / Printed Name  
*W. L. Bates*

C. Date of Delivery

D. Is delivery address correct from item 1? Yes  No

E. YES, enter delivery address below:

F. Article Type  
 Certified Mail  Business Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

G. Restricted Delivery? (Class Post) Yes  No

80250-09-00-10-0

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 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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 Commissioner Jay Butler  
 David N. Carvick  
 Don R. Golden  
 Rose Greenstein  
 St. Shelly Lynn  
 Dr. Lois E. Miller  
 Heather G. O'Donoghue  
 Andrew L. Zapp

September 20, 2010  
 Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Joanne Smith, M.D.  
 President & Chief Executive Officer  
 Rehabilitation Institute of Chicago  
 245 E. Superior Street  
 Chicago, IL 60611

Dear Dr. Smith:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Roth R. Ballieton CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	RECIPIENT: THIS SECTION IS DELIVERED
<p>1. Article Addressed to:</p> <p>Joanne Smith, M.D.            President &amp; Chief Executive Officer            Rehabilitation Institute of Chicago            245 E. Superior Street            Chicago, IL 60611</p>	<p>3. Delivered by (Physical Mailed) _____ Date of Delivery _____  <i>John Weather</i> 09-23-10</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Postnet code sender use) 7007 0710 0005 5045 6588</p>	<p>5. Service Type</p> <p><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"/> COD</p>



- Dr. David A. Ansell
- Chairman/Member Jerry Butler
- David R. Cervino
- Oyle R. Golden
- Ben Greenman
- St. Sheila Lynn
- Dr. Lisa R. Mielke
- Member B. O'Donnell
- Andrea L. Zapp

September 20, 2010

James R. Priester  
 President & Chief Executive Officer  
 RML Specialty Hospital  
 5601 South County Line Road  
 Hinsdale, IL 60521

Dear Mr. Priester:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
 Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest \*without restrictions, conditions, limitations, or discrimination.\* The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cochhs.org](mailto:jwykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

**SENDER: COMPLETE THIS SECTION**

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

4. Article addressed to:  
 James R. Priester  
 President & Chief Executive Officer  
 RML Specialty Hospital  
 5601 South County Line Road  
 Hinsdale, IL 60521

2. Article Number (through 50¢ surcharge) **7007 0720 0005 5045 6472**

PS Form 3813, February 2004 Domestic Priority Mail

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) *William T. Foley* Date of Delivery *9/20/10*

C. Is delivery address different from TX, IL, MO, or IN?  YES, enter delivery address below

3. Package Type  
 Certified Mail  Insured Mail  
 Registered Mail  Return Receipt for Merchandise  
 Restricted Mail  QDOL

4. Restricted Delivery? (Extra Fee)  Yes

315

Todd H. Strayer - President  
 Cook County Board of Commissioners  
 Warren L. Butts - Chairman  
 Cook County Health & Hospitals System  
 Jorge Ramirez - Vice Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
 Dr. David A. Ansell  
 Commissioner Jerry Peder  
 David N. Cavallaro  
 Colin R. Collier  
 Dean Greenman  
 Dr. Sheila Lips  
 Dr. Luis E. Melgar  
 Matthew S. O'Hara  
 Andrea L. Zapp

September 20, 2010  
 Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Anthony J. Puorro, FACHE, FHFMA  
 President & Chief Executive Officer  
 Roseland Community Hospital  
 45 W. 111th Street  
 Chicago, IL 60628

Dear Mr. Puorro:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Amberlindery & Community Health Network • Cerebral Health Services • Cook County Department of Public Health •  
 • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Barkersole COBE Center •  
 We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. POSTAGE  <i>Richard M. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Clerk</p> <p>B. Received by (Printed Name) <i>Richard M. Foley</i> <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>D. Signature Type  <input 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.  <input type="checkbox"/> Restricted Delivery? (RCS Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Anthony J. Puorro, FACHE, FHFMA          President &amp; Chief Executive Officer          Roseland Community Hospital          45 W. 111th Street          Chicago, IL 60628</p>	
<p>2. Article Number (Circle the service fee)</p> <p>7007 0710 0005 5045 6373</p>	
<p>PB Form 3811, February 2004 Domestic Return Receipt (FORM 3811-24-1540)</p>	





September 20, 2010

Larry J. Goodman, M.D.  
 President & Chief Executive Officer  
 Rush University Medical Center  
 1653 West Congress Parkway  
 Chicago, IL 60612

Dear Dr. Goodman:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION BY RECIPIENT
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>L. Goodman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <input type="checkbox"/> C. Date of Delivery                  9/23/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If YES, write delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:                   Larry J. Goodman, M.D.                  President &amp; Chief Executive Officer                  Rush University Medical Center                  1653 West Congress Parkway                  Chicago, IL 60612</p>	<p>5. 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.                  6. Restricted Delivery? (Only Mail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Postmark sends this)                  7007 0710 0005 5045 6524</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10298-02-00-1001</p>	



September 20, 2010

Seth Warren  
 President  
 St. James Hospital & Health Centers/Olympic Fields  
 20201 S. Crawford Ave  
 Olympic Fields, IL 60461

Dear Mr. Warren:

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [Wolkowski@ccohs.org](mailto:Wolkowski@ccohs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Respiratory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John W. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COE Center •  
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**REMIINDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if requested 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:

Seth Warren, President  
 St. James Hospital & Health  
 Centers/Olympic Fields  
 20201 S. Crawford Ave  
 Olympic Fields, IL 60461

2. Article Number: **7007 0710 0005 5045 6328**  
 (Transfer from service label)

3. Complete this section on delivery

A. Signature: *[Signature]*  Agent  Address

B. Requested by (Printed Name): *[Signature]*  Date of Delivery: *9/20/10*

D. Is delivery address correct?  Yes  No  
 If YES, enter delivery address below:

3. Sample Type:  Certified Mail  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  O.D.D.  Yes

4. Restricted Delivery (Post Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 42599A-02-04-1010

Tom D. Ringler - President  
Cook County Board of Commissioners  
Warren L. Rietz - Chairman  
Cook County Health & Hospitals System  
George Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Poley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Consultant/Tony Rizzo  
David N. Corvillo  
Olin R. Golden  
Alex Grossman  
St. Martha Lyne  
Dr. Lela E. Mottet  
Heather H. O'Donnell  
Andrew L. Zopp

September 20, 2010  
Page 2

September 20, 2010

Seth Warren  
President  
St. James Hospital & Health Centers/Chicago Heights  
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Chicago Heights, IL 60411

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfpoley@cchhs.org](mailto:wfpoley@cchhs.org) or 312-864-6820.

Sincerely,

  
William T. Poley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anticipatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Robertson COLE Center • We Bring Health CARE to Your Community

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X </p> <p>B. Received by (Print Name) C. Date of Delivery 9/20/10</p> <p>D. Is delivery address different from item 11? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Special Type  <input 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.  <input type="checkbox"/> Restricted Delivery? (Box Fee) <input type="checkbox"/> Yes         </p>
<p>1. Article Addressed to</p> <p>Seth Warren, President St. James Hospital &amp; Health Centers/Chicago Heights 1423 Chicago Road Chicago Heights, IL 60411</p>	
<p>2. Article Number (Number with service label)</p> <p>7007 0710 0005 5045 6397</p>	



September 20, 2010  
 Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Guy A. Medaglia  
 President & Chief Executive Officer  
 St. Anthony Hospital  
 2875 W. 19th Street  
 Chicago, IL 60623

Dear Mr. Medaglia:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

As you know, the Cook County Health & Hospitals System is, by far, the largest provider of safety net healthcare services in the State of Illinois, and one of the largest public hospital systems in the nation. The demands upon our system from growing numbers of uninsured, escalating health care costs, and the current national economic crisis simply cannot be addressed given our constrained budget resources—resources unlikely to grow in the future. The primary aim of our strategic planning process was to formulate a strategy that would maximally utilize these limited resources in addressing the future needs of our patient populations, and protect the public's health in Cook County.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the medication, or on the inside if return permits.</li> </ul>	<p>A. Signature                  X <i>Lopez</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Account (Printed Name)                  Lopez <input type="checkbox"/> Day or Delivery                  9/23/10</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below <input type="checkbox"/> No</p> <p>D. Service Type  <input 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"/> G.O.D.  <input type="checkbox"/> Restricted Delivery? (See Fee) <input type="checkbox"/> Yes</p>
<p>1. Recipient Address to:</p> <p>Guy A. Medaglia                  President &amp; Chief Executive Officer                  St. Anthony Hospital                  2875 W. 19th Street                  Chicago, IL 60623</p>	
<p>2. Postal Number                  (Transfer from service label)                  7067 0710 0005 5045 6621</p>	



September 20, 2010  
Page 2

September 20, 2010

Margaret McDermott  
Executive Vice President & Chief Executive Officer  
Saints Mary & Elizabeth Medical Center/St. Elizabeth  
1431 North Claremont Ave  
Chicago, IL 60622

Dear Ms. McDermott:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supported by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cochs.org](mailto:jwykowski@cochs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [W Foley@cochs.org](mailto:W Foley@cochs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Margaret McDermott  
Executive Vice President & CEO  
Saints Mary & Elizabeth Medical  
Center/St. Elizabeth  
1431 North Claremont Ave  
Chicago, IL 60622

2. Article Number  
(Transfer from service label) 7007 0730 0005 5045 6663

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

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

D. Is delivery acceptable (Printed Name)?  Yes  No  
If YES, enter delivery address below

3. Service Type (Printed Name)  
 Certified Mail  Registered Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Printed Name)  Yes



September 20, 2010

Margaret McDermott  
 Executive Vice President & Chief Executive Officer  
 Saint Mary & Elizabeth Medical Center/St. Mary  
 2233 W. Division Street  
 Chicago, IL 60622

Dear Ms. McDermott:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System and pursuant filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
 Page 2

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Reitzel CDRS Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article addressed to:</p> <p>Margaret McDermott                      Executive Vice President &amp; CEO                      Saint Mary &amp; Elizabeth Medical Center/St. Mary                      2233 W. Division Street                      Chicago, IL 60622</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/></p> <p>X <input checked="" type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, enter delivery address below:</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt <input type="checkbox"/></p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Article Number: 7007 0720 0005 5045 6649</p> <p>6. Article Postmark: [Blank]</p>	

Todd B. Strager - President  
Cook County Board of Commissioners  
Warren L. Datta - Chairman  
Cook County Health & Hospitals System  
Jorge Resendez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foiey - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Jamill - Chairman  
Commissioner Jerry Butler  
David M. Cannabio  
Chris R. Cadden  
Boris Greenbaum  
Dr. Sylvia Lyne  
Dr. Louis R. Medoff  
Heather L. O'Donnell  
Andrea L. Topp

September 20, 2010  
Page 2

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Sincerely,

William T. Foiey  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Edward J. Novak  
President & Chief Executive Officer  
Sacred Heart Hospital  
3240 W. Franklin Boulevard  
Chicago, IL 60624

Dear Mr. Novak:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Reiterdale COSE Center •

We Bring HealthCARE to Your Community

**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 the card to the back of the envelope, or on the front if space permits.

1. Article Addressed to:  
Edward J. Novak  
President & Chief Executive Officer  
Sacred Heart Hospital  
3240 W. Franklin Boulevard  
Chicago, IL 60624

**COMPLETE THIS SECTION ON DELIVERY**

A. Delivery:  
 Home  
 Agent  
 Address

Delivered by (Printed Name) *Sandra Sumrell* Date of Delivery *9/23/10*

D. Is delivery addressed from item 1?  Yes  
 No  
 Is return receipt desired?  Yes  
 No

2. Sample Type:  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Signature Required  
 Restricted Delivery® Extra Fee

3. Delivery Method:  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 No

4. Restricted Delivery® Extra Fee  Yes  No

E. Article Number (Reference only; service label) 7007 0710 0005 5045 6670

PS Form 3811, February 2004 Domestic Return Receipt



To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supported by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Alan H. Channing  
 President & Chief Executive Officer  
 Schwab Rehabilitation Hospital  
 1401 S. California Blvd  
 Chicago, IL 60608

Dear Mr. Channing:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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**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 envelope, or on the front if space permits.

1. Article Addressed to:

Alan H. Channing  
 President & Chief Executive Officer  
 Schwab Rehabilitation Hospital  
 1401 S. California Blvd  
 Chicago, IL 60608

2. Article Number: 7007 0710 0005 5045 6632  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Registered  *William T. Foley*  Agent  Addressee

B. Signature of Addressee  *William T. Foley*

C. Date of Delivery: \_\_\_\_\_

D. Is delivery restricted? (See item 1)  Yes  No

E. Restricted Delivery? (See Fee)  Yes  No

3. Service Type:  Certified Mail  Express Mail  Registered Mail  Return Receipt for Merchandise  Insured Mail  C.O.D.  Signature Required  Signature Required (No Fee)

PS Form 3811, February 2004



Wood B. Sawyer - President  
Cook County Board of Commissioners  
Warren L. Bate - Chairman  
of Cook County Health & Hospitals System  
Jorge Sandoval - Vice Chairman  
of Cook County Health & Hospitals System  
William T. Foley - CEO  
of Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Brier  
David M. Corbett  
Olivio E. O'Brien  
Norm Greenstein  
Sr. Sheila Lynn  
Dr. Luis R. Malave  
Heather E. O'Donnell  
Andrew L. Zapp

September 20, 2010

Paul Pawlak  
President & Chief Executive Officer  
Silver Cross Hospital  
1200 Maple Road  
Joliet, IL 60432

Dear Mr. Pawlak:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

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September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anatomical & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John M. Sangre, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Barkwith CORE Center

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- 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. Addressee to:

Paul Pawlak  
President & Chief Executive Officer  
Silver Cross Hospital  
1200 Maple Road  
Joliet, IL 60432

**COMPLETETE THIS SECTION ON DELIVERY**

A. Signature  Yes  No  
B. Received by (Printed Name)  Yes  No  
C. Date of Delivery  Yes  No  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

E. Service Type  Express Mail  Registered Mail  Return Receipt for Merchandise  Insured Mail  Signature Required  Signature Confirmation  Restricted Delivery (First Class)

2. Article Number (Transfer from service label)  
PG Form 3871, February 2004

7007 0730 0005 5045 6434



September 20, 2010

Jesus M. Ong  
 President & Chief Executive Officer  
 South Shore Hospital  
 8012 S. Crandon Ave  
 Chicago, IL 60617

Dear Mr. Ong:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joykowsk@ccchs.org](mailto:joykowsk@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Ambulatory & Community Health Services • Community Health Services • Cook County Department of Public Health • John M. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center • We Bring Health CARE to Your Community

**SENDER COMPLETE THIS SECTION**

1. Article Addressed to:  
 Jesus M. Ong  
 President & Chief Executive Officer  
 South Shore Hospital  
 8012 S. Crandon Ave  
 Chicago, IL 60617

2. Article Number  
 (Transfer this number to the back)  
 7007 0710 0005 5045 6441

**COMPLETE THIS SECTION ON DELIVERY**

3. Signature  
 Delivered  
 Not Delivered

4. Reason for (Prepaid) Return  
 Return to Sender  
 Return to Post Office  
 Return to Post Office (if address below)

5. Delivery Address  
 Yes  
 No

6. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Registered Delivery Extra Fee

7. Express Mail  
 Express Mail  
 Return Receipt for Merchandise  
 D.D.D.  
 Yes

PS Form 3811, February 2004  
 Cancelled Return Receipt  
 10000-024-100

Tom H. Sawyer - President  
Cook County Board of Commissioners  
Warren J. Burek - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Amy Briller  
David N. Carvello  
Quin R. Gaskin  
Brian Greenman  
St. Sheila Lynn  
Dr. Luis R. Molina  
Nancy E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	72

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010  
Johnny C. Brown  
Chief Operating Officer  
John H. Stroger, Jr. Hospital  
1901 W. Harrison Street  
Chicago, IL 60612

Dear Mr. Brown:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return this card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Addressee to:</p> <p>Johnny C. Brown Chief Operating Officer John H. Stroger, Jr. Hospital 1901 W. Harrison Street Chicago, IL 60612</p>	<p>A. Signature <i>J.C. Brown</i> 9-23-10</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>5. Sample Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 6. Restricted Delivery (PSN RM) <input type="checkbox"/> Yes</p>
<p>7. Article Number: 7007 0710 0005 5045 6533 (Transfer from address label)</p>	



September 20, 2010

Everett E. Vokes, MD  
 Interim Chief Executive Officer  
 University of Chicago Medical Center  
 5841 S. Maryland Ave  
 Chicago, IL 60637

Dear Dr. Vokes:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Analytical & Community Health Network • Domestic Health Services • Cook County Department of Public Health • John R. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Everett E. Vokes, MD                      Interim Chief Executive Officer                      University of Chicago Medical Center                      5841 S. Maryland Ave                      Chicago, IL 60637</p> <p>5. Article Number (Obtain from service label)                      7007 0730 0005 5045 6465</p> <p>PS Form 3811, February 2004</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Returned by <input type="checkbox"/> Postal Official <input type="checkbox"/> On Date of Delivery 9/23/10</p> <p>C. Is delivery address different from line 17? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below:</p> <p>D. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> S.O.D.  <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

John J. DeNardo  
Chief Executive Officer, Healthcare System  
University of Illinois Medical Center at Chicago  
1740 W. Taylor Street  
Chicago, IL 60612

Dear Mr. DeNardo:

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- Complete Parts 1, 2, and 3. Also complete Part 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 back if space permits.

1. Article Addressed to:

John J. DeNardo  
Chief Executive Officer, Healthcare System  
University of Illinois Medical Center  
1st Chicago  
1740 W. Taylor Street  
Chicago, IL 60612

2. Article Number (Transfer from reverse side) 7007 0710 6005 5045 6540

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature (Print Name)  Agent  Addressee

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

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

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.D.  
 Restricted Delivery/ Extra Fee  Yes

**Attachment 10**  
**Responses from Nursing Homes**

**Attachment 10**

**Wykowski, Joy**

---

**From:** WW Administrator [ww\_administrator@aldengroup.org]  
**Sent:** Wednesday, September 22, 2010 11:49 AM  
**To:** Wykowski, Joy; Foley, William  
**Cc:** 'Esther Davis'; 'Rick Hoffman'  
**Subject:** Oak Forest Hospital Closing

Dear Ms. Wykowski:

Please be advised that Alden Wentworth Rehabilitation and Health Care Center has available beds to assume any of your long term care patients who now reside at Oak Forest Hospital. Alden Wentworth Rehab and Care Center has a Certified Alzheimer Unit, In-House Hemodialysis, and a Sub-Acute Unit for Ortho, Neuro, and Cardiac care. Please call me at any time if you need any additional information. I am looking forward to hearing from you.

Respectfully,

Charlene Hill-Jeon, MA LNHA  
Administrator

Alden Wentworth Rehabilitation & Health Care Center  
201 W. 69<sup>th</sup> Street  
Chicago, Illinois 60621  
773-487-1200  
773-487-4782 (Fax)  
312-320-4156 (Cell)

**Wykowski, Joy**

---

**From:** Countryside Health Care [countryside@careplusmgt.com]

**Sent:** Wednesday, September 22, 2010 2:41 PM

**To:** Wykowski, Joy

Ms. Wykowski

I am very pleased that you thought of our facility for placing some of your patients. We here at Countryside Nursing and Rehabilitation would be very grateful to accept the patients. Can you please let me know how you will go about this transfer we are willing to assist in any way possible to make this a smooth transfer. We do have availability.

Thank You  
Callie Graham, Administrator

9/23/2010

332

Attachment 10



**Wykowski, Joy**

---

**From:** Marie Montvidas [lmadmissions@extendedcarellc.com]

**Sent:** Wednesday, September 22, 2010 1:39 PM

**To:** Wykowski, Joy

**Subject:** LEMONT CENTER

Ms. Joy Wykowski,

I am writing this letter to respond to the letter we received indicating that Oak Forest Hospital will be discontinuing their services. We would like to assist you in this matter as much as possible. Lemont Center is a skilled nursing facility located in Lemont, IL. We have 158 beds and we accept MC, Insurance, Private Pay, and Medicaid. We offer short term stay as well as long term. I would love the opportunity to meet with you to discuss how we could assist you in taking care of your patients. Please feel free to call me at (630)243-0400 so we can discuss more details. I thank you in advance for your time and look forward to hearing from you soon.

Sincerely,  
Heather Mensik  
Admissions Director  
Lemont Center

**Wykowski, Joy**

---

**From:** Princeton Administrator [pr\_administrator@aldengroup.org]

**Sent:** Wednesday, September 22, 2010 10:26 AM

**To:** Wykowski, Joy

**Subject:** Patient Acceptance

Good Morning Ms. Wykowski, my name is Trina Springs-Rehder. I am the administrator at Alden Princeton. I received your notice and am responding to let you know we do have bed availability in our facility. I would like to schedule an appointment to discuss what are our options regarding patient placements with Princeton. Please let me know the date and time that Ru Griciute, Marketing Director and I can meet you.

Sincerest Regards,

Trina Springs-Rehder

**Wykowski, Joy**

---

**From:** Earl Van Dusen [evandusen@platinumhc.net]

**Sent:** Thursday, September 23, 2010 10:52 AM

**To:** Wykowski, Joy

**Subject:** Oak Forest Hospital

Dear Ms. Joy Wykowski,

Hello! My name is Earl Van Dusen. I am the Administrator at All Faith Pavilion. I am writing in response to the letter concerning the closing of Oak Forest Hospital. All Faith Pavilion is a skilled nursing facility which offers skilled therapy (OT, PT, ST), Dementia Services, Psychiatric Services, Long term care, and short term Care. We accept both Medicare and Medicaid. All faith currently has 30 available beds. If there is anything we can do to assist in the transition of the resident from Oak Forest please contact our Admission Director Agnes Gilham. She can be reached at 312-326-2000 or by fax at 312-326-5753. If you have any other questions, I also can be reached at 312-326-2000.

Sincerely yours,

Earl Van Dusen, Administrator

9/23/2010

335

Attachment 10

**Wykowski, Joy**

---

**From:** Boulevard [boulevard@careplusmgt.com]

**Sent:** Thursday, September 23, 2010 10:58 AM

**To:** Wykowski, Joy

**Subject:** Oak Forest Patients

Hello Ms. Joy Wykowski,

I am the administrator at Boulevard Care Nursing and Rehabilitation. We are located at 3405 South Michigan Avenue and we are able to accept residents who will be in need of long-term nursing services. If you have any questions please do not hesitate to call.

Sincerely,

Latonya Davis, RN  
Administrator

**Wykowski, Joy**

---

**From:** Wayne Hanik [whanik@nucaonline.com]

**Sent:** Thursday, September 23, 2010 12:32 PM

**To:** Wykowski, Joy

**Subject:** available capacity

September 23, 2010

Monroe Pavilion Health & Treatment Center  
1400 W. Monroe  
Chicago, IL 60607

Dear Mr. Foley,

I received your correspondence regarding the changes at Oak Forest Hospital. Monroe Pavilion Health & Treatment Center is licensed for intermediate care. With this licensure I do not believe that we would be able to meet the needs of the population for which you are seeking.

Presently we are at capacity and have no bed availability. Should you have any questions I can be reached at 312-666-4090.

Sincerely,

Wayne Hanik  
Administrator



*Windmill Nursing Pavilion, Ltd.*

September 24, 2010

Ms. Joy Wykowski  
1900 W. Polk St., Suite 220  
Chicago, IL 60612

Re: Available Capacity To Assume Additional Long-Term Care Patients

Dear Ms. Joy Wykowski:

Windmill Nursing Pavilion, LTD, does have available capacity to assume additional long-term care patients.

Windmill's total bed capacity is 150 beds, our number of available beds is 15, and our average 2009 daily census was 133 patients.

