

ORIGINAL

13-075

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT****RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION** DEC 26 2013**This Section must be completed for all projects.****HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name:	Highland Park Hospital				
Street Address:	777 Park Avenue West				
City and Zip Code:	Highland Park, IL 60035				
County:	Lake	Health Service Area	VIII	Health Planning Area:	A-09

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

Exact Legal Name:	NorthShore University HealthSystem d/b/a Highland Park Hospital
Address:	777 Park Avenue West Highland Park, IL 60035
Name of Registered Agent:	Gerald P. Gallagher
Name of Chief Executive Officer:	Jesse Peterson Hall
CEO Address:	777 Park Avenue West Highland Park, IL 60035
Telephone Number:	847/432-8000

Type of Ownership of Applicant/Co-Applicant

☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ 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.**Primary Contact****[Person to receive all correspondence or inquiries during the review period]**

Name:	Jesse Peterson Hall
Title:	President
Company Name:	Highland Park Hospital
Address:	777 Park Avenue West Highland Park, IL 60035
Telephone Number:	847/432-8000
E-mail Address:	JHall@northshore.org
Fax Number:	

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Highland Park Hospital		
Street Address:	777 Park Avenue West		
City and Zip Code:	Highland Park, IL 60035		
County:	Lake	Health Service Area	VIII Health Planning Area: A-09

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	

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Primary Contact

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

Name:	Jesse Peterson Hall
Title:	President
Company Name:	Highland Park Hospital
Address:	777 Park Avenue West Highland Park, IL 60035
Telephone Number:	847/432-8000
E-mail Address:	JHall@northshore.org
Fax Number:	

Additional Contact please see following page

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Additional Contact

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

Name:	Ms. Honey Jacobs Skinner
Title:	Partner
Company Name:	Sidley
Address:	1 East Dearborn Chicago, IL 60603
Telephone Number:	312/853-7577
E-mail Address:	mskinner@sidley.com
Fax Number:	

Additional Contact

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

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

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:	Jesse Peterson Hall
Title:	President
Company Name:	Highland Park Hospital
Address:	777 Park Avenue West Highland Park, IL 60035
Telephone Number:	847/432-8000
E-mail Address:	JHall@northshore.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	NorthShore University HealthSystem
Address of Site Owner:	1301 Central Street Evanston, IL 60201
Street Address or Legal Description of Site:	777 Park Avenue West Highland Park, IL 60035
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.	

Operating Identity/Licensee

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

Exact Legal Name:	Highland Park Hospital
Address:	777 Park Avenue West Highland Park, IL 60035
☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ 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. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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.
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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 or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

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 applicants propose a major modernization program for Highland Park Hospital, which will include both new construction and the renovation of existing space. Highland Park Hospital is located at 777 Park Avenue West, in Highland Park, Illinois.

The proposed project does not address any IHFSRB-identified "categories of service".

Among the major components of the project are: 1) modernization of the surgical services and same day surgery through both new construction and renovation, 2) modernization of portions of the diagnostic imaging department through both new construction and renovation, and 3) the development of administrative space through new construction.

This is a non-substantive project because it does not propose the establishment or relocation of a licensed health care facility, or the establishment or discontinuation of a "category of service".

PROJECT COSTS AND SOURCES OF FUNDS

	Clinical/ Reviewable	Non-Clinical/ Non-Reviewable	Total
Project Costs:			
Preplanning Costs	\$440,000	\$295,000	\$735,000
Site Survey and Soil Investigation	\$ 30,000	\$ 20,000	\$ 50,000
Site Preparation	\$ 440,000	\$ 497,900	\$ 937,900
Off Site Work	\$ 573,000	\$ 382,000	\$ 955,000
New Construction Contracts	\$ 9,173,785	\$ 9,928,145	\$ 19,101,930
Modernization Contracts	\$ 14,628,460	\$ 5,560,885	\$ 20,189,345
Contingencies	\$ 1,031,685	\$ 698,205	\$ 1,729,890
Architectural/Engineering Fees	\$ 2,110,884	\$ 1,466,877	\$ 3,577,761
Consulting and Other Fees	\$ 2,970,700	\$ 1,213,300	\$ 4,184,000
Movable and Other Equipment	\$ 20,740,995	\$ 767,900	\$ 21,508,895
Bond Issuance Expense			
Net Interest Expense During Construction			
Fair Mkt Value of Leased Space or Equip			
Other Costs to be Capitalized	\$ 315,000	\$ 210,000	\$ 525,000
Acquisition of Building or Other Property			
TOTAL COSTS	\$ 52,454,509	\$ 21,040,212	\$ 73,494,721
Sources of Funds:			
Cash and Securities	\$ 52,454,509	\$ 21,040,212	\$ 73,494,721
Pledges			
Gifts and Bequests			
Bond Issues			
Mortgages			
Leases (fair market value)			
Government Appropriations			
Grants			
Other Funds and Sources			
TOTAL FUNDS	\$ 52,454,509	\$ 21,040,212	\$ 73,494,721

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 or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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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

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

☐ Yes ☒ No

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable

☐ Preliminary

☒ Schematics

☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____ June 30, 2019 _____

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.

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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. 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**.

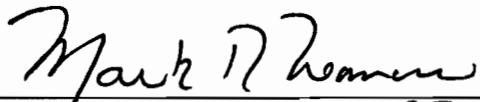
FACILITY NAME: Highland Park Hospital		CITY: Highland Park			
REPORTING PERIOD DATES: From: January 1, 2012 to: December 31, 2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	93	4,917	23,186	None	93
Obstetrics	25	1,333	3,161	None	25
Pediatrics	6	198	296	None	6
Intensive Care	12	978	3,219	None	12
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	13	644	3,634	None	13
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	149	8,070	33,496	None	149

CERTIFICATION

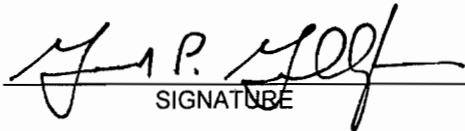
The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

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


SIGNATURE *CEO*

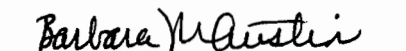
Mark R. Neaman
President and Chief Executive Officer


SIGNATURE

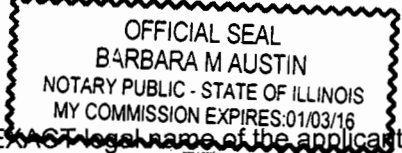
Gerald P. Gallagher
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 19th day of December, 2013

Notarization:
Subscribed and sworn to before me
this 19th day of December, 2013


Signature of Notary

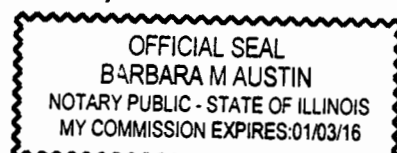
Seal



*Insert EXACT legal name of the applicant


Signature of Notary

Seal

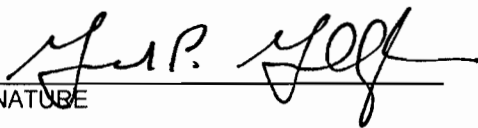


CERTIFICATION

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

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

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


SIGNATURE

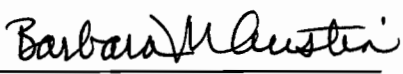
Gerald P. Gallagher
Chief Operating Officer


SIGNATURE

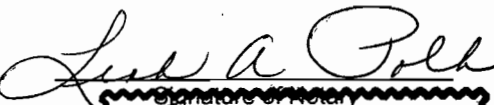
Jesse Peterson Hall
President, Highland Park Hospital

Notarization:
Subscribed and sworn to before me
this 19th day of December, 2013

Notarization:
Subscribed and sworn to before me
this 20th day of December 2013


Seal 
OFFICIAL SEAL
BARBARA M AUSTIN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/03/16

*Insert EXACT legal name of the applicant


Seal 
OFFICIAL SEAL
LEAH A POLK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/19/16

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐ Please see ATTACHMENT 34		
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT-34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

\$73,494,721	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$73,494,721		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

not applicable, proof of "A" bond rating provided

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

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

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

Not applicable. Debt financing will not be used.

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

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:

Not applicable. Non-substantive project without discontinuation.

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			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information**Highland Park Hospital**

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			
	FY 2010	FY 2011	FY 2012
Net Patient Revenue	\$210,381,851	\$221,647,470	\$228,495,676
Amount of Charity Care (charges)	\$10,687,251	\$12,500,065	\$10,997,224
Cost of Charity Care	\$3,285,623	\$3,890,991	\$3,444,793

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

XII. Charity Care Information**Skokie Hospital**

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			
	FY 2010	FY 2011	FY 2012
Net Patient Revenue	\$170,156,474	\$151,174,359	\$138,861,294
Amount of Charity Care (charges)	\$5,447,396	\$7,866,513	\$8,903,077
Cost of Charity Care	\$1,674,714	\$2,448,669	\$2,285,669

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

XII. Charity Care Information**Evanston Hospital**

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			
	FY 2010	FY 2011	FY 2012
Net Patient Revenue	\$444,577,256	\$488,956,865	\$511,152,289
Amount of Charity Care (charges)	\$37,517,375	\$40,239,587	\$41,987,866
Cost of Charity Care	\$11,534,112	\$12,525,682	\$13,152,363

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

XII. Charity Care Information**Glenbrook Hospital**

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			
	FY 2010	FY 2011	FY 2012
Net Patient Revenue	\$226,448,964	\$246,754,212	\$258,653,401
Amount of Charity Care (charges)	\$12,048,413	\$16,163,272	\$16,621,348
Cost of Charity Care	\$3,704,090	\$5,031,265	\$5,206, 505

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



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1327500714

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

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of OCTOBER A.D. 2013*

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Highland Park Hospital

Jesse Peterson Hall, FACHE
President

777 Park Avenue West
Highland Park, IL 60035
www.northshore.org

(847) 480-2818
(847) 432-9305 Fax
jhall@northshore.org

December 20, 2013

Illinois Health Facilities and
Services review Board
Springfield, IL

To Whom It May Concern:

Please be advised that the Highland Park Hospital site, located at 777 Park Avenue West, in Highland Park, Illinois, is owned by NorthShore University Health System.

Sincerely,



Jesse Peterson Hall, FACHE
President



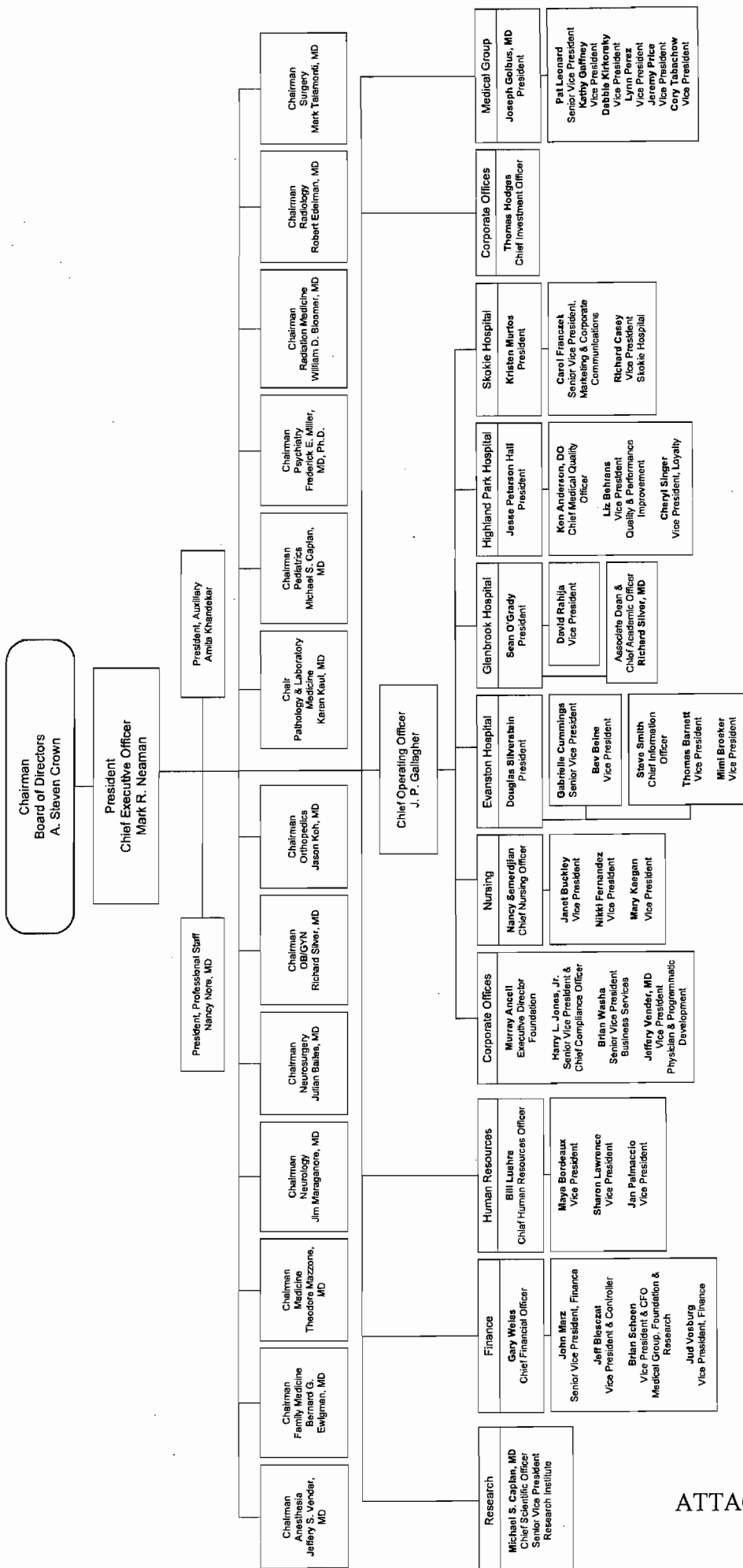
Notarized:



12/20/13

NorthShore University HealthSystem Organization Chart

2013 – 2014



ATTACHMENT 4

Highland Park Hospital

777 Park Avenue West
Highland Park, IL 60035
www.northshore.org

(847) 480-2818
(847) 432-9305 Fax
jhall@northshore.org

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

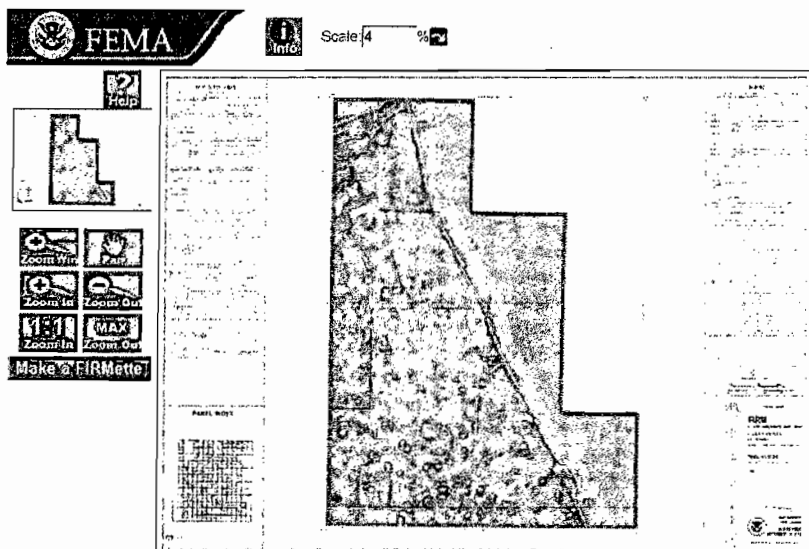
I hereby attest that the site of Highland Park Hospital is not located within a special flood hazard area, and that the proposed renovation on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,



Jesse Peterson Hall, FACHE
President

Date: December 20, 2013



ATTACHMENT 5



Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 782-8161

www.illinoishistory.gov

Lake County
Highland Park

CON - Rehabilitation, Highland Park Hospital

777 Park Avenue West

IHPA Log #032110413

November 20, 2013

Jacob Axel

Axel & Associates, Inc.

675 North Court, Suite 210

Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker

Deputy State Historic

Preservation Officer

ATTACHMENT 6

ITEMIZATION OF PROJECT COSTS

Category	Clinical	Non-Clinical	Total
Preplanning Costs			
evaluation of alternatives	\$88,000	\$59,000	\$147,000
master planning	\$286,000	\$191,750	\$477,750
feasibility assessments	<u>\$66,000</u>	<u>\$44,250</u>	<u>\$110,250</u>
	\$440,000	\$295,000	\$735,000
Site Survey and Soil Investigation			
survey confirmation	\$8,000	\$6,000	\$14,000
soil investigation	<u>\$22,000</u>	<u>\$14,000</u>	<u>\$36,000</u>
	\$30,000	\$20,000	\$50,000
Site Preparation			
prep for crains/equipment	\$176,000	\$199,160	\$375,160
safety fencing	\$44,000	\$49,790	\$93,790
repair of site at conclusion	<u>\$220,000</u>	<u>\$248,950</u>	<u>\$468,950</u>
	\$440,000	\$497,900	\$937,900
New Construction Contracts			
Construction	\$9,173,785	\$9,928,145	\$19,101,930
Modernization			
renovation of existing space	\$14,628,460	\$5,560,885	\$20,189,345
Contingencies-New Construction			
allowance	\$310,995	\$720,690	\$1,031,685
Contingencies-Modernization			
allowance	\$436,110	\$262,095	\$698,205
Architectural and Engineering Fees			
design	\$1,836,469	\$1,276,183	\$3,112,652
document preparation	\$63,327	\$44,006	\$107,333
const./ren. Monitoring	\$126,653	\$88,013	\$214,666
interface with review agencies	<u>\$84,435</u>	<u>\$58,675</u>	<u>\$143,110</u>
	\$2,110,884	\$1,466,877	\$3,577,761
Consulting and Other Fees			
CON-related	\$198,100	\$80,900	\$279,000
IDPH and municipal fees	\$149,100	\$60,900	\$210,000
pre-arch. facility planning	\$ 99,400	\$40,600	\$140,000
initial alternative planning	\$ 269,800	\$110,200	\$380,000
zoning process	\$56,800	\$23,200	\$80,000
legal fees	\$53,300	\$21,700	\$75,000
bid prep and sollicitaion processes	\$56,800	\$23,200	\$80,000
project management	\$1,235,400	\$504,600	\$1,740,000
utilities systems analyses	\$28,400	\$11,600	\$40,000
equip. planning consultant	\$142,000	\$58,000	\$200,000
community relations	\$142,000	\$58,000	\$200,000
life safety code consultant	\$28,400	\$11,600	\$40,000
reimburseables	\$163,300	\$66,700	\$230,000
site security	\$56,800	\$23,200	\$80,000
materials testing	\$42,600	\$17,400	\$60,000
interior design consultant	\$35,500	\$14,500	\$50,000
misc./other	<u>\$213,000</u>	<u>\$87,000</u>	<u>\$300,000</u>
	\$2,970,700	\$1,213,300	\$4,184,000
Moveable and Other Equipment			
please see attached schedule	\$ 20,740,995	\$ 767,900	\$ 21,508,895
Other Costs to be Capitalized			
asbestos abatement	\$ 315,000	\$ 210,000	\$ 525,000