Windmill can accept up to 10 additional patients and assist you with relocating these patients as soon as needed.

If you have any questions, please contact me at 708-339-0600.

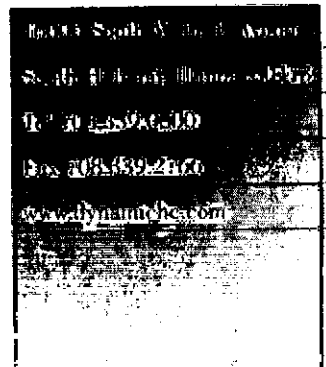
Respectfully,

A handwritten signature in cursive script that reads "Annamarie Harrington".

Annamarie Harrington

Administrator

Sent via certified and registered mail.





**S.I.R.  
Management, Inc.**

6840 North Lincoln Ave. • Lincolnwood, IL 60712

Phone: 847-675-7979

Fax: 847-675-0555

[www.nursinghomeshelp.com](http://www.nursinghomeshelp.com)

September 24, 2010

CC-HHS

Ms. Joy Wykowski

1900 W. Polk St., Suite 220

Chicago, IL 60612

[jwykowski@ccbhs.org](mailto:jwykowski@ccbhs.org)

Dear Ms. Joy Wykowski,

In response to the letter dated September 20, 2010 from CC-HHS and your plans to reorient patients from the Oak Forest Hospital to facilities nearby, we are interested to work for SIR Management, Inc. consulting agent for a group of Skilled Nursing Facilities in the Chicago area.

All together, SIR Management, Inc. provides consulting services for 7 skilled nursing facilities and 5 psychiatric facilities caring for 2000+ residents daily. We currently have bed availability and appreciate the opportunity to work with you in placing your patients from Oak Forest Hospital to our facilities.

Please feel free to visit our website [www.nursinghomeshelp.com](http://www.nursinghomeshelp.com), for a directory of our facilities and locations. Some of the services we provide are:

- 24 hour nursing care
- Medication Administration
- Psychiatric Rehabilitation and Therapies
- Ventilator Care
- On-site Dialysis
- Vent/Dialysis Care
- Wound Care
- Bariatric Care
- Alzheimer's and related Dementia Care
- Physical, Occupational and Speech Therapies

Again, we look forward to assisting you anyway we can. I am attaching my business card for your reference. If you need to contact me please feel free to do so.

Sincerely,

Kevin Lee

339

Attachment 10

**Attachment 10**

**Impact Letters to Nursing Homes**

**Attachment 10**

340



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Paul H. Strayer - President  
Cook County Board of Commissioners  
Blyden L. Barty - Chairman  
Cook County Health & Hospitals System  
Jerry Rabinov - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Averb  
Commissioner Perry B. Jr.  
David N. Carvello  
Doris R. Gellert  
Dora Christman  
St. Sheria Lynn  
Dr. Lois R. Milton  
Harold G. O'Donnell  
Annel L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Alden Orland Park Rehab & HCC  
16450 South 97th Avenue  
Orland Park, IL 60462

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joykowski@cchhs.org](mailto:joykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center • We Bring Health CARE to Your Community

**SENDER, COMPLETE THIS SECTION**

1. Article Addressed to:  
Administrator  
Alden Orland Park Rehab & HCC  
16450 South 97th Avenue  
Orland Park, IL 60462

2. Article Number (Transfer item service label)  
7007 0710 0005 5045 6236

**DELIVERY, COMPLETE THIS SECTION ON DELIVERY**

A. Recipient:  
X *John R. Barty*  Agent  Addressee

B. Received by (Printed Name) *John R. Barty* C. Date of Delivery *9/20/10*

D. If delivery address differs from item #1  Yes  No  
If YES, enter delivery address below:  Yes  No

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  COD

F. Restricted Delivery? (EOM only)  Yes  No

PS Form 3817, February 2004

341

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Alden Princeton Rehab & HCC  
225 West 69th Street  
Chicago, IL 60621

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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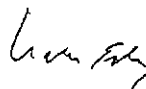
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,



William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Alden Princeton Rehab &amp; HCC 225 West 69th Street Chicago, IL 60621</p>	<p>A. Signature <input checked="" type="checkbox"/> Express <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <input type="checkbox"/> Date of Delivery (MM/DD)</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Sample Text: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? Extra Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number</p> <p>7009 8620 0002 6279 7489</p>	

PS Form 3871, February 2004 Domestic Return Receipt 50255-04-10-04

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tim J. Stanger - President  
Cook County Board of Commissioners  
Wynne L. Bates - Chairman  
Cook County Health & Hospitals System  
George Ravitzke - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Carol Johnson-Jerry Butler  
David N. Cavellio  
Olio R. Golder  
Drew Greenstein  
Dr. Laila B. Haddad  
Heather L. O'Connell  
Andrew L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

September 20, 2010

Administrator  
Alden Wentworth Rehab & HCC  
201 West 69th Street  
Chicago, IL 60621

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Jay Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John R. Stroger, Jr. Hospital • Oak Forest Hospital • President Hospital • North St. Gertrude CORE Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>J. Stanger</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed name): _____</p> <p>C. Date of Delivery: <i>9-20-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>E. Service Type: <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery® (Extra Fee) <input type="checkbox"/> Signature Required</p>
<p>1. Article Addressed to:</p> <p>Administrator Alden Wentworth Rehab &amp; HCC 201 West 69th Street Chicago, IL 60621</p>	<p>2. Article Number: <i>7009 2620 0002 4279 7472</i> (Transfer from service label)</p>

PS Form 3811, February 2004      Domestic Return Receipt      H0289-08-00-1510

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Timothy R. Brogan - President  
 Cook County Board of Commissioners  
 Wynne L. Gatto - Chairman  
 Cook County Health & Hospitals System  
 Jorge Ramirez - Vice Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
 Dr. David A. Ansel  
 Commissioner Amy Berlin  
 David H. Carrizo  
 Quinn R. Coulton  
 Brent O'Connell  
 St. Sheila Lynn  
 Dr. Luis R. Torres  
 Heather E. O'Donnell  
 Andrea L. Zapp

September 20, 2010  
 Page 2

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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
 All Faith Pavilion  
 3500 South Giles Avenue  
 Chicago, IL 60653

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@orbhs.org](mailto:wfoley@orbhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

Ambulatory & Community Health Network • Carmel Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COE Center •  
 We Bring HealthCARE to Your Community

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- 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 envelope, or on the front if space permits.

1. Article addressed to:  
 Administrator  
 All Faith Pavilion  
 3500 South Giles Avenue  
 Chicago, IL 60653

2. Article Number  
 (Transfer from service label) 7009 2620 0002 4279 7632  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THE REST OF THIS SECTION**

A. Originator  
 X. Paula Berg  Agent  Addressee  
 B. Received by (Printed Name)  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

344

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Drager - President  
 Cook County Board of Commissioners  
 Warren L. Smith - Chairman  
 Cook County Health & Hospitals System  
 Jerry Rosolow - Vice-Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
 Dr. David A. Aronoff  
 Chosenikowicz, Jerry Ehrlich  
 David H. Cavichio  
 Debra K. Giddens  
 Dawn Greenstein  
 Sr. Sheila Lyne  
 Dr. Lela R. Minton  
 Heather E. O'Donnell  
 Anthony L. Zapp

September 20, 2010  
 Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
 Applewood Nursing & Rehab Center  
 21020 Kostner Avenue  
 Matteson, IL 60443

Dear Sir or Madam:

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 Chief Executive Officer  
 Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health •  
 • Anna W. Drager, Jr. Hospital • Oak Forest Hospital • Providence Hospital • Zurich St. Rehabilitation CORE Center •

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SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator                      Applewood Nursing &amp; Rehab Center                      21020 Kostner Avenue                      Matteson, IL 60443</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Restricted Delivery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>G. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>H. Article Number (Indicate item service label)</p> <p>7007 0730 0005 5045 6274</p>	

PS Form 3811, February 2004 Domestic Return Receipt 13888-02-00-1500

345



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
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Dr. Luis R. Morales  
Harriet E. O'Looney  
Andrea L. Zapp

September 20, 2010

Administrator  
Beecher Manor Nursing & Rehab Center  
1201 Dixie Highway  
Beecher, IL 60402

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,730
Rehab	675	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Roth St. Elizabeth CORE Center •

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete Boxes 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Beecher Manor Nursing &amp; Rehab Center 1201 Dixie Highway Beecher, IL 60402</p> <p>2. Article Number (Transfer from service label) 7009 2820 0002 6279 7885</p> <p>PS Form 3817, February 2004</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Erin Dwyer</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Date of Delivery  <input checked="" type="checkbox"/> 9/20/10</p> <p>C. Date of Delivery  <input type="checkbox"/> 9/20/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>E. Restricted Delivery? (Item Paid)  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>F. 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"/> O.D.D.  <input type="checkbox"/> Restricted Delivery? (Item Paid) <input type="checkbox"/> Yes</p>

347

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Don H. Struger - President  
Cook County Board of Commissioners  
Warren L. Butts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospital System Board Members  
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Commissioner Amy Barker  
David N. Carroll  
Ole R. O'Brien  
Rene Greenman  
St. Jack's Lynn  
Dr. Linda R. Walker  
Member E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010  
Administrator  
Belhaven Nursing & Rehab Center  
11401 South Oakley Avenue  
Chicago, IL 60643

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health •  
John H. Struger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CNES Center •  
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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Belhaven Nursing &amp; Rehab Center 11401 South Oakley Avenue Chicago, IL 60643</p>	<p>A. <i>W. T. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W. T. Foley</i> <input type="checkbox"/> Date of Delivery <i>9/22/10</i></p> <p>C. Is delivery different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>2. Service Type  <input 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.  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>3. Article Number (Transfer from sender label) <b>7007 0730 0005 5045 6375</b></p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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George Ransawer - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



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David R. Carrallo  
Ora R. Golden  
Dora Greenstein  
Dr. Stella Lyles  
Dr. Lutz R. Nitsch  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Blue Island Nursing Home  
2427 West 127th Street  
Blue Island, IL 60406

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2012.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsk@cchhs.org](mailto:jwykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [woley@cchhs.org](mailto:woley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

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Administrator

Blue Island Nursing Home  
2427 West 127th Street  
Blue Island, IL 60406

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Warren L. Neide • Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez • Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley • CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commissioner Jerry Becker  
David N. Cernelli  
Gail E. Gibson  
Dora Ostrzycka  
St. Sheila Lynn  
Dr. Linda R. Myles  
Heather B. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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BR (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Boulevard Care Nursing & Rehab  
3405 South Michigan Avenue  
Chicago, IL 60616

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Ruffolo CARE Center •  
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<p>1. Complete items 1, 2, and 3. Also complete item 4 if facilitated delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach tags used to the back of the envelope, or on the front if space permits.</p> <p>4. Article addressed to: Administrator Boulevard Care Nursing &amp; Rehab 3405 South Michigan Avenue Chicago, IL 60616</p>	<p>5. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>6. Received by (printed name) <u>JOYCE FURNESS</u> <u>9/20/10</u></p> <p>7. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. If YES, what delivery address below:</p> <p>9. Service type: <input 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. <input type="checkbox"/> Restricted Delivery? (DMV Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: <u>7009 2620 0002 6279 7746</u></p> <p>PS Form 3811, February 2004 <span style="float: right;">©2004-09-01 1000</span></p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Warren L. Ruck - Chairman  
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Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commodore Jerry Butler  
David M. Carrasco  
John S. Collins  
Doris Grossman  
Dr. Sheila Lyne  
Dr. Luis R. Muñoz  
Michael E. O'Donoghue  
Andrea L. Topp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Brentwood Sub-Acute Healthcare Center  
5400 West 87th Street  
Burbank, IL 60459

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • General Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Rutherford CORE Center •

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Brentwood Sub-Acute Healthcare Center 5400 West 87th Street Burbank, IL 60459</p>	<p>A. Signature <i>W. Foley</i></p> <p>B. Received by (Print Name) <i>William T. Foley</i> Date of Delivery <i>9/20/10</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>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"/> O.D.D.</p> <p>4. Restricted Delivery? (Form Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from Address Label)</p> <p>7009 2620 0002 6279 7427</p> <p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p> <p>18780-02-00-1040</p>

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Strager - President  
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Walter L. Berto - Chairman  
Cook County Health & Hospitals System  
Angie Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
Dr. J. M. Cavillio  
Olo R. Golick  
Boris Gorenvics  
St. Sheila Lynn  
Dr. Lisa R. Madson  
Harold E. O'Leary  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

September 20, 2010

Administrator  
Briar Place  
6800 West Joliet  
Indian Head Park, IL 60439

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Reiterdale CORE Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>Administrator Briar Place 6800 West Joliet Indian Head Park, IL 60439</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Seana Bono</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Addressed by (Typed Name)  <i>Seana Bono</i> <input type="checkbox"/> Express Mail  <input type="checkbox"/> 7-10-10</p> <p>D. Is delivery address different from Form 37?                      YES, enter delivery address below: <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D.                      4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Indicate how many items)	7009 2620 0002 6279 7595

PS Form 3811, February 2004 Complete Return Process 4827-68-01-1001

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad H. Klueger • President  
Cook County Board of Commissioners  
Warren L. Batts • Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez • Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley • CEO  
Cook County Health & Hospitals System



Health & Hospitals System District Members  
Dr. David A. Ansell  
Commissioner Jerry Eichler  
David N. Cervello  
Gina R. Dabben  
Dana Greenway  
Dr. Sheila Lynn  
Dr. Letha R. Myles  
Harriet E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
British Home  
8700 West 31st Street  
Brookfield, IL 60513

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

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Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth R. Burdette COSE Center •

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Registered <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>W. Myles</u> C. Date of Delivery <u>9-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, show delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Administrator British Home 8700 West 31st Street Brookfield, IL 60513</p>	<p>E. Return Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt to Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Box Filled) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Article Number: 7009 2020 0002 6279 8004 (Transfer from barcode label)</p>	
<p>PG Form 3811, February 2004</p>	<p>Domestic Return Receipt: (0035-0046-9901)</p>

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Todd H. Steyer - President  
Cook County Board of Commissioners  
Warren L. Katz - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David N. Carraro  
Celia S. Chelimo  
Doris Greenman  
St. Shelia Lynn  
Dr. Lela R. Mingo  
Heather E. O'Donnell  
Andrea L. Zepp

September 20, 2010  
Page 2

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Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/roo.)	22

September 20, 2010

Administrator  
Bronzeville Park Nursing & Living Center  
3400 South Indiana  
Chicago, IL 60616

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-854-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
John R. Steyer, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Belferstein CORE Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	CONSIGNEE: THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Bronzeville Park Nursing &amp; Living Center 3400 South Indiana Chicago, IL 60616</p> <p>2. Article Number: (Transfer from source label)</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Permit for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 8820 0002 6279 7649</p>	

356



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

**Todd M. Steger** - President  
Cook County Board of Commissioners  
**Warren L. Batts** - Chairman  
Cook County Health & Hospitals System  
**Jorge Ramirez** - Vice-Chairman  
Cook County Health & Hospitals System  
**William T. Foley** - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**  
**Dr. David A. Axel**  
Commissioner Jerry Berlin  
**Doris M. Cervello**  
**Quin R. Coakley**  
**Nora Deceppan**  
**Dr. Sheila Lynn**  
**Dr. Lili A. Marks**  
**Frederic R. O'Donnell**  
**Andrea L. Zapp**

September 20, 2010

Administrative  
Burgess Square Healthcare Center  
5801 South Cass Avenue  
Westmont, IL 60559

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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ICU	788	5.14	3,750
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LTC	1	5.25	3,892

ER (avg visits/mo.)	2,666
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cohs.org](mailto:jwykowski@cohs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cohs.org](mailto:wfoley@cohs.org) or 312-864-6820.

Sincerely,

**William T. Foley**  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • CoreNet Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth S. Rutherford CORE Center • We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:

Administrative  
Burgess Square Healthcare Center  
5801 South Cass Avenue  
Westmont, IL 60559

2. Article Number: 7009 2620 0002 6274 0059  
(transfer over service label)

PS Form 3811, February 2004 Domestic Return Receipt 10298-02-00-1040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Restricted Delivery?  Yes  No

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

3. Delivery Type:  Certified Mail  Signature Mail  Registered  Return Receipt for Merchandise  Insured Mail  O.D.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

357

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

John H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Balle - Chairman  
Cook County Health & Hospitals System  
Jorge Rosales - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Beiler  
David H. Cervello  
Celia K. Galka  
Beno Gorenman  
St. Sheila Lynn  
J.C. Lala R. Miller  
Heather E. O'Donell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Burnham Healthcare  
14500 South Manistee  
Burnham, IL 60633

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Clinical Health Services • Cook County Department of Public Health • John H. Strayer, Jr. Hospital • Oak Forest Hospital • President Hospital • Ruth M. Rothstein ODR Center •  
We Bring Health CARE to Your Community

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Administrator Burnham Healthcare 14500 South Manistee Burnham, IL 60633</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressed <input type="checkbox"/></p> <p>C. Days of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Article Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Restricted Delivery? (See Post) <input type="checkbox"/> Yes</p>
2. Article Number: 7009 2820 0002 6279 7442 (Number from service label)	

PB Form 3911, February 2004 Domestic Return Receipt 10289-0000-1004

358

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd E. Strayer - President  
Cook County Board of Commissioners  
Warren L. Satta - Chairman  
Cook County Health & Hospitals System  
Jesse Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschil  
Commissioner Jerry Butler  
David N. Corvath  
Olin R. Oaklin  
Rene Crummett  
St. Sheila Lopez  
Dr. Lela B. Meiner  
Heather E. O'Donnell  
Andrea L. Zopp

September 20, 2010

Administrator  
California Gardens Nursing & Rehab Center  
2829 South California Boulevard  
Chicago, IL 60608

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowsaki, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsaki@cchhs.org](mailto:jwykowsaki@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Chronic Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Elizabeth CORE Center •  
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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator California Gardens Nursing &amp; Rehab Center 2829 South California Boulevard Chicago, IL 60608</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery being delayed because of _____? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F. Special Tips</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>Priority Mail service used</p> <p>7009 2820 0002 6279 7953</p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tom R. Strayer - President  
Cook County Board of Commissioners  
Warren L. Barco - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butts  
David M. Carver  
Chris A. Gendron  
Ben Greenman  
St. Sheila Lynn  
Dr. Lyle R. Meeks  
Harriet S. O'Donnell  
Andrea L. Zopp

September 20, 2010  
Page 2

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Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Chateau Nursing & Rehab Center  
7050 Madison Street  
Willowbrook, IL 60521

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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Ambulatory & Community Health Network • Cosmetic Health Services • Cook County Department of Public Health • John M. Strayer, Jr. Hospital • Oak Forest Hospital • President Hospital • Ruth H. Rothstein CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Chateau Nursing &amp; Rehab Center 7050 Madison Street Willowbrook, IL 60521</p> <p>5. Article Number (Transfer into service label) 7009 2620 0002 6279 7766</p>	<p>6. Signature</p> <p>7. Date of Delivery</p> <p>8. In delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Service type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Restricted Mail <input type="checkbox"/> C.O.D.</p> <p>10. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd B. Stueper - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Auch  
Comptroller: Amy Dudek  
David N. Carnahan  
Olea R. Gaskin  
Dora Greenbaum  
St. Sheila Lynn  
Dr. Lela R. Melton  
Jennifer E. O'Donnell  
Astrid L. Lopez

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Chicago Ridge Nursing Center  
10602 Southwest Highway  
Chicago Ridge, IL 60415

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John M. Stroger, Jr. Hospital • Oak Forest Hospital • Prosemer Hospital • Dr. B. Ruffstein COB Center

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<p>2. Article Number: 7007 0710 0005 9045 6320 (Transfer from service label)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 12255-02-00-1042

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Berza - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Axel  
Commissioner Jerry Butler  
David W. Carrizo  
Osh R. Gaidis  
Scott Greenbaum  
S. Stella Lynn  
Dr. Luis R. Melon  
Randy E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Columbus Manor Residential Care Home  
5107 21 West Jackson Boulevard  
Chicago, IL 60644

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Extended Health Services • Cook County Department of Public Health • Julia K. Strayer, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Gertrude COHC Center

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SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION OF DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return this card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if upon permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Columbus Manor Residential Care Home 5107 21 W. Jackson Blvd. Chicago, IL 60644</p>	<p>A. Registered <input type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>X. Delgado</u> <input type="checkbox"/> Signature <input type="checkbox"/></p> <p>C. Method of Delivery <u>REG</u> <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give delivery address below:</p> <p>E. 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"/> G.D.D.                      F. Restricted Delivery? (Form Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Article Number: 7009 2820 0002 6279 8226</p> <p>PG Form 3811, February 2004      Domestic Return Receipt      PSN 88-004-1040</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

John H. Strayer - President  
Cook County Board of Commissioners  
Phyllis L. Betts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asari  
Commissioner Jerry Fisher  
David N. Carrillo  
Joan R. Golden  
Bonne Greenman  
Dr. Sheila Lynn  
Dr. Lois R. Malick  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Columbus Park & Rehab Center  
901 South Austin  
Chicago, IL 60644

Dear Sir or Madam:

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Extended Health Services • Cook County Department of Public Health • John H. Strayer, Jr. Hospital • Oak Forest Hospital • Providence Hospital • Ruth M. Rothstein COSE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLIE THIS SECTION ON DELIVERY
<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the flat/box, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Columbus Park &amp; Rehab Center 901 South Austin Chicago, IL 60644</p>	<p>A. Registered <input type="checkbox"/> Agent <input type="checkbox"/></p> <p><i>W. Strayer, Jr.</i> <input type="checkbox"/> Addressee</p> <p>B. Insured by (Printed Name) <i>W. Strayer, Jr.</i> <input type="checkbox"/> Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>2. Sample Type  <input 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"/> COD</p> <p>3. Restricted Delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Article Number (Transfer from service label)</p> <p>7009 2620 0002 6275 6372</p> <p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p> <p>10000-08-10-1000</p>

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strager - President  
Cook County Board of Commissioners  
Warren L. Bates - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Concussionary Jerry Butler  
David N. Carveth  
Olin R. Gaskin  
Beno Grossman  
S. Sheila Lynn  
Dr. Lori R. Maibach  
Heather C. O'Donnell  
Andrew L. Zepf

September 20, 2010  
Page 2

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LTC	1	5.25	3,832

September 20, 2010

Administrator  
Concord Extended Care  
9401 South Ridgeland Avenue  
Oak Lawn, IL 60453

Dear Sir or Madam:

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St, Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Chronic Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Paulistain CORE Center

We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete A, B, C, and D. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the envelope or on the front if space permits.</p> <p>1. Article Accused to:</p> <p>Administrator Concord Extended Care 9401 South Ridgeland Avenue Oak Lawn, IL 60453</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Megan</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name)      C. Date of Delivery  <i>M. W. GALE</i>      9-22-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No. If YES, enter delivery address below:</p> <p>3. Surplus Type  <input 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.  <input type="checkbox"/> Restricted Delivery? Extra Fee      <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)      7007 0710 0005 5045 4023</p> <p>PG Form 3811, February 2004      Domestic Return Receipt      12259-99-44-1000</p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Cook County Board of Commissioners  
Warren L. Batis - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commissioner Jerry Barker  
David N. Cavallaro  
Quin K. Collins  
Brian Greenberg  
F. Shelia Lynn  
Dr. John R. Maher  
Heather B. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Community Care  
4314 South Wabash Avenue  
Chicago, IL 60653

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Anesthesiology & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John R. Strayer, Jr. Hospital • Oak Forest Hospital • Provident Hospital • St. Luke's, Bartholomew CORE Center •

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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Community Care 4314 South Wabash Avenue Chicago, IL 60653</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Followed by (circle one)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>D. Restricted Delivery (Data File) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number</p> <p>7009 2020 0002 6279 7557</p> <p>PG Form 3811, February 2004 Domestic Return Receipt 46260-89-000-1000</p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Sweager - President  
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Warren L. Bantz - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aagaard  
Commissioner Jerry Barber  
David N. Carrubba  
Quin R. Giddens  
Beno Gresserovic  
St. Shelia Lynn  
Dr. Leah R. Mehak  
Heather B. O'Donnell  
Amanda L. Zapp

September 20, 2010  
Page 2

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	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

September 20, 2010

Administrator  
Countryside Nursing & Rehab Center  
1635 East 154th Street  
Dolton, IL 60419

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cochhs.org](mailto:wykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health •  
• John H. Sweager, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COPE Center •  
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SHIPPER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Countryside Nursing &amp; Rehab Center 1635 East 154th Street Dolton, IL 60419</p> <p>2. Article Number: 7007 0710 0005 5045 6007</p>	<p>A. Signature: <i>[Signature]</i></p> <p>B. Received by / Printed Name: <i>[Signature]</i></p> <p>C. Date of Delivery: <i>9/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>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"/> COD</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Paul H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Davis - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. Daniel A. Anzani  
Commissioner Jerry Butler  
David N. Cavallaro  
Quin R. Gordon  
Pam O'Connell  
St. Scott Lynn  
Dr. Luis R. Morales  
Michael E. O'Donnell  
Andrew L. Zapp

September 20, 2010

Administrator  
Courtyard Healthcare Center  
3601 South Harlem Avenue  
Berwyn, IL 60402

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein ECRC Center •

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SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Courtyard Healthcare Center 3601 South Harlem Avenue Berwyn, IL 60402</p>	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Restricted Delivery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Restricted Delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Delivery address differs from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F. 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"/> G.O.D.</p> <p>G. Restricted Delivery? (Post Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>8. Article Number (transfer from article label)</p> <p>7009 8820 0002 6279 7984</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tom J. Stogor - President  
Cook County Board of Commissioners  
Wheres L. Davis - Chairman  
Cook County Health & Hospitals System  
Jurg Ratzliff - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansd  
Commissioner Jerry Butler  
David N. Carvalho  
Olin A. Giddis  
Zsuzsanna  
St. Stock Lyle  
Dr. Lela R. Matton  
Theodore F. O'Donnell  
Arthur L. Zapp

September 20, 2010  
Page 2

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September 20, 2010

Administrator  
Crestwood Care Center  
14255 South Cicero Avenue  
Crestwood, IL 60445

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • General Health Services • Cook County Department of Public Health • Julie H. Stogor, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Earl H. Bartholomew COCS Center • We Bring Health CARE to Your Community

SEARCHED: COMPLETE THIS SECTION

1. Article Addressed to:  
Administrator  
Crestwood Care Center  
14255 South Cicero Avenue  
Crestwood, IL 60445

2. Article Number:  
7007 0710 0005 5045 6667

COPIES OF THIS RECORD MADE BY

A. Name: *W. H. Stogor*  Agent  Addressee

B. Received by / Printed Name: \_\_\_\_\_ C. Date of Delivery: *9/20/10*

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  O.D.D.  
4. Restricted Delivery/Extra Fee:  Yes  No

PG Form 5811, February 2004 Donorale Return Receipt 10099-02-11-1540

368

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Cook County Board of Commissioners  
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Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David N. Cervoni  
Quin R. Golden  
Drew Greenman  
Dr. Sheila Lynn  
Dr. Lyle R. Nelson  
Heather L. O'Dowd  
Andrea L. Zapp

September 20, 2010  
Page 2

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Crestwood Terrace  
13301 South Central Avenue  
Crestwood, IL 60445

Dear Sir or Madam:

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

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• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Roth St. Eastside CORE Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE IF THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Parts 1, 2, and 3. Also complete Part 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Origin</p> <p><input checked="" type="checkbox"/> Street Address <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> P.O. Box <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Register Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>E. Restricted Delivery? (3-Div Mail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Administrator Crestwood Terrace 13301 South Central Avenue Crestwood, IL 60445</p>	
<p>2. Article Number (Transfer from another label)</p> <p>7007 0710 0005 5045 6748</p>	

PS Form 3817, February 2004 (Domestic Return Receipt) 49256-99-000-1000

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Stanger - President  
Cook County Board of Commissioners  
Warren L. Davis - Chairman  
Cook County Health & Hospitals System  
Jerry Rindress - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Co-Chairman Jerry Decker  
David H. Corvalan  
Celia A. Goltz  
Steve Grossman  
St. Elizabeth Lyons  
Dr. Leah R. Miller  
Heather B. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,632

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccohhs.org](mailto:jwykowski@ccohhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccohhs.org](mailto:wfoley@ccohhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Deerbrook Care Center  
306 Larkin Avenue  
Joliet, IL 60435

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • Arthur H. Stanger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Luke's CARE Center •

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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is elected.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Deerbrook Care Center 306 Larkin Avenue Joliet, IL 60435</p>	<p>A. Destination</p> <p><i>Walter Lewis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Insured by 1 Party Name <i>Walter Lewis</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Is Delivery Address Different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Handling Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>E. Restricted Delivery? <i>Walter Lewis</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Consolidation service only)</p> <p>7009 8820 0002 6279 7663</p>	

PS Form 3811, February 2004

Domestic Return Receipt

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Bronger - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Braveros - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**  
Dr. David A. Ansell  
Commissioner Jerry Bader  
David M. Corneho  
Ora R. Gordon  
Rosa Ormangan  
St. Saville Lynn  
Dr. Lisa R. Melton  
Member P. O'Donnell  
Andrea L. Eddy

September 28, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

September 20, 2010

Administrator  
Dolton Healthcare Centre  
14325 South Blackstone  
Dolton, IL 60419

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joy.wykowski@cchhs.org](mailto:joy.wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Rothstein CORE Center •  
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**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:

Administrator  
Dolton Healthcare Centre  
14325 South Blackstone  
Dolton, IL 60419

2. Article Number (Health Store service only)

PS Form 3817, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Address

*William T. Foley*

B. Inspected by (Private mail only)  Date of Delivery

*William T. Foley*

C. Is delivery address different from item 1?  Yes  No

D. YES, enter delivery address below:  Yes  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  G.O.D.

4. Restricted Delivery? Extra Fee  Yes  No

7009 2620 0002 6279 7465

Thad R. Strayer - President  
Cook County Board of Commissioners  
Warren L. Datta - Chairman  
Cook County Health & Hospitals System  
Jorge Martinez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Becker  
David N. Carville  
Orie R. Gaskin  
Doree Greenbaum  
R. Stella Lyle  
Dr. Linn R. Medlin  
Harold E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Emeritus at Burr Ridge  
6801 Highgrove Boulevard  
Burr Ridge, IL 60521

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St, Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Carmax Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Providence Hospital • South M. Kottwitz CORE Center

We Bring HealthCARE to Your Community

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<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article addressed to:</p> <p>Administrator Emeritus at Burr Ridge 6801 Highgrove Boulevard Burr Ridge, IL 60521</p>	<p>A. Signature x <i>William T. Foley</i></p> <p>B. Receiver's (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>ZIP 60527</p> <p>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"/> COLT</p> <p>4. Restricted Delivery? Extra Fee <input type="checkbox"/> Yes</p>
<p>2. Article Number (Number from service label)</p> <p>7009 2620 0002 6274 7793</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>	

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Paul H. Steger - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansel  
Commissioner Jerry Becker  
David N. Cervantes  
Cate R. Golden  
Dana Overman  
Dr. Shalla Lynn  
Dr. Luis R. Merlot  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Evergreen Health Care Center  
10124 South Kedzie  
Evergreen Park, IL 60805

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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Please send your response to Ms. Joy Wykowskii, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsk@cchhs.org](mailto:jwykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Park St. Rehabilitation Center •  
We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope, or on the front if space permits.</li> </ul>	<p>A. Recipient X <i>William T. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Mailed by (Postnet Number) <i>30427</i></p> <p>C. Date of Delivery <i>9/20/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Sample Type  <input 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"/> COD</p> <p>F. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Administrator Evergreen Health Care Center 10124 South Kedzie Evergreen Park, IL 60805</p>	
<p>2. Article Number (Describe more services using)</p> <p>7007 0710 0005 5045 5994</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tim R. Stroger - President  
Cook County Board of Commissioners  
Warren L. Neils - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Asch  
Commissioner Jerry Reiter  
David R. Corbin  
Oste R. Galbraith  
Brent C. Grogan  
St. Thelma Lynn  
Dr. Lem R. Hefner  
Walter E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Exceptional Care  
5701 West 79th Street  
Burbank, IL 60459

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Connect Health Services • Cook County Department of Public Health •  
• John R. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Barkshire COH Center •  
We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete lines 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the envelope so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the type B apace permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JAN LY ANDERSON</i> C. Date of Delivery <i>8/21/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. YES, your delivery address below. <input type="checkbox"/> No</p>
<p>1. Addressee to:</p> <p>Administrator Exceptional Care 5701 West 79th Street Burbank, IL 60459</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect</p> <p>4. Restricted Delivery? (Eagle Flag) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Receiver must complete this)</p> <p>7004 2620 0002 6275 7586</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Redd H. Stepp - President  
Cook County Board of Commissioners  
Warren L. Batez - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Comptroller Jerry Eidel  
David H. Carrillo  
John R. Giddens  
Brian Grosscup  
St. Martha Lynn  
Dr. Lela R. Mchen  
Nancy E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Fairview Baptist Home  
250 Village Drive  
Downers Grove, IL 60516

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
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I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest without restrictions, conditions, limitations, or discrimination. The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joykowsk@cchhs.org](mailto:joykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Hanftobin CORE Center • We Bring Health CARE to Your Community

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is elected.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Fairview Baptist Home 250 Village Drive Downers Grove, IL 60516</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from envelope label)</p> <p>7009 2620 0002 6279 8042</p>	

PS Form 3811, February 2004 Domestic Return Receipt 12289-02-00-10-0

375

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Slinger - President  
Cook County Board of Commissioners  
Wayne L. Jure - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Coordinatior Jerry Butler  
David M. Corvabio  
Oleg R. Golden  
Evan Greenman  
M. Sheila Lynn  
Dr. Laila R. Madon  
Hector E. O'Donoghue  
Andrew L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Fairview Care Center of Joliet  
222 North Hammes  
Joliet, IL 60435

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (HFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Administrative & Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • North St. Methodist CORE Center • We Bring HealthCARE to Your Community

GLIDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is elected.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailbox, or on the front if special permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Fairview Care Center of Joliet 222 North Hammes Joliet, IL 60435</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) P. Schumann <i>[Stamp]</i></p> <p>C. Date of Delivery SEP 27 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, write delivery address below:</p> <p>E. Special 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"/> O.D.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Article Number (Must be from service label)</p> <p>7009 2620 0068 4279 7915</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad J. Strayer - President  
Cook County Board of Commissioners  
Wayne L. Betts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commissioner Jerry Fisher  
David N. Corwin  
Olin R. Golden  
Doris Greenman  
Dr. Sheila Lynn  
Dr. Lodi R. Marlet  
Katherine O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Franciscan Village  
1270 Franciscan Drive  
Lemont, IL 60439

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Stephens CDD Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Franciscan Village 1270 Franciscan Drive Lemont, IL 60439</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input 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"/> GDS  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Required with restricted mail)	7009 2820 0002 4275 7694
PS Form 3811, February 2004	Domestic Return Receipt

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Bass - Chairman  
Cook County Health & Hospitals System  
Jerry Babin - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David H. Carrizo  
Otha H. Galka  
Ben Grossman  
St. Enoch Lane  
Dr. Luis R. Melina  
Member E. O'Donnell  
Andrea L. Zoff

September 20, 2010

Administrator  
Frankfort Terrace  
40 North Smith  
Frankfort, IL 60423

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cook County Department of Public Health •  
• John R. Stroger, Jr. Hospital • Oak Forest Hospital • Roosevelt Hospital • Ruth M. Rothstein COCC Center •  
We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVERY
<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return this card to you.</p> <p>• Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Frankfort Terrace 40 North Smith Frankfort, IL 60423</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <input type="checkbox"/> Date of Delivery</p> <p>C. In delivery address differs from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Delivery 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"/> COD</p> <p>4. Restricted Delivery/ Extra Fee <input type="checkbox"/> Yes</p>
<p>2. Article Number Transfer from article label: 7007 0730 0005 5045 6069</p>	

PG Form 3811, February 2007 Domestic Return Receipt ISBN 4934-1367

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Steiger - President  
Cook County Board of Commissioners  
Warren L. Bette - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David N. Carruth  
Olin R. Collins  
Brian Greenstein  
St. Charles Lyle  
Dr. Louis R. Madoff  
Maurice H. Of Dondal  
Arthur L. Zapp

September 20, 2010  
Page 2

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September 20, 2010

Administrator  
Glenshire Nursing & Rehab Centre  
22660 South Cicero Avenue  
Richton Park, IL 60471

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Carmel Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. DePaula OHS Center •  
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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Administrator  
Glenshire Nursing & Rehab Centre  
22660 South Cicero Avenue  
Richton Park, IL 60471

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Typed Name): *[Name]*  Date of Delivery: *[Date]*

C. Is delivery subject to a contract term limit?  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? (Class Fee)  Yes  No

E. Article Number: **7007 0710 0005 5045 6243**  
(Printer from service agent)

PS Form 3811, February 2004

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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 Joint County Board of Commissioners  
 Barbara J. Batts - Chairman  
 Cook County Health & Hospitals System  
 Jorge Ramirez - Vice-Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
 Dr. David A. Asch  
 Commissioners Jerry Haber  
 David N. Carr-De  
 Qale R. Golden  
 Bobb Grossman  
 St. Sheila Lynn  
 Dr. Luis R. Mateos  
 Member L. O'Donnell  
 Andrea L. Zapp

September 20, 2010  
 Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Administrator  
 Glenwood Healthcare & Rehab  
 19330 South Cottage Grove  
 Glenwood, IL 60425

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Anatomical & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Galt M. Eckstein CORE Center  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Registered Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope, or on the card if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery 9/20/10</p> <p>C. Is delivery address different from here: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, enter delivery address below:</p>
<p>1. Article addressed to:</p> <p>Administrator                      Glenwood Healthcare &amp; Rehab                      19330 South Cottage Grove                      Glenwood, IL 60425</p>	<p>2. Delivery Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>3. Registered Delivery? (Eagle Pin) <input type="checkbox"/> Yes</p>
<p>3. Article Number                      (Obtain from service bond)</p>	<p>7007 0710 0005 5045 5076</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Betts - Chairman  
Cook County Health & Hospitals System  
Joyce Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Busley  
David N. Canzillo  
Chris R. Gishon  
Bonnie Overman  
St. Sheila Lynn  
Dr. Leah R. Walker  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Grove of La Grange Park  
701 North La Grange Road  
La Grange Park, IL 60526

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cochhs.org](mailto:jwykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-664-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • General Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Kottick CORE Center •

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Grove of La Grange Park 701 North La Grange Road La Grange Park, IL 60526</p> <p>2. Article Number (Transfer from service label)</p> <p>7009 2820 0002 6279 8073</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102999-09-00-0001</p>	<p>A. Signature</p> <p>X <i>T. Strayer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Registered by (Printed Name) T. Strayer <input type="checkbox"/> Registered by (Printed Name) C. Delivery Date 9/20/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Sender Type</p> <p><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"/> G.O.D.</p> <p>4. Restricted Delivery/Extra Fee <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Walter H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Joseph Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Anell  
Commissioner Jerry Butler  
David N. Canabalo  
Doris H. Galvin  
Doreen Greenman  
Sr. Shadia Lyne  
Dr. Lata R. Mahala  
Heather E. O'Simonez  
Andrea L. Zapp

September 20, 2010  
Page 2

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Med/Surg	4,909	38.49	28,020
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LTC	1	5.25	3,832

September 20, 2010

Administrator  
Heather Health Care Center  
15600 South Honore Street  
Harvey, IL 60426

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health  
John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center  
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<p>1. Complete Boxes 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Heather Health Care Center 15600 South Honore Street Harvey, IL 60426</p> <p>5. Article Number (Required for service back) 7007 0710 0005 5045 6724</p>	<p>A. Postage</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) STEPHEN WYKOWSKI</p> <p>C. Date of Delivery 9-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, new delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Butts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Baker  
David N. Cervellone  
Quin R. Golden  
Betsy Greenbaum  
Dr. Sheila Lyne  
Dr. Luis R. Malhot  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Hickory Nursing Pavilion  
9246 South Roberts Road  
Hickory Hills, IL 60457

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3, also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Barb Cooper <input type="checkbox"/> Agent  <input type="checkbox"/> Postage</p> <p>B. Received by (Print Name) <input type="checkbox"/> Date of Delivery                  Barb Cooper 9/20/10</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Sample Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                  E. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Administrator Hickory Nursing Pavilion 9246 South Roberts Road Hickory Hills, IL 60457</p>	
<p>2. Article Number                  (Transfer from priority label) 7007 0710 0005 5045 6014</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tim H. Ringer - President  
Cook County Board of Commissioners  
Warren L. Rife - Chairman  
Cook County Health & Hospitals System  
Jerg Rasmussen - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Bush  
David N. Corwin  
Ouis R. Golden  
Bene Greenman  
St. Stella Lane  
Dr. John R. Meador  
Maurice E. O'Donnell  
Andrea L. Zopp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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Med/Surg	4,909	38.49	28,020
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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Hillcrest Nursing & Rehab Center  
777 Draper  
Joliet, IL 60432

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Rothstein EOB Center •  
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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strager - President  
Cook County Board of Commissioners  
Warren L. Baetz - Chairman  
Cook County Health & Hospitals System  
Jerry Rosner - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amick  
Co-Chairman Jerry Butler  
David N. Corubio  
Quin R. Collins  
Joan Greenquist  
Dr. Sheila Lynn  
Dr. Luis R. Madero  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Holy Family Villa  
12220 South Will Cook Road  
Palos Park, IL 60464

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need Application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service— Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anesthesiology & Community Health Network • Geriatric Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Roth M. Erdmann CORE Center • We bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Holy Family Villa 12220 South Will Cook Road Palos Park, IL 60464</p>	<p>2. Article Number (Carryover from service label) 7009 2620 0002 4279 7397</p> <p>3. Article Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Elevated Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Signature</p> <p>6. Received by (Printed Name) <i>W. M. Foley</i> <i>9/23/10</i></p> <p>7. City or County</p> <p>8. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. If YES, enter delivery address below:</p>

385

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Scott R. Strayer - President  
Cook County Board of Commissioners  
Norman L. Bush - Chairman  
Cook County Health & Hospitals System  
Jorge Mendez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Board & Hospital System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David W. Cantor  
Oskar R. Gellman  
Barry Greenman  
S. Shelia Lynn  
Dr. Luis R. Velazquez  
Heather S. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Illinois Veterans Home  
1 Veteran's Drive  
Manteno, IL 60950

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest without restrictions, conditions, limitations, or discrimination. The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health • John M. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth H. Bechtel-CORE Center

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**SEND TO: CONTACT 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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
Illinois Veterans Home  
1 Veteran's Drive  
Manteno, IL 60950

**COMPLETE THIS SECTION ON DELIVERY**

A. Signed  Agent  Addressee  
B. Return to (Print Name) John Polk Jr. C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
F. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Trace the article below) 7009 2620 0052 6279 7939

PB Form 3811, February 2004. Don't Write Return Receipt. 9209-02-00-0-00

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David B. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ibarra - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David N. Cavallo  
Olin R. DeLeon  
Ben Greenstein  
Er. Sheila Lane  
Dr. Lutz R. Mielke  
Heather E. O'Donnell  
Andrea L. Zopp

September 20, 2010

Administrator  
The Imperial Grove Pavilion  
1366 West Fullerton Avenue  
Chicago, IL 60614

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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BR (avg. visits/mo.)	2,666
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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowskj@cchhs.org](mailto:wykowskj@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Manufacturing & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth R. McWhorter CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator The Imperial Grove Pavilion 1366 West Fullerton Avenue Chicago, IL 60614</p>	<p>A. Signature <input type="checkbox"/> Address</p> <p>B. Received By (Full Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>D. Register Type  <input 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.  <input type="checkbox"/> Restricted Delivery (ECHO Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Article Number: 7004 2820 0002 4279 6343 (Transfer from service label)</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Yield H. Strayer - President  
Cook County Board of Commissioners  
Walter L. Buzza - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Anell  
Commissioner Jerry Butler  
David H. Carrasco  
Orest K. Colaresi  
Norm Grossman  
S. Sara Lynn  
Dr. Luis R. Marín  
Heather E. O'Donnell  
Andrew L. Zipe

September 20, 2010

Administrator  
Imperial of Hazel Crest  
3300 West 175th Street  
Hazel Crest, IL 60429

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsk@cchhs.org](mailto:jwykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health  
John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Park M. Rothstein CORE Center  
We Bring Health CARE in Your Community

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Administrator  
Imperial of Hazel Crest  
3300 West 175th Street  
Hazel Crest, IL 60429

**COMPLETE THIS SECTION OF DELIVERY**

4. *Therese*  Agent  Addressee  
B. Recipient by (Printed Name) C. Date of Delivery

D. Is delivery address altered from item 1?  Yes  No  
E. YES, show delivery address below:

5.  Registered Mail  Signature Mail  
 Registered Mail with Restricted Access for Merchandise  Insured Mail  Registered Mail with Restricted Access for Merchandise  Insured Mail with Restricted Access for Merchandise

POST & DATE: SEP 20 2010

7007 0710 0005 5045 6700

PD Form 3811, February 2004 Date of Issue: 02/04/04



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Singer - President  
Cook County Board of Commissioners  
Walter J. Rizzo - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Miller  
David N. Corbalan  
Quin R. Corbin  
Rene Greenstein  
Dr. Sheila Lyne  
Dr. Luis R. Melia  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
International Nursing & Rehab Center  
4815 South Western Avenue  
Chicago, IL 60609

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John S. Briggs, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Reichenbach COOCE Center • We Bring Health CARE to Your Community

STANDARD MAIL PER THIS SECTION	POSTAGE THIS SECTION CHARGED
<p>1. Article Addressed to: Administrator International Nursing &amp; Rehab Center 4815 South Western Avenue Chicago, IL 60609</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Registered by (Printed Name) <input type="checkbox"/> Date of Expiry</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>2. Delivery Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.S. <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from address label)	7009 2620 0002 6279 7447
PS Form 3811, February 2004	Domestic Return Receipt 10000-024-1000

389

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Stroup - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Oak County Health & Hospitals System  
Jerry Rudolph - Vice-Chairman  
Oak County Health & Hospitals System  
William T. Foley - CEO  
Oak County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry DeJor  
David M. Carnahan  
Quin R. Golden  
Boris Oronovoy  
Dr. Mark L. Lurie  
Dr. Lark R. Muller  
Lester E. O'Donoghue  
Andrea L. Zapp

September 20, 2010

Administrator  
Jackson Square Nursing & Rehab Center  
5130 West Jackson Boulevard  
Chicago, IL 60644

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Network • Geriatric Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Butterfield CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Jackson Square Nursing &amp; Rehab Center 5130 West Jackson Boulevard Chicago, IL 60644</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 10-22</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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"/> D.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number</p> <p>Transfer from service label</p> <p>7009 2820 0002 6279 8196</p>	

PS Form 3811, February 2004. Domestic Return Receipt. 4000-00-000-1000

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Barrs - Chairman  
Cook County Health & Hospitals System  
Jaeger Reinhard - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David N. Cavallaro  
Quin K. Cochran  
Beno Grossman  
St. S. Scola-Lynn  
Dr. Luis R. Morales  
Hester E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Joliet Terrace  
2230 McDonough  
Joliet, IL 60436