Highland Park Hospital Surgery Pavilion (OR & SPD)
Equipment Estimate

Medical Equipment/OR & SPD				\$ 11,612,900
Surgical Lights & Booms	10	\$	176,000	\$ 1,760,000
Video Integration Equipment	10	\$	330,000	\$ 3,300,000
Anesthesia Video Equipment	10	\$	16,500	\$ 165,000
OR Patient Monitors	10	\$	99,000	\$ 990,000
ASU Patient Monitors	32	\$	16,500	\$ 528,000
PACU Patient Monitors	18	\$	27,500	\$ 495,000
Anesthesia Machines	4	\$	55,000	\$ 220,000
Surgical Tables	4	\$	82,500	\$ 330,000
Green Light Laser	0	\$	82,500	\$ -
CO2 Laser	0	\$	110,000	\$ -
Scope Cabinet (Anest. Workroom)	1	\$	11,000	\$ 11,000
Safe-T Pump	1	\$	2,200	\$ 2,200
Fluid Warmers	0	\$	66,000	\$ -
Blanket Warmers	6	\$	16,500	\$ 99,000
Misc Equipment	1	\$	275,000	\$ 275,000
Steam Sterilizer (OR)	4	\$	165,000	\$ 660,000
Steam Sterilizer (SPD)	3	\$	165,000	\$ 495,000
Steris System 1 Sterilizers	3	\$	33,000	\$ 99,000
ETO Sterilizer	1	\$	49,500	\$ 49,500
SPD Productivity Benches	8	\$	2,700	\$ 21,600
Case Carts	50	\$	550	\$ 27,500
Loading and transfer Carts	4	\$	11,000	\$ 44,000
Adj Height Sink for Decontam	2	\$	27,500	\$ 55,000
Washer with Conveyor	3	\$	165,000	\$ 495,000
Cart Washer	1	\$	220,000	\$ 220,000
Instrument Storage	1	\$	16,500	\$ 16,500
Mobile Storage	1	\$	11,000	\$ 11,000
Sonic Washer	1	\$	44,000	\$ 44,000
DI/ RO System	1	\$	44,000	\$ 44,000
Chemical System	1	\$	-	\$ -
Sterrad	2	\$	165,000	\$ 330,000
Abator and Steri-Vac	1	\$	66,000	\$ 66,000
Records System	0	\$	165,000	\$ -
Gurneys	0	\$	7,100	\$ -
Misc Equipment	\$		759,000	\$ 759,000
Non-Med Equipment/OR & SPD				\$ 1,504,175
Scrub-X	2	\$	74,300	\$ 148,600
Flammables Storage Cabinet (SPD)	1	\$	-	\$ -
Scrub sinks	12	\$	8,800	\$ 105,600
Storage				\$ 200,000
Keys	100	\$	200	\$ 20,000
Innenwireless	3	\$	97,000	\$ 291,000
Security	2	\$	96,000	\$ 192,000
Upright Refrig W/Freezer	4	\$	1,100	\$ 4,400
Microwave	4	\$	1,100	\$ 4,400
Coffee Maker	3	\$	800	\$ 2,400
Ice Maker	0	\$	8,200	\$ -
Televisions and Optime Monitors	10	\$	1,100	\$ 11,000
High Density Clean Supply Storage	1	\$	104,500	\$ 104,500
Misc Equipment	5	\$	2,700	\$ 13,500
Ground Floor Tele Conference Room	1	\$	66,000	\$ -
Paper towel	25	\$	35	\$ 875
Keys	100	\$	220	\$ 22,000
Pegasus for Sterile Core	1	\$	157,300	\$ 157,300
Metro Shelving (SPD)	1	\$	57,200	\$ 57,200
Tall Stools (OR)	12	\$	2,000	\$ 24,000
Ground Floor Reading Room Stations	4	\$	11,000	\$ 44,000
OR Lounge Projector and Screen	1	\$	4,400	\$ 4,400
Misc. Equipment	\$		97,000	\$ 97,000
Interior Signage/OR & SPD				\$ 65,200
Wall Signs	130	\$	100	\$ 13,000
Move or Replace exdst. Facade Sign	0	\$	68,200	\$ -
Brass Letter	2	\$	4,400	\$ 8,800
Directional & Overheads	22	\$	1,650	\$ 36,300
Temp Signs	1	\$	2,700	\$ 2,700
Misc. Signage	\$		4,400	\$ 4,400
Artwork/OR & SPD				\$ 25,150
In Room Art	17	\$	450	\$ 7,650
Corridor Art	25	\$	700	\$ 17,500
Furniture/OR & SPD				\$ 219,620
Staff Lounge/ Conference- Table	11	\$	2,000	\$ 22,000
Staff Lounge/Conference- Chairs	50	\$	440	\$ 22,000
Keyboard Trays	56	\$	250	\$ 14,000
Task Chairs	56	\$	770	\$ 43,120
Ped Files	10	\$	250	\$ 2,500
Office Set-up	17	\$	5,000	\$ 85,000
Gr. Floor Conference Table/Chairs	1	\$	16,500	\$ 16,500
Misc. Furniture	\$		14,500	\$ 14,500
Communication/IS/OR & SPD				\$ 823,750
Phones	110	\$	600	\$ 66,000
Vocera	30	\$	700	\$ 21,000
Computers	43	\$	1,650	\$ 70,950
Wises	30	\$	1,650	\$ 49,500
Printer/fax	6	\$	4,550	\$ 27,300
Jetsons	10	\$	9,400	\$ 94,000
Data Closet	2	\$	82,500	\$ 165,000
Lodgenet	0	\$	200	\$ -
Pacs	10	\$	33,000	\$ 330,000
Misc. Equip.	\$		58,000	\$ 58,000
Major Equip/Imaging				\$ 6,181,000
MRI	1	\$	3,080,000	\$ 3,080,000
Gen'l Radiol.	2	\$	357,500	\$ 715,000
Fluoro	2	\$	825,000	\$ 1,650,000
Other	\$		136,000	\$ 136,000
Equip. Re-Location	\$		600,000	\$ 600,000
Communications/Imaging				\$ 183,700
Arbs/Signs/Imaging	\$		41,500	\$ 41,500
Furniture/Imaging	\$		84,600	\$ 84,600
Misc. Equip/Imaging				\$ 506,000
Furniture/Administrative Areas	\$		506,000	\$ 506,000
IT & Comm/Admin. Areas	\$		161,900	\$ 161,900
All Other Equip.-Related Costs	\$		100,000	\$ 100,000

\$ 21,508,895

ATTACHMENT 7

Cost Space Requirements

		Gross Square Feet		Amount of proposed Total Square Feet That is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Dept./Area Reviewable	Cost						
Diag. Imaging*	\$ 19,932,713	16,227	17,277	3,216	14,061		
Surgery	\$ 20,981,804	15,341	24,472	11,395	13,077		1,950
Same-Day Surg.**	\$ 3,147,271	13,585	10,085		10,085		
Recovery	\$ 6,294,541	9,056	12,571	5,091	7,480		
Anesthesiology	\$ 1,049,090	850	2,314	1,031	1,283		
Infusion Therapy	\$ 1,049,090	1,400	2,060		2,060		
Total	\$ 52,454,509	56,459	68,779	20,733	48,046		1,950
Non-Reviewable							
Sterile Processing	\$ 6,522,466	7,892	10,957	3,660	7,297		
Administrative	\$ 8,626,487		18,400	12,836	5,564		
Mechanical	\$ 2,104,021		6,229	6,229			
Public/Gen'l Circ.	\$ 1,998,820		6,111	1,499	4,612		
DGSF>>BGSF	\$ 1,788,418		4,850	4,850			
Total	\$ 21,040,212		46,547	29,074	17,473		
TOTAL	\$ 73,494,721		115,326	49,807	65,519		
* general radiology/fluoroscopy, ultasound, MRI and CT							
**excludes outpatient recovery							

BACKGROUND OF APPLICANT

NorthShore University Health System owns and operates four IDPH-licensed hospitals:

- Highland Park Hospital
- Evanston Hospital
- Glenbrook Hospital
- Skokie Hospital

In addition, NorthShore University HealthSystem operates a CMS-certified end stage renal dialysis (ESRD) unit at Highland Park Hospital.

All of the hospitals identified above are Joint Commission accredited.

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

December 18, 2013

(847) 570-5151
(847) 570-5179 Fax
jgallagher@northshore.org

Ms. Courtney Avery
Illinois Health Facilities
And Services Review Board
525 West Jefferson
Springfield, IL 62761

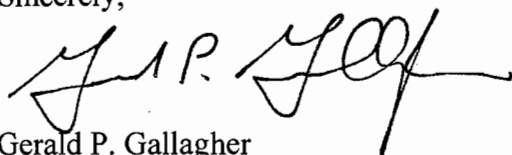
Dear Ms. Avery:

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

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

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

Sincerely,



Gerald P. Gallagher
Chief Operating Officer

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, F.D. 7, N.Y. 10019
 is now under the authority of
 the State of New York
 Department of Public Health

Approved under the authority of
the State of Illinois
Department of Public Health

12/31/13	DATE	0105066
12/31/13	DATE	0105066

ALL LIVES

GENERAL HOSPITAL

REF ID: A61013

BUSINESS ADDRESS

THE UNIVERSITY OF CHICAGO

777-698-4400

HUGLAD PAX L. 5012

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

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

State of Illinois 2114569
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

WHEELABRAND PARK HOSPITAL

EXPIRATION DATE 6/17/27

FULL LINE

GENERAL HOSPITAL

SECRET

4-1

HIGHLAND PARK HOSPITAL
7777 PARK AVENUE - WEST
7777 PARK AVENUE - WEST
HIGHLAND PARK HILL 60015

FREE RECEIPT NO.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION



State of Illinois 2114485
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EVANSTON HOSPITAL		CATEGORY	ID NUMBER
EXPIRATION DATE	12/31/13	BGDD	0000646

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/13

12/13/12

EVANSTON HOSPITAL
2650 RIDGE AVENUE

EVANSTON IL 60201

FEE RECEIPT NO.

State of Illinois 2114485
Department of Public Health



LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Issued under the authority of
The State of Illinois
LA MAR HASEROUCK, MD, MPH
Director, Department of Public Health

EVANSTON HOSPITAL		CATEGORY	ID NUMBER
EXPIRATION DATE	12/31/13	BGDD	0000646

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/13

BUSINESS ADDRESS

EVANSTON HOSPITAL
2650 RIDGE AVENUE

EVANSTON IL 60201
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State of Illinois 2114548

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

L. A. HASBROUCK, MD, MPH, APRN
DIRECTOR

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

EXPIRATION DATE
12/31/13

CATEGORY
633D

ID NUMBER
0003483

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/13

BUSINESS ADDRESS

GLENNBROOK HOSPITAL
2100 PFINGSTEN ROAD
GLENNVIEW IL 60025

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2114548
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
GLENNBROOK HOSPITAL

EXPIRATION DATE 12/31/13	CATEGORY 633D	ID NUMBER 0003483
--	---------------------------------	-------------------------------------

FULL LICENSE

GENERAL HOSPITAL
EFFECTIVE: 01/01/13

12/13/12
GLENNBROOK HOSPITAL
2100 PFINGSTEN ROAD
GLENNVIEW IL 60025

FEE RECEIPT NO.

State of Illinois 2114581 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA CAR HASEBROUCK, MD, MPH
DIRECTOR
Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE 12/31/13	CATEGORY 5080	ID. NUMBER 0005587
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		

BUSINESS ADDRESS

NORTHSHORE UNIVERSITY HEALTHSYSTEM
1700 A SKOKIE HOSPITAL
1600 GRASS POINT ROAD
SKOKIE

OFFICE COPY 00076

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DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

State of Illinois 2114581
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION
NORTHSHORE UNIVERSITY HEALTHSYSTEM

EXPIRATION DATE 12/31/13	CATEGORY 5080	ID. NUMBER 0005587
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		

12/13/12

NORTHSHORE UNIVERSITY HEALTHSYSTEM
1700 A SKOKIE HOSPITAL
1600 GRASS POINT ROAD
SKOKIE

FEE RECEIPT NO.

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

March 26, 2008
(Via Certified Mail)

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

Dear Mr. Hodges:

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

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

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

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

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

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

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

ATTACHMENT 11

2/3

Page 2
Thomas Hodges

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

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

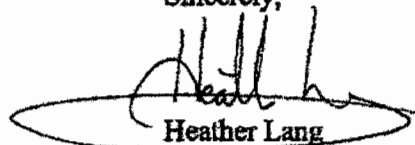
Your intermediary for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lang", is written over a horizontal oval line.

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

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

ATTACHMENT 11

44

PURPOSE

Highland Park Hospital ("HPH") is a general acute care hospital, providing a full spectrum of inpatient and outpatient preventive and primary care treatment services, as well as selected secondary care services, such as cardiac catheterization and open heart surgery. The proposed project will enhance the manner in which those services are delivered. Therefore, the project will improve the healthcare and well-being of the market area population.

Highland Park Hospital is located in IDPH-designated health planning area A-09, which consists of Lake County. The hospital's service area consists of the eastern half of Lake County and the extreme northeastern portion of Cook County. The table below identifies HPH's FY2013 inpatient origin.

<u>ZIP Code</u>	<u>Community</u>	<u>Percent of Adm.</u>
60035	Highland Park	15.3%
60015	Deerfield	8.2
60062	Northbrook	5.4
60085	Waukegan	3.9
60089	Buffalo Grove	3.7
60061	Vernon Hills	3.5
60040	Highwood	3.3
60060	Mundelein	3.3
60031	Gurnee	3.1
60073	Round lake	2.9
60069	Lincolnshire	2.8
60045	Lake Forest	2.7
60030	Grayslake	2.3
60099	Zion	2.0
60087	Waukegan	2.0
	others, <2.0%	35.7
		100.0%

Each of the ZIP Code areas in the table above are located in Lake County, with the exception of 60062/Northbrook, which is located in northern Cook County and 60089/Buffalo Grove, which is in both Cook and Lake Counties.

The primary purpose of the project is to ensure that facilities, consistent with contemporary standards are accessible to the residents of the communities traditionally served by Highland Park Hospital. As identified in this application's Narrative Description, upon completion of the proposed project the facilities provided for a variety of ancillary and support services, including the surgical suite, same day surgery and diagnostic imaging will be modernized.

It is anticipated that as a result of this project, and immediately measureable, overall patient satisfaction from improved access to the services addressed in this project will increase, and outpatient satisfaction will increase as a result of more efficient delivery systems incorporated into the design of modernized areas.

ALTERNATIVES

The proposed project is designed to primarily improve the manner in which selected services are provided to Highland Park Hospital's traditional patient population. The programmatic emphasis of the project is on the hospital's imaging and surgery-related services. The project, as proposed, consists of approximately 49,800 square feet of new construction and 65,500 square feet of renovation.

Because the proposed project addresses only ten function areas/departments (six of which are related to imaging and surgery) the potential alternatives to the project are limited.

The first alternative would involve addressing the identified facility needs through new construction, exclusively. While this alternative would reduce the time required for completion of the project, this alternative has two significant drawbacks. First, this alternative would result in 60,000+ square feet of "unused" space in the hospital, much of which would be located in the center of the hospital. Second, this alternative would add approximately \$10M to the project cost, as a result of the difference between the cost of renovation and new construction, as well as higher associated costs, such as architectural fees. Upon project completion, the operating costs would be similar to those of the proposed project. Assuming that the programmatic components (number of operating rooms, etc.) would remain constant, the community's accessibility to services and the quality of care provided would be identical to those of the proposed project.

The second alternative would be the decision to address the facility-related needs in only a "cosmetic" fashion, providing only minor improvements needed as a result of high usage. While this alternative would eliminate a minimum of 90% of the project's capital costs, it was immediately be dismissed because it failed to address the purpose of the project—improving the manner in which selected services are provided to the hospital's traditional patient population. If this project were selected, the operating costs and quality of care provided would be similar to the proposed project. This alternative would not allow the proposed addition of selected imaging

equipment. As a result, and because historical utilization of the hospital's general radiology/fluoroscopy, ultrasound and MRI equipment support the adding of equipment in these modalities, accessibility to those services would not be improved, as in the proposed project.

SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Surgery	24,472	27,500	(3,028)	YES
Recovery	12,571	13,140	(569)	YES
Diagnostic Imaging	17,277	17,800	(523)	YES

The amount of physical space included in the proposed project is necessary and not excessive. Department-specific space programs were developed by the applicants' project team, which included experienced health care architects and facility planners, hospital staff, and physicians. As documented in the table above, the proposed project is consistent with all space standards provided in APPENDIX B to Section 1110. Please note that space allocated to diagnostic imaging relates only to the four modalities included in the proposed project, and that two existing operating rooms will be "decommissioned" at the conclusion of the project.

Surgery

The surgical suite will consist of ten Class C operating rooms, and required department-specific support and administrative space. The proposed 24,472 DGSF will be developed through the renovation of 13,077 DGSF and 11,395 DGSF of new construction. Four new operating rooms will be constructed, and six of the existing operating rooms will undergo major renovation. The operating rooms and most support space will be located on the second floor, and 2,488 DGSF of surgical support space (included in the square footage identified in the table above) will be located on the hospital's lower level.

Recovery

The post-anesthesia recovery function will be located in three distinct areas on the second floor of the hospital, in close proximity to the surgical suite. In total, 13 Phase I and 27 Phase II recovery stations will be provided. A Post Anesthesia Care Unit (PACU) consisting of 7 Phase I

stations and 11 Phase II stations will be developed through new construction, with all inpatient and selected outpatient recovery occurring in this area. Six Phase I stations and 16 Phase II stations will be located in the same day surgery department, all developed through renovation. The area to be renovated for same day surgery is currently used primarily as the hospital's PACU. (The associated square footage has not been included in the space identified for same day surgery in ATTACHMENTS 9 and 39C.) Six of the Phase II stations will be located in an area separated from the other recovery stations, to serve as a pediatric surgical recovery area.

Diagnostic Imaging

The diagnostic imaging department addressed through this application is the hospital's main diagnostic imaging department, and includes four modalities: general radiology/fluoroscopy, ultrasound, MRI and CT. Other modalities, such as mammography and nuclear medicine are not located in the department, and not addressed through the proposed project. The modernization of the diagnostic imaging department will be addressed through the renovation of 14,061 DGSF and 3,216 DGSF of new construction, all of which will be located on the first floor of the hospital. The space to be renovated is currently used primarily by the existing diagnostic imaging department.

PROJECT SERVICES UTILIZATION

Dept./ Service	2012 Historical Utilization (Patient Days) (TREATMENTS) ETC.	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
		YEAR 1	YEAR 2		
Surgery-General	11,232	11,232	11,232	10,501+	YES
Surgery-OH	775	775	775	n/a*	YES
Surgery-Urol	611	611	611	n/a*	YES
Gen'l Radiology	31,571	31,571	31,571	24,001+	YES
Ultrasound	15,815	15,815	15,815	15,501+	YES
MRI	6,858	6,858	6,858	2,501+	YES
CT	23,401	23,401	23,401	7,001+	YES
*OR to be provided					

The proposed project includes seven services with utilization standards identified in APPENDIX B to Section 1110. To lend conservatism to the proposed project, no increases are being used to estimate future utilization, and each service has been “justified” based solely on 2012 historical utilization. (2011 historical utilization would also “justify” each service.) As a result, it is fully anticipated by the applicants that all applicable utilization targets will be met during the first year following the project’s completion.

Highland Park Hospital

Jesse Peterson Hall, FACHE
President

777 Park Avenue West
Highland Park, IL 60035
www.northshore.org

(847) 480-2818
(847) 432-9305 Fax
jhall@northshore.org

December 20, 2013

Illinois Health Facilities
and Services Review Board
Springfield, IL

To Whom It May Concern:

This letter is being written for inclusion in the Certificate of Need application addressing the modernization of a number of clinical and non-clinical areas of Highland Park Hospital. Please be advised that it is my expectation and understanding that by the second year following the project's completion, each clinical service addressed in the application will be operating at the IHFSRB's target utilization rate, and that it will, at minimum, maintain that level of utilization thereafter.

Sincerely,



Jesse Peterson Hall, FACHE
President



Notarized:


12/20/13

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

Service	# Existing Key Rooms	# Proposed Key Rooms
Radiol.-Gen'l	3	4
Ultrasound	3	6
MRI	1	2
CT	2	2
Operating Rms.-Gen'l	9	8
Operating Rms.-CV	1	1
Operating Rms.-Urol	1	1
Recovery-Phase 1	13	12
Recovery-Phase 2	0	28

The proposed project includes three clinical services that are not IHFSRB-identified “categories of service”, but are included in Section 1110, APPENDIX B, as having space and/or utilization standards: diagnostic imaging, surgery, and recovery. All of the clinical services addressed in this ATTACHMENT and to be expanded are being modernized to address demand, as documented by historical utilization, the deterioration resulting from high utilization over time, and the need to provide facilities that improve the manner in which outpatient services are provided, consistent with contemporary hospital standards. In 2012, 81.7% of the hospital’s surgical cases were performed on outpatients, and 72.8% of the imaging procedures of the modalities included in the project were performed on outpatients. All three areas are being designed consistent with the past two years’ utilization, and the standards identified in APPENDIX B.

Diagnostic Imaging

Four of the hospital’s imaging modalities will be addressed in the proposed project: general radiology (including fluoroscopy), ultrasound, MRI and CT. Those modalities such as PET, nuclear medicine, and mammography are not located in the hospital’s main imaging

and are not being addressed through the project. Three of the modalities, general radiology, ultrasound and MRI will be adding rooms/units, consistent with historical utilization. The hospital will continue to operate two CT units.

At the conclusion of the proposed project, imaging units/rooms consistent with the table above will be provided. The number of units/rooms to be provided for each modality is consistent with the hospital's 2011 and 2012 utilization and the utilization standards identified in the APPENDIX.

Surgery

Surgery at Highland Park Hospital, as has become the case at many community hospitals, has become a largely outpatient service. Nevertheless, appropriate facilities must be provided for surgical inpatients as well as outpatients. In addition, with more than four out of five surgical patients being outpatients, significant space needs to be provided for the patients' families. HPH currently has a total of 11 operating rooms. Upon the project's completion, 10 operating rooms will be provided, eight of which will be designated as "general" ORs, with one cardiovascular surgery operating room (HPH operates an open heart surgery program), and one urology room. The number of operating rooms to be provided for each modality is consistent with the hospital's 2011 and 2012 utilization and the utilization standards identified in the APPENDIX.

Recovery

The surgical recovery function will be provided through three components, each of which will be located on the second floor of the hospital, in close proximity to the surgical suite. A total of 40 recovery stations will be provided. An 18-station post anesthesia recovery unit (PACU) will be used by both inpatients and outpatients. Within the same day surgery department 22 recovery stations will be provided. Six of those stations will be separated from the other department areas, for use by the hospital's significantly-sized pediatric outpatient surgery patient population. The remaining sixteen recovery stations to be located in the same day surgery department will be used primarily by adult outpatients. The separation of inpatient recovery stations from outpatient stations and the separation of adult from pediatric stations are both consistent with contemporary standards. In addition to the recovery stations, and as

described in ATTACHMENT 14, the same day surgery department will provide 8 adult and two pediatric pre-op stations.