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Services • Central Health Services • Cook County Department of Public Health • John R. Stroger, Jr. Hospital • Oak Forest Hospital • Roosevelt Hospital • Ruth M. Rothstein CORE Center • We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
Joliet Terrace  
2230 McDonough  
Joliet, IL 60436

2. Article Number  
(Transfer from reverse label) 7009 2620 0002 6279 7762

PG Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THE SECTION OF DELIVERY**

A. Signature  
X [Signature]  Agent  Addressee

B. Received by (Name/Initials) [Signature]  Date of Delivery 9-22-10

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

D. Receipts/Info  
 Certified Mail  Restricted Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.  
4. Restricted Delivery (Extra Fee)  Yes  No

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Brigger - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
George Kamelov - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amel  
Commissioner Jerry Berke  
David M. Corbett  
Celia B. Gordin  
Dana Greenberg  
Dr. Rheta Lyle  
Dr. Lisa R. Moore  
Pauline E. O'Donnell  
Andres L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

September 20, 2010  
Administrator  
King-Brunauer House  
6101 S. County Line Road  
Burr Ridge, IL 60527

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designed as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest, "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joywykowski@cchhs.org](mailto:joywykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John M. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Soltau Cook County Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator King-Brunauer House 6101 S. County Line Road Burr Ridge, IL 60527</p> <p>2. Article Number (Required for Restricted Delivery)</p> <p>7005 2020 0088 3779 7755</p> <p>FD Form 3011, February 2004</p>	<p>4. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>5. Restricted by Special Permit <input type="checkbox"/> Date of Delivery</p> <p>6. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Signature Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>8. Restricted Delivery Extra Fee <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Bales - Chairman  
Cook County Health & Hospitals System  
George Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Anell  
Commissioner Jerry Redler  
David N. Campbell  
Omar R. Gables  
Sara Greenstein  
St. Sheila Lynn  
Dr. Lyle R. Markin  
Nashua T. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	26,070
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHPSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Lemont Nursing & Rehab Center  
12450 Walker Road  
Lemont, IL 60439

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

• Architectural & Community Health Network • Central Health Services • Cook County Department of Public Health • Cook County Health & Hospitals System • Oak Forest Hospital • Provident Hospital • Rush St. Luke's CORE Center • We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

Administrator  
Lemont Nursing & Rehab Center  
12450 Walker Road  
Lemont, IL 60439

2. Article Number (transfer this number below) **7009 2628 0002 6275 7687**

PS Form 3811, February 2004

**COMPLETE THIS SECTION: NO RETURN**

A. Donee  
*X* *Pat*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery *9/20/10*

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

3. Sample Type  Registered Mail  Return Receipt for Merchandise  Insured Mail  O.D.D.  Yes  No

4. Restricted Delivery? (check box)  Yes  No

Domestic Return Receipt

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Willard H. Branger - President  
Cook County Board of Commissioners  
Warren L. Barto - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Amy Butler  
David N. Corvino  
Geri R. Golem  
Beth Greenman  
Er. Bucke Lipe  
Dr. Lee R. Myles  
Heather E. O'Donnell  
Andrea L. Zopp

September 20, 2010  
Page 2

September 20, 2010

Administrator  
Lexington of Chicago Ridge  
10300 Southwest Highway  
Chicago Ridge, IL 60415

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

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Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health  
Arlene M. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. McKimmon OHS Center  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Addressee to:</p> <p>Administrator Lexington of Chicago Ridge 10300 Southwest Highway Chicago Ridge, IL 60415</p>	<p>A. Registered <input type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Restricted by Postmaster <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p><i>Richard Galvin 9-23-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. YES, give delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Return Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.D.</p> <p>4. Restricted Delivery? (30¢ Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2. Article Number: 7007 0710 0005 5045 6133	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd D. Strager - President  
Cook County Board of Commissioners  
Warren L. Bels - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foyle - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschil  
Commissioner Jerry Butler  
David N. Cavallaro  
Quin R. Golden  
Nora Overcupan  
R. Steve Lyne  
Dr. Lyle R. Minkoff  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Lexington of Elmhurst  
420 West Butterfield Road  
Elmhurst, IL 60126

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	3.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

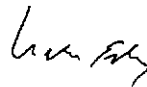
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Inpatient Surgery (avg/mo.)	22

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Sincerely,

  
William T. Foyle  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Critical Health Services • Cook County Department of Public Health • Cook County Board of Commissioners • Cook Forest Hospital • Provident Hospital • North St. Baltimore CCRS Center •  
We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

- Complete parts 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 this card if space permits.

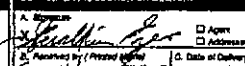
1. Article addressed to:

Administrator  
Lexington of Elmhurst  
420 West Butterfield Road  
Elmhurst, IL 60126

2. Article Number (Transfer from service label)  
7009 2820 0002 4275 8103

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  


B. Received by (Printed Name)  
CAROLINE BRIGGS 9-23-10

C. Date of Delivery

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

E. Signature  
 Certified Mail  Registered Mail  Return Receipt for Merchandise  
 Insured Mail  O.D.D.  
4. Restricted Delivery? (Share Fee)  No

395

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David E. Draper - President  
Cook County Board of Commissioners  
Warren L. Butts - Chairman  
Cook County Health & Hospitals System  
Jerry Ravasio - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amick  
Comptroller Jerry Baker  
David M. Carville  
Gail M. Golden  
Boris Gurevich  
Dr. Linda E. Harkin  
Heather H. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest, without restrictions, conditions, limitations, or discrimination. The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Lexington of LaGrange  
4735 Willow Springs Road  
La Grange, IL 60525

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

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Administrative & Community Health Network • Domestic Health Services • Cook County Departments of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COX Center • We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Administrator  
Lexington of LaGrange  
4735 Willow Springs Road  
La Grange, IL 60525

**COMPLETE THIS SECTION ON DELIVERY**

A. Recipient  
 Mr. *W. T. Foley*  Agent  
 Ms. *J. Wykowski*  Addressee

B. Inspected by Postal Inspector  
 *W. T. Foley*  No Inspection

C. Date of Delivery  
 9-20-10  Other

D. Is delivery address correct?  Yes  No  
 If YES, your delivery address is:  Yes  No

3. Service type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Date Paid)  Yes

4. Article Number  
 (Required for service return) 7009 2620 0002 6279 7830

PS Form 3811, February 2004 12088-02-00-1040



Todd H. Strayer - President  
Cook County Board of Commissioners  
Walter L. Butts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aronoff  
Circumlocution Jerry Walker  
David M. Cavallaro  
Otha E. Gohmert  
Betsy Grossman  
St. Sheila Lyne  
Dr. Luke R. McAllen  
Theodore E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Lexington of Orland Park  
14601 South John Humphrey Drive  
Orland Park, IL 60462

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of services—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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SALESMAN COMPLETES THIS SECTION	SUBJECT OF THIS SECTION COMPLETES
<ul style="list-style-type: none"> <li>Complete items 1, 2, 3, and 4. Also complete item 5 if Restricted Delivery is checked.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Handwritten: Candy Blake</i></p> <p>B. Shipped by (Printed Name) <i>Handwritten: Candy Blake</i></p> <p>C. Is delivery restricted? (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Restricted Delivery? (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Shipment Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p>F. Return Receipt for Merchandise <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>G. Restricted Delivery? (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Addressed to:</p> <p>Administrator Lexington of Orland Park 14601 South John Humphrey Drive Orland Park, IL 60462</p>	<p>2. Article Number (Number from service label) 7007 0710 0005 5045 6205</p>

Todd H. Strayer - President  
Cook County Board of Commissioners  
Walter L. Butts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aronoff  
Circumlocution Jerry Walker  
David M. Cavallaro  
Otha E. Gohmert  
Betsy Grossman  
St. Sheila Lyne  
Dr. Luke R. McAllen  
Theodore E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Lydia Healthcare  
13901 S. Lydia  
Robbins, IL 60472

Dear Sir or Madam:

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Thomas L. Jasin - Chairman  
Cook County Health & Hospitals System  
Jerry Blumstein - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Anand  
Commissioner Jerry Butler  
David H. Carver  
Oren R. Dobbie  
Bess Greenstein  
St. Sheila Lynn  
Dr. Lida R. Mahesh  
Franklin E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Little Sisters of the Poor  
2325 North Lakewood Avenue  
Chicago, IL 60614

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@crbhs.org](mailto:jwykowski@crbhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
• John H. Swager, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein OGB Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	POST-OFFICE: COMPLETE THIS SECTION ONLY
<p>1. Complete items 1, 2, and 6. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Little Sisters of the Poor 2325 North Lakewood Avenue Chicago, IL 60614</p>	<p>A. Signature <i>W. T. Foley</i></p> <p>B. Postmark by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 11? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.G.B.  <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Article Number (Transfer from service label) 7009 2620 0002 6279 6202</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10235-0100-1000</p>

Todd R. Meyer - President  
Cook County Board of Commissioners  
Warren L. Bantz - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschil  
Commissioners: Jerry Butler  
David K. Cavallaro  
Quia K. Gordon  
Rene Grayson  
Dr. Sheila Lyne  
Dr. Luis R. Nolasco  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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September 20, 2010

Administrator  
Lydia Healthcare  
13901 S. Lydia  
Robbins, IL 60472

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Nicholas COHS Center •  
We Bring Health CARE to Your Community

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION UPON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the package, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Lydia Healthcare 13901 S. Lydia Robbins, IL 60472</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Registered by Printed Name <input type="checkbox"/> Date of Delivery</p> <p><i>[Signature]</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>D. Sample Type</p> <p><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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Number from article label)</p> <p>7807 0730 0085 5045 6733</p>	

PS Form 3811, February 2004 Domestic Return Receipt 42528-02-00-940

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Bata - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Chairman: Jerry Butler  
David H. Cavahio  
Qim E. Golden  
Ben Grunstein  
R. Dhali Lynn  
Dr. Lela S. Michon  
Ruthie E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
ManorCare of Hinsdale  
600 West Ogden Avenue  
Hinsdale, IL 60521

Dear Sir or Madam:

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Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Spinko Cooks Center • We Bring Health CARE to Your Community

**STANDARD BUSINESS REPLY**

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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
ManorCare of Hinsdale  
600 West Ogden Avenue  
Hinsdale, IL 60521

2. Article Number: 7009 2620 0002 6279 7661

3. Article Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  COD

4. Restricted Delivery (Exam Fee)  Yes

5. Signature: [Signature]  
6. Agent: [Signature]  
7. Office Address: [Signature]  
8. Delivery address alternative to item 1:  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt

400

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Sanger - President  
 Cook County Board of Commissioners  
 Warren L. Batts - Chairman  
 Cook County Health & Hospitals System  
 Jerry Rastinev - Vice-Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
 Dr. David A. Anzell  
 Commissioner Jerry Bodor  
 David N. Corvacho  
 Oleta R. Gordon  
 Brian Greenway  
 Sr. Sheila Lane  
 Dr. Luis R. Lopez  
 Heather E. O'Donnell  
 Andrea L. Zapp

September 20, 2010  
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Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
 ManorCare of Homewood  
 940 Maple Avenue  
 Homewood, IL 60430

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Barbara CCHS Center •

We Bring Health CARE to Your Community

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Administrator  
 ManorCare of Homewood  
 940 Maple Avenue  
 Homewood, IL 60430.

2. Article Number  
 (Handler may service added) 7007 0710 0005 4504511221

FD Form 3811, February 2004

**COPIER COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_  
 [Signature]  
 2. 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

401

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Svingen - President  
Cook County Board of Commissioners  
Warren L. Betts - Chairman  
Cook County Health & Hospitals System  
Joseph Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aswell  
Commissioner Jerry DeLoe  
David M. Curran  
Otha R. Golden  
Ben Greenstein  
Dr. Sheila Lynn  
Dr. Lisa R. Madigan  
Richard E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
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ETC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
ManorCare of Oak Lawn East  
9401 South Kostner Avenue  
Oak Lawn, IL 60453

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • Aahn H. Svingen, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Redburn Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVERING
<p>• Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is correct.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator ManorCare of Oak Lawn East 9401 South Kostner Avenue Oak Lawn, IL 60453</p>	<p>• <input type="checkbox"/> Airmail • <input type="checkbox"/> Address</p> <p>B. Received by (Printed name) <i>PO Unknown</i></p> <p>C. Date of Delivery <i>9/20/10</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>A. Service Type  <input 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"/> O.D.D.  <input type="checkbox"/> Registered Delivery (Extra Post) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Number from service label) 7007 0710 0005 5045 6096</p>	

PS Form 3811, January 2004 Domestic Return Receipt

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of County Officers  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jerry Rasmussen - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Beiler  
David M. Cantor  
Dale B. Galbraith  
Sara Greenman  
Dr. Sheila Lynn  
Dr. Liza R. Niles  
Harvey E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

September 20, 2010

Administrator  
ManorCare of Oak Lawn West  
6300 West 95th Street  
Oak Lawn, IL 60453

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,932

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth S. Eckstein COE Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	RECIPIENT: COMPLETE THIS SECTION
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                  Date of Delivery                  9-22</p> <p>C. Date of Delivery  <input type="checkbox"/> Yes  <input type="checkbox"/> No                  If YES, state delivery address below:</p> <p>3. Sample Text  <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Signature Required  <input type="checkbox"/> Restricted Delivery® (Extra Fee)</p>
<p>1. Article Addressed to:</p> <p>Administrator ManorCare of Oak Lawn West 6300 West 95th Street Oak Lawn, IL 60453</p>	<p>4. Restricted Delivery® (Extra Fee)  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>2. Article Number (Reader Service Only)                  7007 0730 0005 5045 6045</p>	

403

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad H. Singer - President  
Cook County Board of Commissioners  
Warren L. Bette - Chairman  
Cook County Health & Hospitals System  
Joseph Marabese - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner - Army Ridge  
David N. Corvalan  
Dora R. Golden  
Dora Greenman  
Dr. Sacha Lurie  
Dr. Lita K. Malton  
Necher E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
ManorCare of Palos Heights East  
7850 West College Drive  
Palos Heights, IL 60463

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Networks • Chronic Health Services • Cook County Department of Public Health  
John M. Singer, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South A. Robertson EOC Center  
We Bring Health CARE to Your Community

**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:  
Administrator  
ManorCare of Palos Heights East  
7850 West College Drive  
Palos Heights, IL 60463

2. Article Number (Reader Service Article) 7007 0710 0005 5045 6399

PS Form 3811, February 2004

**RECIPIENT, COMPLETE THIS SECTION**

A. Signature  
*William T. Foley*  Agent  Addressee

B. Received by (Printed Name)  Post Office  
9-22-10

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

D. Sample Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.D.  
E. Restricted Delivery (Star Mail)  Yes  No



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

William T. Foley, President  
Cook County Board of Commissioners  
Wendee L. Beato, Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez, Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley, CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschell  
Commissioner Jerry Butler  
David N. Carver  
Quin H. Gebbie  
Rico Geronzi  
Dr. Paolo Liguori  
Dr. Luis R. Nieves  
Mayor L. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010

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ManorCare of Palos Heights West  
11860 Southwest Highway  
Palos Heights, IL 60463

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South St. Bushnell COHHS Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	ADDRESSEE: THIS SECTION IS FOR YOU
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired, so that we can return the card to you.</p> <p>2. Attach this card to the back of the mailpiece, or on the cover if space permits.</p> <p>3. Article Addressed to:</p> <p>Administrator ManorCare of Palos Heights West 11860 Southwest Highway Palos Heights, IL 60463</p> <p>4. Article Number (Required for service labels) 7007 0710 0005 5046 6102</p>	<p>1. Signature <i>William T. Foley</i></p> <p>2. Received by (Printed Name) 9-22-10</p> <p>3. Date of Delivery 9-22-10</p> <p>4. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Sample 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"/> Restricted Mail <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Restricted Delivery® (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Strager - President  
Cook County Board of Commissioners  
Warren L. Bell - Chairman  
Cook County Health & Hospitals System  
Joyce Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Circulator: Jerry Bales  
David R. Canfield  
Osh R. Galtier  
Boris Gervoyan  
Sr. Sherb Lynn  
Dr. Lutz R. Mahler  
Harriet E. O'Donoghue  
Andrew L. Zopp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
ManorCare of South Holland  
2145 East 170th Street  
South Holland, IL 60473

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Cook St. Rehabilitation Center • We Bring Health CARE to Your Community

**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 envelope, or on the back if space permits.

1. Article Addressed to:

Administrator  
ManorCare of South Holland -  
2145 East 170th Street  
South Holland, IL 60473

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *D. Strager*  Agent  Addressee

B. Received by (Print Name) *D. Strager* C. Date of Delivery *09/20/10*

D. Is delivery address different from item 1?  Yes  No  
 VEE, enter delivery address below  No

E. Return to Sender  Yes  No

F. Return to Office  Yes  No

G. Return to Office (Same Fee)  Yes  No

H. Restricted Delivery (Exam Fee)  Yes  No

I. Article Number (for return service mail) 7007 0710 0005 5045 6306

PS Form 3811, February 2004 Domestic Return Receipt 10898-00-00-1000

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Stanger - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jerry Kuzner - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospital System Board Members**

Dr. David A. Ansel  
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Otilia B. Oakley  
Renee Chatterjee  
Dr. Sheila L. Lynn  
Dr. Leah M. Hoffman  
Theodore E. O'Donnell  
Andrew L. Zapp

September 20, 2010

Administrator  
ManoCare of Westmont  
512 East Ogden Avenue  
Westmont, IL 60559

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,559
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest \*without restriction, conditions, limitations, or discrimination.\* The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Chronic Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South St. Matthews COCHHS Center •  
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<p>1. Article addressed to: Administrator ManoCare of Westmont 512 East Ogden Ave. Westmont, IL 60559</p>	<p>A. Return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below.</p> <p>D. Service Type  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Registered Mail <input type="checkbox"/> O.D.D.  <input type="checkbox"/> Registered Delivery (50% Fee) <input type="checkbox"/> Yes</p>
2. Article Number 7009 2620 0002 4279 8233	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Brueger - President  
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Warren L. Burt - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Commissioner Jerry Budet  
David N. Campbell  
Cathy R. Golden  
Irene Grossman  
E. Sheila Lynn  
Dr. Lela R. Marlow  
Franker E. O'Donoghue  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Margaret Manor  
1121 North Orleans Street  
Chicago, IL 60610

Dear Sir or Madam:

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• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
• John H. Stroger Jr. Hospital • Oak Forest Hospital • Provident Hospital • North St. Elizabeth CORE Center •

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Total Postage & Fees \$

Administrative  
Margaret Manor

1121 North Orleans Street  
Chicago, IL 60610  
City State, ZIP

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad H. Stroger - President  
Cook County Board of Commissioners  
Warren L. Burt - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Conradine Joy Baker  
Doris N. Cavellie  
Quin N. Galdies  
Rose Greenstein  
St. Elodie Lynn  
Dr. Lois R. Minkes  
Richard E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Marwell Manor  
4537 S. Drexel  
Chicago, IL 60653

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September 20, 2010  
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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South St. Barbara's CORE Center •

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Singer - President  
 Cook County Board of Commissioners  
 Warren L. Butz - Chairman  
 Cook County Health & Hospitals System  
 Jorge Ramirez - Vice-Chairman  
 Cook County Health & Hospitals System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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 Co-Chairman Jerry Becker  
 David H. Carvallo  
 Orlin K. Dickson  
 Scott Greenway  
 St. Barth's Lyle  
 Dr. Lita R. Minkov  
 Member E. O'Donnell  
 Andrew L. Rupp

October 18, 2010

Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

October 18, 2010

Administrator  
 McCallister Nursing & Rehab  
 18300 South Laverne Avenue, PO Box 367  
 Tinley Park, IL 60478

Dear Sir or Madam:

This letter was originally sent to you via certified mail on September 20, 2010. Inadvertently, we used an incorrect address for your facility, and the letter was just returned to us as undeliverable. I apologize that you didn't receive this notification in a more timely fashion. Please don't hesitate to contact Randall Mark, Director of Intergovernmental Affairs and Policy, at 312-864-0916 if you have questions or need further information.

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Proviso Hospital • South M. Edinboro COSE Center •

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410

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Will N. Stroger - President  
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 Verres L. Beitz - Chairman  
 Cook County Board of Hospital System  
 Jorge Ramirez - Vice-Chairman  
 Cook County Board of Hospital System  
 William T. Foley - CEO  
 Cook County Health & Hospitals System



Health & Hospital System Board Members  
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 David N. Carville  
 Odis R. Giddin  
 Sam Derrington  
 Dr. Elna Lyne  
 Dr. Leah K. Moran  
 Richard E. O'Shea  
 Andrea L. Zapp

September 20, 2010  
 Page 2

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Sincerely,

William T. Foley  
 Chief Executive Officer  
 Cook County Health & Hospitals System

September 20, 2010

Administrator  
 Meadowbrook Manor - Bolingbrook  
 431 West Remington Boulevard  
 Bolingbrook, IL 60440

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• Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health • John N. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Goldstein COE Center

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2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the envelope, or on the back if space permits.

4. Address Addressed to:

Administrator  
 Meadowbrook Manor - Bolingbrook  
 431 West Remington Boulevard  
 Bolingbrook, IL 60440

5. Article Number (Number with service label) **7009 2620 0002 6279 8056**

PS Form 3811, February 2004 Domestic Return Receipt

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**COMPLETER: PRINT & CHECK OFF THESE**

A. Sender's Name  Printed  Agent  Addressee

B. Received by (Typed Name)  Yes  No

C. Date of Delivery  Yes  No

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

E. Register Type  Certified Mail  Registered Mail  Return Receipt for Merchandise  Insured Mail  C.O.D.  Signature Required

F. Restricted Delivery? (Metric Mail)  Yes  No

411

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Stroger - President  
Cook County Board of Commissioners  
Walter L. Baria - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschil  
Commissioner Jerry Baker  
David N. Carver  
Ode E. Grubbs  
Dean Ganssperg  
St. Sheila Lynn  
Dr. Lois E. Marler  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Meadowbrook Manor - LaGrange  
339 9th Avenue  
La Grange, IL 60525

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September 20, 2010  
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IRR (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwyskosi@ccchhs.org](mailto:jwyskosi@ccchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchhs.org](mailto:wfoley@ccchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Mathotata COER Center •

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	CONVEYOR: THIS SECTION APPLIES TO YOU
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if special permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Meadowbrook Manor - LaGrange 339 9th Avenue La Grange, IL 60525</p> <p>5. Article Number (Transfer from service label) 7009 2820 0002 6279 7654</p> <p>PS Form 3811, January 2004</p>	<p>A. Signature <i>D. Barlow</i></p> <p>B. Date of Delivery 9-20</p> <p>C. Point of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Restricted Mail <input type="checkbox"/> O.D.D.</p> <p>F. Restricted Delivery? (See Item 1) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

412



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Stragen - President  
Cook County Board of Commissioners  
Wayne L. Bantz - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ancill  
Consejalmer Jerry Butler  
David N. Corvallo  
Quin R. Golden  
Rosal Greenman  
St. Charles Lyle  
Dr. Lois R. Myles  
Member T. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Midway Neurological/Rehab Center  
8540 South Harlem  
Bridgeview, IL 60455

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COE Center • We Bring Health CARE to Your Community

SEND TO: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>Administrator Midway Neurological/Rehab Center 8540 South Harlem Bridgeview, IL 60455</p>	<p>A. Recipient</p> <p><i>William T. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>William T. Foley</i> 9-20-10</p> <p>D. Is delivery address different from form 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number</p> <p>Character from service label</p> <p>7009 2820 0002 6274 7458</p>	<p>3. Sample Type</p> <p><input type="checkbox"/> Control Unit <input type="checkbox"/> Screened Unit</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt by Addressee</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Check Field) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Rueda - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David M. Cervino  
Osh R. Gabbas  
Dean Giuseppe  
St. Sheila Lyne  
Dr. Loh R. Mehta  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

September 20, 2010

Administrator  
Monroe Pavilion Health/Treatment Center  
1400 West Monroe Street  
Chicago, IL 60607

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

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Please send your response to Ms. Joy Wytowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwytowski@cchhs.org](mailto:jwytowski@cchhs.org).