CONSOLIDATED FINANCIAL STATEMENTS

NorthShore University HealthSystem
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

ATTACHMENT 36

NorthShore University HealthSystem

Consolidated Financial Statements

Years Ended September 30, 2012 and 2011

Contents

Report of Independent Auditors.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	7

Report of Independent Auditors

The Board of Directors
NorthShore University HealthSystem

We have audited the accompanying consolidated balance sheets of NorthShore University HealthSystem and its affiliates (collectively, the Corporation) as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Corporation's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of NorthShore University HealthSystem and its affiliates at September 30, 2012 and 2011, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

February 4, 2013

NorthShore University HealthSystem

Consolidated Balance Sheets

(Dollars in Thousands)

	September 30	
	2012	2011
Assets		
Current assets:		
Cash and cash equivalents	\$ 21,856	\$ 24,628
Other short-term investments	17,016	16,383
Internally designated investments, current portion	44,960	47,186
Patient accounts receivable, less allowances for uncollectible and charity accounts (2012 – \$53,472; 2011 – \$53,897)	247,866	200,450
Inventories, prepaid expenses, and other	65,489	57,209
Total current assets	397,187	345,856
Investments available for general use	1,211,716	1,175,079
Internally designated for capital replacement and other	164,185	148,650
Property and equipment:		
Land and improvements	89,396	77,992
Buildings	1,221,467	1,140,201
Equipment and furniture	495,051	466,754
Construction-in-progress	77,332	73,934
	1,883,246	1,758,881
Less accumulated depreciation	918,696	864,661
Total property and equipment, net	964,550	894,220
Other noncurrent assets	203,462	170,594
Total assets	\$ 2,941,100	\$ 2,734,399

Continued on next page.

NorthShore University HealthSystem

Consolidated Balance Sheets (continued)

(Dollars in Thousands)

	September 30	
	2012	2011
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 81,296	\$ 65,713
Accrued expenses and current portion of self-insurance	178,494	185,058
Due to third-party payors	66,000	60,010
Current maturities of long-term debt	8,948	8,643
Total current liabilities	334,738	319,424
Noncurrent liabilities:		
Long-term debt, less current maturities	376,463	385,411
Employee retirement plans	171,036	155,826
Accrued self-insurance and other	291,277	296,457
Total noncurrent liabilities	838,776	837,694
Net assets:		
Unrestricted	1,596,857	1,422,307
Temporarily restricted	98,205	83,855
Permanently restricted	72,524	71,119
Total net assets	1,767,586	1,577,281
 Total liabilities and net assets	 <u>\$ 2,941,100</u>	 <u>\$ 2,734,399</u>

See accompanying notes.

NorthShore University HealthSystem

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended September 30	
	2012	2011
Unrestricted revenues and other support		
Net patient service and premium revenue	\$ 1,677,385	\$ 1,579,635
Investment earnings supporting current activities	30,000	29,000
Net assets released from restrictions used for operations	13,256	10,821
Other revenue	82,552	87,656
Total unrestricted revenues and other support	<u>1,803,193</u>	<u>1,707,112</u>
Expenses		
Salaries and benefits	912,089	828,661
Supplies, services, and other	573,611	546,215
Depreciation and amortization	115,262	119,084
Insurance	39,960	19,025
Provision for uncollectible accounts	46,960	60,063
Medicaid assessment	24,828	24,828
Interest	7,469	7,963
Total expenses	<u>1,720,179</u>	<u>1,605,839</u>
Income from operations	83,014	101,273
Nonoperating income (loss)		
Dividend and interest income	33,046	29,684
Net realized gains on investments	20,664	84,386
Net unrealized gains (losses) on investments	121,898	(79,597)
Transfer of investment earnings supporting current activities	(30,000)	(29,000)
Other, net	(36,403)	(36,828)
Total nonoperating income (loss)	<u>109,205</u>	<u>(31,355)</u>
Revenue, gains, and other support in excess of expenses	<u>192,219</u>	<u>69,918</u>

Continued on next page.

NorthShore University HealthSystem

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

	Year Ended September 30	
	2012	2011
Unrestricted net assets		
Revenue, gains, and other support in excess of expenses	\$ 192,219	\$ 69,918
Pension-related changes other than net periodic costs	(20,162)	(48,018)
Net assets released from restrictions used for capital	1,344	374
Other transfers, net	1,149	(3,465)
Increase in unrestricted net assets	174,550	18,809
Temporarily restricted net assets		
Contributions and other	15,802	7,004
Net realized gains on investments	2,138	6,853
Net unrealized gains (losses) on investments	11,010	(4,408)
Net assets released from restrictions	(14,600)	(11,195)
Increase (decrease) in temporarily restricted net assets	14,350	(1,746)
Permanently restricted net assets		
Contributions	1,405	1,772
Increase in permanently restricted net assets	1,405	1,772
Increase in net assets	190,305	18,835
Net assets at beginning of year	1,577,281	1,558,446
Net assets at end of year	<u>\$ 1,767,586</u>	<u>\$ 1,577,281</u>

See accompanying notes.

62

NorthShore University HealthSystem

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended September 30	
	2012	2011
Operating activities		
Increase in net assets	\$ 190,305	\$ 18,835
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in net unrealized (gain) loss on investments	(132,903)	84,005
Sales (purchases) of trading portfolio investments, net	80,731	(80,661)
Restricted contributions and net change in pledges receivable	(18,728)	(11,785)
Depreciation and amortization	115,262	119,084
Bond premium amortization	(88)	(88)
Pension-related changes other than net periodic cost	20,162	48,018
Changes in operating assets and liabilities:		
Patient accounts receivable, net	(47,416)	(6,661)
Other current assets	(3,158)	87,332
Noncurrent assets and liabilities	(15,548)	(7,527)
Accounts payable and accrued expenses	9,019	(50,301)
Due to third-party payors	5,990	990
Net cash provided by operating activities	203,628	201,241
Investing activities		
Investments in property and equipment, net	(178,216)	(161,688)
Acquisition of other long-term assets, net	(36,836)	(16,531)
Net cash used in investing activities	(215,052)	(178,219)
Financing activities		
Restricted contributions	17,207	8,776
Payments of long-term debt	(8,555)	(9,626)
Net cash provided by (used in) financing activities	8,652	(850)
(Decrease) increase in cash and cash equivalents	(2,772)	22,172
Cash and cash equivalents at beginning of year	24,628	2,456
Cash and cash equivalents at end of year	\$ 21,856	\$ 24,628

See accompanying notes.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (Dollars in Thousands)

September 30, 2012

1. Organization and Basis of Presentation

NorthShore University HealthSystem (NorthShore) is an integrated health care system dedicated to providing health care services, including inpatient acute and non-acute care, primary and specialty physician services, and various outpatient services. NorthShore operates four acute care facilities, including Evanston Hospital, Highland Park Hospital, Glenbrook Hospital, and Skokie Hospital, that service the greater Chicago "North Shore" and northern Illinois communities. NorthShore also includes research activities, home health and hospice care, and foundation operations.

NorthShore is the sole corporate member of NorthShore University HealthSystem Faculty Practice Associates (FPA), Radiation Medicine Institute (RMI), and NorthShore University HealthSystem Insurance International (Insurance International). Effective January 1, 2012, NorthShore University HealthSystem Medical Group, Inc. (MG) changed its name to NorthShore Physician Associates, Inc. (NPA). FPA is the sole shareholder of NPA. All significant intercompany accounts and transactions have been eliminated in consolidation. The accompanying consolidated financial statements include the accounts and transactions of NorthShore and its affiliates (collectively, the Corporation).

NorthShore, FPA, and RMI are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (IRC). NPA is a for-profit corporation. Insurance International is a foreign corporation organized in the Cayman Islands, which does not tax the activities of this organization.

The Corporation is the primary teaching affiliate of the University of Chicago Pritzker School of Medicine (Pritzker), under which the Corporation sponsors graduate medical education programs for physicians and other health care-related personnel.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the amounts disclosed in the notes to the consolidated financial statements at the date of the consolidated financial statements.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

Estimates also affect the reported amounts of revenues and expenses during the reporting period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ.

Cash Equivalents

Cash equivalents include investments in highly liquid debt instruments, which are not limited as to use, with a remaining maturity of three months or less from the date of purchase.

Accounts Receivable

The Corporation evaluates the collectibility of its accounts receivable based on the length of time the receivable is outstanding, payor class, and the anticipated future uncollectible amounts based on historical experience. Accounts receivable are charged to the allowance for uncollectible accounts when they are deemed uncollectible.

Inventories

Inventories are stated at the lower of cost or market, based on the first-in, first-out method.

Investments

Investments in equity securities and mutual funds are carried at fair value based on quoted market prices. Debt securities are valued using institutional bids or pricing services. Alternative investments, primarily limited partnerships and hedge funds, are accounted for using the cost or equity method, depending on the extent of the Corporation's ownership within the fund, which is evaluated quarterly.

The Corporation classifies substantially all of its investments as trading. Under a trading classification, all unrestricted realized and unrealized gains and losses are included in revenues, gains, and other support in excess of expenses.

Pursuant to Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, the Corporation has no nonfinancial assets and liabilities that are required to be measured at fair value on a recurring basis as of September 30, 2012 and 2011.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

Investments Limited as to Use

Investments limited as to use include investments internally designated by the Board of Directors (the Board) for property and equipment replacement and expansion that the Board, at its discretion, may subsequently use for other purposes, and investments externally designated under indenture or donor restriction.

Property and Equipment

Property and equipment are stated at cost and are depreciated using the straight-line method over the estimated useful lives of the assets. Typical useful lives are 5 to 40 years for buildings and improvements and 3 to 20 years for equipment and furniture. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Goodwill and Other Intangible Assets

Goodwill has been recorded at the excess of the purchase price over the fair value of the assets purchased in acquisitions. In fiscal year 2012, the Corporation has early adopted Accounting Standards Update (ASU) 2011-08, *Testing Goodwill Impairment*. Under the new guidance, a qualitative assessment of the Corporation's base year impairment analysis, fiscal year 2011, is required. The base year analysis included the market and income valuation approaches. In 2012, both valuation approaches were qualitatively reviewed against several variables, including macroeconomic conditions, industry/market considerations, cost factors, and overall financial performance. The assessment determined that it is more likely than not (>50%) the Corporation's fair value exceeds its carrying amount, and therefore, as of September 30, 2012, no goodwill has been impaired. The Corporation has goodwill of \$113,502 and \$86,097 included in other noncurrent assets at September 30, 2012 and 2011, respectively. Other intangible assets with definite lives, such as noncompete clauses or trade names, are amortized over the estimated useful life of the asset. The Corporation has \$6,361 and \$7,141 included in other intangible assets at September 30, 2012 and 2011, respectively. Amortization expense related to these other intangible assets for the years ended September 30, 2012 and 2011, was \$3,169 and \$2,926, respectively.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

Asset Impairment

The Corporation considers whether indicators of impairment are present and performs the necessary tests to determine if the carrying value of an asset is appropriate. Impairment write-downs are recognized in operating expenses at the time the impairment is identified, except for alternative investment impairments, which are recognized in nonoperating income (loss) or changes in temporarily restricted net assets at the time the impairment is identified. There was no impairment of long-lived assets in fiscal years 2012 and 2011, except for the alternative investment impairment described in Note 4.

Asset Retirement Obligations

The Corporation accounts for the fair value of legal obligations associated with long-lived asset retirements in accordance with ASC 410-20, *Asset Retirement and Environmental Obligations*. The asset retirement obligation, which primarily relates to future asbestos remediation, is recorded in accrued self-insurance and other liabilities and was accreted to its present fair value at September 30, 2012 and 2011, of \$9,320 and \$9,394, respectively.

Derivative Instruments

Derivative instruments are recorded on the consolidated balance sheets at their respective fair values. The change in the fair value of those derivative instruments is recognized in nonoperating income (loss) unless specific hedge accounting criteria are met. The Corporation had no derivative instruments outstanding as of September 30, 2012 and 2011.

General and Professional Liability

The provision for self-insured general and professional liability claims, per actuarial calculations, includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The estimated receivable from the excess insurance carrier is reported in other noncurrent assets.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are assets whose use has been limited by donors or grantors to a specific period of time or a specific purpose. Temporarily restricted gifts, grants, and bequests are reported as an increase in temporarily restricted net assets in the period received. When specific purposes are satisfied, net assets used for capital purposes are reported in the consolidated statements of operations and changes in net assets as additions to unrestricted net assets; net assets used for operating purposes are reported in the consolidated statements of operations and changes in net assets as unrestricted revenues and other support. Contributions received with donor-imposed restrictions are reported as unrestricted if the restrictions are met in the same reporting period.

Permanently restricted net assets have been restricted by donors to be invested by the Corporation in perpetuity. Certain income from such investments may be temporarily restricted as to use. Associated income that is without donor restrictions is recorded in nonoperating income (loss).

Contributions

Unconditional pledges of others to give cash and other assets to the Corporation are reported at fair value at the date the pledge is received, to the extent estimated to be collectible. Pledges received with donor restrictions that limit the use of the donated assets are reported as increases in temporarily restricted net assets. When donor restrictions are satisfied or met as a result of meeting the specified requirement or the time frame indicated, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions used for operations. Contributions of long-lived fixed assets are recorded at fair value as an increase to property and equipment and an increase to unrestricted net assets.

Net Patient Service Revenue

Net patient service revenue is revenue generated from services provided by the Corporation to patients. The Corporation receives payments for these services either directly from patients or on behalf of patients from third-party payors. Net patient service revenue is reported at the estimated net realizable amounts in the period the related services are provided and is adjusted in future periods as final settlements and payments are made.

68

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

Community Service and Care to the Indigent

The Corporation provides care to patients who meet certain criteria established under its charity care policy without charge or at amounts less than the Corporation's established rates. Community service and care to the indigent provided by the Corporation are deducted to arrive at net patient service revenue. The estimated costs incurred by the Corporation to provide these services were \$29,854 and \$26,262 for the years ended September 30, 2012 and 2011, respectively. These estimates were determined using a ratio of cost-to-gross charges calculated from the Corporation's most recently filed Medicare cost reports and applying that ratio to the gross charges of charity care provided in the period.

Premium Revenue

The Corporation has agreements with health maintenance organizations to provide medical services to subscribing participants. Under these agreements, the Corporation receives monthly payments based primarily on the number of participants, regardless of actual medical services provided to participants.

Revenues, Gains, and Other Support in Excess of Expenses

The consolidated statements of operations and changes in net assets include revenues, gains, and other support in excess of expenses. The Board has approved a policy to include certain investment earnings in support of academic initiatives as well as to provide funding to support research. Changes in unrestricted net assets that are excluded from revenues, gains, and other support in excess of expenses include contributions of long-lived assets (including assets acquired using contributions that by donor restriction were used for the purposes of acquiring such assets) and pension-related changes other than net periodic costs.

Other Revenue and Other Nonoperating Income (Loss)

Other revenue includes all other miscellaneous activities, such as retail pharmacy, rental income, cafeteria sales, unrestricted donations, and other miscellaneous revenue. Other, net, within nonoperating income (loss), consists primarily of the expenses of the Foundation, investment management expenses, and other transfers. Revenue from the government as part of the American Recovery and Reinvestment Act of 2009, such as adopting electronic health record

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

(EHR) technology or becoming “meaningful users” of EHRs, is recorded on a grant accounting basis as part of other revenue.

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued ASU 2010-23, *Measuring Charity Care for Disclosure*. The provisions of ASU 2010-23 are intended to reduce the diversity in how charity care is calculated for disclosures across health care entities that provide it. Charity care is required to be measured at cost, defined as the direct and indirect costs of providing the charity care. This new guidance is effective for fiscal years beginning after December 15, 2010, with early application permitted. The Corporation adopted ASU 2010-23 for the year ended September 30, 2012.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirement in U.S. GAAP and IFRSs*. ASU 2011-04 changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. This update was issued to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and International Financial Reporting Standards (IFRS). ASU 2011-04 includes amendments that clarify the FASB’s intent about the application of existing measurement and disclosure and changes certain principles and requirements for measuring fair value and for disclosing information about fair value measurements. This new guidance is effective for interim and annual periods beginning after December 15, 2011. Early adoption is not permitted. The Corporation is required to adopt the new guidance on October 1, 2012, and is currently evaluating the impact this guidance will have on the consolidated financial statements.

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities (a consensus of the FASB Emerging Issues Task Force)*. The amendments in this update require certain health care entities to change the presentation of the statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosures about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue by major payor source (net of

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Summary of Significant Accounting Policies (continued)

contractual allowances and discounts), as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The amendments in ASU 2011-07 are effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The amendments to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The disclosures required by the amendments in ASU 2011-07 should be provided for the period of adoption and subsequent reporting periods. The Corporation is required to adopt the new guidance on October 1, 2012.

In September 2011, the FASB issued ASU 2011-08, *Testing Goodwill for Impairment*. ASU 2011-08 introduced an optional qualitative assessment for testing goodwill for impairment that allows companies to skip the annual two-step impairment test, described in ASC 350, *Intangibles – Goodwill and Other*. ASU 2011-08 allows companies to qualitatively assess whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If that is the case, the company would perform the traditional two-step impairment test. ASU 2011-08 is effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011, and early adoption is permitted. The Corporation early adopted ASU 2011-08 for the goodwill impairment test performed for the year ended September 30, 2012.

Reclassifications

Certain reclassifications were made to the 2011 consolidated financial statements to conform with classifications made in 2012. The reclassifications had no effect on the changes in net assets or on net assets as previously reported.

3. Contractual Arrangements with Third-Party Payors

The Corporation has entered into contractual arrangements with various managed care organizations, including Blue Cross Blue Shield (BCBS), the terms of which call for the Corporation to be paid for covered services at predetermined rates. Certain services provided to BCBS program inpatients are paid at interim rates with annual settlements based on allowable reimbursable costs. Outpatient services for this BCBS population are covered by an indemnity fee-for-service policy and, therefore, are not covered under the cost settlement program. The Corporation also provides care to certain patients with government insurance programs, such as

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Contractual Arrangements with Third-Party Payors (continued)

Medicare and Medicaid, at predetermined rates. Reported costs and/or services provided, under certain of the arrangements, are subject to audit by the administering agencies. Changes in the various programs, including Medicare and Medicaid, could have an adverse effect on the Corporation.

A provision has been made in the consolidated financial statements for contractual adjustments, representing the difference between the charges for services provided and estimated reimbursement from the various third-party payors. Net patient service revenue increased by \$9,476 and \$2,456 for the years ended September 30, 2012 and 2011, respectively, to reflect changes in the estimated Medicare and Medicaid settlements for prior years. The amount recorded in 2012 includes \$9,900 from a nationwide settlement with the Centers for Medicare & Medicaid Services (CMS) resulting from an error in the Rural Budget Neutrality adjustment factor used in 1998.

The percentages of gross patient service revenue applicable to specific payors' contractual arrangements for the years ended September 30 are as follows:

	2012	2011
Medicare	40%	39%
Medicaid	7	7
BCBS	23	23
Managed care	18	19
Other	12	12
Total	100%	100%

The Corporation's concentration of credit risk relating to accounts receivable is limited due to the diversity of patients and payors.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Contractual Arrangements with Third-Party Payors (continued)

The percentages of patient accounts receivable applicable to specific payors' contractual arrangements as of September 30 are as follows:

	2012	2011
Medicare	26%	27%
Medicaid	27	20
BCBS	13	15
Managed care	20	23
Other	14	15
Total	100%	100%

The Corporation believes that it is in compliance with all applicable Medicare and Medicaid laws and regulations and is not aware of any pending or threatened investigations or allegations of potential wrongdoing. While no such Medicare or Medicaid regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Current liabilities include \$66,000 and \$60,010 at September 30, 2012 and 2011, respectively, related to estimated cost report settlement amounts due to Medicare, Medicaid, and BCBS indemnity plans and the BCBS claims lag liability. Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation. Administrative procedures for both Medicare and Medicaid preclude the final settlement until the related cost reports have been audited by the sponsoring agency and settled. As a result, there is a reasonable possibility that these recorded estimates will change as new information becomes available, and the amount of the change may be material.

For the years ended September 30, 2012 and 2011, \$62,496 and \$62,251, respectively, of premium revenue was generated through agreements with HMO Illinois.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Contractual Arrangements with Third-Party Payors (continued)

In December 2008, the CMS approved continuing the State of Illinois' Hospital Assessment Program (the Program), with an effective date beginning on July 1, 2008 (the beginning of the State's fiscal year), through the State's fiscal year 2013. Legislation has been approved to enhance this program and extend it to June 30, 2014. Under this program, the Corporation recognized \$28,347 and \$28,597 of net patient service revenue for the years ended September 30, 2012 and 2011, respectively. Additionally, \$24,828 of program assessment expense was recognized for both of the years ended September 30, 2012 and 2011. In fiscal year 2011, the State accelerated payments and receipts under this program, resulting in a prepaid amount of \$1,168 and a liability of \$7,149. There were no accelerated payments or receipts in fiscal 2012.

4. Financial Instruments

The presentation of investments at September 30 is as follows:

	2012	2011
Other short-term investments	\$ 17,016	\$ 16,383
Investments available for general use	1,211,716	1,175,079
Investments limited as to use:		
Internally designated investments, current portion	44,960	47,186
Internally designated for capital replacement and other	164,185	148,650
Other noncurrent assets	35,346	26,569
Total investments	<u>\$ 1,473,223</u>	<u>\$ 1,413,867</u>

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Financial Instruments (continued)

Total investment return for the years ended September 30 is summarized as follows:

	2012	2011
Nonoperating:		
Dividend and interest income	\$ 33,046	\$ 29,684
Net realized gains on investments	20,664	84,386
Net unrealized gains (losses) on investments	121,898	(79,597)
Total nonoperating investment return	175,608	34,473
Temporarily restricted:		
Net realized gains	2,138	6,853
Net unrealized gains (losses)	11,010	(4,408)
Total temporarily restricted investment return	13,148	2,445
Total investment return	\$ 188,756	\$ 36,918

Investment fees for the years ended September 30, 2012 and 2011, were \$16,793 and \$15,994, respectively, included in other, net, within nonoperating income (loss).

The Corporation continually reviews its alternative investment portfolio recorded at cost and evaluates whether declines in the fair value of such securities should be considered other than temporary. Factored into this evaluation are general market conditions, the issuer's financial condition and near-term prospects, conditions in the issuer's industry, and the length of time and extent to which the fair value has been less than cost. Based on this evaluation, one investment held at cost was determined to be impaired. As a result of this impairment, the Corporation recorded a loss reserve of \$1,102 as of September 30, 2012 and is in the process of liquidating this investment with the expectation of receiving the remaining funds in the next fiscal year. No impairment charge was recorded for the year ended September 30, 2011.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Fair Value Measurements

The Corporation holds certain debt securities, equity securities, and investments in funds, which must be measured using a prescribed fair value hierarchy and related valuation methodologies. The concept of the "highest and best use" of an asset is used for valuation.

Highest and best use is determined by the "use of the asset by market participants, even if the intended use of the asset by the reporting entity is different." ASC 820-15-50 specifies a hierarchy of valuation techniques based on whether the inputs to each measurement are observable or unobservable. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Corporation's assumptions about current market conditions.

The prescribed fair value hierarchy and related valuation methodologies are as follows:

Level 1 – Quoted prices for identical instruments in active markets. Active markets are defined by daily trading and investor ability to exit holdings at the daily pricing.

Level 2 – Quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable in active markets.

Level 3 – Valuations derived from valuation techniques in which one or more significant inputs are unobservable.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Fair Value Measurements (continued)

The Corporation's financial assets that are carried at fair value at September 30, 2012, were as follows:

Nature of Investment	Level 1	Level 2	Level 3	Total
Open-ended mutual funds ^(a)	\$ 37,417	\$ —	\$ —	\$ 37,417
Domestic equity funds ^(a)	91,905	155,237	—	247,142
International equity funds ^(a)	18,358	255,660	—	274,018
Domestic equities ^(a)	127,145	—	—	127,145
Real asset funds ^(b)	—	23,466	—	23,466
Bond funds ^(a)	226,723	—	—	226,723
Fixed income accounts ^(b)	—	92,220	—	92,220
Treasury inflation protection securities ^(b)	—	22,347	—	22,347
Total assets at fair value	\$ 501,548	\$ 548,930	\$ —	\$ 1,050,478

The Corporation's financial assets that are carried at fair value at September 30, 2011, were as follows:

Nature of Investment	Level 1	Level 2	Level 3	Total
Open-ended mutual funds ^(a)	\$ 28,587	\$ —	\$ —	\$ 28,587
Domestic equity funds ^(a)	72,585	116,780	—	189,365
International equity funds ^(a)	16,061	211,113	—	227,174
Domestic equities ^(a)	152,146	—	—	152,146
Real asset funds ^(b)	—	21,040	—	21,040
Bond funds ^(a)	264,754	—	—	264,754
Fixed income accounts ^(b)	—	87,506	—	87,506
Treasury inflation protected securities ^(b)	—	21,189	—	21,189
Total assets at fair value	\$ 534,133	\$ 457,628	\$ —	\$ 991,761

^(a) Pricing of equity securities and funds is based on quoted market prices in active markets. Redemption frequency is daily for Level 1 and monthly for Level 2. This is presented on the consolidated balance sheets as other short-term investments, other noncurrent assets, internally designated for capital replacement and other, and internally designated investments, current portion.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Fair Value Measurements (continued)

^(b) Pricing is based on the custodian's pricing methodologies. The separately managed accounts are based on institutional bid evaluations. Institutional bid evaluations are estimated prices computed by pricing vendors. These prices are determined using observable inputs for similar securities as of the measurement date. Redemption frequency is daily or monthly. This is presented on the consolidated balance sheets as other short-term investments, other noncurrent assets, internally designated for capital replacement and other, and internally designated investments, current portion.

ASC 825 permits entities to elect to measure many financial instruments and certain other items at fair value. The fair value option may be applied instrument by instrument and is irrevocable. The Corporation has made no such elections to date.

There were no transfers between Level 1, Level 2, and Level 3 assets during the years ended September 30, 2012 and 2011.

Total investments at September 30, 2012, are \$1,473,223. In addition to total investments recorded at fair value, this amount includes \$412,239 in limited partnerships and funds recorded at cost, \$8,438 in limited partnerships recorded using the equity method, and other assets of \$2,068 recorded at cost.

Total investments at September 30, 2011, are \$1,413,867. In addition to total investments recorded at fair value, this amount includes \$397,653 in limited partnerships and funds recorded at cost, \$22,957 in limited partnerships recorded using the equity method, and other assets of \$1,496 recorded at cost.

The carrying values of accounts receivable, accounts payable, and accrued expenses are reasonable estimates of their fair values due to the short-term nature of these financial instruments.

The estimated fair value of total debt was \$401,188 at September 30, 2012, and \$400,102 at September 30, 2011. The fair value included a consideration of third-party credit enhancements, which had no impact on the estimated fair value of the debt.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Long-Term Debt and Debt with Self-Liquidity

All bonds issued by the Corporation were used to pay or reimburse the Corporation for certain capital projects, to provide for a portion of the interest on the bonds, and to pay certain expenses incurred in connection with the issuance of the bonds. The variable rate bonds are subject to periodic remarketing and can be converted to a fixed rate subject to certain terms of the loan agreements. The Series 2001B, 2001C, 1995, and 1996 bonds have standby bond purchase agreements (SBPAs), and the 2008 commercial paper has a letter of credit (LOC) to provide liquidity support in the event of a failed remarketing.

In November 2009, the Corporation remarketed the Series 1995 and 1996 bonds (\$100,000) in a weekly demand mode to external investors. The Series 1995 bonds are backed by an SBPA issued by a financial institution that expires on September 22, 2016. The Series 1996 bonds are backed by an SBPA issued by a financial institution that expires on September 22, 2015. These bonds were originally issued with self-liquidity provided by the Corporation. The first principal payment to bondholders was made in 2011 pursuant to the terms of the supplement to the bond re-offering circular dated June 14, 2010. In the event these bonds cannot be remarketed, the bond trustee will call the bonds and the bonds will become bank bonds held by the liquidity facility provider. The liquidity facility provider will hold the bonds for 367 days or until a replacement liquidity facility is secured. After the 367-day period, the bonds will begin to amortize over a three-year period. In the event an SBPA cannot be renewed or replaced, the liquidity facility provider will make a loan in the amount necessary to complete the mandatory tender of the bonds. The principal and interest on the loan will be amortized over three years.

The Corporation has two SBPAs in conjunction with the Series 2001B and 2001C bonds with financial institutions, respectively, that expire on September 22, 2013. In the event these bonds cannot be remarketed, the bond trustee will call the bonds and the bonds will become bank bonds held by the liquidity facility provider. The liquidity facility provider will hold the bonds for 367 days or until a replacement facility is secured. After the 367-day period, the bonds will begin to amortize over a three-year period. In the event an SBPA cannot be renewed or replaced, the liquidity provider will make a loan in the amount necessary to complete the mandatory tender of the bonds. The principal and interest on the loan will be amortized over three years.

The Corporation has an LOC backup facility with a financial institution in conjunction with the 2008 Pooled Program that expires on November 30, 2014. The LOC may be drawn upon by the trustee to make payments of principal and interest on maturing commercial paper in the event that an issuance of commercial paper does not roll over. Repayments on any liquidity

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Long-Term Debt and Debt with Self-Liquidity (continued)

advance received prior to the LOC expiration date will be made in equal quarterly installments beginning on the first subsequent quarter-end date, no less than 30 days after the commercial paper rollover date.

The Corporation's obligation to purchase the Series 1998, 1992, 1990A, 1987A-1987E, and 1985B debt issues with self-liquidity upon optional or mandatory tender is not supported by a third-party liquidity facility; however, when outstanding, the Corporation maintains liquid assets to redeem their maturing obligations. As of September 30, 2012 and 2011, there were no bonds with self-liquidity outstanding with third parties.

The self-liquidity bonds held by the Corporation at September 30 are as follows:

	Final Maturity	2012	2011
1998	2032	\$ 50,000	\$ 50,000
1992	2026	50,000	50,000
1990A	2025	50,000	50,000
1987A-1987E	2020	50,000	50,000
1985B	2015	30,000	40,000
		<u>\$ 230,000</u>	<u>\$ 240,000</u>

For the self-liquidity bonds being held by the Corporation, the Corporation records related interest income and expense within nonoperating income (loss).

Under the terms of the long-term debt arrangements, various amounts are on deposit with trustees, and certain specified payments are required for bond redemption, interest payments, and asset replacement. The terms of certain long-term debt agreements require, among other things, the maintenance of various financial ratios and place limitations on additional indebtedness and pledging of assets. The Corporation remained in compliance with these agreements during the reporting periods.

80

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Long-Term Debt and Debt with Self-Liquidity (continued)

The Corporation has various outstanding letters of credit in connection with construction projects and property lease obligations, which amount to \$3,287 and \$8,262 for the years ended September 30, 2012 and 2011, respectively. No amounts have been drawn against these letters.

For the years ending September 30, 2013, 2014, 2015, 2016, and 2017, maturities of long-term debt, assuming remarketing of variable rate demand bonds (including an \$88 bond premium), are \$8,948, \$9,263, \$9,638, \$9,998, and \$10,383, respectively.

Interest paid for the years ended September 30, 2012 and 2011, was \$7,125 and \$6,190 respectively. Interest of \$1,110 and \$1,161 was capitalized for the same periods, respectively. In addition, bond premium amortization was \$88 for the years ended September 30, 2012 and 2011.

Total long-term debt at September 30 is summarized as follows:

Type/Issuer	Series	Amortization				Outstanding Principal		Interest Rate		
		Amount Range	Years From	To	September 30 2012	September 30 2011	September 30 2012	September 30 2011		
Illinois Development Finance Authority Variable Rate Demand Revenue Bonds										
	2001B	\$1,500 – \$5,000	2013	–	2031	\$ 42,200	\$ 43,600	0.19%	0.12%	
	2001C	1,500 – 5,000	2013	–	2031	42,200	43,600	0.19%	0.12%	
Illinois Health Facilities Authority Variable Rate Adjustable Demand Revenue Bonds										
	1995	\$ 1,365 – \$8,605	2013	–	2035	47,265	48,655	0.17%	0.12%	
	1996	1,355 – 8,560	2013	–	2035	47,285	48,665	0.18%	0.12%	
Illinois Educational Facilities Authority Commercial Paper Revenue Notes										
	2008	\$995 – \$13,305	2032	–	2038	75,000	75,000	0.14%	0.18%	
Illinois Finance Authority Revenue Refunding Bonds										
	2010	\$825 – \$9,685	2013	–	2037	129,295	132,280	4.80%	4.80%	
Total long-term debt						383,245	391,800			
Less current maturities of debt						8,948	8,643			
Plus 2010 Series bond premium (current and long-term)						2,166	2,254			
Total long-term debt, less current maturities						\$ 376,463	\$ 385,411			

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Employee Benefit Programs

The Corporation sponsors a funded, noncontributory, defined benefit pension plan (the NorthShore Plan), which covers substantially all employees with at least one year of employment. The funding policy is to contribute amounts to meet or exceed the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974 (ERISA).

Assets held by the NorthShore Plan consist primarily of fixed income securities, domestic/international stocks, limited partnerships, and hedge funds. A plan measurement date of September 30 is used for the NorthShore Plan.

For the year ended September 30, 2012 the Corporation made contributions of \$11,040 and \$22,740 for plan years 2012 and 2011, respectively. Subsequent to September 30, 2012, the Corporation made a cash contribution of \$3,180 for the 2012 plan year.

The summary of the changes in the benefit obligation and plan assets of the NorthShore Plan for the years ended September 30 is as follows:

	2012	2011
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 430,324	\$ 368,360
Service cost	21,401	18,617
Interest cost	19,623	18,391
Amendments	—	3,276
Actuarial losses	44,946	33,060
Benefits paid	(13,700)	(11,380)
Benefit obligation at end of year	<u>\$ 502,594</u>	<u>\$ 430,324</u>
Accumulated benefit obligation	<u>\$ 456,330</u>	<u>\$ 405,210</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 286,297	\$ 271,188
Actual return on plan assets	35,152	5,989
Employer contributions	33,780	20,500
Benefits paid	(13,700)	(11,380)
Fair value of plan assets at end of year	<u>\$ 341,529</u>	<u>\$ 286,297</u>

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Employee Benefit Programs (continued)

A summary of changes in the funded status of the NorthShore Plan and net periodic pension cost as of and for the years ended September 30 is as follows:

	2012	2011
Funded status of the plan	\$ (161,065)	\$ (144,027)
Unrecognized net actuarial loss	192,899	171,596
Unamortized prior service benefit	3,156	3,724
Prepaid pension cost	34,990	31,293
Accumulated adjustments to unrestricted net assets	(196,055)	(175,320)
Amounts recognized in consolidated balance sheets	<u>\$ (161,065)</u>	<u>\$ (144,027)</u>

Changes in the NorthShore Plan's assets and benefit obligation recognized in unrestricted net assets for the years ended September 30 include the following:

	2012	2011
Current year actuarial loss	\$ 33,825	\$ 49,647
Prior service cost	–	3,276
Current year amortization of prior service cost	(568)	(233)
Recognized loss	(12,522)	(8,194)
	<u>\$ 20,735</u>	<u>\$ 44,496</u>

The estimated prior service cost and net loss that will be amortized over the next fiscal year are \$568 and \$12,842, respectively.

The Corporation's target and actual pension asset allocations are as follows:

Asset Category	Strategic Target	Actual Asset Allocation at September 30	
		2012	2011
Equity securities	39.0%	34.8%	38.1%
Debt securities	23.0	28.3	28.7
Other	38.0	36.9	33.2
Total	100.0%	100.0%	100.0%

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Employee Benefit Programs (continued)

The following table presents the NorthShore Plan's financial instruments as of September 30, 2012, measured at fair value on a recurring basis by the ASC 820 valuation hierarchy defined in Note 5:

Nature of Investment	Level 1	Level 2	Level 3	Total
Domestic equity funds ^(a)	\$ 18,806	\$ 31,429	\$ —	\$ 50,235
International equity funds ^(a)	—	66,244	—	66,244
Domestic equities ^(a)	34,102	—	—	34,102
Real asset funds ^(b)	—	5,577	—	5,577
Bond funds ^(a)	58,730	—	—	58,730
Fixed income accounts ^(b)	—	21,642	—	21,642
Treasury inflation protected securities ^(b)	—	11,995	—	11,995
Limited partnership and hedge funds ^(c)	—	—	91,073	91,073
Cash equivalents ^(a)	1,931	—	—	1,931
Total assets at fair value	\$ 113,569	\$ 136,887	\$ 91,073	\$ 341,529

The following table presents the NorthShore Plan's financial instruments as of September 30, 2011, measured at fair value on a recurring basis by the ASC 820 valuation hierarchy defined in Note 5:

Nature of Investment	Level 1	Level 2	Level 3	Total
Domestic equity funds ^(a)	\$ 14,853	\$ 23,111	\$ —	\$ 37,964
International equity funds ^(a)	—	49,605	—	49,605
Domestic equities ^(a)	35,204	—	—	35,204
Real asset funds ^(b)	—	9,304	—	9,304
Bond funds ^(a)	42,210	—	—	42,210
Fixed income accounts ^(b)	—	17,504	—	17,504
Treasury inflation protected securities ^(b)	—	19,980	—	19,980
Limited partnership and hedge funds ^(c)	—	—	74,114	74,114
Cash equivalents ^(a)	412	—	—	412
Total assets at fair value	\$ 92,679	\$ 119,504	\$ 74,114	\$ 286,297

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Employee Benefit Programs (continued)

^(a) Pricing of equity securities and funds is based on quoted market prices in active markets. Redemption frequency is daily for Level 1 and monthly for Level 2.

^(b) Pricing is based on the custodian's pricing methodologies. The separately managed accounts are based on institutional bid evaluations. Institutional bid evaluations are estimated prices computed by pricing vendors. These prices are determined using observable inputs for similar securities as of the measurement date. Redemption frequency is daily or monthly.

^(c) Pricing is based on the net asset value reported from the investee and reviewed by an independent third party as its best estimate of fair market value of the reporting date for its investments in limited partnerships and hedge funds. Because there are no observable market transactions for interests in the Corporation's investments in limited partnerships and hedge funds, the Corporation classifies these investments within Level 3 of the fair value hierarchy. Redemption frequency varies from monthly to longer than one year for hedge funds. Limited partnerships are expected to be held for the life of the fund.

The table below sets forth a summary of changes in the fair value of the NorthShore Plan's Level 3 assets for the years ended September 30:

	2012	2011
Balance, beginning of year	\$ 74,114	\$ 52,206
Dividends and interest income	533	26
Unrealized gains	40	3,350
Realized gains	650	782
Purchases	18,766	18,724
Sales	(3,030)	(974)
Balance, end of year	<u>\$ 91,073</u>	<u>\$ 74,114</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 40</u>	<u>\$ 3,349</u>

85

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Employee Benefit Programs (continued)

The components of net periodic benefit costs included in the consolidated statements of operations and changes in net assets for the years ended September 30 are as follows:

	2012	2011
Service cost	\$ 21,401	\$ 18,617
Interest cost	19,623	18,391
Expected return on plan assets	(24,032)	(22,576)
Prior service cost recognized	568	233
Actuarial loss	12,522	8,194
Net periodic pension cost	<u>\$ 30,082</u>	<u>\$ 22,859</u>

The Corporation anticipates that contributions to the NorthShore Plan's assets will be made during 2013 from employer assets of \$28,345. Expected employee benefit payments are \$23,850 in 2013, \$25,743 in 2014, \$27,544 in 2015, \$29,217 in 2016, \$31,965 in 2017, and \$193,316 during the period from 2018 through 2022.

Assumptions used to determine benefit obligations at the measurement date for the years ended September 30 are as follows:

	2012	2011
Discount rate	4.16%	4.70%
Expected return on plan assets	7.75	7.75
Rate of compensation increase	3.60	3.78

Assumptions used to determine net pension expense for the years ended September 30 are as follows:

	2012	2011
Discount rate	4.70%	5.10%
Expected return on plan assets	7.75	7.75
Rate of compensation increase	3.78	3.78

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Employee Benefit Programs (continued)

To develop the expected long-term rate of return on assets assumption, the Corporation considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio. This resulted in the selection of the 7.75% long-term rate of return on assets assumption for 2012 and 2011.

The Corporation also sponsors a defined contribution plan that matches employee contributions at an annual discretionary percentage. Matching contributions to the defined contribution plan totaled \$18,607 and \$17,278 in 2012 and 2011, respectively, and are included in salaries and benefits expense. The related liability at September 30, 2012 and 2011, is \$13,771 and \$13,948, respectively.

The Corporation also sponsors a supplemental executive retirement plan. The total plan liability is \$14,305 and \$14,946 for the year ended September 30, 2012 and 2011, respectively.

The Corporation also offers an Executive and Physician Income Deferral Plan (457B), which is 100% employee-funded. The plan assets and liabilities for September 30, 2012 are \$35,415 and for September 30, 2011 are \$26,628. These amounts are included in other noncurrent assets and other noncurrent liabilities for the years ended September 30, 2012 and 2011, respectively.