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Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Networks • Common Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Froedtert Hospital • St. Elizabeth's Center • St. El. Eastwinds CARE Center

We Bring Health CARE to Your Community

GENERAL: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, 3, 4, 5, and 6. Also complete item 4 if Registered Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> <p>4. Article Accepted to:</p> <p>Administrator: Monroe Pavilion Health/Treatment Center 1400 West Monroe Street Chicago, IL 60607</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 4? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>E. Billing Type <input checked="" type="checkbox"/> Collect 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"/> O.D.D. <input type="checkbox"/> Registered Delivery? <input type="checkbox"/> Other Paid <input type="checkbox"/> Yes</p>
<p>F. Article Number Transfer from envelope label 7009 2620 0002 6279 7898</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd E. Stropker • President  
Cook County Board of Commissioners  
Warren L. Biele • Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez • Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley • CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commodore Jerry Butler  
David M. Carvallo  
Olin R. Galdon  
Boris Gershteyn  
Sr. Sheila Lynn  
Dr. Loris B. Melles  
Member E. O'Donnell  
Andrew L. Sore

September 20, 2010

Administrator  
Montgomery Place  
5550 South Shore Drive  
Chicago, IL 60637

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Networks • Geriatric Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provena Hospital • North St. Healthcare COHS Center

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**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:  
Administrator  
Montgomery Place  
5550 South Shore Drive  
Chicago, IL 60637

**RECIPIENT, THIS SECTION BY DELIVERY**

A. Signature  
X A. Smith  
B. Agent  
C. Date of Delivery  
9-22-10  
D. Is delivery address different from item 1? Yes  No   
If YES, enter delivery address below:  No

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

3. Restricted Delivery?  Yes  No

E. Article Number  
7009 2620 0002 6279 7336  
FD Form 3811, February 2004

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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd E. Stogatz - President  
Cook County Board of Commissioners  
Warren J. Bero - Chairman  
Jack Cheney Health & Hospital System  
Jorge Ramirez - Vice-Chairman  
Josh Cheney Health & Hospital System  
William T. Foley - CEO  
Cook County Health & Hospital System



Health & Hospitals System Board Members  
Dr. David A. Amell  
Consultant Jerry Butler  
David N. Canale  
Oyle E. Chisholm  
Scott Georgeas  
Dr. Brock Lane  
Dr. Luis R. Matos  
Nathan E. O'Donnell  
Adrian L. Epp

September 20, 2010

Administrator  
Oakbrook Healthcare Centre  
2013 Midwest Road  
Oak Brook, IL 60521

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Sullivan CO28 Center •  
We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address in **boldface**. So FCC we can return the card to you.  
3. Attach this card to the back of the envelope, or on the front if a cover permits.

1. Article addressed to:  
Administrator  
Oakbrook Healthcare Centre  
2013 Midwest Road  
Oak Brook, IL 60521

2. Article Number (Indicate item number below)  
7009 2820 0002 6275 6035

PD Form 3811, February 2004

**ADDRESSEE: COMPLETE THIS SECTION (IF DESIRED)**

A. Signature  
B. Return Address  
C. Date of Delivery  
D. Is this a Restricted Delivery item?  
E. Yes, when delivery requires delivery  
F. No

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Restricted Delivery? (Item Fee)

4. Return Method  
 Express Mail  
 Return Receipt for Merchandise  
 G.O.D.  
 No



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad H. Strayer - President  
Cook County Board of Commissioners  
Wayne L. Bates - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Chairman/John Butler  
David M. Corvino  
Otha R. Dublin  
Kean Christman  
Dr. Sarah Lynn  
Dr. Leah B. Kiviat  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Our Lady of Angels Retirement Home  
1201 Wyoming Avenue  
Joliet, IL 60435

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010

Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Analytical & Community Health Services • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Earl H. Bartholomew COHC Center • We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Administrator  
Our Lady of Angels Retirement Home  
1201 Wyoming Avenue  
Joliet, IL 60435

2. Article Number  
Number from service label: 7009 2820 0002 6279 7906

PS Form 3811, February 2004 Domestic Return Product

**COMPLETE THIS SECTION ON DELIVERY**

A. Intended Recipient  
*[Signature]*  Agent  Addressee

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

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

3. Receipt Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Signature Required

4. Restricted Delivery (EMS Mail)  Yes  No

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Field H. Strayer - President  
Cook County Board of Commissioners  
Thomas L. Sims - Chairman  
Cook County Health & Hospitals System  
George Rosales - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansel  
Commissioner Amy Becker  
David N. Caviezan  
Ora R. Collins  
Rose Greenstein  
St. Sheila Lynn  
Dr. Leah R. Nichols  
Harlan B. O'Donell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	7,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Palos Hills Extended Care  
10426 South Roberts  
Palos Hills, IL 60465

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Services • Geriatric Health Services • Cook County Department of Public Health • John A. Stroger Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Zankerstein CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	RECIPIENT: THIS SECTION IS FOR YOU
<p>1. Complete items 1, 2, and 3. Also complete: - Item 4 if Questioned Delivery is checked. - 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 envelope, or on the front if space permits.</p> <p>1. Article Addressed to:  Administrator Palos Hills Extended Care 10426 South Roberts Palos Hills, IL 60465</p>	<p>A. Recipient X John Pate □ Agent □ Addressee</p> <p>B. Requested by (Typed Name) John Pate C. Date of Delivery 9/20/10</p> <p>D. Is delivery address checked with item 1? □ Yes □ No If YES, enter delivery address below: □ No</p> <p>3. Delivery 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.  <input type="checkbox"/> Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number (Manufacturer service label) 7009 2820 0002 6279 7502</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David H. Stroger - President  
Cook County Board of Commissioners  
Warren L. Balle - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Axel  
Concilio Javier Barco  
David N. Corvado  
Quin T. Cobbin  
Dana Graciano  
St. Sheila Lynch  
Dr. Lyle R. Shahan  
Heather E. O'Donnell  
Andree L. Zapp

September 20, 2010

Administrator  
Park House Nursing & Rehab Center  
2320 South Lawndale  
Chicago, IL 60623

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6920.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Carpark Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rom M. Beckstein CORE Center

We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:

Administrator  
Park House Nursing & Rehab Center  
2320 South Lawndale  
Chicago, IL 60623

2. Article Number (Check item service actual)

7009 2820 0002 6279 8134

PD Form 5511, February 2004 Domestic Return Receipt 10950-08-100

**COMPLETE THIS SECTION BY DELIVERY**

A. Receipt  
 Received  Agent  Addressed  
 B. Forwarded by (Printed Name) *Michelle H. Hines* C. Date of Delivery *7-23-70*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_  
 E. Signature Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 F. Restricted Delivery? (Extra Fee)  Yes  No

420



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strager - President  
Cook County Board of Commissioners  
Warren L. Barty - Chairman  
Cook County Health & Hospitals System  
Jerry Ravness - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospital System Board Members  
Dr. David A. Asch  
Commissioner Jerry Baker  
David H. Carr-Saunders  
Odele R. Goltz  
Brian Grossman  
Dr. Sheila Lyle  
Dr. Luis R. Malhotra  
Heather E. O'Donoghue  
Andrea L. Zapp

September 20, 2010

Administrator  
Perishing Convalescent Home  
3900 South Oak Park Avenue  
Berwyn, IL 60402

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	675	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,665
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to receive any or all of the patient load now at Oak Forest, "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Mr. Jay Wykowski, 1900 W. Polk St. Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • CoreNet Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Boyston CORE Center • We Bring Health CARE to Your Community

**SEARCHED COMPLETE THE SECTION**

1. Article Addressed to:  
Administrator  
Perishing Convalescent Home  
3900 South Oak Park Avenue  
Berwyn, IL 60402

**COMPLETE THE SECTION BY LABEL**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by: *[Signature]*  Agent  Addressee

C. Date of Delivery: *9/20/10*

D. Is delivery address different from item 1?  Yes  No  
If YES, write delivery address below: *[Blank]*

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

4. Restricted Delivery? (Rate Fee)  Yes  No

2. Article Number: 7004 2520 0002 6279 8028  
PS Form 3811, February 2004

421

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Jack H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Bates - Chairman  
Cook County Health & Hospitals System  
Judy Benders - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Etkin  
David K. Cavalan  
Omid H. Gekker  
Blair Greenman  
Dr. Sheila L. Jew  
Dr. Lutz R. Maehle  
Heather E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Flaza Nursing and Rehab Center  
3249 West 147th Street  
Midlothian, IL 60445

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowsk@cchhs.org](mailto:jwykowsk@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Current Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Eckstein COE Center •

We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION:**

- Complete items 1, 2, 3, and 4. 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 envelope, or on the front if space permits.

1. Article Addressed to:

Administrator  
Flaza Nursing and Rehab Center  
3249 West 147th Street  
Midlothian, IL 60445

2. Article Number  
Director Service Label  
7007 0710 0005 5045 6717  
PS Form 3811, February 2004

**RECIPIENT: THIS SECTION IS PRE-PAID**

A. Registered  *S. Ross*  Agent  Addressee

B. Received by (Printed Name) *S. Ross* C. Date of Delivery *9/20/10*

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

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  COD

F. Registered Delivery? Extra Fee?  Yes  No

Domestic Return Receipt  
9500-02-10-1000

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Dodd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Axel  
Commissioner Jerry Butler  
David N. Carrado  
Doris R. O'Leary  
Rita Grossman  
St. Sheila Lynn  
Dr. Luis A. Melillo  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

September 20, 2010

Administrator  
Plymouth Place  
315 North La Grange Road  
La Grange Park, IL 60526

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about: May 31, 2011.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joy.wykowski@cchhs.org](mailto:joy.wykowski@cchhs.org).

- Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Evan M. Evansville COSE Center • We Bring Health CARE to Your Community

**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:  
  
Administrator  
Plymouth Place  
315 North La Grange Road  
La Grange Park, IL 60526

2. Article Number  
Provide from sender label: 7009 2520 0002 6274 7993

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Kay Holden*  Agent  Addressee

B. Received by (Print Name)  Date of Delivery 9/23/10

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

D. Delivery Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Extra Fee)  Yes  No

Domestic Return Receipt

427

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Joseph R. Bazzani - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansel  
Commissioner Lucy Barker  
David H. Corbin  
John R. Golden  
Ben Greenman  
St. Barbara Igusa  
Dr. Leah L. Melton  
Necher E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Prairie Manor Nursing & Rehab Center  
345 Dixie Highway  
Chicago Heights, IL 60411

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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ER (avg visits/mo.)	2,666
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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Community Health Services • Cook County Departments of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Providence Hospital • South St. Elizabeths CORE Center •

We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Prepaid Delivery is checked.
- 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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
Prairie Manor Nursing & Rehab Center  
345 Dixie Highway  
Chicago Heights, IL 60411

2. Article Number:  
Character Post service used 7007 0710 0005 5045 6153  
PS Form 3617, February 2004 Domestic Return Receipt

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*  Yes  No

C. Date of Delivery: *9-22*

D. Is delivery return receipt (PS Form 3817)  Yes  No

3. Service Type:  
 Certified Mail  Registered Mail  
 Registered Mail  C.O.D.  
 Registered Delivery? (Value First)  Yes  No

424

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Draper - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Largo Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Becker  
David M. Corwin  
Chris A. DeLorenzo  
Bonnie Gershenov  
St. Sheila Lyne  
Dr. Lois R. Malins  
Theodore C. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Presidential Pavilion  
8001 South Western Avenue  
Chicago, IL 60620

Dear Sir or Madam:

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• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COBE Center •

We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLAINT: MAIL DELIVERY ONLY
<p>Complete items 1-3, unless otherwise instructed.</p> <p>Item 4 is Restricted Delivery if desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Presidential Pavilion 8001 South Western Avenue Chicago, IL 60620</p>	<p>A. Recipient</p> <p><b>B. Mamon</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type</p> <p><input 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"/> O.D.D. F. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2. Article Number (Transfer from service label)	7009 2820 0002 6279 7373
PS Form 3811, February 2004 Domestic Return Receipt	

425

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Wald H. Strager - President  
Cook County Board of Commissioners  
Warren L. Gatto - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Arendt  
Comptroller Jerry Besler  
David N. Carabellese  
Chris E. Collins  
Debra C. Conroy  
Dr. Linda R. Miles  
Michael E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Provena Villa Franciscan  
210 North Springfield Avenue  
Joliet, IL 60435

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Folk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchs.org](mailto:jwykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6620.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Services • Geriatric Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provena Hospital • Ruth M. Rothstein COE Center •

We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Administrator  
Provena Villa Franciscan  
210 North Springfield Avenue  
Joliet, IL 60435

2. Article Number: 7009 8820 0002 6279 7823  
(Transfer from service label)

P8 Form 3811, February 2004

**RECIPIENT: COMPLETE THIS SECTION ONLY IF NEEDED**

4. Delivery  
 *Business*  Agent  
 Registered  Addressed

5. Received by (Printed Name) *SPH* Date of Delivery *9/20/10*

6. Is delivery address different from item 1?  
 YES, enter delivery address below:  No

7. Service Type  
 Registered Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  COD®  
 Restricted Delivery® (Extra Fee)  No

426

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Joseph H. Svingen - President  
Cook County Board of Commissioners  
Sharon L. Bate - Chairman  
Cook County Health & Hospitals System  
George Banzner - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amadi  
Commissioner Jerry Butler  
David N. Cavallaro  
Chia R. Golden  
Betsy Greenman  
S. Martha Lynn  
Dr. Lois R. Minkin  
Nathaniel E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Providence Palos Heights  
13259 South Central Avenue  
Palos Heights, IL 60463

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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• Ambulatory & Community Health Network • Common Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Providence Hospital • South M. Robinson CORE Center •  
We Bring Health CARE to Your Community

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ONLY IF NEEDED
<p>1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return this card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Providence Palos Heights 13259 South Central Avenue Palos Heights, IL 60463</p>	<p>A. Express</p> <p><input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>B. Insured by (Printed Name)</p> <p>C. Date of Delivery: 9-22-10</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, your delivery address below: <input type="checkbox"/> No</p> <p>E. Delivery Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7007 0710 0005 5045 6311</p> <p>(Postage-free service here)</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>

427

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Revoredo - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David N. Corvino  
Gale K. Clarkson  
Doree Conroy  
St. Elizabeth Lyne  
Dr. Lisa B. Moran  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Providence South Holland  
16300 Wausau Street  
South Holland, IL 60473

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • District Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Providence Hospital • South All. Healthcare CORE Center • We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	RECIPIENT: THIS SECTION IS OPTIONAL
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article addressed to:</p> <p>Administrator Providence South Holland 16300 Wausau Street South Holland, IL 60473</p>	<p>A. Signature  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p> <p>3. Specify Yes  <input 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"/> Signature Required</p> <p>4. Restricted Delivery? (Only Mail) <input type="checkbox"/> Yes</p>
<p>5. Article Number (transfer from service label)</p> <p>7007 0710 0005 5045 6267</p>	



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Svinger - President  
Cook County Board of Commissioners  
Warren L. Bates - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David N. Carvalho  
Olin S. Gabelko  
Boris Gerasimov  
St. Sheila Lyle  
Dr. Lisa R. Meloni  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010  
Administrator  
Rainbow Beach Care Center  
7325 South Exchange  
Chicago, IL 60649

Dear Sir or Madam:

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Analytical & Community Health Network • Current Health Services • Cook County Department of Public Health •  
John H. Svinger, M. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COE Center •

We Bring Health CARE to Your Community

**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 back if space permits.

1. Article Addressed to:  
Administrator  
Rainbow Beach Care Center  
7325 South Exchange  
Chicago, IL 60649

2. Article Number  
Sender Stop Action No: 7009 2620 0002 6275 7700  
PS Form 3811, February 2004

**ADDRESSEE: THIS SECTION IS DELIVERED TO YOU**

A. Delivery Point  
X *William T. Foley* Agent  Addressee

B. Received by (Print Name) *William T. Foley*  Addressee

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

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

4. Restricted Delivery? (Class Fee)  Yes

14255-99-000-000

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Field R. Sreger - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amelt  
Concedoconer Jerry Brater  
David N. Campbell  
Celia K. Corbett  
Newa Litwacz  
Sr. Elizabeth Lown  
Dr. Luis R. Morales  
Hector E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Regal Health and Rehab Center  
9525 South Mayfield  
Oak Lawn, IL 60453

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Jay Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Covered Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Pro-Health Hospital • South El. Healthcare COBE Center •  
We Bring Health CARE to Your Community

**SEND TO: COOK COUNTY HEALTH & HOSPITALS SYSTEM**

1. Article Address to:  
Administrator  
Regal Health and Rehab Center  
9525 South Mayfield  
Oak Lawn, IL 60453

2. Article Number  
(Transfer from previous label) **7009 2620 0002 6279 7496**

3. Sample Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery/ Extra Post  Yes

5. Signature  
*William T. Foley*  Agent  
 Addressee  
6. Received by / Public Agent  
*Christa Jenkins* 9/20/10  
7. Date of Delivery  
8. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Yoni H. Kruger - President  
Cook County Board of Commissioners  
Neyro L. Harris - Chairman  
West County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Oak County Health & Hospitals System  
William T. Foley - CEO  
Oak County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. Debra A. Asch  
Commissioner Jerry Baker  
David N. Caruso  
Chris B. Chidley  
Yuan Constantinou  
St. Shari Lynn  
Dr. Lita E. Mankin  
Heather E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
The Renaissance at 87th Street  
2940 West 87th Street  
Chicago, IL 60652

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cosmetic Health Services • Cook County Department of Public Health •  
• John H. Stroger Jr. Hospital • Oak Forest Hospital • Provident Hospital • North El. Bartholomew CORE Center •  
We Bring Health CARE to Your Community

**SEARCH: 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 envelope, or on the back if space permits.

1. Article Addressed to:

Administrator  
The Renaissance at 87th Street  
2940 West 87th Street  
Chicago, IL 60652

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* Original   
D Addressed

B. Recipient's Name  
*[Signature]* C. Date of Delivery  
*[Signature]*

D. If delivery address differs from item 1, check  Yes  
If YES, enter delivery address on below.  No

3. Package Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Same Fee)  Yes

4. Article Number  
(Under item number label) 7009 8820 0002 6279 7380

PG Form 5811, February 2004 Domestic Return Receipt 12000-020-100

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad E. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batty - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospital System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Barber  
David H. Cavellio  
Olin R. Giddin  
Sean O'Connell  
St. Sheila Lyne  
Dr. Luis R. Nolasco  
Heather R. O'Donnell  
Andrea L. Espy

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

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ICU	788	5.14	3,750
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Inpatient Surgery (avg/mo.)	22

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchs.org](mailto:wfoley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Renaissance at Hillside  
4600 North Frontage Road  
Hillside, IL 60162

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHPSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Ambulatory & Community Health Network • Coronah Health Services • Cook County Department of Public Health • John R. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Sidelists COES Center •  
We Bring Health CARE to Your Community

**SENDER - COMPLETE THIS SECTION**

1. Article Addressed to:  
Administrator  
Renaissance at Hillside  
4600 North Frontage Road  
Hillside, IL 60162

2. Article Number:  
(Transfer from service label)  
7009 2620 0002 6279 6097

PS Form 3511, February 2004

**COMPLETE THIS SECTION FOR DELIVERY**

3. Delivery Method:  
a. Registered Mail  Yes  No  
b. Registered Mail (Extra Fee)  Yes  No

4. Delivery Address:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

5. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

6. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

7. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

8. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

9. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

10. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

11. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

12. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

13. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

14. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
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d. C.O.D.  Yes  No

15. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

16. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

17. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

18. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

19. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
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20. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

21. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

24. Signature:  
a. Certified Mail  Yes  No  
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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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a. Certified Mail  Yes  No  
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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

26. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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a. Certified Mail  Yes  No  
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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

28. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

29. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
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a. Certified Mail  Yes  No  
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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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c. Insured Mail  Yes  No  
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34. Signature:  
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b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
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35. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
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36. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
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37. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

38. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

39. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

40. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
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d. C.O.D.  Yes  No

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a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

42. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

43. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

44. Signature:  
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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

45. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

46. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

47. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

48. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

49. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

50. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

51. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

52. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

53. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
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54. Signature:  
a. Certified Mail  Yes  No  
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a. Certified Mail  Yes  No  
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b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

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c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

62. Signature:  
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b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

63. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

64. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

65. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

66. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

67. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

68. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

69. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

70. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

71. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

72. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

73. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

74. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

75. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

76. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

77. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

78. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

79. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

80. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

81. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

82. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

83. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

84. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

85. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

86. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

87. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

88. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

89. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

90. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

91. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

92. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

93. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

94. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

95. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

96. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

97. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

98. Signature:  
a. Certified Mail  Yes  No  
b. Registered Mail  Yes  No  
c. Insured Mail  Yes  No  
d. C.O.D.  Yes  No

99. Signature:  
a. Certified

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Cook County Board of Commissioners  
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Dennis Gouglis  
Dr. Dennis Lyles  
Dr. Luis R. Melles  
Hector E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
The Renaissance at Midway  
4437 South Cicero  
Chicago, IL 60632

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	19.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	Inpatient Surgery (avg/mo.)
2,666	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest, without restrictions, conditions, limitations, or discrimination. The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joy.wykowski@cchhs.org](mailto:joy.wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Services • Community Health Services • Cook County Department of Public Health • John R. Strages, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South A. Bushyhead COES Center • We Bring Health CARE to Your Community

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVER
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Address Addressed to:</p> <p>Administrator The Renaissance at Midway 4437 South Cicero Chicago, IL 60632</p>	<p>A. Recipient</p> <p><input checked="" type="checkbox"/> Mr. <u>William T. Foley</u> <input type="checkbox"/> Firm</p> <p><input checked="" type="checkbox"/> <u>William T. Foley</u> <input type="checkbox"/> Individual Recipient</p> <p><input checked="" type="checkbox"/> <u>William T. Foley</u> <input type="checkbox"/> General Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Service type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery/ Every Mail <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>1. Article Number</p> <p>7009 2620 0002 6274 7922</p>	

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Steven L. Beck - Chairman  
and County Health & Hospital System  
Jorge Ramirez - Vice-Chairman  
and County Health & Hospital System  
William T. Foley - CEO  
and County Health & Hospital System



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Steve Gaccipari  
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Dr. Lyle R. Minkoff  
Heather E. O'Donnell  
Andrea L. Zopp

September 20, 2010  
Page 2

September 20, 2010

Administrator  
Renaissance Park South  
10935 South Halsted Street  
Chicago, IL 60628

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service-- Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2006. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders-- patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplemented by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Chronic Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South St. Nicholas CCHS Center •  
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SENDER, COMPLETE THIS SECTION

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

1. Article Addressed to:  
Administrator  
Renaissance Park South  
10935 South Halsted Street  
Chicago, IL 60628

2. Article Number (Transfer from service label)  
7007 0710 0005 5045 6344

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION CAREFULLY

A. Signature  
X *William T. Foley*  Agent  Addressee

B. Sender's Mailing Name  
*William T. Foley*  Point of Delivery

C. Point of Delivery  
*Chicago*  No  Yes

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

3. Receipt Type  
 Certified Mail  Enclose Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  No  Yes

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

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Cook County Board of Commissioners  
Warren L. Rapp - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
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William T. Foley - CEO  
Cook County Health & Hospitals System