8. Professional Liability Insurance

The Corporation has claims-made basis policies in excess of the amounts retained by the Corporation for professional and general liability claims. As of September 30, 2012 (beginning with policy year March 26, 2009), claims are subject to deductibles of \$10,000 with a \$15,000/\$15,000 buffer layer. The estimated professional liability losses are calculated with the assistance of consulting actuaries and an accrual has been made for potential claims to be paid. The discounted reserve balance (using a discount rate of 4%) was \$281,116 as of September 30, 2012 and \$294,893 as of September 30, 2011. Included in these amounts is a receivable for anticipated insurance recoveries of \$15,116 as of September 30, 2012 and \$16,813 as of September 30, 2011. The undiscounted reserve balance would have been higher by approximately \$46,027 as of September 30, 2012 and \$47,982 as of September 30, 2011. The Corporation is not aware of any factors that would cause insurance expense to vary materially from the amounts provided. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently may not be insured.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Litigation and Contingencies

In February 2004, the Federal Trade Commission (FTC) issued a complaint against the Corporation challenging its January 2000 merger with Highland Park Hospital (HPH). On April 28, 2008, the FTC issued a Final Order that requires the Corporation to conduct separate negotiations with private third-party payors for health care services of HPH unless a payor specifically elects to opt out and negotiate jointly for all of the Corporation's hospitals. The Final Order also requires the Corporation to give prior notification to the FTC for any future acquisitions of hospitals within the Chicago Metropolitan Statistical Area through April 2018. The Final Order terminates in April 2028.

In August 2007, three individual private plaintiffs filed a purported antitrust class action lawsuit against the Corporation in Federal District Court in Chicago, Illinois, alleging anticompetitive price increases as a result of the Corporation's January 2000 merger with HPH. In May 2008, an entity titled the Painters District Counsel No. 30 Health and Welfare Fund filed a nearly identical antitrust class action against the Corporation. All four of the separate suits have been consolidated into one action. On March 30, 2010, the District Court denied the plaintiffs' motion for class certification. On April 13, 2010, the plaintiffs filed a petition requesting an interlocutory appeal with the Seventh Circuit Court of Appeals. On June 10, 2010, the Seventh Circuit Court of Appeals granted and agreed to consider the plaintiffs' petition for interlocutory appeal. On January 13, 2012, the Seventh Circuit issued an opinion that vacated the District Court's denial of class certification and remanded the case back to the District Court for further proceedings.

The Corporation has denied all allegations within the plaintiffs' complaints and intends to pursue its rights in defense of the claims. The Corporation is unable to predict the ultimate outcomes, including liability, if any, in this litigation; however, such liabilities could be material.

On June 14, 2012, the State of Illinois enacted Illinois Public Act 97-0688, which includes provisions governing property and sales tax exemptions for Illinois nonprofit hospitals. Although not all the definitions and requirements have yet been determined by the state, based on initial interpretations and estimates, the Corporation believes that community benefits provided by each of the hospitals will exceed their respective tax assessments and, therefore, no property or sales tax will be due for the calendar year 2012.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Litigation and Contingencies (continued)

Prior to the new legislation, the Corporation filed required applications seeking real estate tax-exempt status for certain of the Corporation's Skokie Hospital and related facilities, which were certified as tax-exempt as part of Rush North Shore Medical Center prior to the merger with the Corporation on January 1, 2009. These applications are pending with the appropriate state and local tax authorities and are now subject to the provisions of Illinois Public Act 97-0688 enacted on June 14, 2012. As noted above, the Corporation believes that the Department of Revenue will grant tax-exempt status to the Corporation's Skokie Hospital and related facilities, which were certified as tax-exempt prior to the merger on January 1, 2009.

The Corporation is a defendant in various lawsuits arising in the ordinary course of business. Although the outcome of these lawsuits cannot be predicted with certainty, management believes the ultimate disposition of such matters will not have a material effect on the Corporation's financial condition or operations.

10. Commitments

Future minimum lease payments for property and equipment for all noncancelable operating leases for the next five years are as follows:

2013	\$	15,019
2014		14,855
2015		14,405
2016		13,822
2017		17,097

Lease expense for the years ended September 30, 2012 and 2011, was \$24,553 and \$21,470, respectively.

At September 30, 2012, the Corporation is committed to \$26,652 in construction-related contracts.

At September 30, 2012, the Corporation is committed to fund \$81,957 to limited partnerships, which is expected to occur over the next decade. At September 30, 2012, the pension plan is committed to fund \$31,606 to limited partnerships, which is expected to occur over the next decade.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Commitments (continued)

Future minimum intangible asset amortization for the next five years is as follows:

2013	\$	2,399
2014		2,367
2015		1,019
2016		486
2017		90

11. General, Administrative, and Fund-Raising Expenses

General and administrative expenses incurred in connection with providing inpatient, outpatient, professional, and emergency care services amounted to \$266,753 in 2012 and \$244,746 in 2011. Fund-raising expenses for the years ended September 30, 2012 and 2011, were \$2,728 and \$2,694, respectively.

12. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30:

	2012	2011
Restricted for:		
Research	\$ 16,875	\$ 16,356
Special purpose	81,330	67,499
Total temporarily restricted net assets	<u>\$ 98,205</u>	<u>\$ 83,855</u>

Permanently restricted net assets totaled \$72,524 and \$71,119 for the years ended September 30, 2012 and 2011, respectively. Earnings from permanently restricted net assets are used towards research, special purpose, and general operations and to fund department chairs as well as uncompensated care offered to patients who meet certain criteria established under the Corporation's charity care policy.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Temporarily and Permanently Restricted Net Assets (continued)

Activity in the endowment funds was as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at September 30, 2010	\$ 6,154	\$ 27,798	\$ 69,347	\$ 103,299
Contributions	—	—	1,772	1,772
Investment return	1,885	9,022	—	10,907
Change of value in trust	(828)	(4,408)	—	(5,236)
Distributions	(1,885)	(5,264)	—	(7,149)
Net asset reclassification from unrestricted investment	59	110	—	169
Endowment net assets at September 30, 2011	5,385	27,258	71,119	103,762
Contributions	—	—	1,405	1,405
Investment return	796	4,544	—	5,340
Change of value in trust	1,926	11,010	—	12,936
Distributions	(796)	(5,374)	—	(6,170)
Net asset reclassification from unrestricted investment	(114)	(2,045)	—	(2,159)
Endowment net assets at September 30, 2012	\$ 7,197	\$ 35,393	\$ 72,524	\$ 115,114

The State of Illinois passed the Uniform Prudent Management of Institutional Funds Act (UPMIFA) effective June 30, 2009. The Corporation has interpreted UPMIFA as sustaining the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulation to the contrary. In compliance with this interpretation of UPMIFA, the Corporation classifies permanently restricted net assets as (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated in a manner considered with the standard of prudence prescribed by UPMIFA.

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Temporarily and Permanently Restricted Net Assets (continued)

The Corporation has adopted a policy of requiring a minimum donation of \$1,500 to establish an endowed chair and \$1,000 to establish an endowed research project or endowed clinical program.

The Corporation has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of endowment assets. Currently, the Corporation expects its endowment funds over time to provide an average rate of return of approximately 5% annually. To achieve this long-term rate of return objective, the Corporation relies on a total return strategy in which investment returns are achieved through capital appreciation (realized and unrealized) and current yield (interest and dividends). Actual returns in any given year may vary from this amount.

An endowment fund is considered to be underwater when the market value of the endowment is less than the original (and any subsequent) donations received by the Corporation. The Corporation has adopted a policy that such shortfall amounts will be funded by the Corporation from the Corporation's unrestricted investment funds. The funded amount was \$1,046 and \$3,205 as of September 30, 2012 and 2011, respectively.

13. Income Taxes

NorthShore and its related affiliates, except for NPA, known as NorthShore Exempt Group, have been determined to qualify as a tax-exempt organization under Section 501(c)(3) of the IRC. Most of the income received by NorthShore Exempt Group is exempt from taxation under Section 501(a) of the IRC, as income related to the mission of the organization. Accordingly, there is no material provision for income tax for these entities. Some of the income received by exempt entities is subject to taxation as unrelated business income. NorthShore and its subsidiaries file federal income tax returns and returns for various states in the U.S.

ASC 740, *Income Taxes*, requires that realization of an uncertain income tax position is more likely than not (i.e., greater than 50% likelihood of receiving a benefit) before it can be recognized in the financial statements. Furthermore, this interpretation prescribes the benefit to be recorded in the financial statements as the amount most likely to be realized assuming a review by tax authorities having all relevant information and applying current conventions. This interpretation also clarifies the financial statement classification of tax-related penalties and

NorthShore University HealthSystem

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

13. Income Taxes (continued)

interest and sets forth new disclosures regarding unrecognized tax benefits. No amount was recorded for the years ended September 30, 2012 or 2011.

NorthShore currently has a net operating loss carryforward of \$12,656, which generated assets of \$5,111. NPA currently has a net operating loss carryforward of \$712, which generated assets of \$287. These assets are 100% offset by valuation allowances.

14. Other Events

The Corporation acquired several medical practices in the current fiscal year, adding 59 physicians who serve Cook and Lake Counties in Illinois. These acquisitions resulted in \$27,405 of goodwill and \$1,622 of intangible assets for the year ended September 30, 2012. Pro forma results for the acquisitions above are impractical due to the lack of adequate financial records that would require the significant use of estimates and due to the size and timing of the individual acquisitions.

15. Subsequent Events

The Corporation evaluated events and transactions occurring subsequent to September 30, 2012 through February 4, 2013, the date of issuance of the consolidated financial statements. During this period, there were no items requiring disclosure or recognition in the consolidated financial statements.

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Primary Credit Analyst:

Martin D Arrick, New York (1) 212-438-7963; martin_arrick@standardandpoors.com

Secondary Contact:

Brian T Williamson, Chicago (1) 312-233-7009; brian_williamson@standardandpoors.com

Table Of Contents

Rationale

Outlook

Enterprise Profile

Financial Profile

Related Criteria And Research

95

Illinois Finance Authority

NorthShore University HealthSystem; System

Credit Profile

Illinois Fin Auth, Illinois

NorthShore Univ Hlth Sys, Illinois

Illinois Finance Authority (NorthShore University Health System)

<i>Long Term Rating</i>	AA/Stable	Affirmed
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Illinois Finance Authority (NorthShore University Health System)

<i>Long Term Rating</i>	AA/NR/Stable	Affirmed
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Illinois Finance Authority (NorthShore University Health System) hosp VRDO ser 1995

<i>Long Term Rating</i>	AA/A-1+/Stable	Affirmed
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Illinois Finance Authority (NorthShore University Health System) hosp VRDO ser 1996

<i>Long Term Rating</i>	AA/A-1/Stable	Affirmed
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Rationale

Standard & Poor's Ratings Services has affirmed its 'AA' long-term rating on Illinois Finance Authority's \$132.28 million series 2010 revenue refunding bonds, issued on behalf of NorthShore University HealthSystem (NorthShore). At the same time, Standard & Poor's affirmed its 'AA/A-1+' ratings (series 1995 and 2001C) and 'AA/A-1' ratings (series 1996 and 2001B) on the authority's \$184.52 million bonds issued for NorthShore. The short-term ratings on the variable-rate demand bonds are currently based on standby bond purchase agreements (SBPAs) from JPMorgan Chase Bank N.A. expiring on Sept. 22, 2013 (series 2001B) and Sept. 22, 2015 (series 1996) and Wells Fargo Bank N.A. expiring on Sept. 22, 2013 (series 2001C) and Sept. 22, 2016 (series 1995). The long-term outlook remains stable.

Standard & Poor's has also affirmed its 'AA/NR' rating on the authority's series 1985B, 1987A, 1987B, 1987C, 1987D, 1987E, 1988, 1990A, 1992, and 1998 bonds, also issued for NorthShore. These ratings reflect the long-term rating on NorthShore and the repurchase of these bonds by NorthShore. While these bonds are still technically outstanding, they are held internally by NorthShore and are not shown on NorthShore's financial statements. NorthShore is not currently remarketing these bonds to external investors, so no short-term rating is required. In addition, management has indicated that any future reoffering of these bonds to external investors would most likely be accompanied by some type of credit or liquidity support and we would assign a short-term rating at that time. The rating also reflects \$75 million of unrated commercial paper, which is supported by a letter of credit from Northern Trust.

The 'AA' long-term rating on NorthShore's debt reflects our assessment of NorthShore's integrated business model with four hospitals, a large and growing employed physician group, and a large outpatient presence in a very demographically favorable service area combined with a long record of sound operations and an excellent balance sheet. The rating also reflects our view of NorthShore's strong business position in Chicago's northern suburbs, excellent financial profile highlighted by solid revenue growth and excellent liquidity, and success in growing into a system over the past decade. We also consider the management team strong. A leading market position and a young

7/6

average age of plant and manageable future capital needs are additional credit strengths. A midsize research base and academic affiliation with the University of Chicago's School of Medicine are additional credit strengths. The rating also reflects our view that NorthShore is very well positioned for health care reform including a well-executed medical staff strategy with a large employed and integrated medical group and excellent information technology capabilities. Debt service coverage of MADS remains strong despite recent declines in inpatient volumes. Furthermore, management indicates it not currently contemplating any future debt issuances.

Risks to the rating include softer operating income in the current year, which largely reflects a decline in inpatient admissions along with a continuing shift to observation cases. However, the market remains competitive and recent consolidation in the market suggests intensifying competition in the broader Chicago market in the years ahead. The rating also incorporates management's success in incorporating numerous medical groups and other hospitals into the NorthShore system structure over the past few years. These acquisitions include the Chicago Institute of Neurosurgery and Neuroresearch in December 2009 and Skokie Hospital on Jan. 1, 2009. Management also successfully managed a changed academic affiliation to the University of Chicago from Northwestern University in 2008. At that time, management successfully rebranded itself as the NorthShore University HealthSystem from Evanston Northwestern Healthcare to reflect the system's establishment of a broader service area over the past decade and the change in its academic affiliation. The change in academic affiliation also highlights growing competition between NorthShore and Northwestern Memorial Hospital, located on Chicago's north side. Like many of Chicago's larger institutions, Northwestern has expanded through combination with other entities and brought one of NorthShore's northern competitors--Lake Forest Hospital--into its system. Management indicates that its already large employed physician group of more than 800 providers as of June 30, 2012, is likely to continue to expand in the years ahead.

NorthShore's capital plan is manageable at roughly \$155 million annually for fiscal 2013-2015, which includes roughly 10% that is unallocated for projects to be determined. We consider this manageable based on NorthShore's current size and cash flow capacity although overall liquidity growth will be a function of investment performance assuming it funds the capital plan internally as currently planned.

A general obligation pledge of the corporation secures the bonds. This pledge, which includes all of the system's hospitals, is augmented by a pledge of the contribution agreements executed by the restricted affiliates. The main affiliate not securing the bonds is the NorthShore Physician Associates Inc. (IPA). However, Standard & Poor's includes all of the affiliates in its analysis. NorthShore has no swap agreements outstanding.

Outlook

The stable outlook reflects our view of NorthShore's strong enterprise profile, excellent financial profile, and expectation that it will be able to manage health care reform successfully. A higher rating or positive outlook is possible if NorthShore can generate operating margins that exceed the 'AA' medians and can consistently grow market share while maintaining balance sheet strength. Light debt levels and solid liquidity give NorthShore considerable cushion to deal with unexpected changes in its financial or operating profile. We do not expect to lower the rating during the two-year outlook period, but a sharp financial or business deterioration could cause a negative outlook or downgrade.

97

Enterprise Profile

NorthShore's flagship facility and headquarters are based in Evanston, Ill., one of Chicago's northern suburbs. Over the years, NorthShore has expanded to a four-hospital system, including its flagship (Evanston Hospital), Glenbrook Hospital, Highland Park Hospital, and, most recently, Skokie Hospital. The system has 736 staffed inpatient beds. Inpatient admissions rose to 40,346 in 2011 from 40,098 in 2010. However, for the nine-month fiscal 2012 interim period ended June 30, there were 28,445 inpatient admissions, which is down from 30,529 for the prior-year comparable period. Inpatient volume excludes slightly more than 1,900 psychiatric, behavioral, and rehabilitation admissions in fiscal 2011 and almost 1,600 in the current year-to-date period. Outpatient visits have shown consistent and moderate growth while total surgeries have remained generally level. Equivalent inpatient admissions have shown solid growth over many years. Volume in the interim period is definitely softer although management reports the decline is similar to that shown by many other health care systems. The declines at NorthShore are at the three smaller facilities, principally, Skokie Hospital.

For the fiscal 2012 interim period ended June 30, NorthShore's overall net payor mix remained strong: Only 29% was Medicare and only 3% was Medicaid. Blue Cross and other commercial payors were also strong at 29% each of the total net patient revenues. Only 7% were self-pay. The self-pay percentage reflects NorthShore's success at collecting individual copays and deductibles from patients.

Management

While senior management has been long-tenured and stable for an extended period, the long-term chief operating officer (COO) will retire at the fiscal year-end, and assist with strategic acquisitions after that date. This has led to a series of senior management changes, which includes the president of Evanston Hospital -- the system's flagship -- becoming the new COO. The current president of Glenbrook Hospital will become the president of Evanston Hospital and the senior vice president of Evanston will become the new president of Glenbrook Hospital. The current CEO remains unchanged and, at this time, has not announced plans to retire. Standard & Poor's views these changes as routine and reflective of normal succession planning and believes this does not signify any change in strategy.

Overall, Standard & Poor's believes the management team at NorthShore is strong and its accomplishments include building a fully integrated system with four facilities and a large employed-physician base. The team successfully changed the system's academic affiliation a few years ago with little or no disruption to operations. In addition, the NorthShore's fully electronic medical record system has achieved the highest level (i.e., a seven) given by the Healthcare Information and Management Systems Society (HIMSS).

The acquisition of Highland Park Hospital in 2000 led to a series of legal issues including a complaint from the Federal Trade Commission that was resolved in 2008. According to the settlement, NorthShore must negotiate with private insurers separately for Highland Park Hospital although private payors may opt to negotiate jointly. This has not hurt NorthShore's overall financial profile to date. Four private legal actions stemming from the Highland Park acquisition have been consolidated into a class and it is still working its way through the legal system. We do not believe this is a credit risk to NorthShore at this time.

98

Table 1

Northshore University HealthSystem Utilization				
	--Fiscal year ended Sept. 30--			
	2012*	2011	2010	2009
Inpatient admissions	28,445	40,346	40,098	38,113
Equivalent inpatient admissions	83,757	108,469	103,982	98,848
Patient days	146,958	202,438	180,775	173,700
Observation days	18,687	19,944	17,112	19,465
Emergency room visits	92,501	120,623	118,884	116,063
Outpatient visits	950,083	1,166,923	1,185,391	1,126,297
Home health visits	55,616	66,486	62,263	60,659
Inpatient surgeries	7,758	11,204	11,908	12,634
Outpatient surgeries	19,043	24,336	23,980	20,752
Births	2,922	4,107	4,261	4,566
Psychiatric/behavioral health admissions	1,227	1,445	1,776	1,809
Rehabilitation admissions	354	459	423	401

*Nine-month interim period ended June 30.

Financial Profile

Operating income, as measured by Standard & Poor's, has been adjusted to reclassify certain items as they appear in NorthShore's audited format from operating revenue to nonoperating revenue. These adjustments totaled \$38.5 million in the current fiscal year through June 30, 2012, \$48.9 million in fiscal 2011, \$53.5 million in fiscal 2010, and \$54 million in fiscal 2009. These adjustments include endowment spending, which in fiscal 2011 totaled \$29 million; interest income on malpractice reserves, which totaled \$14.7 million in fiscal 2011; and \$5.2 million of unrestricted contributions for free care in fiscal 2011. When these items are moved to nonoperating income, operating income totals \$28.8 million (2.2% margin) in the current year-to-date, which was down from \$52.3 million (3.2% margin) in fiscal 2011 and comparable with the \$35.9 million (2.3% margin) posted in fiscal 2010. Softer operating results in fiscal 2012 reflect weaker volume trends and the ramp-up period needed for many of the new physician practices. Illinois' provider tax provides a very small benefit because NorthShore's overall payor mix is quite strong -- 58% of net revenues come from commercial payors including Blue Cross, while Medicaid is light at just 3%.

Net nonoperating revenues were much improved in fiscal 2011 at \$97.1 million after nonoperating expenditures, which is up from \$19.3 million in fiscal 2010. The current year-to-date results reflect weaker nonoperating performance at \$21.2 million. However, due to the large unrealized gains shown in the current year, fiscal 2012 performance shows much stronger change in net assets versus last year. For nonoperating revenues, Standard & Poor's adjusts nonoperating results to exclude unrealized gains and losses as well as changes in fair value of derivatives. Overall excess income was strong, in our view, at \$149.5 million in fiscal 2011 (8.5% margin), which was up significant from fiscal 2010's \$55.2 million (3.5% margin). The current year-to-date total of \$50 million (3.8% margin) in excess income is comparable with fiscal 2010 results. Overall coverage of maximum annual debt service, excluding unrealized gains, was exceptionally strong, in our opinion, at 11.4x in fiscal 2011 and returned to a still strong 7.6x in the current year to

99

date. Operating lease adjusted coverage drops considerably to 5.2x in the current year. Overall cash flow, as measured by Standard & Poor's, has ranged up and down since 2009, averaging slightly more than 10% annually.

At fiscal 2011 year-end, NorthShore's unfunded pension liability has grown to \$144 million with a funded status of 66.5 percent. Standard & Poor's considers this manageable based on NorthShore's strong liquidity. The growth in this liability reflects a drop in the discount rate to 4.7% in fiscal 2011.

NorthShore's unrestricted cash and investments have also been adjusted by Standard & Poor's to exclude funds set aside for malpractice liabilities, even though those funds are technically not restricted. This is also a regular reclassification for us and allows us to compare balance sheets across many organizations. Adjusted unrestricted cash and investments as of June 30, 2012, (unaudited) were an excellent 253 days' cash on hand (\$1.1 billion) and an excellent 293% of outstanding long-term debt. The excellent cash to debt metrics also reflect NorthShore's light debt burden at only 1.3% and light debt overall at only \$377.8 million, which is only 19.4% of capitalization. This incorporates NorthShore's repurchase of roughly \$360 million of its own debt in fiscal 2008 and is now holding \$250 million of that debt internally and, as a result, is not reflected in the financial statements. Overall asset allocation is roughly 20% hedge funds, 20% international equity, 22% fixed income, 25% domestic equity, and 13% other.

Over the past few years, NorthShore's overall investment in net fixed assets has been above depreciation consistently and we consider the average age of plant strong at a low 8.6 years. Management estimates future capital expenditures at \$155 million a year for the next three fiscal years, which is consistent with historical levels. Management reports no new debt plans and expects to fund capital expenditures through cash flow. As a result, any improvement in liquidity is likely to be driven by nonoperating performance.

Table 2

Northshore University HealthSystem Financial Statistics					
	—Fiscal year ended Sept. 30—				Medians
	2012*	2011	2010	2009	Healthcare system AA 2011
Financial performance					
Net patient revenue (\$000s)	1,201,480	1,517,384	1,411,115	1,344,541	2,285,957
Total operating revenue (\$000s)	1,307,481	1,658,211	1,541,619	1,476,613	MNR
Total operating expenses (\$000s)	1,278,721	1,605,839	1,505,719	1,465,465	MNR
Operating income (\$000s)	28,760	52,372	35,900	11,148	MNR
Operating margin (%)	2.20	3.16	2.33	0.75	4.70
Net nonoperating income (\$000s)	21,230	97,143	19,328	(59,894)	MNR
Excess income (\$000s)	49,990	149,515	55,228	(48,746)	MNR
Excess margin (%)	3.76	8.52	3.54	(3.44)	7.40
Operating EBIDA margin (%)	8.94	10.82	9.93	7.72	10.70
EBIDA margin (%)	10.39	15.76	11.04	3.82	12.50
Net available for debt service (\$000s)	138,057	276,562	172,366	54,171	414,337
Maximum annual debt service (\$000s)	24,070	24,070	24,070	24,070	MNR
Maximum annual debt service coverage (x)	7.65	11.49	7.16	2.25	6.20
Operating lease-adjusted coverage (x)	5.20	6.54	4.27	1.76	4.20

160

Table 2

Northshore University HealthSystem Financial Statistics (cont.)					
Liquidity and financial flexibility					
Unrestricted cash and investments (\$000s)	1,106,428	1,087,648	1,044,724	911,706	2,029,010
Unrestricted days' cash on hand	253.2	267.0	272.8	242.9	265.40
Unrestricted cash/total long-term debt (%)	292.8	282.2	265.1	324.7	207.60
Cash available within 30 days/contingent liability debt (%)	261.2	N/A	N/A	N/A	MNR
Average age of plant (years)	8.6	7.3	7.9	7.8	9.50
Capital expenditures/depreciation and amortization (%)	130.0	135.8	149.3	155.6	147.90
Debt and liabilities					
Total long-term debt (\$000s)	377,840	385,411	394,055	280,800	MNR
Long-term debt/capitalization (%)	19.4	21.3	21.9	17.8	28.90
Contingent liabilities (\$000s)	255,330	259,520	265,000	N/A	MNR
Contingent liabilities/total long-term debt (%)	67.6	67.3	67.2	N/A	MNR
Debt burden (%)	1.32	1.34	1.51	1.68	2.00
Defined benefit plan funded status (%)	N/A	66.53	73.62	77.02	77.70

*Nine-month interim data ended June 30. ‡Excludes premium revenue of \$47.8 million, \$62.3 million, \$62.6 million, \$60.3 million, respectively, for 2012, 2011, 2010, 2009.

Related Criteria And Research

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Not-For-Profit Health Care, June 14, 2007 USPF Criteria: Bank Liquidity Facilities, June 22, 2007
- USPF Criteria: Standby Bond Purchase Agreement Automatic Termination Events, April 11, 2008

Ratings Detail (As Of September 21, 2012)

Illinois Fin Auth, Illinois

NorthShore Univ Hlth Sys, Illinois

Illinois Finance Authority (NorthShore University Health System) hosp VRDO ser 2001B

Long Term Rating AA/A-1/Stable Affirmed

Illinois Finance Authority (NorthShore University Health System) hosp VRDO ser 2001C

Long Term Rating AA/A-1+/Stable Affirmed

181

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MOODY'S

INVESTORS SERVICE

Rating Update: Moody's affirms Aa2 and Aa2/VMIG 1 ratings on NorthShore University HealthSystem's bonds; Outlook is stable

Global Credit Research - 11 Sep 2012

Rating action affects approximately \$317 million of outstanding rated debt

ILLINOIS FINANCE AUTHORITY
Hospitals & Health Service Providers
IL

Opinion

NEW YORK, September 11, 2012 –Moody's Investors Service has affirmed the Aa2 and Aa2/VMIG 1 bond ratings on NorthShore University HealthSystem's outstanding bonds as listed in the RATED DEBT section. The rating outlook is stable.

SUMMARY RATINGS RATIONALE

The Aa2 long-term rating is based on NorthShore University HealthSystem's good geographic coverage with four hospitals in attractive service areas and a close integration with a large medical group, very advanced information technology capabilities, strong balance sheet position that supports a moderate debt load, and good and sustainable operating margins. Challenges include the presence of competition and heightened consolidation activities in the broader service area, a comparatively less liquid asset allocation, and moderately high comprehensive debt position.

STRENGTHS

*Strong balance sheet position with 233 days of cash on hand and 263% cash-to-debt as of June 30, 2012

*Leading market share in an attractive service area with a large commercial patient base; the system's strong market position and patient demand is supported by a centralized and integrated patient care model, a large consolidated employed multi-specialty and primary care medical group, and very advanced information technology capabilities

*Low debt position, resulting in strong adjusted debt measures including a favorably low 22% debt-to-operating revenue and 1.6 times debt-to-cashflow and very strong 10.3 times peak debt service coverage; there are no plans for additional debt

*Several years of improvements in operating margins (4.3% fiscal year 2011) and operating cashflow margins (11.9%), consistent with the median for the rating category; NorthShore's ability to achieve these margins is particularly good given the system's large medical group

*Manageable debt structure risks with 394% cash-to-demand debt and diversification of banks and facility expiration dates, which mitigates a relatively high 66% variable rate debt exposure

*Manageable capital spending projections relative to operating cashflow levels

CHALLENGES

*Moderating operating performance in fiscal year 2012, partly driven by declines in inpatient volumes

*Comparatively less liquidity with 60% of cash and investments available monthly, driven by an increasing allocation to alternative investments (30% at fiscal yearend 2011)

*Competition from several hospitals in the broader service area and consolidation of smaller hospitals with large, financially secure, regional systems

*Operating leases and unfunded defined benefit pension obligations result in total comprehensive debt that is 70%

higher than direct debt, resulting in comparatively moderate cash-to-comprehensive debt of 154% (Aa2 median is 171%)

DETAILED CREDIT DISCUSSION

LEGAL SECURITY: The bonds are unsecured obligations of the Corporation, which includes Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, and Skokie Hospital.

INTEREST RATE DERIVATIVES: None

RECENT DEVELOPMENTS/RESULTS

NorthShore maintains a solid market position and good geographic coverage in an attractive service area, despite competition and increasing hospital consolidation in the secondary service area. NorthShore maintains a leading and generally stable market share of approximately 22% in a 50-zip code area centered around Evanston, IL and the area north and west of Evanston.

The system benefits from its tightly integrated model comprised of four hospitals, a large 800-physician employed medical group, and a 500-physician independent practice association (IPA). The system continues to advance key strategic initiatives, including physician alignment, ambulatory growth, and information technology. The system now employs over 800 faculty practice physicians under a unified medical staff who perform research, teaching, and clinical functions. The medical group has grown significantly from 470 physicians in 2006 and the system continues to add physicians, including several large groups. Over the last two years, NorthShore added a total of 103 physicians through the acquisition of a number of large groups; additionally, a large 250-physician IPA was added and consolidated with the system's existing IPA. NorthShore's employed and aligned physician model has been a consistent strategy for many years, enabling the development of a highly integrated and consolidated physician staff and platform to integrate new physicians into the organization quickly and efficiently.

NorthShore's very advanced information technology strategies and investments have supported the system's strategies related to physician alignment, quality of patient care and clinical outcomes, and building a distinct brand based on a uniform customer experience. Additionally, these capabilities position the system to meet the goals of healthcare reform, providing higher quality at a lower cost. NorthShore fully implemented electronic medical records ten years ago, which allows standardized clinical protocols, centralized scheduling, electronic scheduling, among other benefits that aim to improve quality of care and patient satisfaction. Among the leading health systems in the country, NorthShore is now on the forefront of developing data analytics capabilities, including the ability to do predictive modeling of patient populations.

Inpatient volumes were soft in fiscal year 2011 and through the interim period of fiscal year 2012. Inpatient admissions in fiscal year 2011 were flat; factoring observation cases, total admissions were up 1%. Through nine months of fiscal year 2012, inpatient volumes are down, reflecting declines in the region, a mild winter and flu season and continuing shifts to observation cases. Inpatient admissions were down 6%; factoring observation cases, total admission volume was down 2%. Three hospitals experienced declines (with and without observation cases) in this period with the largest decline at Skokie Hospital; Evanston Hospital's volumes increased modestly. NorthShore's outpatient business continues to grow as a result of ambulatory strategies, including outpatient surgeries which were up 4% in the interim period.

NorthShore has sustained improvement in operating margins through fiscal year 2011, although performance is down in 2012. Excluding investment income (which the system includes as support for operations as part of a spending rate policy), NorthShore had operating income of \$72 million (4.3% operating margin) in 2011, compared with \$57 million (3.6%) in 2010. On the same basis operating cashflow was \$199 million (11.9% operating cash flow margin) in 2011, compared with \$175 million (11.2%) in 2010. Revenue grew 7% as a result of growth in outpatient services and the addition of physicians. The system's ability to improve margins is notable given revenue challenges and support for a large teaching program and medical group; the medical group accounts for approximately 26% of system revenues.

Through nine months of fiscal year 2012, operating performance and margins are down notably from the prior year primarily as a result of volume declines. Operating income was \$45 million (3.4%) through the nine months ended June 30, 2012, compared with \$63 million (5.0%) for nine months ended June 30, 2011. Operating cashflow was \$133 million (10.0%), compared with \$157 million (12.4%) in the prior year period. Revenue growth slowed to 5%. The system has identified up to \$14 million in cost reductions to offset revenue shortfalls.

As of June 30, 2012, NorthShore's investment portfolio remained strong at \$1.0 billion in unrestricted cash and investments (excluding self-insurance assets), consistent with fiscal yearend 2011. NorthShore's investment allocation has shifted more assets into alternative assets and international equity and less fixed income and domestic equity. Based on fiscal year-end 2011 and including current cash, the allocation was 28% cash and fixed income, 24% U.S. equities, 17% non-U.S. equities, and 31% alternative investments including 23% in hedge funds and 5% private equity. Sixty percent of the portfolio can be liquidated within one month, which is relatively low (the Aa2-median is 78%), although more common with an investment portfolio of this size. The large size of the portfolio and low debt level are some offsetting factors to this risk. Most of NorthShore's assets are well diversified among managers.

NorthShore's capital plans are manageable relative to operating cashflow with a projection of \$155 million annually over the next three years. The system has invested in its hospital facilities and so capital spending is largely for ambulatory strategies on and off the major campuses. No new direct debt is anticipated. The system has a fair amount of indirect debt in the form of operating leases and defined benefit pension obligations. Total comprehensive debt is 70% higher than direct debt, resulting in comparatively moderate cash-to-comprehensive debt of 154% (Aa2 median is 171%). The system will be increasing its pension contribution next year.

Outlook

The stable outlook reflects our expectations that NorthShore will at least maintain good operating margins and balance sheet strength as well as market share

WHAT COULD MAKE THE RATING GO UP

Given the system's high rating category and location in a single region, there is a low likelihood of a rating upgrade in the short-term. Longer-term, a rating update may be considered with significant and sustained improvement in operating margins and absolute cash flow generation, growth in market share to provide a distinct leading position, and significant diversification of cash flow among multiple markets

WHAT COULD MAKE THE RATING GO DOWN

Unexpected increase in debt without commensurate increase in cashflow; notable and prolonged decline in margins and liquidity strength

KEY INDICATORS

Assumptions & Adjustments:

- Based on financial statements for NorthShore University HealthSystem
- First number reflects audit year ended September 30, 2011
- Second number reflects unaudited nine-month results through June 30, 2012, annualized
- Investment returns normalized at 6% unless otherwise noted
- Comprehensive debt includes direct debt, operating leases, and pension obligation, if applicable
- Monthly liquidity to demand debt ratio is not included if demand debt is de minimis

*Inpatient admissions: 46,357; 43,931

*Observation stays: 16,247; 17,417

*Medicare % of gross revenues: 39%; N/A

*Medicaid % of gross revenues: 7%; N/A

*Total operating revenues (\$): \$1.7 billion; \$1.8 billion

*Revenue growth rate (%) (3 yr CAGR): 9.4%; N/A

*Operating margin (%): 4.3%; 3.4%

*Operating cash flow margin (%): 11.9%; 10.0%

*Debt to cash flow (x): 1.5 times; 1.6 times

*Days cash on hand (excluding self-insurance funds): 251 days; 233 days

*Maximum annual debt service (MADS) (\$): \$24.5 million; \$24.1 million

*MADS coverage with reported investment income (x): 14.3 times; 10.6 times

*Moody's-adjusted MADS Coverage with normalized investment income (x): 11.2 times; 10.3 times

*Direct debt (\$): \$394 million; \$387 million

*Cash to direct debt (%): 261%; 263%

*Comprehensive debt: \$665 million; N/A

*Cash to comprehensive debt (%): 154%; N/A

*Monthly liquidity to demand debt (%): 347%; N/A

RATED DEBT (as of September 30, 2011)

-Series 1995 (\$49 million), Series 2001C (\$44 million) variable rate bonds supported by standby bond purchase agreements from Wells Fargo Bank, NA, expiring September 22, 2016 and September 22, 2013, respectively: Aa2/MIG1

-Series 1996 (\$49 million), and Series 2001B (\$44 million), variable rate bonds supported by standby bond purchase agreements from JPMorgan Chase Bank, expiring September 22, 2015 and September 22, 2013, respectively: Aa2/MIG1

-Series 2010 fixed rate bond (\$132 million): Aa2

-Series 1985B, 1987A-E, 1990A, 1992, 1998 variable rate bonds (no debt publicly outstanding; bonds held by NorthShore): Aa2 long-term rating

CONTACTS

Obligor: Gary Weiss, Chief Financial Officer 847-570-5065

Financial Advisor: Mark Melio, Melio & Company, LLC, 847-441-2900

Underwriter: Tim Wons, Executive Director, JPMorgan Securities Inc., 312-385-8455

PRINCIPAL METHODOLOGY USED

The principal methodology used in this rating was Not-For-Profit Healthcare Rating Methodology published in March 2012. Please see the Credit Policy page on www.moody.com for a copy of this methodology.

REGULATORY DISCLOSURES

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Analysts

Lisa Martin
Lead Analyst
Public Finance Group
Moody's Investors Service

Mark Pascaris
Backup Analyst
Public Finance Group
Moody's Investors Service

Mark Pascaris
Additional Contact
Public Finance Group
Moody's Investors Service

Contacts

Journalists: (212) 553-0376
Research Clients: (212) 553-1653

Moody's Investors Service, Inc.
250 Greenwich Street
New York, NY 10007
USA

Moody's INVESTORS SERVICE

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COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A		B		C		D		E		F		G		H		Total Costs (G + H)
	New	Cost/Sq. Foot	Mod.	Gross Sq. Ft.	New	Gross Sq. Ft.	Circ.	Circ.	Mod.	Gross Sq. Ft.	Circ.	Circ.	Const. \$ (A x C)	Mod. \$ (B x E)	Mod. \$	Costs	
Reviewable																	
Diag. Imaging*	\$ 460.00	\$	345.00		3,216				14,061				\$ 1,479,360	\$ 4,851,045	\$	\$ 6,330,405	
Surgery	\$ 455.00	\$	345.00		11,395				13,077				\$ 5,184,725	\$ 4,511,565	\$	\$ 9,696,290	
Same-Day Surg.**		\$	250.00						10,085					\$ 2,521,250	\$	\$ 2,521,250	
Recovery	\$ 415.00	\$	250.00		5,091				7,480				\$ 2,112,765	\$ 1,870,000	\$	\$ 3,982,765	
Anesthesiology	\$ 385.00	\$	200.00		1,031				1,283				\$ 396,935	\$ 256,600	\$	\$ 653,535	
Infusion Therapy		\$	300.00						2,060					\$ 618,000	\$	\$ 618,000	
Total					20,733				48,046				\$ 9,173,785	\$ 14,628,460	\$	\$ 23,802,245	
contingency	\$ 15.00	\$	15.00										\$ 310,995	\$ 720,690	\$	\$ 1,031,685	
TOTAL	\$ 457.47	\$	319.47										\$ 9,484,780	\$ 15,349,150	\$	\$ 24,833,930	
Non-Reviewable																	
Sterile Processing	\$ 430.00	\$	385.00		3,660				7,297				\$ 1,573,800	\$ 2,809,345	\$	\$ 4,383,145	
Administrative	\$ 385.00	\$	250.00		12,836				5,564				\$ 4,941,860	\$ 1,391,000	\$	\$ 6,332,860	
Mechanical	\$ 280.00				6,229								\$ 1,744,120		\$	\$ 1,744,120	
Public/Gen'l Circ.	\$ 385.00	\$	295.00		1,499				4,612				\$ 577,115	\$ 1,360,540	\$	\$ 1,937,655	
DGSF>>BGSF	\$ 225.00				4,850								\$ 1,091,250		\$	\$ 1,091,250	
Total					29,074				17,473				\$ 9,928,145	\$ 5,560,885	\$	\$ 15,489,030	
contingency	\$ 15.00	\$	15.00										\$ 436,110	\$ 262,095	\$	\$ 698,205	
TOTAL	\$ 356.48	\$	333.26										\$ 10,364,255	\$ 5,822,980	\$	\$ 16,187,235	
Project Total--																	
New Const, Mod., & Contingency	\$ 398.52	\$	323.14		49,807				65,519				\$ 19,849,035	\$ 21,172,130	\$	\$ 41,021,165	
* general radiology/fluoroscopy, ultrasound, MRI and CT																	
**excludes outpatient recovery																	

110

PROJECTED OPERATING COSTS TOTAL EFFECT of the PROJECT on
CAPITAL COSTS

Adjusted Patient Days:	\$153,275,233	
	\$2,246	68,254

Operating Expense per Adjusted Patient Day:

	Hospital
salaries/benefits	\$905.86
medical supplies	\$241.97
TOTAL	\$1,148

Capital Expense per Adjusted Patient Day*:	\$178.39
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*interest expense and amortization held at System level

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COMMUNITY BENEFITS REPORT 2012



The more NorthShore University HealthSystem and the community connect,
the stronger and healthier both will become.

Table of Contents

1. Mission Statement
 2. Community Relations Vision Statement
 3. Community Benefits Guiding Principles
 4. Program Tracking and Evaluation
 5. Service Area Map
 6. Community Demographics
 7. Community Health Needs Assessment
 8. Community Benefits Oversight Committee
 9. Community Relations Department
 10. System-wide Community Benefits Plan
 11. System-wide Community Benefits Programs
 12. Evanston Hospital Community Relations Plan
 - Community Programs
 - Community Advisory Committee
 13. Glenbrook Hospital Community Relations Plan
 - Community Programs
 - Community Advisory Committee
 14. Highland Park Hospital Community Relations Plan
 - Community Programs
 - Community Advisory Committee
 15. Skokie Hospital Community Relations Plan
 - Community Programs
 - Community Advisory Committee
 16. Charity Care and Financial Assistance Policies
 17. Support for Community Organizations
 18. Industry Recognition
- Illinois Attorney General Annual Non-Profit Community Benefits Report

NorthShore University HealthSystem Mission Statement

The core mission of NorthShore University HealthSystem is to “preserve and improve human life.” This mission will be achieved through the provision of superior clinical care, academic excellence, and innovative research.