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Commissioner Jerry Becker  
David N. Cavallini  
Chris R. Golden  
Dora Greenman  
St. Gerda Light  
Dr. Lois R. Miller  
Harriet E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
The Renaissance at South Shore  
2425 East 71st Street  
Chicago, IL 60649

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowskij, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowskij@cchhs.org](mailto:jwykowskij@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Networks • Community Health Services • Cook County Department of Public Health •  
• John R. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Solisoko COB Center •

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SENDER: COMPLETE THIS SECTION	CONSIGNEE: COMPLETE THIS SECTION ONLY
<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Address addressed to:</p> <p>Administrator The Renaissance at South Shore 2425 East 71st Street Chicago, IL 60649</p>	<p>A. Signature <i>William T. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>William T. Foley</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. 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. F. Restricted Delivery? (Add Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2. Article Number (Transfer from service label)	7009 2620 0002 6274 7724

PS Form 3811, February 2004

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95049-0000-1000

435

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd M. Krueger - President  
Cook County Board of Commissioners  
Warren L. Davis - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



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David M. Carver  
Usha R. Gellin  
Brian Greenberg  
St. Sheila Lynn  
Dr. Lela R. Miles  
Heather B. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	3	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Ridgeland Nursing & Rehab Center  
12550 South Ridgeland Avenue  
Palos Heights, IL 60463

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Please send your response to Ms. Jay Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Critical Care Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Rothstein COMS Center • We Bring HealthCARE to Your Community

SENDING: COMPLETE THIS SECTION	RECEIVING: THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the back if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Ridgeland Nursing &amp; Rehab Center 12550 South Ridgeland Avenue Palos Heights, IL 60463</p>	<p>A. Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Delivery Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.D.</p> <p>F. Restricted Delivery? (Gate Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from envelope label)</p> <p>7007 0710 0006 5045 1304</p>	

436



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Cook County Health & Hospitals System  
Jorge Ruedez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foicy - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Olan R. Cobble  
Dean Greenman  
St. Thelma Lynn  
Dr. Luca R. Michis  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010  
Administrator  
Riviera Care Center  
490 West 16th Place  
Chicago Heights, IL 60411

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoicy@cchhs.org](mailto:wfoicy@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Foicy*  
William T. Foicy  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John M. Berges, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rook & Lathrop CARE Center • We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
Riviera Care Center  
490 West 16th Place  
Chicago Heights, IL 60411

2. Article Number:  
(Indicate item number below) 7007 0710 0085 5045 6083

3. Article Title:  
Domestic Return Receipt

**RECIPIENT: THIS DELIVERABLE ONLY**

A. Signature: *William T. Foicy*  Agent  Addressee

B. Name/Address / Printed Name: *William T. Foicy*  Date of Delivery

C. If delivery address different from item 1:  Yes  No

D. If YES, enter delivery address below:  Yes  No

E. Restricted Delivery? (More Info)  Yes  No

F. Signature:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

PS Form 3871, February 2004

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Streger - President  
Cook County Board of Commissioners  
Warren L. Ratto - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Asadi  
Concubandier Jerry Bender  
David A. Cavallio  
Qua R. Cordero  
Rene Gecceper  
S. Nalle Lynn  
Dr. Lutz R. Meier  
Recher E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Rosary Hill Home  
9000 West 81st Street  
Justice, IL 60458

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Geriatric Health Services • Cook County Department of Public Health •  
• Anton M. Streger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Earl K. Rieglewin COMS Center •

We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:

Administrator  
Rosary Hill Home  
9000 West 81st Street  
Justice, IL 60458

2. Article Number  
(Register from service label) **7005 2620 0002 6274 7670**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Recipient  
 *Thomas O'Neil*  Agent  Addressee

B. Received by (Printed Name)  *9/20*

C. Restricted Delivery  Yes  No

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

E. Surplus Item  Yes  No

Certified Mail  Insured Mail  Registered Mail  Return Receipt for Merchandise  Signature Required  Signature Required for Restricted Delivery (Silver Seal)  Yes  No

10036-0000-9000

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Stroger - President  
Cook County Board of Commissioners  
Warren L. Dale - Chairman  
Cook County Health & Hospitals System  
Joseph R. Scrima - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschell  
Commissioner Jerry Butler  
David H. Cornwell  
Olin S. DeRita  
Boris Detschman  
St. Thelma Lynn  
Dr. Lela R. Johnson  
Heather E. O'Connell  
Amelia L. Zapp

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the county hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Sacred Heart Home  
1550 South Albany  
Chicago, IL 60623

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

• Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Eastman CORE Center

We Bring HealthCARE to Your Community

SENDER COMPLETES THIS SECTION	ADDRESSEE FILL IN INFORMATION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Attach Addressed to:</p> <p>Administrator Sacred Heart Home 1550 South Albany Chicago, IL 60623</p>	<p>A. Registered <input type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address <input type="checkbox"/></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type  <input 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.  <input type="checkbox"/> Restricted Delivery? (See Fee) <input type="checkbox"/> No</p> <p>F. AREA NUMBER (Printer from service label) 7009 2820 0002 6279 8265</p>

PS Form 3811, February 2004 Domestic Return Receipt 50259-02-11-1140

439

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Sawyer - President  
Cook County Board of Commissioners  
Warren L. Best - Chairman  
Cook County Health & Hospitals System  
Jorge Hernandez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschell  
Debra Walker-Jerry Baker  
David N. Carrillo  
John R. Golden  
Joan Greenstein  
St. Sheila Lane  
Dr. Luis R. Malvar  
Robert E. O'Donnell  
Andrew L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
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LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
St. Agnes HC and Rehab Center  
1725 South Wabash  
Chicago, IL 60616

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccbhs.org](mailto:jwykowski@ccbhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccbhs.org](mailto:wfoley@ccbhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Contact Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush M. Solisstein COCHHS Center • We Bring HealthCARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:  
Administrator  
St. Agnes HC and Rehab Center  
1725 South Wabash  
Chicago, IL 60616

2. Article Number  
Regular Non service sheet  
7009 2620 0002 4279 7809  
PD Form 3811, February 2004

**COMPLETE THIS SECTION BY ADDRESSEE**

A. Signature  
*Robert D. ...*  Agent  Addressee

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

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

3. Signature Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  COD

4. Restricted Delivery? (Using Flat)  Yes  No

10030-0244-1040

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd M. Strayer - President  
Cook County Board of Commissioners  
Warren L. Barto - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschell  
Commissioner Jerry Ecker  
David R. Caroubo  
Quin R. Goback  
Berna Grunberg  
Ed. Shultz Lyne  
Dr. Lisa R. Mehta  
Rebecca E. O'Donnell  
Adrian L. Zapp

September 20, 2010  
Page 2

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LTC	3	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
St. James Manor & Villa  
1521 East Ridgman Road  
Crete, IL 60417

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Caremark Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Saint Elmo Hospital • Saint Elmo Healthcare Center •  
We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Administrator  
St. James Manor & Villa  
1521 East Ridgman Road  
Crete, IL 60417

2. Article Number  
(Transfer from service label)  
7009 8820 0002 6279 7403

3. Article Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.M.

4. Returnable Delivery? (State Fee)  Yes  No

5. Article Marked  
 Fragile  Perishable  Hazardous

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100. Article Marked  
 Hazardous  Perishable  Hazardous

441

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Jedidiah H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Bero - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Aschil  
Commissioner Terry Bricker  
David N. Cervino  
Orin R. Gaulton  
Beverly Greenstein  
St. Charles Lynn  
Dr. Lawrence R. Hirsch  
Harriet E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,250
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Salem Village  
1314 Rowell Avenue  
Joliet, IL 60433

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of services—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@ccchhs.org](mailto:jwykowski@ccchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@ccchhs.org](mailto:wfoley@ccchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Central Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Eastman COHHS Center

We Bring HealthCARE to Your Community

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- 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:  
Administrator  
Salem Village  
1314 Rowell Avenue  
Joliet, IL 60433

2. Article Number  
(Indicate most service first)

3. Article Number  
7009 2820 0002 6275 7103

PS Form 3817, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

Received by:  
*Erin Kelly*

Received by (Printed Name):  
*Erin Kelly*

3. Delivery address correct from item 1?  Yes  No

4. Restricted Delivery? (Extra Fee)  Yes  No

5. Damage type:  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

6. Signature type:  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

7009 2820 0002 6275 7103

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Wald E. Stropker • President  
Cook County Board of Commissioners  
Harvey L. Retter • Chairman  
West County Health & Hospitals System  
Judy Rosenthal • Vice-Chairman  
West County Health & Hospitals System  
William T. Polley • CEO  
West County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Rubin  
David N. Carvallo  
Olin B. Golden  
Dean Grossman  
& Sheila Lynn  
Dr. Lach R. Mataro  
Member S. O'Donnell  
Anast L. Zapp

September 20, 2010

Administrator  
The Scottish Home  
28th & Des Plaines Avenue  
North Riverside, IL 60546

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application to approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System, as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010  
Page 2

To this end, the plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget savings measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Mr. Jay Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jay.wykowski@ccchs.org](mailto:jay.wykowski@ccchs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wpolley@ccchs.org](mailto:wpolley@ccchs.org) or 312-864-6820.

Sincerely,

William T. Polley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • General Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Spaulding COHS Center •

We Bring HealthCARE to Your Community

**SENDER: COMPLETE THIS SECTION**

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

1. Article Approved to:

Administrator  
The Scottish Home  
28th & Des Plaines Avenue  
North Riverside, IL 60546

2. Article Number (Transfer from service label)  
7004 2820 0082 6274 8130

PB Form 3811, February 2006 Domestic Return Receipt

**RECIPIENT: COMPLETE THIS SECTION**

A. Signature  Agent  Addressee

Received by: *Shirley M. ...* C. Date of Delivery: *9/20/10*

D. Is delivery address different from label?  Yes  No

3. Receipt Type  
 Certified Mail  Domestic Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.D.  
4. Restricted Delivery? (EPC Form 3811)  Yes  No

443

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

John H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Barrios - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Emilie A. Neuparth System Board Members  
Dr. David A. Ansel  
Concussion: Jerry Decker  
David N. Cavello  
Ora R. Cobles  
Bess L. Gorenstein  
Dr. Sheila L. Lipp  
Dr. Luis R. Medina  
Heather E. O'Donoghue  
Annette L. Zapp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
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Rehab	676	13.23	9,659
LTC	1	5.25	3,832

BR (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Smith Crossing  
10501 Emilie Lane  
Orland Park, IL 60467

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process exceeded longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cobhs.org](mailto:jwykowski@cobhs.org)

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cobhs.org](mailto:wfoley@cobhs.org) or 312-854-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Networks • Community Health Services • Cook County Department of Public Health • John H. Strayer, M.D., President • Oak Forest Hospital • Provident Hospital • South A. Bushnell Cook Center • We Bring Health CARE to Your Community

SHIPPER: COMPLETE THIS SECTION	CONSIGNEE: THIS SECTION ON THE FRONT
<p>1. Article Addressed to: Administrator Smith Crossing 10501 Emilie Lane Orland Park, IL 60467</p>	<p>A. Receiver: <i>John H. Strayer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Insured by (Please Print Name): <i>John H. Strayer</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery: <i>9-20-10</i></p> <p>D. Is any other delivery information to be noted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Special Handling: <input type="checkbox"/> Fragile <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD <input type="checkbox"/> Restricted Delivery/Electronic Mail <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2. Article Number (Transfer from vendor label): <b>7007 0730 0005 5045 6232</b>	

PG Form 3811, February 2004 Domestic Return Receipt (92288-02-00-1100)

444



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

William T. Foley - CEO  
Cook County Health & Hospitals System  
1900 West Polk Street, Suite 220  
Chicago, Illinois 60612  
Tel: (312) 864-6820  
Fax: (312) 864-9998



Health & Hospitals System Board Members  
Dr. David A. Asari  
Commissioner Jerry Butler  
David N. Cavallaro  
Quin E. Chidlow  
Fern Chiswick  
Dr. Sheila Lynn  
Dr. Lark R. Minton  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Smith Village  
2320 West 113th Place  
Chicago, IL 60643

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.48	26,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wytenski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwytenski@coohhs.org](mailto:jwytenski@coohhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@coohhs.org](mailto:wfoley@coohhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

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**SENDING 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 envelope, or on the front if space permits.

1. Article addressed to:

Administrator  
Smith Village  
2320 West 113th Place  
Chicago, IL 60643

2. Article Number: (Transfer from service label) **7007 0710 0005 5045 6366**

3. Article Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Restricted Mail  C.O.D.  Registered Delivery? (Date Fee)  Yes

4. Recipient of this Bureau envelope:

A. Recipient: **X. [Signature]**  Agent  Addressee

B. Recipient by (Print Name): **[Signature]**  Date of Delivery: **9/20/10**

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

PG Form 3811, February 2004 Domestic Return Receipts

445

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Thad H. Strager - President  
Cook County Board of Commissioners  
Warren L. Bantz - Chairman  
Cook County Health & Hospitals System  
Joseph Bantrely - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David H. Carrilho  
Orin B. Dahlen  
New Greenbaum  
St. Sheila Lyle  
Dr. Luis R. Masera  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
South Shore Nursing & Rehab Center  
2649 East 75th Street  
Chicago, IL 60649

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South M. Elizabeth COB Center

We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>A. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>B. Print your name and address on the reverse so that we can return the card to you.</p> <p>C. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. AVONEX ADDRESS TO:</p> <p>Administrator South Shore Nursing &amp; Rehab Center 2649 East 75th Street Chicago, IL 60649</p>	<p>A. Signature <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 9-20-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail for Identification  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>E. Article Number                      (Number from outside label) 7009 2520 0002 6279 7625</p> <p>PS Form 3811, February 2004</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Ted H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Biele - Chairman  
Cook County Health & Hospitals System  
Alec Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Aschell  
Commissioner Jerry E. Miller  
David R. Cervoni  
Osin R. Gobbo  
Vicki Greenstein  
St. Carlo Lyles  
Dr. Lyle R. Minkoff  
Nathaniel E. O'Donnell  
Andrea L. Zopp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	9,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Southpoint Nursing & Rehab Center  
1010 West 95th Street  
Chicago, IL 60643

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [joy.wykowski@cochhs.org](mailto:joy.wykowski@cochhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cochhs.org](mailto:wfoley@cochhs.org) or 312-864-6820.

Sincerely,

*William T. Foley*  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Networks • Current Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Providence Hospital • Brian H. Sankhutha COMS Center •

We Bring HealthCARE to Your Community

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Administrator Southpoint Nursing &amp; Rehab Center 1010 West 95th Street Chicago, IL 60643</p> <p>2. Article Number (Transfer from service card)</p> <p>PS Form 3811, February 2004</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. <input checked="" type="checkbox"/> Opened <input type="checkbox"/> Not Opened</p> <p>B. Received by (Print Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>09-10</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, attach delivery address label: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input 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"/> COD</p> <p>4. Restricted Delivery? (Rate Plus) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7007 0730 0005 5045 6337</p> <p>PS Form 3811, February 2004</p>
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**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Sawyer - President  
Cook County Board of Commissioners  
Warren J. Batts - Chairman  
of County Health & Hospitals System  
Jerry Rosaleny - Vice-Chairman  
of County Health & Hospitals System  
William T. Foley - CEO  
of County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David N. Carrillo  
Quo B. Colten  
Anna Christopoulos  
Sr. Sylvia Lynn  
Dr. Lela B. Malton  
Hester E. O'Donnell  
Andrea L. Epp

September 20, 2010  
Page 2

Utilization data for Oak Forest Hospital for the past 24 months is shown below:

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
South Suburban Rehab Center  
19000 Halsted  
Homewood, IL 60430

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anatomical & Community Health Network • Corneal Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein COHS Center

We Bring Health CARE to Your Community

SENDER COMPLETE THIS SECTION	CONSIGNEE COMPLETE THIS SECTION ON DELIVERY
<p>Complete letters 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator South Suburban Rehab Center 19000 Halsted Homewood, IL 60430</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>W. T. Foley</i></p> <p>B. Recipient's (Printed) Name <input type="checkbox"/> Date of Delivery</p> <p><i>W. T. Foley</i> <i>9/22/10</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>D. Express Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>E. Restricted Delivery/ Extra Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Number</p> <p>7007 0710 0005 5045 6250</p> <p>PS Form 3871, February 2004</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

David H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Butler  
David M. Cavellin  
Quin A. Galdin  
Brian Greenbaum  
Dr. Brian Lynn  
Dr. Lita R. Mays  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Southview Manor  
3311 South Michigan Avenue  
Chicago, IL 60616

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Council Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Cook County CORE Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>• Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>• Print your name and address on the reverse so that we can return the card to you.</p> <p>• Attach this card to the back of the envelope, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Administrator Southview Manor 3311 South Michigan Avenue Chicago, IL 60616</p>	<p>A. Delivery</p> <p><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Restricted Delivery</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, enter delivery address below)</p> <p>C. Delivery address changes from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Return Receipt (Extra Fee)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Signature Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> D.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7004 8620 0002 6279 7656 (Denotes drop service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10899-02-00-100</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Tom H. Strager - President  
Cook County Board of Commissioners  
Warren L. Best - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amel  
Commissioner Jerry Butler  
David N. Cavallo  
Quin R. Golden  
Brian Overcamp  
Dr. Suzie Lynn  
Dr. Luis R. Nolasco  
Heather E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Sunny Hill Nursing Home of Will County  
421 Doris Avenue  
Joliet, IL 60433

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Anatomical & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Barkin MD Center

We Bring HealthCARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Administrator Sunny Hill Nursing Home of Will County 421 Doris Avenue Joliet, IL 60433</p>	<p>A. Signature <i>Felipe Morales</i></p> <p>B. Recipient's (Printed Name) FELIPE MORALES 9/20/10</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>2. Specific 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.  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes                 </p>
<p>2. Article Number 7004 2820 0002 6279 7544</p> <p>3. Return Postage Address Postmaster: Return Postage</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd R. Singer - President  
Cook County Board of Commissioners  
Warren L. Baine - Chairman  
Cook County Health & Hospitals System  
Jerry Baerger - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



**Health & Hospitals System Board Members**

Dr. David A. Axell  
Consultant/Jerry Baerger  
David N. Carverlin  
Oaks H. Oakes  
Rene Overcup  
St. Sheila Lynn  
Dr. Luis B. Nunez  
Hosmer E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010

Administrator  
Thornton Heights Terrace  
160 West 10th Street  
Chicago Heights, IL 60411

Dear Sir or Madam:

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Carle Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Elizabeths CORE Center •

We Bring Health CARE to Your Community

**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 envelope, or on the front if space permits.

1. Article Addressed to:

Administrator  
Thornton Heights Terrace  
160 West 10th Street  
Chicago Heights, IL 60411

2. Article Number (Printer uses service label) 7007 0720 0005 5045 6050

PG Form 3811, February 2004 Domestic Return Receipt 13886-02-000-1000

**COMPLETE THIS SECTION ON THE REVERSE**

3. Signature Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Same Day)  Yes

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

5. Agent  Agent  
 Address  Address

6. Received by (Printed Name) \_\_\_\_\_ Date of Receipt \_\_\_\_\_

451

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Walter L. Rizzo - Chairman  
Cook County Health & Hospitals System  
Joseph Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Terry Butler  
David R. Carville  
Ouis R. Goides  
Betsy Greenstein  
Er. Elizabeth Lyles  
Dr. Luis R. Malott  
Heather L. O'Donnell  
Andrus L. Zipp

September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Tri-State Nursing & Rehab Center  
2500 East 175th Street  
Lansing, IL 60438

Dear Sir or Madam:

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Ambulatory & Community Health Network • Clinical Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Froedtert Hospital • North St. Bartholomew CCHS Center

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**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Administrator  
Tri-State Nursing & Rehab Center  
2500 East 175th Street  
Lansing, IL 60438

2. Article Number (Transfer from service label)  
7007 0730 0005 5045 6052

PG Form 3811, February 2004

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**COMPLETE THIS SECTION ONLY**

A. Signature  
*[Signature]*

B. Received by / Printed Name  
*[Signature]*

C. Date of Delivery  
*[Signature]*

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

3. Barcode Type  
 Standard Mail  Return Mail  
 Registered  Priority Receipt or Air Mail  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Rate Add)  Yes  No

452



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Yadd H. Strager - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Commissioner Jerry Bricker  
David N. Corvillo  
Chris A. DeGise  
Dawn Geiszman  
St. Shelia Lynn  
Dr. Luis E. Maldonado  
Nashier G. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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	Admissions	ADC	Patient Days
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ER (avg visits/mo.)	2,666
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I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest without restrictions, conditions, limitations, or discrimination. The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [wykowski@cchhs.org](mailto:wykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Warren Barr Pavilion  
66 West Oak Street  
Chicago, IL 60610

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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Anchors: Anesthesiology & Community Health Network • Cancer Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Rush St. Babylonese CDBI Center

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7009 2420 0000 6120 6120

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Administrator  
Name Warren Barr Pavilion

Box No 66 West Oak Street  
Chicago, IL 60610  
City Illinois 60610

453

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd L. Strager • President  
Cook County Board of Commissioners  
Warren L. Batta • Chairman  
Cook County Health & Hospitals System  
George Narvics • Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley • CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
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Consortium: Jerry Hailer  
David N. Cervello  
Ode R. Olden  
Irene Grossman  
St. Sheila Lynn  
Dr. Lela R. Miles  
Member E. O'Donnell  
Andrea L. Zapp

September 20, 2010  
Page 2

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Inpatient Surgery (avg/mo.)	22

September 20, 2010  
Administrator  
Waterfront Terrace  
7750 South Shore Drive  
Chicago, IL 60649  
Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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I invite you to comment upon whether your facility has available capacity to assume any of the long term care patients now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cobhs.org](mailto:jwykowski@cobhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cobhs.org](mailto:wfoley@cobhs.org) or 312-864-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Antichurchery & Concomeredy Health Networks • Concomer Health Services • Cook County Department of Public Health •  
• John M. Strager, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Dr. M. Robinson COBHS Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	RECIPIENT: THIS SECTION (OPTIONAL)
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the envelope so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Administrator Waterfront Terrace 7750 South Shore Drive Chicago, IL 60649</p>	<p>A. Description <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by / Printed Name <input type="checkbox"/> C. Date of Delivery 9/25/10</p> <p>D. Is delivery restricted (other than item 1)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery restriction below: <input type="checkbox"/> No</p> <p>E. Signature Type <input 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"/> COD</p> <p>F. Restricted Delivery Extra Fee <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Article Number (Circle one when using label)</p> <p>7009 2620 0002 6279 7737</p> <p>PS Form 3811, February 2004</p>	

454

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Jeff H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
and County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
and County Health & Hospitals System  
William T. Foley - CEO  
and Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Amadi  
Commissioner Jerry Bader  
David W. Cavallin  
Oren B. Ockler  
Boris Orenstein  
St. Sheila Lynn  
Dr. Luis R. Alvarez  
Michael B. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Westchester Health & Rehabilitation  
2901 South Wolf Road  
Westchester, IL 60154

Dear Sir or Madam:

Pursuant to the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of services—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

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September 20, 2010  
Page 2

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Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wfoley@cchhs.org](mailto:wfoley@cchhs.org) or 312-854-6820.

Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Ambulatory & Community Health Network • Community Health Services • Cook County Department of Public Health • John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • South AL. Schwartz COE Center

We Bring HealthCARE to Your Community

**SENDER COMPLETE THIS SECTION**

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

1. Action Addressed to:

Administrator  
Westchester Health & Rehabilitation  
2901 South Wolf Road  
Westchester, IL 60154

2. Article Number (Transfer from sender label) 7009 8820 0082 6274 7878

FD Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]  Agent  Addressee

B. Received by (Printed Name) E. JOHNSON C. Date of Delivery 9/23/10

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

3. Signature Type  
 Certified Mail  Registered Mail  
 Registered Mail for Return Receipt  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

455

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd H. Strayer - President  
Cook County Board of Commissioners  
Warren L. Batts - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansell  
Cecilia Inckner Terry Becker  
David N. Carville  
Oala B. Cobble  
Diana Ostromason  
St. Sheila Lynn  
Dr. Leah R. Malton  
Hester E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Westmont Nursing and Rehab Center  
6501 South Cass  
Westmont, IL 60559

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

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September 20, 2010  
Page 2

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Sincerely,

William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

• Ambulatory & Community Health Network • Outreach Health Services • Cook County Department of Public Health •  
• John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • North H. Eastman OHSU Center •

We Bring Health CARE to Your Community

**SENDER: COMPLETE THIS SECTION**

1. Complete items 112, and 8. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Administrator  
Westmont Nursing and Rehab Center  
6501 South Cass  
Westmont, IL 60559

2. Article Number (Postnet Area service only) 7005 2820 0002 6279 7946

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION BY POSTAL SERVICE**

A. Method  Airtel  Airmail

B. Registered By (Postnet Area)  Registered Delivery  Digital Delivery

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

D. Sender's Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  O.D.D.

E. Restricted Delivery? (Circle Yes)  Yes  No

456

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

Todd W. Stroger - President  
Cook County Board of Commissioners  
Warren L. Bana - Chairman  
Cook County Health & Hospitals System  
Jorge Ramirez - Vice Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Asch  
Occasionally Arty Bader  
David M. Carville  
Otho A. Collins  
Rama Greenbaum  
St. Elvira Lynn  
Dr. Lois P. Madoff  
Member E. Ottensmeyer  
Andrea L. Zapp

September 20, 2010  
Page 2

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September 20, 2010

Administrator  
Winadm Nursing Pavilion  
16000 South Wabash  
South Holland, IL 60473

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William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

Archdiocese & Community Health Network • Cook County Department of Public Health •  
John H. Stroger, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Robt M. Bachstein CORE Center •  
We Bring Health CARE to Your Community

SENDER: COMPLETE THIS SECTION	COMPLETE THE FOLLOWING DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>William T. Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Postmarked by (Print Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Delivery Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> D.O.D.  <input type="checkbox"/> Restricted Delivery/ Extra Post <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article addressed to:</p> <p>Administrator Winadm Nursing Pavilion 16000 South Wabash South Holland, IL 60473</p>	
<p>2. Article Number (Transfer from service label) 7007 0710 0005 5045 6224</p>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM**

John H. Brager - President  
Cook County Board of Commissioners  
Walter L. Batts - Chairman  
Cook County Health & Hospitals System  
Joseph Ruzomber - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Paley - CEO  
Cook County Health & Hospitals System



Health & Hospitals System Board Members  
Dr. David A. Ansel  
Commissioner Jerry Butler  
David M. Corvino  
Geth A. Givens  
Beno Oronyakin  
R. Sheila Lynn  
Dr. Linda R. Minton  
Rebecca E. O'Donnell  
Andrea L. Zapp

September 20, 2010

Administrator  
Winston Manor Convalescent & Nursing Home  
2155 West Pierce Avenue  
Chicago, IL 60622

Dear Sir or Madam:

Pursuant with the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), I am writing to notify you that the Cook County Health & Hospitals System anticipates filing a Certificate of Need application in approximately thirty days to discontinue inpatient services at Oak Forest Hospital. Oak Forest provides three inpatient categories of service—Medical/Surgical, Intensive Care, and Rehabilitation. Also, the very limited, remaining Long Term Care services will be proposed for discontinuation. Subject to permit approval, discontinuation of these services is planned to be completed on or about May 31, 2011.

In addition, the emergency room at Oak Forest, which is designated as a "stand-by," will be converted to an urgent care center. The limited hospital surgical services will be discontinued as well. Outpatient services will continue, and, indeed, will be expanding.

When I joined the Cook County Health & Hospitals System as Chief Executive Officer in May, 2009, I undertook a strategic planning effort on behalf of the System as mandated by the enabling ordinance that created the Health & Hospitals System in May, 2008. While the strategic planning process extended longer than I had originally envisioned, I believe much value was gained from systematically seeking input from the System's many stakeholders—patients, hospital providers, community clinic providers, community representatives, and our employees and clinical staff, to name but a few. The emergence and implications of historic federal health care reform legislation also required close examination for its potential long term impact upon our health system.

On June 25, 2010, our System Board of Directors approved the proposed strategic plan. As required by ordinance, the Cook County Board of Commissioners also voted to approve the plan on July 27, 2010. A full exposition of the approved plan can be found on our website ([www.cookcountyhealth.net](http://www.cookcountyhealth.net)).

Our strategic plan recommends reorienting a significant portion of our resources from inpatient services to outpatient care. With respect to Oak Forest Hospital, inpatient services and long term care will be supplanted by a Regional Outpatient Center offering a comprehensive array of outpatient care including urgent care, primary care, specialty and sub-specialty care, pharmacy, and other services.

September 20, 2010

Page 2

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Through its long history, Oak Forest Hospital has functioned primarily as a long term care facility, with limited acute inpatient services available to the long term care residents as needed. As a budget saving measure, in 2007, all but a handful of long term care residents were transferred to other facilities. The remaining acute care services are limited in scope—average daily census of 56.0 this fiscal year—but still require the costly hospital overhead attendant to inpatient care.

Utilization data for Oak Forest Hospital for the past 24 months is shown below.

	Admissions	ADC	Patient Days
Med/Surg	4,909	38.49	28,020
ICU	788	5.14	3,750
Rehab	676	13.23	9,659
LTC	1	5.25	3,832

ER (avg visits/mo.)	2,666
Inpatient Surgery (avg/mo.)	22

I invite you to comment upon whether your facility has available capacity to assume any or all of the patient load now at Oak Forest "without restrictions, conditions, limitations, or discrimination." The IHFSRB asks that any response be provided within 15 days of receipt of this letter.

Please send your response to Ms. Joy Wykowski, 1900 W. Polk St., Suite 220, Chicago, IL 60612, or [jwykowski@cchhs.org](mailto:jwykowski@cchhs.org).

Thank you for your assistance. If you have any questions or suggestions as to how we can work together to relocate our patients and collaborate in the future, please feel free to contact me at [wpaley@cchhs.org](mailto:wpaley@cchhs.org) or 312-864-6820.

Sincerely,

*William T. Paley*  
William T. Paley  
Chief Executive Officer  
Cook County Health & Hospitals System

Administrative & Community Health Network • Emergent Health Services • Cook County Department of Public Health • John H. Brager, Jr. Hospital • Oak Forest Hospital • Provident Hospital • Ruth M. Barkshire Child Center • We Bring Health CARE to You: Community

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

1. Article Addressed to:  
Administrator  
Winston Manor Convalescent & Nursing Home  
2155 West Pierce Avenue  
Chicago, IL 60622

2. Article Number (Transfer from service label)  
7009 2620 0002 4279 6356

PG Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THE SECTION ON DELIVERY**

A. Delivery  Registered Mail  Registered Mail with Signature Required  Registered Mail with Restricted Access  Registered Mail with Signature Required and Restricted Access  Registered Mail with Signature Required and Restricted Access (Signature Required)

B. Restricted by (Project Name)  Yes  No

C. Date of Delivery  Yes  No

D. Is delivery address current born item 1?  Yes  No

E. Restricted Delivery? (Date Paid)  Yes  No

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Cook County Board of Commissioners  
Norma L. Batts - Chairman  
Cook County Health & Hospitals System  
Jerry Ramirez - Vice-Chairman  
Cook County Health & Hospitals System  
William T. Foley - CEO  
Cook County Health & Hospitals System



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September 20, 2010  
Page 2

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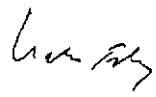
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Sincerely,

  
William T. Foley  
Chief Executive Officer  
Cook County Health & Hospitals System

September 20, 2010

Administrator  
Woodside Extended Care  
120 West 26th Street  
South Chicago Heights, IL 60411

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South Chicago Heights, IL 60411

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**Attachment 43**  
**Safely Net Impact**

**Attachment 43**

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## **Safety Net Impact Statement**

### **Introduction & Background**

**The project proposed --- replacing an outdated, underutilized, unreasonably costly, limited use hospital with a Regional Outpatient Center that will expand critically needed access to specialty care and primary care services in the Southland – will impact safety net care positively, and substantially so.**

**For decades, the health facilities of Cook County have provided health care to those in need regardless of patients' ability to pay. This is the core of our longstanding mission (see mission statement attached below).**

**Today, as for years past, the Cook County Health & Hospitals System (CCHHS) is, by far, the largest hospital provider of uncompensated care in the State of Illinois. Figure 1 below, drawn from data provided by the Illinois Department of Healthcare and Family Services for Illinois Disproportionate Share (DSH) hospitals shows that the System's estimated uncompensated care exceeds the aggregate uncompensated care for the next eleven largest hospitals and health systems (note: only DSH hospitals are being tabulated). On Figure 2 can be seen that more than one-half (54%) of System patients are without third party coverage, i.e., 'self-pay'.**

**In addition, the System long has been a leader in medical education. Over the decades, tens of thousands of medical students, residents, postgraduate physicians, and nurses, have been trained in a wide spectrum of medical disciplines and in the special needs of our patient population. The System has ongoing relationships with all the major medical schools in metropolitan Chicago – Rush University, the University of Illinois, the University of Chicago, Northwestern University, Loyola University, Midwestern University, and Rosalind Franklin University.**

**Our System has pioneered medical treatment in services of special importance to the medically underserved, including trauma and emergency services, HIV/AIDS care, neonatal intensive care, and Burn care, to name just leading examples.**

**Our own medical faculty, and in partnership with our academic partners, conduct research relevant to the specific needs of medically underserved populations.**

**While the largest safety net provider, CCHHS cannot alone provide care for all those in need. We partner with other safety net providers – hospitals, community health centers, health departments, community groups, and others – to try to maximize health care provision given everyone’s limited resources. Discussions with other safety net providers informed development of the recently approved Strategic Plan. Additional focus upon partnering with other safety net providers is a key feature of the implementation of the Strategic Plan going forward.**

**To illustrate, as cited above, the System partners with more than 70 community health centers (FQHC’s and others) to provide specialty care access for their primary care patients who require follow-up specialty care and diagnostics. Specialty care access for the uninsured and under-insured is commonly, and nationally, a major deficiency in safety net services, as several references cited in Attachment 10 attest in detail.**

**Unfortunately, in many cases, this care is available only at Stroger Hospital, often a long distance for patients to travel. Also, access often is available only after wait times for appointments that are unacceptably long. While CCHHS is, by far, the largest provider of safety net specialty care and diagnostic services, these unacceptable waits and backlogged services, provide us evidence daily that capacity is insufficient.**

**The project proposed in this application is meant to address these gaps in the safety net by making available additional resources for the System to materially expand specialty care access in the Southland, on the Oak Forest campus.**

**It should also be noted that the contributions by Cook County and its Health System to the strength of the safety net in Illinois are financial as well as health services, education, and research. Cook County finances all of its own Medicaid fee for service payments and thereby utilizes virtually no State of Illinois general revenue funds. By so doing, the State Medicaid Agency has more funding available to reimburse other providers. In addition, beyond its fee for service payments, Cook County transfers back to the State of Illinois \$243 million annually from federal payments which are received by the County. Again, thereby, the State of Illinois receives nearly a quarter billion dollars annually from Cook County with which it may reimburse other providers.**

### **The Regional Outpatient Center at Oak Forest**

**Over the long term, the approved Strategic Plan projected that that by 2015, the number of primary and specialty care visits on the Oak Forest campus would more than quadruple, from 2009 levels (see Figure 3). As described earlier at Attachment 10, a System-wide strategy to expand ambulatory care access is being pursued at sites in addition to Oak Forest. Figure 4 below shows the anticipated system ambulatory growth thru 2015 increasing by approximately 50% from 2009 levels.**

**In the near term, the CCHHS implementation plan for the Regional Outpatient Center (ROC) on the Oak Forest campus provides for the expansion of primary and specialty care services on that campus as soon as regulatory approval of this proposal is obtained. There are currently 16 specialty physicians from Oak Forest Hospital providing outpatient services on a part-time basis for the patients seen in clinics of the Ambulatory and Community Health Network (ACHN) located in the E Building on the Oak Forest campus. There are also seven (7) specialty physicians from the John H. Stroger, Jr. Hospital of Cook County providing limited specialty care sessions in the ACHN clinics located on that campus.**

The ROC implementation plan provides for the expansion of these existing specialty services, including the addition of three (3) new specialty services, namely, Pain Management, Infectious Disease, and Urology, and the supplementation of the existing ACHN primary care physician staff of four (4) with three (3) additional primary care physicians for a total of seven (7) primary care physicians.

In addition, the ROC will include a new Immediate Care Center with health care providers on site from 24 hours seven days a week . This represents a recent policy change in response to input from the community and other stakeholders. The Immediate Care Center will provide stabilizing care for patients presenting who need inpatient care.

Vision 2015 will transform the Oak Forest Hospital campus from a small, narrowly focused inpatient facility to be a robust, regional outpatient facility for our Southland community.

The planned transition at Oak Forest will occur in three distinct phases:

Phase 1 begins in September, 2011 and continues throughout FY2011. As the number of patients being treated in the primary care practice begins to increase, it is anticipated that the number of specialty consults will also increase. The implementation plan addresses this through the expansion of these specialty services.

Under the implementation plan, as of September 1, 2011, inpatient services on the campus will discontinue, allowing for a resource shift enabling the growth of existing outpatient services as well as the addition of new outpatient services on the Oak Forest campus. Moreover, many of the caregivers currently staffing the inpatient units will transition to staffing the ROC. Arrangements already have been made for interim management of the ROC commencing September 1, using current hospital employees pending hiring of permanent management into newly created positions.

The following existing services will be significantly expanded on September 1st, adding the following numbers of additional half day sessions and patient visits. The expansion of existing services is projected to provide an additional 875 hours of clinical time per month resulting in an additional 2525 visits per month.

<b>Current Specialty Expansions (ramp up beginning June 1<sup>st</sup>)</b>	<b>Additional ½ Day Sessions (per month)</b>	<b>Additional Visits (per month)</b>
Cardiology	40	340
Endocrinology	15	110
Gastroenterology - Visits	4	30
Gastroenterology - Procedures	8	80
General Surgery	4	120
Nephrology	0	20
Neurology	16	160
Optometry	2	75
Orthopedics	12	100
Podiatry	8	70
Psychiatry	18	70
Rehab Medicine	16	150
Primary Care	105	1200
<b>TOTAL</b>	<b>248</b>	<b>2525</b>

Additionally, as stated above, three new specialty services will be added, namely, Infectious Disease, Pain Management, and Urology. The Pain management and Infectious Disease specialty services will begin in September, 2011 and Urology services will be added later in FY2011 after a new physician provider is recruited. The table below projects capacity of the number of new sessions and visits for these new specialties:

<b>New Specialty Additions (ramp up beginning June 1<sup>st</sup>)</b>	<b>Additional ½ Day Sessions (per month)</b>	<b>Additional Visits (per month)</b>
Pain Management	8	35
Infectious Disease	8	70
Urology	8	70
<b>Total</b>	<b>24</b>	<b>175</b>

In summary, including both specialty expansions and new specialty additions, the Oak Forest campus will be adding a total of 959 clinical hours per month and adding availability for an additional 2700 visits per month, greatly expanding capacity and access to these much needed specialty services for patients in the Southland.

**In addition, under the implementation plan, in September, 2011, the current standby emergency department at Oak Forest Hospital will transition to an Immediate Care Center with hours everyday around the clock. We have appended below the Scope of Services for our Immediate Care Center set to open on September 1<sup>st</sup>.**

**In the first full year of the ROC operation, on campus ambulatory visits are expected to increase more than 30,000, or more than 60% from existing volumes. The Immediate Care Center is expected to care for at least as many – approximately 32,000 – as the Stand-by ED did formerly.**

**We should note also that currently formation of a ‘Southland Advisory Council’ for Oak Forest is being undertaken so that the voices of patients, and others from the immediate service area, can help shape the future of the ROC site, and provide ongoing input on the community’s needs.**

**Phase 2 of the Oak Forest transition runs throughout FY2012 and involves significant facility expansion centering on the complete renovation of the New “E” building on the Oak Forest Campus. The expansion involves a complete conversion of the current imaging system to a state-of-the-art digital facility assuring that Oak Forest patients receive the very best care. Additional clinic space, outpatient surgery space and a new immediate care center will be added during the second phase with a relocation of most major services to the newly renovated building. If an ASTC is proposed, the System will, of course, seek IHFSRB review and approval. Additional specialty care will be added as determined by the needs of the community in consultation with the community.**

**Phase 3 of the Oak Forest transition plan will occur during FY2013 through FY2015 and will involve continued expansion and significant growth in terms of service additions and patient visits. During Phase 3 of the plan, the Health System will add a women’s health center to the Oak Forest campus. Additional healthcare providers will be added to support these efforts, as Oak Forest and the System at large transition toward increasing**

ambulatory orientation to adapt to health reform and cost effective "right care" delivery of services.

### External Support

The System Board of Directors, the President of the Cook County Board of Commissioner, the Board of Commissioners, all have strongly supported Vision 2015 and the transformation of Oak Forest in the shared belief that access to safety net services will be enhanced in the Southland, by allocating finite resources more strategically and effectively. The regional safety net will be strengthened.

To quote briefly from just two of the letters of support for this proposal from health care leaders who have spent their entire careers committed to safety net healthcare:

**Bruce Siegel, MD, MPH, CEO of the National Association of Public Hospitals and Health Systems MD, MPH, in his April 14, 2011 letter to Chairman Galassie writes:**

*The Cook County system, like its sister public hospital systems around the country, must strategically position itself to maximize access, address disparities, and fill the gaps in the safety net by investing its limited resources in modes of service delivery that provide the greatest public health return to the community. CCHHS' strategic plan addresses expanded access as a core goal, in part, by transformation of its limited capability, low census south suburban hospital into a "Regional Outpatient Center". The provision of primary care, and specialty care and diagnostics on one site will further this core goal.*

*In particular, specialty care access for the medically underserved remains a national problem. NAPH has closely monitored this issue for many years. Our members, including CCHHS, are often the only providers of specialty care to the uninsured in their communities. Even Medicaid patients often have difficulty accessing specialty care because of low reimbursement rates, or the limited number of providers.*

*Much has changed about the way health care is currently delivered. More systems are finding success in establishing regional outpatient centers that provide preventative and specialty care in an outpatient setting. Cook County's vision of transforming the Oak Forest Hospital facility into a regional outpatient care facility aligns with the future direction for health care.*

**Alan Channing, President and CEO of Sinai Health System, in his April 14, 2011 letter to Chairman Galassie observes:**

*I am very familiar with the CCHHS Strategic Plan, having had the opportunity to be consulted during its development. As safety net providers, our challenge is to make the best use of limited resources to provide care for the large population that depends on our care. In addition, we are all making preparations to transition our care models to the integrated delivery system model that is envisioned by health care reform. We support the plan by CCHHS to begin to shift from costly inefficiently inpatient services to providing the right care in the right environment with emphasis on outpatient care, particularly in the area of specialty care. At Sinai, we are also in the process of planning for a much greater emphasis on outpatient specialty care. This plan is consistent with the direction in which health care is moving and will make far better use of the CCHHS limited resources to serve the needs of low-income and uninsured patients.*



**The Cook County Health & Hospitals System, and those most expert and committed to safety net healthcare delivery, concur that the plan for transformation of Oak Forest will positively benefit those most in need. CCHHS believe that the decision to discontinue hospital services at Oak Forest will result in the highest return on the System's substantial, but limited, resources devoted to safety net care. Reinvesting the hospital resources in expanded ambulatory care will permit greatly more patients being treated nearer to where they live for a wider range of services. This conclusion followed months of study, community needs assessments, financial analysis, and organized outreach to stakeholders and safety net partners.**

**While we have no specific knowledge of how the proposed project will affect other safety net providers capacity to cross-subsidize safety net services, the response to the System's Strategic Plan, from safety net providers, and others, has been substantially positive.**

**Please note that the Illinois Community Benefits Act does not apply to hospitals operated by units of government (Community Benefits Act, PA 39-0480, Section 5). Below, are the requested tables for Oak Forest, and the two other System hospitals –Stroger and Provident.**

**Oak Forest Hospital**  
**Safety Net Impact Data**

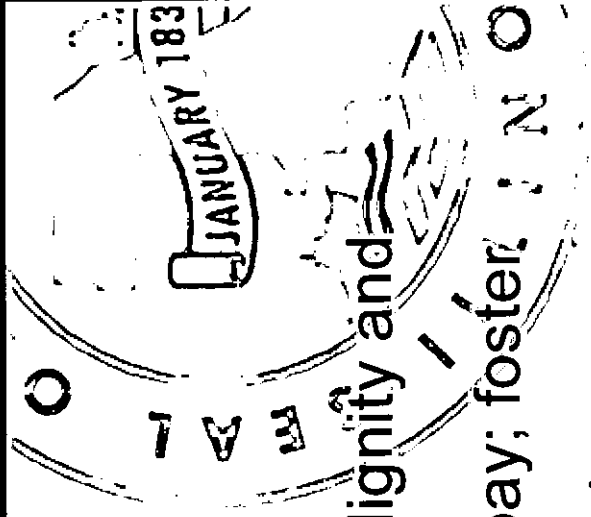
<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	764	446	277
Outpatient	56,471	38,662	22,461
<b>Total</b>	<b>57,235</b>	<b>39,108</b>	<b>22,738</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$ 7,960,885	\$ 4,857,858	\$ 1,610,983
Outpatient	\$ 16,864,018	\$ 11,983,323	\$ 1,755,761
<b>Total</b>	<b>\$ 24,824,903</b>	<b>\$ 16,841,181</b>	<b>\$ 3,366,744</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	598	1,620	1,984
Outpatient	12,823	12,851	12,857
<b>Total</b>	<b>13,421</b>	<b>14,471</b>	<b>14,841</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$ 83,611,186	\$ 40,232,627	\$ 61,113,982
Outpatient	\$ 7,465,523	\$ 5,659,989	\$ 8,101,678
<b>Total</b>	<b>\$ 91,076,709</b>	<b>\$ 45,892,616</b>	<b>\$ 69,215,660</b>

**John H. Stroger Jr. Hospital**  
**Safety Net Impact Data**

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	1,699	2,313	1,895
Outpatient	424,906	114,613	91,460
<b>Total</b>	<b>426,605</b>	<b>116,926</b>	<b>93,355</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$ 17,247,486	\$ 27,201,144	\$ 22,280,880
Outpatient	\$ 121,832,357	\$ 149,447,478	\$ 71,981,618
<b>Total</b>	<b>\$ 139,079,843</b>	<b>\$ 176,648,622</b>	<b>\$ 94,262,498</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	8,654	9,906	9,600
Outpatient	122,832,957	116,402	117,322
<b>Total</b>	<b>122,841,611</b>	<b>126,308</b>	<b>126,922</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$ 390,790,806	\$ 214,703,301	\$ 236,265,303
Outpatient	\$ 24,079,785	\$ 16,891,771	\$ 22,130,256
<b>Total</b>	<b>\$ 414,870,591</b>	<b>\$ 231,595,072</b>	<b>\$ 258,395,559</b>