NorthShore is a not-for-profit organization principally formed to provide quality healthcare services for the communities it serves. The delivery of healthcare services is provided in a wide range of inpatient and ambulatory healthcare settings, community-wide, employing modern technology and expertise. Support for qualified patients who may not be able to pay the entire cost of their care is a part of the organization's commitment. In support of its primary mission of patient care, the organization engages in a wide range of academic activities in medical education and research.

This statement recognizes the Board of Directors' responsibility to maintain the organization's viability to meet its long-term commitment to the communities it serves. It further recognizes the responsibility to maintain technologically current assets for this purpose. This includes the cultivation and development of our physicians, graduate medical students, employees, physical plant, equipment and other resources to assure orderly growth of our services.

Community Relations Vision Statement

*NorthShore University HealthSystem is only one
of the partners integral to improving the health of the
communities it serves.*

*We are committed to taking
a leadership role -- offering resources
and support to achieve our mission
"to preserve and improve human life."*

*Working with partners in making
decisions that impact community health
is at the core of our efforts.*

Community Benefits Guiding Principles*

NorthShore University HealthSystem (NorthShore) recognizes and embraces its responsibility to ensure that it fulfills its charitable obligations in the most cost-effective and sustainable manner. In order to achieve this goal, NorthShore is guided and its initiatives measured by five guiding principles, including:

1. **Disproportionate Unmet Health-Related Needs** – Seek to accommodate the needs of communities with disproportionate unmet health-related needs
2. **Primary Prevention** – Address the underlying causes of persistent health problems
3. **Seamless Continuum of Care** – Demonstrate continuum of care by establishing operational linkages between hospital services and community health improvement activities.
4. **Build Community Capacity** – Target resources to mobilize and build capacity of existing community assets
5. **Community Collaboration** – Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities

*NorthShore has aligned its community benefits program with the guiding principles outlined in *Advancing the State of the Art of Community Benefit* for nonprofit hospitals, which provides a set of uniform standards to increase accountability and align governance, management, and operations to return benefit to local communities. *Advancing the State of the Art of Community Benefit* is a national demonstration program administered by the Public Health Institute and funded by the W.K. Kellogg Foundation, California Endowment, UniHealth Foundation, The Health Trust and coordinated through the Robert F. Wagner Graduate School of Public Service at New York University.

The Community Benefits Program Tracking & Evaluation table on the following pages track NorthShore's community benefits initiatives, which are evaluated against an assessed community need, outcome(s) and guiding principles.

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Evanston Hospital Outpatient Department provides medical care to adults and children who lack private medical insurance. Medical services include, but are not limited to: Primary Care, Obstetrics/Gynecology, General Surgery, Orthopedics, Diabetes Education and Podiatry.	Treated 4,819 adult patients at 13,231 visits and 2,736 adolescent patients at 6,795 visits.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level 1 trauma services.	Provided care to 126,989 individuals at the Evanston, Glenbrook, Highland Park and Skokie Hospital emergency departments.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	Be Well Lake County is a collaboration between NorthShore and Lake County Health Department and Community Health Center (LCHD/CHC) that provides greater access through a coordinated network of healthcare targeting the underserved diabetes population in Lake County. Funding also allows for increased staffing at the health center, assistance with medication and testing supplies, access to subspecialty care, on-site Hemoglobin A1C testing and a comprehensive approach to a healthy lifestyle for the entire family.	NorthShore provided funding to support a diabetes management program to 670 current patients at the Lake County Health Department/Community Health Center in North Chicago.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Lake County Specialty Care and Diagnostic Testing Program was established in 2006. The Specialty Care and Diagnostic Testing Program assists the most ill, high-risk and underserved patients in Lake County with access to medical tests and specialty care providers in Ophthalmology, Cardiology and Gastroenterology.	Highland Park Hospital provided \$182,760 in diagnostic services.	☒ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Family Care Center at Glenbrook Hospital Glenbrook Hospital provides comprehensive care for people of all ages and serves as a training site for Family Medicine resident physicians and medical students from University of Chicago Pritzker School of Medicine.	From August 2011 to July 2012, 17 residents were trained through the Family Care Center.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☐ Community Collaboration
Ongoing	LIFE: Living in the Future Cancer Survivorship Program is a unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, there is a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physicians.	Since 2006, the LIFE program provided approximately 1,800 risk adaptive visits for Kellogg Cancer Center patients in addition to presenting survivorship education programs to more than 5,000 cancer survivors, family members and healthcare professionals.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	The Dental Center at Evanston Hospital provides primary care dental services and special consultations for medically underserved adult patients, pre-screenings for cardiovascular patients, management for oral complications in oncology patients and refractory dental problems.	The Dental Center provided free and discounted care for 356 adult patients making 3,478 visits at a cost of \$207,782.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	Evanston Township High School Health Center is a school-based health clinic, funded by NorthShore for \$577,577 which provides physical exams, immunizations, treatment of acute and chronic illnesses, individual counseling, health education, gynecological care and support groups to students whose parents allow them to enroll in the health center.	For the 2011-2012 academic year, 721 ETHS students made 3,478 visits to the Health Center.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	NorthShore provided funding for a Nurse Practitioner at Evanston/Skokie School District 65 to provide specific health care services one day per week for the students. The nurse makes in-school visits in addition to seeing students at the Evanston Township High School Health Center.	During the 2011-2012 school year, the nurse saw 124 students for a total of 145 visits.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Interpretive Services provides comprehensive, in-person and telephonic translation and interpretation services for patients and family members receiving medical treatment at any of the NorthShore facilities.	NorthShore provided \$1,543,784 for interpretive services including 26,803 hours of verbal interpretive services provided by three NorthShore staff interpreters and 16 members of an in-house resource pool.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☐ Community Collaboration
Ongoing	The Medication Assistance Program helps with the cost of prescriptions for patients of the Evanston Hospital Outpatient Department (OPD).	NorthShore provided 35,103 prescriptions to 2,566 low income patients at a cost of \$281,158.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	NorthShore provides Contributions to a variety of national and local non-profit organizations that support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves.	NorthShore provided \$935,503 in contributions to 92 organizations.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	The Eye and Vision Center hosts ophthalmology clinics for medically underserved clients referred through the Outpatient Department at Evanston Hospital, providing a spectrum of pediatric and adult vision services.	The Eye and Vision Center treated 1,504 medically underserved patients.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	NorthShore has a Community Relations Manager at each of its hospitals.	The Community Relations Department, established in 2005, manages and coordinates community benefits activities that improve community health and serve as a liaison to NorthShore communities.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Mental Health Services for adults, adolescents and children are offered along a continuum of care including group, individual and family outpatient services, intensive outpatient and day hospital programs, inpatient centers for both adults and adolescents. Staff from NorthShore's Psychiatry Department also provide Mental Health Outreach by offering presentations and professional services to outside organizations on a variety of mental health issues.	NorthShore's Psychiatry Department supervises social work interns for clinical training across programs. The Access Center offers 24-hour crises intervention and triage over the phone and in the Emergency Department. The Access Center answered about 475 calls during the year for intakes and referrals to outside counseling or treatment.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Mobile Meals/Meals at Home programs provide meals for homebound individuals.	Food and Nutrition Services at NorthShore Evanston, Glenbrook, Highland Park and Skokie Hospitals prepared 27,697 meals.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	NorthShore provides Internship and Mentoring opportunities for high school and college students. Students interned in the following departments: Cardiology, Laboratory, Medical Social Work, Occupational Therapy, Patient Care, Infection Control, Perinatal Family Support Center, Physical Therapy, Radiology, Radiation Oncology, Pastoral Care and Hospital Administration.	NorthShore provided 1,239 students with 131,632 internship hours. NorthShore staff provided 130,466 hours of supervision.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Hospital Tours	Throughout the year, all four hospitals provide the opportunity for community, civic, social service, school or other groups to take hospital tours that provide demonstrations of hospital services and technology for the purposes of education and outreach.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Cancer Wellness Center, Northbrook is a not-for-profit organization that provides psychosocial support to cancer patients and their families.	Fourteen NorthShore Kellogg Cancer Center staff offered 13 educational programs and NorthShore provided \$7,500 in financial support.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Understanding Cancer Lecture Series	NorthShore Kellogg Cancer Centers offered three educational programs on various cancer related topics to approximately 100 participants.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	Understanding Your Heart Series	NorthShore offered four educational programs on various heart related topics to 426 participants.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	Perinatal Depression Program identifies women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge.	NorthShore physicians conducted 6,917 screenings to identify at-risk patients. Free psychological support and referrals were provided for 510 women identified through the screenings as at-risk for perinatal mood disorders. The hotline received 752 calls.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Health Education programs are offered at NorthShore sites.	NorthShore provided 515 health education classes to 10,243 participants.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Exercise Programs are offered at various NorthShore sites.	NorthShore provided 94 exercise programs to 1,119 participants.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Experts from NorthShore are available to provide Speaking Engagements to organizations throughout the NorthShore service area. Presentations range from health related topics to issues relevant to communities and hospitals.	NorthShore provided 123 presentations to 4,335 participants.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Staff members from NorthShore participate in community Health Fairs throughout the year.	NorthShore participated in 17 health fairs. Staff members provided resource information and/or health screenings.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Health Screenings are offered at NorthShore sites on a monthly basis, as well as in the community by request.	NorthShore provided 223 screenings to 4,767 individuals.	☒ Cancer ☒ Heart Disease/Stroke ☒ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Blood Drive	NorthShore hosts ongoing community-wide blood drives at each of its hospitals.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Community Advisory Committees, comprised of 12-15 members, are active at each NorthShore hospital.	The committees help identify gaps in healthcare services within the community and seek opportunities for partnerships between the hospital and community organizations.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Reach Out and Read is a program that promotes early literacy by bringing new books and advice about the importance of reading aloud.	Doctors and nurses give new books to children from six months of age to five years at each well-child visit and accompany these books with developmentally appropriate advice to parents about reading aloud with their child.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☐ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

Activities for Fiscal Year 2012

October 1, 2011 – September 30, 2012

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Meeting Room Space is made available free of charge at NorthShore sites to community organizations.	NorthShore met 87 requests for meeting room space from community organizations.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Access to Care Program with Family Care Center (Residency Program in Family Medicine) and Glenbrook South High School.	Glenbrook Hospital provides immediate access to care to all Glenbrook South High School students, especially reaching out to those without access to primary care services. Back-to-School physicals are also provided to students in need at the start of the school year.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	The Perinatal Family Support Center provides a wide array of services free of charge to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. Services are provided in both inpatient and outpatient settings and also include groups, sibling tours and a literacy program in the Child and Adolescent Clinic.	The perinatal family support center provided services to 1,667 patients/families.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Child Passenger Safety & Injury Prevention Services	Child passenger safety technicians are available to provide one-on-one training to new parents on proper car seat placement, harness placement and infant/child safety. Technicians provided 127 child passenger safety inspections.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☐ Community Collaboration
Ongoing	Connections for Pregnant & Parenting Teens partners with a consortium of agencies to network and share resources to provide education and assistance to pregnant and parenting teens.	NorthShore provided services to 100 teenagers.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	First Aid Services at Community Events	Throughout the year, Trauma Services provides staffing and first aid services at numerous community events. Seventeen staff volunteered nearly 100 hours at these events.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

127

4. NorthShore Community Benefits Program Tracking & Evaluation

Activities for Fiscal Year 2012

October 1, 2011 – September 30, 2012

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	Evanston Township High School Health Sciences Rotation Program. Since 1985, Evanston Township High School and Evanston Hospital have partnered to offer students participation in the Health Sciences Rotation Program.	The program affords students clinical observational experiences and an opportunity to explore healthcare careers as part of their Health Sciences at the high school. The program averages approximately 40 students per year.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	English Language Learning (ELL) Parent Center Health Education Series	Throughout the school year, NorthShore provides health education classes, screening events and programs addressing specific needs as identified by the ELL Parent Center.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Morton Grove Senior Center MemberFit Program	Skokie Hospital supported this pilot program aimed at helping seniors attain health and fitness goals, providing free biometric measures pre and post program implementation.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Patty Turner Center Monthly Health Screenings	Throughout the year, the Community Wellness staff provides blood pressure, glucose and cholesterol screenings to seniors and center members.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

128

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing	State of Illinois Health Department's Certification Planning	Community Relations managers actively participate year round on the Evanston, Skokie and Lake County Health Department IPLAN by providing data and input in the state mandated five year renewal process, outlining goals and outcomes for identified health needs.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Whitehall of Deerfield Lecture Series for the Elderly	NorthShore provided three lectures covering nutrition, fall prevention and Medicare part D coverage for the elderly in our communities. These lectures reached over 100 people.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Food & Fun After School 2nd Edition (McGaw YMCA) Created by the Harvard Prevention and Research Center on Nutrition and Physical Activity in collaboration with the YMCA of the USA, the goal of the program is to assist program staff in providing healthier environments to children during out-of-school time.	NorthShore provided a \$5,000 grant to the Evanston McGaw YMCA that provides funding to allow 125 children to participate in the program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

129

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Employee Volunteerism	NorthShore employees volunteer to carry out community service projects that meet community needs and promote goodwill. Countless charitable organizations and schools benefit from the generosity and hard work of NorthShore volunteers.	☒ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☒ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Volunteer Effort at Northern Illinois Food Bank	Throughout the year, staff and family members assisted the Northern Illinois Food Bank with evaluating, sorting, re-labeling and packaging food received through the Food Recovery Program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	North Shore Senior Center Lunch Circle	Since 2010, Glenbrook Hospital has helped fund the Lunch Circle Program at the North Shore Senior Center provided seniors on fixed or no incomes a daily hot and healthy meal and social interaction with their peers two times a week for about 30 seniors each week.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

130

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Skokie Hospital Health Careers Scholarship at Oakton Community College	In 2010, Skokie Hospital established an Oakton Community College scholarship annually to provide financial help to students who plan to enter the fields of health and sciences.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	The Living Room Project is a unique adult mental health drop-in respite center located in Deerfield and Skokie and managed by The Josselyn Center and Turning Point Behavioral Health Care Center, respectively.	Skokie Hospital provided \$10,000 to Turning Point to help establish their program. In its first year of operation, the program at Turning Point has hosted 294 visits by 109 distinct consumers.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☒ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Pioneering Healthier Communities (PHC) is a community-based policy change initiative at the local and state level in six states and 32 communities over a period of five years. The aim of the initiative is to address the childhood obesity epidemic through policy, system and environmental (PSE) changes that will have implications for communities, states and the nation.	NorthShore's Evanston Hospital is a member of the Evanston-based PHC coalition, and provides a cardiologist, two pediatricians, a family medicine practitioner and a clinical research informatics staff member.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	North Suburban YMCA Fit Happens Program	Since 2010, Glenbrook Hospital has provided funding for this North Suburban YMCA program aimed at reducing obesity in children by teaching skills to change behavior for long term health and wellness.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing	Korean American Community Services (KACS)	Glenbrook Hospital partnered with KACS to help support the ongoing heart healthy program for seniors. The program provides health education and biomarker checks to help the local Korean and Latino elderly attain their heart health goals.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Maine-Niles Association for Special Recreation Transportation Services	Skokie Hospital partnered with Maine-Niles Association of Special Recreation to provide funding to offer free rides to adults with physical or mental disabilities to access health and fitness programs offered at any one of the organization's seven participating park districts.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

Activities for Fiscal Year 2012

October 1, 2011 – September 30, 2012

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Ongoing	Jewish Hospitality Suite	Skokie Hospital partnered with Chicago Mitzvah Campaigns to provide funding for a Jewish Hospitality Suite on the Skokie Hospital campus, allowing members of the community to visit their loved ones in the hospital while still being able to observe their faith and traditions.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing	Des Plaines Library LEGO Program	Glenbrook Hospital partnered with the Des Plaines Public Library to support childhood development through the LEGO Robotics Programs. The program will offer a series of LEGO robotics seminars designed to engage children in science, math and engineering through fun and innovative interactive play.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Ongoing/School Year	District 214 Medical Academy provides an opportunity for motivated high school students to gain insight into health careers by rotating through hospital departments with one-on-one job shadowing for high school credit.	In the 2011-2012 school year, Glenbrook Hospital provided approximately 1,500 hours of rotations for high school students participating in the District 214 medical academy.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
Ongoing/ School Year	Glenbrook South High School Medical Technologies Hospital-Based Curriculum	Throughout the school year, Glenbrook Hospital provided students with the opportunity to interact with various hospital technologies in healthcare service lines.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing/ School Year	Glenview District 34 Science Olympiad Program	Since the 2010-2011 school year, Glenbrook Hospital has provided funding for the Science Olympiad program in the District 34 science curriculum, which provided students an opportunity to engage with hands-on learning through the national recognized science competition at a local, regional and national level.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Ongoing/School Year	Evanston Township High School Health Center "6 Steps to Success." "6 Steps to Success" is a clinic-based, healthy weight program at the School-Based Health Center at Evanston Township High School. The program is managed by a NorthShore physician who dedicates 4-5 hours of work per week. The program is based upon six evidence-based goals that improve weight and overall health. Overweight and obese students are identified by clinic and school staff and asked to participate in the program.	An estimated 30 students per year participate in the program. In addition, the program is promoted through the Healthy Lifestyles PE class, which involves another 25 students.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

134

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
October 2	Leukemia & Lymphoma Society Blood Sweat and Tears Charity Bicycle Ride	Highland Park Hospital staff maintained a first aid booth at this charity cycling event, which attracted 350 riders and raised approximately \$52,000.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
October 29	Child Seat Safety Check	In partnership with the Illinois Secretary of State's office, Evanston Hospital conducted a free child seat safety check for nearly 40 cars.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
October 29	Diabetes Health Fair	Diabetes educators and physicians presented educational seminars, screenings and information to about 76 individuals at Evanston Hospital.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☒ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
October /December	District 219 Health Careers Tours	NorthShore provided four career orientation programs and tours of Evanston and Skokie Hospitals to interested high school students enrolled in the Health Careers program through District 219.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
November	Evanston Hospital Thanksgiving Food Drive	Evanston Hospital collected food items that were distributed to local agencies in the Evanston community.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
November December	Glenbrook Hospital Holiday Gift Drive	Glenbrook Hospital partnered with Youth Services and the North Shore Senior Center to provide holiday gifts to over 60 kids, adults and seniors.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
December	Skokie Library Winter Reading Program	Skokie Hospital partnered with the Skokie library to incorporate books and DVDs on healthy eating and physical fitness as part of the two week winter reading program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
December	Highland Park Hospital Holiday Gift Drive	Highland Park Hospital collaborated with Moraine Township to adopt families for the holidays. Hospital staff and physicians gave 135 gifts and gift cards to local grocery stores to the township gift drive.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

136

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
December	Evanston Hospital Holiday Food & Gift Drive	Evanston Hospital collected food and toys that were distributed to Connections for the Homeless and Soup at Six.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
December	Skokie Hospital Holiday Drive	Skokie Hospital employees collected over \$2,000 worth of gift cards for the Village of Skokie's annual Community Giving program fund.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
December	NorthShore Charitable Holiday Contributions	Since 2009, in lieu of a holiday gift to employees, NorthShore has directed \$50,000 to be donated to community organizations on behalf of its employees at each hospital site and Corporate headquarters. This year's recipients include: Housing Options, Northfield Township Human Services Commission, Lake County Health Department's Crisis Care Program, Village of Niles, Family Services and Infant Welfare Society of Evanston.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

137

4. NorthShore Community Benefits Program Tracking & Evaluation

Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
December 12	Cookie Exchange to Benefit the Northern Illinois Food Bank	Highland Park Hospital hosted a bake sale with proceeds going to benefit the Northern Illinois Food Bank. The event raised nearly \$500.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
January 24	NorthShore School District 65 Health Challenge Bowl	Four District 65 middle schools sent a team of four students to participate in fun academic competition on health issues. Teams played for a traveling trophy, medals and \$500 that went to support the winning school's physical education program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
February	Heart of Glenview	Since 2007, Glenbrook Hospital has been a key sponsor for this community-wide event to provide funding for local charities to provide much needed social services to residents in need.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

138

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
February	Glenview Resident Open House	NorthShore provided free blood pressure screenings to attendees of the Resident Open House as well as primary prevention education to over 250 attendees.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
February 26	Hustle Up the Hancock	Eighteen Kellogg Cancer Care staff members participated in this annual fundraising event for lung disease research in greater Chicago.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
March	Northfield Pantry Food Collection	Glenbrook Hospital employees collected hundreds of pounds of staple food pantry items for the Northfield Food Pantry program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
March - June	Women Out Walking	NorthShore was a supporting sponsor with the City of Evanston, for Women Out Walking. This free walking and health education campaign promoted health, wellness and physical activities to more than 1,000 women.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