**Provident Hospital**  
**Safety Net Impact Data**

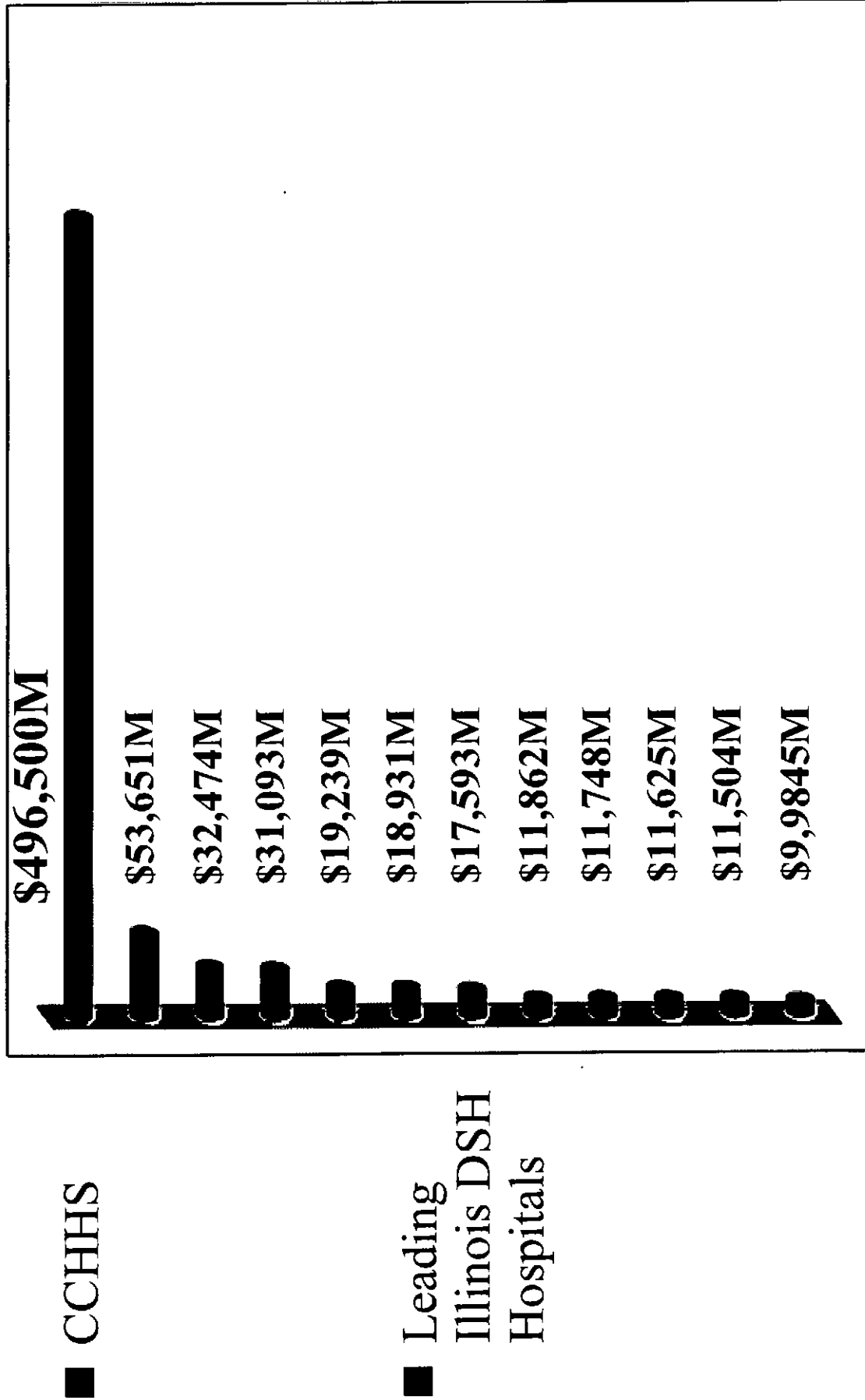
<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	154	255	236
Outpatient	10,120	12,018	6,810
<b>Total</b>	<b>10,274</b>	<b>12,273</b>	<b>7,046</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$ 754,378	\$ 506,639	\$ 2,795,312
Outpatient	\$ 5,712,388	\$ 4,978,280	\$ 3,573,358
<b>Total</b>	<b>\$ 6,466,766</b>	<b>\$ 5,484,919</b>	<b>\$ 6,368,670</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Inpatient	1,218	114	1,407
Outpatient	13,902	25,488	47,237
<b>Total</b>	<b>75,976,838</b>	<b>25,602</b>	<b>48,644</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$ 75,976,838	\$ 20,045,299	\$ 42,617,471
Outpatient	\$ 2,580,231	\$ 6,316,690	\$ 5,220,389
<b>Total</b>	<b>\$ 78,557,069</b>	<b>\$ 26,361,989</b>	<b>\$ 47,837,860</b>



## **Mission**

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well being of the people of Cook County.

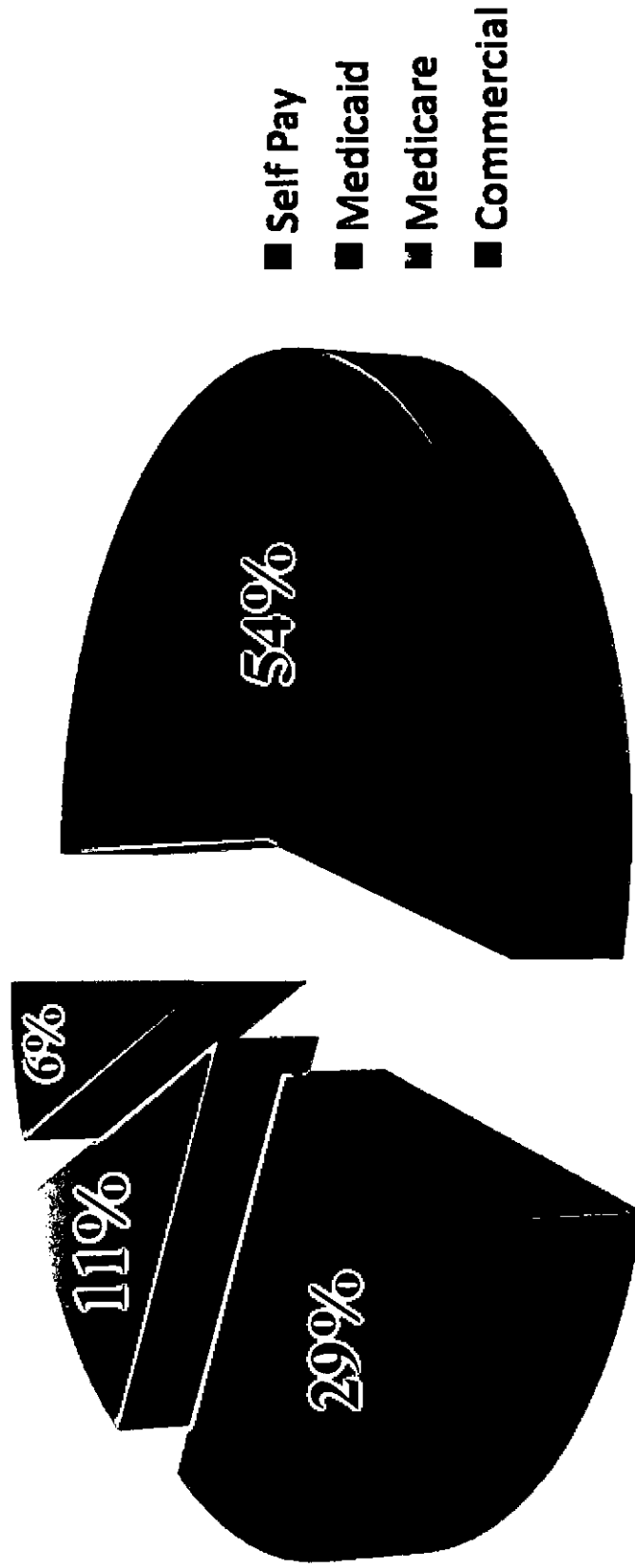
# Figure 1: Uncompensated Care Costs CCHHS vs. Leading Illinois DSH Hospitals



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Source: 2009 DSH Hospital Report by HFS drawn from 2006 OBRA filings.

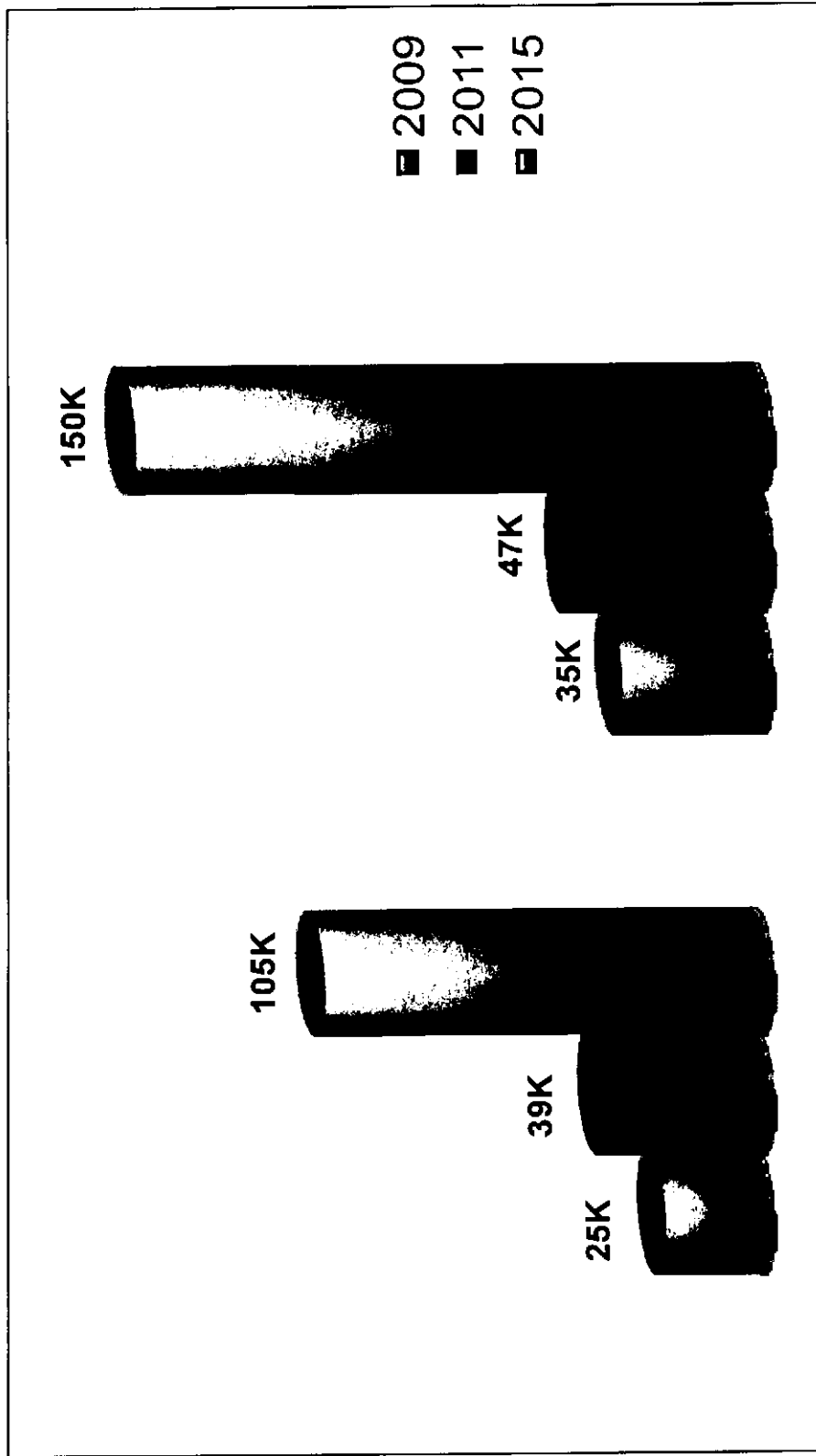
Figure 2: CCHHS FY2010 Payor Mix



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# Figure 3

## Forecast Growth of Primary Care and Specialty Care Visits at Provident and Oak Forest Regional Outpatient Centers (ROCs)



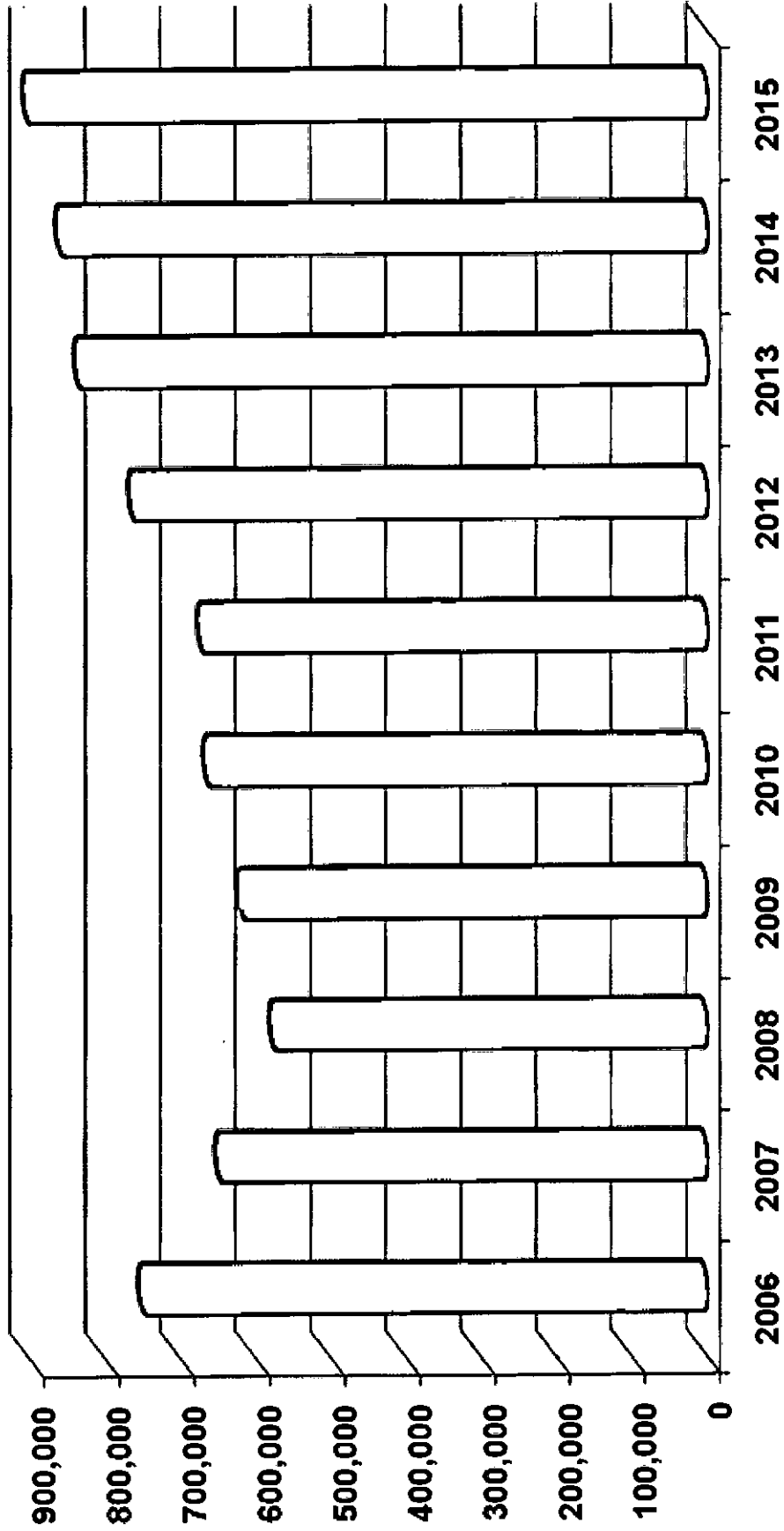
Provident

Oak Forest



# Figure 4 Forecast for Primary Care and Specialty Care Visits 2006 - 2015

50% Increase  
from  
2009 to 2015



Source: CCHHS, ICS Analysis



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**REGIONAL HEALTH CENTER  
IMMEDIATE CARE CENTER  
SCOPE OF SERVICES  
2011**

**I. SCOPE OF SERVICES**

**A. Department Structure & Key Functions**

The Department of Emergency Services oversees the plan for the Immediate Care Scope of Services based on the community needs and internal capabilities. Incoming patients are examined by a physician and the examination/findings documented. Appropriate referrals for follow-up are documented. Patient/family is educated to referrals, prescribed medications and the presenting medical condition. Specialty consultation is available by transfer to a designated hospital to provide definitive care. If necessary, patients are transferred to other higher level facility.

The Department provides:

- Daily supervision and coordination of department operations
- Personnel functions (job description, recruitment, hiring, orientation and ongoing training of staff, supervision of staff, timekeeping/attendance monitoring, performance evaluations, disciplinary actions, handling of grievances, etc.)
- Coordinate patient care and administrative services with other departments and agencies
- Participation in committees and task forces
- Budget preparation and ongoing departmental financial management
- Collection of data: performance, analysis and preparation of reports

Hours of operation (Note: This is being revised subsequent to a recent policy decision to extend hours of operation to 24 hrs)

The Regional Outpatient Center (ROC) is classified as an Immediate Care Center offering selective care from 8 to 15 hours a day 7 days per week with at least one physician and RN available during business hours. The hours of operation may change depending on staffing. No patient is registered after 8 pm unless approved by the physician on duty.

Staff Qualifications

The physician must hold a valid license in the State of Illinois, be Board Certified/eligible in Emergency Medicine, Internal Medicine or Family Practice and ACLS and PALS certified. The Physician Assistant/Nurse Practitioner must hold a valid license in the State of Illinois, be certified and ACLS and PALS certified. The registered nurse must be licensed in the State of Illinois, ACLS and PALS certified, and experienced in emergency nursing care.

**B. REPORTING RELATIONSHIPS**

1. Chairperson, Emergency Department
2. Director, Immediate Care Center
3. Nurse Manager

**C. CHARACTERISTICS OF POPULATION BEING SERVED**

Patients Served:

All age groups

Scope and Complexity

The ROC Immediate Care Center provides stabilizing emergency care for all patients. On the patient's arrival, triage is completed and ESI category assigned. Patients are stabilized and managed in the immediate care until the transporting team arrives. If the patient is ESI category 1, then 911 (Oak Forest Fire Department) is called to transfer the patient to the nearest ED. For ESI category 2, patients are transferred to another facility using ATI. Lower risk asymptomatic patients are treated in the Immediate Care facility as ESI categories 3, 4 and 5.

If at any time the patient's condition worsens, then appropriate transfer is arranged by the treating physician. It is the treating physician's decision to manage the patient in immediate care or transfer to another facility. Any patient requiring either emergency observation or inpatient admission is transferred to either Stroger hospital or any other accepting facility via EMS. See examples below:

ESI 1	ESI 2	ESI 3
1. Call 911 (OF Fire Department) 2. Stabilize the patient	1. Arrange ATI transfer 2. Stabilize the patient	Treat in Immediate Care
STEMI	High risk active chest pain	Chest pain asymptomatic
Active labor	Pregnant abdominal; pain/distress	Pregnant abdominal pain, asymptomatic
Acute CVA	Altered mental status, new onset	Hyperglycemia - asymptomatic
Cardio/respiratory arrest	Trouble breathing, moderate to severe	Trouble breathing, mild
Unresponsive	Unstable vital signs	
Airway compromise	Unstable vaginal bleeding	Stable vaginal bleeding
Shock	Moderate to Severe abdominal pain, unstable vitals	Abdominal pain - mild
Severe trauma	Uncontrollable bleeding	Open fracture
	Active GI bleed	
	Severe headache, sudden onset	
	Severe DKA	Stable DKA
	Acute alcohol intoxication	
	Active seizure	Seizure, not active
	Tachyarrhythmia, unstable	Testicular pain
	Hypertensive emergencies Urgencies - distress	Hypertension urgencies, asymptomatic
	Suicidal/homicidal/psychotic	

**D. METHODS USED TO ASSESS AND MEET THE NEEDS OR SERVICES OF PATIENTS**

- Review of the Immediate Care Center's documentation for timeliness of service, accuracy of documentation, appropriateness of medical evaluation and treatment.
- Regular Departmental Meeting, discussion of observed problems, solutions and case review.

**E. DEPARTMENTAL PERFORMANCE IMPROVEMENT PLAN**

**1. PERFORMANCE IMPROVEMENT**

The purpose of the Department of Emergency Services Quality Improvement Program is to assure the quality and appropriateness of all services rendered to patients and employees.

**2. PERFORMANCE ASSESSMENT**

Substantial compliance is maintained with all applicable Joint Commission and Professional Standards.

**3. APPROPRIATENESS, EFFICACY (CLINICAL NECESSITY), & REQUIRED TIMELINESS OF SERVICES PROVIDED**

The following Center Indicators are continuously monitored:

- (a) Time intervals from entry, triage, registration, examination, discharge
- (b) Volume based on ESI score
- (c) Patient/Family educated about use of medication and discharge instructions.
- (d) Pain reassessed

**4. ANNUAL REVIEW**

The Immediate Care Center's Organization Performance Improvement is assessed and measured annually for its effectiveness and consistency within the improving organization performance framework.

**5. PROFESSIONAL GUIDELINES OR PROTOCOLS USED**

Substantial compliance is maintained with all applicable Joint Commission and Professional Standards.

**6. LIST REGULATORY AGENCIES/ASSOCIATIONS/LICENSURES APPLICABLE TO THE EMERGENCY SERVICES DEPARTMENT**

- Joint Commission Standards
- ACEP/ACOEP Professional Standards
- ENA Professional Standards

**Approvals:**

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3/8/04  
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10/04  
8/3/05  
8/10/06  
1/18/2011

**Attachment 44**  
**Charity Care Information**

**Attachment 44**

## XII. Charity Care Information

The requested charity care information is shown below:

**Cook County Health and Hospitals System**  
Consolidated Charity Care Data

CHARITY CARE			
	FY 2009	FY 2008	FY 2007
Net Patient Revenue	\$ 599,532,031	\$ 358,893,978	\$ 450,204,102
Amount of Charity Care (charges)	\$ 156,318,291	\$ 179,859,525	\$ 98,929,533
Cost of Charity Care	\$ 165,059,346	\$ 180,961,563	\$ 109,522,558
Ratio of Charity Care Cost to Net Patient Revenue	27.53%	50.42%	24.33%
Ratio of Charity Care Cost to Net Patient Revenue for Oak Forest	25.70%	33.80%	15.70%

Oak Forest Hospital

CHARITY CARE			
	FY 2009	FY 2008	FY 2007
Net Patient Revenue	\$ 100,511,313	\$ 46,312,262	\$ 75,029,785
Amount of Charity Care (charges)	\$ 22,777,202	\$ 15,223,275	\$ 3,202,664
Cost of Charity Care	\$ 24,050,865	\$ 15,316,551	\$ 3,545,594
Ratio of Charity Care Cost to net patient revenue	23.9%	33.1%	4.7%

Provident Hospital

CHARITY CARE			
	FY 2009	FY 2008	FY 2007
Net Patient Revenue	\$ 82,021,232	\$ 44,398,707	\$ 52,401,529
Amount of Charity Care (charges)	\$ 5,933,350	\$ 4,957,991	\$ 6,058,290
Cost of Charity Care	\$ 6,265,133	\$ 4,988,370	\$ 6,706,991

**John H. Stroger, Jr. Hospital**

<b>CHARITY CARE</b>			
	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
<b>Net Patient Revenue</b>	\$ 416,991,801	\$ 268,154,935	\$ 322,746,553
Amount of Charity Care (charges)	\$ 127,607,739	\$ 159,678,259	\$ 89,668,578
Cost of Charity Care	\$ 134,743,348	\$ 160,656,642	\$ 99,269,973

**Notes:**

1. For the consolidated system, net patient revenue, amount of charity care, and cost of charity care derived from audited financial statements;
2. Net patient revenue by hospital from most recent audited statements;
3. Amount of charity care and cost of charity care by hospital estimated by allocating system aggregates by weights estimated from hospital profile data, as displayed in Attachment 43.