139

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
April	Northbrook Leadership Program	Glenbrook Hospital hosted the final class and graduation ceremony for the Northbrook Leadership program and provided breakfast, lunch and an hour long tour of the hospital and services.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
April 21	"Baby Steps" A Baby Shower for Low Income Moms-to-Be	The Junior League of Evanston-North Shore partnered with Evanston Hospital's Perinatal Family Support Center to throw a baby shower for low-income expectant mothers. The event included information on breast-feeding and nutrition, post-partum depression and car seat safety. Like a traditional baby shower, the day included lunch and gifts for the moms-to-be.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
April 22	Oral Cancer Screening at Highland Park Hospital	Physicians on staff at NorthShore provided oral cancer screenings to 42 individuals, 14 of which were recommended for follow up appointments with an Otolaryngologist.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
April 23	Glenbrook South High School Student Health Fair	NorthShore staff worked one-on-one with a group of students on their final project to provide hands-on health education, information and screenings on topics such as blood pressure, stroke awareness, blood sugar, healthy eating, body mass index, bone density and sleep to their student colleagues at Glenbrook South High School.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
April 25	School District 113 Student Scholarship Awards Dinner	NorthShore provided a \$1,000 scholarship to a Highland Park High School senior interested in pursuing a career in healthcare.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
April 28	Rebuilding Together	Since 2006, Glenbrook Hospital has been an ongoing sponsor of one home project and engages employees to volunteer to help rebuild the home of a low-income senior or disabled person in the community.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
April 29	American Cancer Society Walk & Roll	Kellogg Cancer Care staff members volunteered at this annual fundraising event.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
May 6	Skin Cancer Screening at Skokie Hospital	Dermatologists on staff at NorthShore provided skin cancer screenings to 125 individuals, 28 of which were recommended for follow up appointments as a result of suspicious lesions.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
May / June	Red Cross Training for Ready When the Time Comes	Approximately 40 employees participated in a Red Cross training program for its local emergency response team.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
May / June	American Cancer Society Relay for Life	NorthShore donated a total of \$20,000 towards three Relays held in the hospital service areas. Additionally, Glenbrook Hospital donated \$2,500 of food with hospital employee volunteers to help serve the dinner.	☒ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
May / November	Friends of Evanston Farmers' Markets	NorthShore provided a \$5,000 grant to the Friends of the Evanston Farmers' Markets to help increase the utilization of LINK card users (low income consumers) directly with fresh, local produce. NorthShore matched LINK card purchases at Farmers' Markets dollar-for-dollar for the purchase of fresh produce.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
May	Medical Technologies Scholarship Awards	Since 2007, Glenbrook Hospital has provided three scholarships for post high school education to three motivated high school students interested in a career in the field of medical technology.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
May 19 & 20	Skokie Festival of Cultures	Nurses and other staff from Skokie Hospital provided health information and blood pressure screenings at the weekend-long event.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

143

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Summer Months	Born Learning Trail	Skokie Hospital sponsored the Born Learning Trail, a collaborative effort bringing elementary school aged children an educational and interactive outdoor activity providing mental and physical development and growth.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Summer Months	Village of Lincolnwood Summer Camps	Skokie Hospital partnered with the Village of Lincolnwood Summer Camps by providing guidance on what healthy snacks to buy and provided funding to purchase snacks to all participating campers for the entire summer camp season.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
Summer Months	Village of Morton Grove Farmers' Market	Skokie Hospital provided \$1,000 to the Village of Morton Grove Farmers' Market to provide access to healthy foods for those in the community in need.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
Summer Months	Skokie Hospital Sizzling Summer Science Camps	Skokie Hospital created a medical technology Summer Science Camp, providing hands-on experiences with a variety of hospital technologies as well as introductions to various health professions for 20 seventh and eighth graders.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
Summer Months	Skokie Library Summer Reading Program	Skokie Hospital partnered with Radio Disney to provide an interactive summer reading program, including requirements for reading information about healthy eating and participating in physical fitness activities, for record setting number of participants.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
June 17	Ricky Byrdsong/YWCA Race Against Hate	Since 2005, NorthShore has been an ongoing financial sponsor of the race.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

145

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
June 30	Glenview Summer Festival	Glenbrook Hospital employees provided blood pressure screenings during the community event.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
July 1	Park District of Highland Park Firecracker 4 Run and Walk	The four mile run and family walk raised funds for the park district's SMILE program, which provides scholarships to park district programs for underserved families in Highland Park and Highwood. Highland Park Hospital contributed \$1,500 in addition to staffing a water station on the course.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
August	Glenbrook Hospital Healthy Back to School Snacks Collection	Glenbrook Hospital employees collected healthy snacks for distribution to families of the Northfield Township Food Pantry program.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

146

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

Activities for Fiscal Year 2012

October 1, 2011 – September 30, 2012

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
August	NorthShore Skokie Hospital Health Careers Scholarship Fund	In 2010, Skokie Hospital established an Oakton Community College scholarship in perpetuity to provide financial help to students graduating from Niles Township High School District 219 who plan to enter the fields of health and sciences.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
August 1	Lake County Health Department Kids 1 st Fair	Highland Park Hospital was a sponsor for the health fair and contributed \$2,000 towards medical supplies. Additionally, 13 staff members volunteered approximately 60 hours at the event which provided back to school physicals and screenings for 1,070 underserved/ uninsured children.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☒ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration
August - September	Evanston Hospital School Supplies Collection	School supplies were collected by Evanston Hospital employees for distribution to students in need at the Youth Umbrella Organization of Evanston.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☒ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☒ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

Date	Initiative	Outcomes	Community Assessed Need Addressed	NorthShore Guiding Principles Addressed
August 25	Skokie Back Lot Bash	NorthShore staff provided blood pressure, glucose and BMI screenings to approximately 200 registrants in the 5K run which launched the weekend's festivities.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☒ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community
August 25 & 26	Information and First Aid provided at the Annual Port Clinton Art Festival	Highland Park Hospital staff provided 36 volunteer hours to staff a first aid booth and provide health information at the annual art festival.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
September 23	American Heart Walk	NorthShore participated in the Annual Heart Walk with nearly 500 employees participating and raising over \$70,000.	☐ Cancer ☒ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☐ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration
September 23	Fort 2 Base Run	NorthShore staff provided 40 volunteer hours to manage first aid stations along the race route for more than 1,000 registered participants.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

ATTACHMENT 43

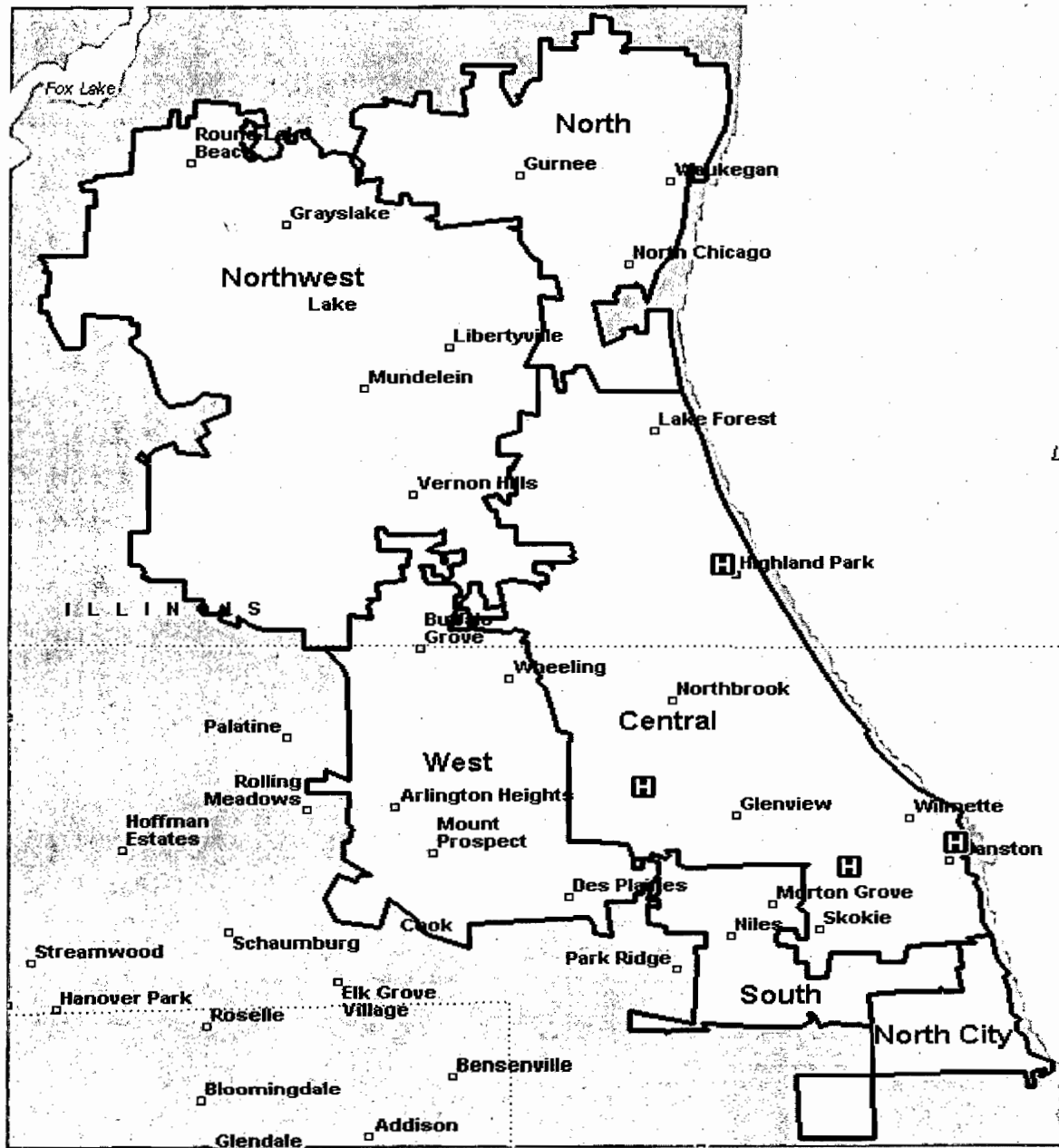
4. NorthShore Community Benefits Program Tracking & Evaluation

*Activities for Fiscal Year 2012
October 1, 2011 – September 30, 2012*

<i>Date</i>	<i>Initiative</i>	<i>Outcomes</i>	<i>Community Assessed Need Addressed</i>	<i>NorthShore Guiding Principles Addressed</i>
September 30	Blood, Sweat and Tears Bike Ride for Leukemia & Lymphoma	Highland Park Hospital staff provided 12 volunteer hours to staff a first aid booth and provide health information at the annual event.	☐ Cancer ☐ Heart Disease/Stroke ☐ Pneumonia ☐ Diabetes ☐ Mental Health ☒ Initiative Requested by Community	☐ Disproportionate Unmet Health-Related Needs ☐ Primary Prevention ☐ Seamless Continuum of Care ☐ Build Community Capacity ☒ Community Collaboration

143

NorthShore University HealthSystem Service Area Map



ATTACHMENT 43

NorthShore University HealthSystem Communities

Central Communities

60015 Deerfield
 60022 Glencoe
 60025 Glenview
 60026 Glenview
 60029 Golf
 60035 Highland Park
 60037 Fort Sheridan
 60040 Highland
 60043 Kenilworth
 60045 Lake Forest
 60062 Northbrook
 60065 Northbrook
 60076 Skokie
 60077 Skokie
 60082 Techny
 60091 Wilmette
 60093 Winnetka
 60201 Evanston
 60202 Evanston
 60203 Evanston

West Communities

60004 Arlington Heights
 60005 Arlington Heights
 60016 Des Plaines
 60056 Mount Prospect
 60070 Prospect Heights
 60089 Buffalo Grove
 60090 Wheeling

North Communities

60031 Gurnee
 60044 Lake Bluff
 60064 North Chicago
 60085 Waukegan
 60087 Waukegan

N. City Communities

60625 Ravenswood
 60626 Edgewater
 60640 Uptown
 60641 Irving Park
 60659 North Town
 60660 Rogers Park

N.W. Communities

60030 Grayslake
 60047 Long Grove
 60048 Libertyville
 60060 Mundelein
 60061 Vernon Hills
 60069 Lincolnshire
 60073 Round Lake

South Communities

60053 Morton Grove
 60631 Norwood Park
 60645 Lincolnwood
 60646 Edgebrook
 60712 Lincolnwood
 60714 Niles

NorthShore University HealthSystem Demographics 2012

Population Size and Projected Growth			
	2012	2017	% Change
Central	369,297	371,770	0.7%
North	162,631	163,632	0.6%
North City	344,828	337,194	-2.2%
Northwest	242,917	255,266	5.1%
South	166,476	166,716	0.1%
West	290,045	290,115	0.0%
Total	1,576,194	1,584,693	0.5%

Population by Gender		
	Male	Female
Central	48%	52%
North	50%	50%
North City	50%	50%
Northwest	50%	50%
South	48%	52%
West	49%	51%
Grand Total	49%	51%

Population by Age Cohorts, 2012

	0-17	18-34	35-44	45-54	55-64	65-74	75-84	85+
Central	24%	23%	10%	15%	13%	8%	5%	2%
North	29%	21%	18%	14%	9%	5%	3%	1%
North City	22%	26%	17%	14%	10%	6%	3%	2%
Northwest	29%	18%	15%	17%	11%	6%	3%	1%
South	21%	20%	12%	14%	13%	9%	7%	3%
West	23%	22%	14%	16%	12%	7%	5%	2%
Total	25%	22%	14%	15%	11%	7%	4%	2%

6. Community Demographics

Income/ Household, Average Household Size, 2012

	# HH	Avg HH Income	Under \$25K	\$25K up to \$50K	\$50K up to \$100K	\$100K up to \$150K	\$150K up to \$200K	\$200K+
Central	140,034	\$128,121	12%	17%	28%	18%	8%	18%
North	53,724	73,880	19%	26%	33%	14%	4%	4%
North City	145,747	55,645	29%	30%	29%	9%	2%	2%
Northwest	83,473	111,287	9%	16%	35%	21%	8%	11%
South	63,324	76,969	18%	24%	34%	15%	4%	4%
West	114,999	84,259	13%	23%	36%	17%	5%	5%
Total	601,301	\$89,595	17%	23%	32%	15%	5%	8%

Population by Race

	WHITE	ASIAN	BLACK	MULTIRACIAL	NATIVE AMERICAN	PACIFIC ISLANDER	OTHER
Central	77.4%	12.0%	5.5%	2.4%	0.2%	0.0%	2.5%
North	53.5%	5.6%	16.6%	3.7%	0.9%	0.1%	19.6%
North City	58.4%	11.9%	11.5%	3.8%	0.7%	0.0%	13.7%
Northwest	77.8%	8.9%	2.5%	2.4%	0.5%	0.0%	7.9%
South	71.3%	16.0%	4.8%	2.8%	0.3%	0.0%	4.8%
West	76.3%	12.8%	2.2%	2.1%	0.4%	0.0%	6.2%
Total	70%	11%	7%	3%	0%	0%	8%

Community Health Needs Assessment

NorthShore consistently assesses the health needs of its communities and those of the underserved, to ensure that its community benefits programs are in alignment with the health needs of the communities it serves. In addition to collecting and analyzing available quantitative and qualitative data on mortality, disease incidence, utilization of and access to health care services, NorthShore established a mechanism in which to actively seek the involvement of our community and public health leaders in an ongoing manner to ensure that our analysis reflects the current public health needs in our area.

Community Health Needs Assessment Methodology – In order to produce a comprehensive health assessment, NorthShore utilized a range of available data sources. Public health statistics on mortality, maternal, infant, and child health, emotional well-being and access to care were obtained from the Illinois Department of Public Health website. The most recent data available is from 2006. As public health data often lags by several years, and is only available at the state, Metropolitan Statistical Area, or county-level, NorthShore also identified sources of zip-code level estimates of disease incidence metrics and socioeconomic status. This data assisted in understanding local levels of need and variation across our specific service area. (The zip-code level metrics included data from Thomson/Reuters from 2008, a health care information company, which creates estimates based on Census data, Medicare and third party insurance claims, and a nationally-representative household survey that includes self-reported health status, health care utilization, and self-report diagnoses.) NorthShore also identified zip-code level rates of preventable hospitalizations based on Agency for Healthcare Research and Quality (AHRQ) definitions. Preventable hospitalizations served as an indicator of the quality and depth of the outpatient management of chronic diseases, such as hypertension, high cholesterol, diabetes and obesity. The causes that trigger hospitalization were identified using the Illinois Hospital Associations COMPData database.

Based on the compilation of these sources, NorthShore found that mortality and non-obstetric hospitalizations are driven predominantly by heart disease, cancer, stroke, pneumonia, diabetes and psychiatric conditions. Areas of greatest socioeconomic need within NorthShore's service area are concentrated in northern Lake County and the North Chicago neighborhoods. NorthShore also identified differences across the service area in the self-reported health status and diagnosis of disease, and compared overall rates to Healthy Goals 2010 (where applicable).

Community Involvement – NorthShore utilizes multiple mechanisms for seeking out the collective voice of the community in understand the unmet health needs. For example, each NorthShore hospital has a community advisory committee that includes a range of community leaders. These leaders represent local public health agencies, non-profit organizations serving low-income residents, faith based groups, business and civic leaders. They advise each hospital and NorthShore on services or initiatives from a community perspective and provide strategic recommendations for community benefits programs. NorthShore's key senior administrators, as well as its community relations staff, maintain strong working relationships with local leaders, public health agencies, township officials and social service agencies not represented in the community advisory committee. In their role as community liaisons, the community relations personnel serve as point of contact for NorthShore's involvement with community requests. In addition, community relations personnel coordinate the hospital presidents' role in NorthShore advocacy programs.

Senior administrators at NorthShore also participate regularly in outreach to local leaders. NorthShore physicians and staff play an equally important role in identifying health trends and needs through their leadership, board participation and involvement in local, regional and national organizations.

Community Benefits Oversight Committee

Committee Overview

The community benefits oversight committee is comprised of senior administrators representing key areas of NorthShore. The committee meets quarterly to provide input and direction relative to the following activities:

- Community benefits planning and reporting
- Identifying and correcting community benefits compliance issues
- Communicating the importance of community benefits to internal and external audiences

Committee Members

Mary Alvarado

Assistant Vice President
Glenbrook Hospital

Gary Gephart

Assistant Vice President-Finance
NorthShore University HealthSystem

Lindsey Bailey

Vice President
Highland Park Hospital

Sean O'Grady

Senior Vice President
Evanston Hospital

Rich Casey

Vice President
Skokie Hospital

Mark Schroeder

Director, Community Relations
NorthShore University HealthSystem

Ellen Daniel

Director, Regulatory Reporting
NorthShore University HealthSystem

Seema Terry

Manager, Community Relations
Glenbrook and Skokie Hospitals

Hania Fuschetto

Manager, Community Relations
Highland Park Hospital

Brian Washa

Senior Vice President, Business Services
NorthShore University HealthSystem

Community Relations Department

Department Overview

The Community Relations Department ensures that NorthShore activities are in alignment with community needs, state requirements, corporate goals and other internal initiatives. The Department has a community relations manager assigned to each hospital with the director having system-wide responsibility. Community Relations' responsibilities include:

- Building relationships and partnerships with local agencies, officials and community groups
- Working with hospital staff to prepare system-wide annual community benefits plan, as required by the State of Illinois
- Developing individual community relations plans for each NorthShore hospital
- Working with administration and finance to prepare community benefits reports for the Federal 990 Schedule H tax return, the State of Illinois Attorney General's Office and community distribution
- Assisting with community health needs assessment(s)
- Communicating NorthShore's community benefits to internal and external audiences
- Coordinating the hospital presidents' role in NorthShore advocacy

Contacts

NorthShore University HealthSystem/ Evanston Hospital

Mark Schroeder, Director
Community Relations
NorthShore University HealthSystem
Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201
Phone/Fax: (847) 570-1867/(847) 570-2940
E-mail: mschroeder@northshore.org

Glenbrook Hospital

Seema Terry, Manager
Community Relations - Glenbrook Hospital
2100 Pfingsten Road, Room 2010
Glenview, IL 60026
Phone: (847) 657-6751
E-mail: sterry@northshore.org

Highland Park Hospital

Hania Fuschetto, Manager
Community Relations - Highland Park Hospital
777 Park Avenue West
Highland Park, IL 60035
Phone/Fax: (847) 480-2630/(847) 480-3974
E-mail: hfuschetto@northshore.org

Skokie Hospital

Seema Terry, Manager
Community Relations - Skokie Hospital
9600 Gross Point Road, Suite 2030
Skokie, IL 60076
Phone/Fax: (847) 933-6629/(847) 933-3853
E-mail: sterry@northshore.org

Plan Content

- Situation Analysis
- Target Audience
- Strategies
- Tactics: Six Steps to Success

Situation Analysis

In creating the community relations plan, NorthShore's strengths, challenges and opportunities were analyzed. The issues were identified through assessments of community health needs and issues, focus groups, community leader forums, industry trends and partnerships with community organizations.

Strengths:

- High quality care (*see Section 17, Industry Recognition*)
- Cutting edge clinical research & innovative technology (*see Section 17, Industry Recognition*)
- Financial stability
- University of Chicago Pritzker School of Medicine affiliation
- Mayo Clinical Care Network Member
- Advanced electronic medical record system
- National reputation – "100 Best Hospitals"
- Research Institute nationally ranked
- The first health system in Illinois to achieve Magnet status as a system
- Highly regarded employer
- Corporate commitment to community relations
- Numerous NorthShore initiatives working to improve community health
- Established successful community relations program

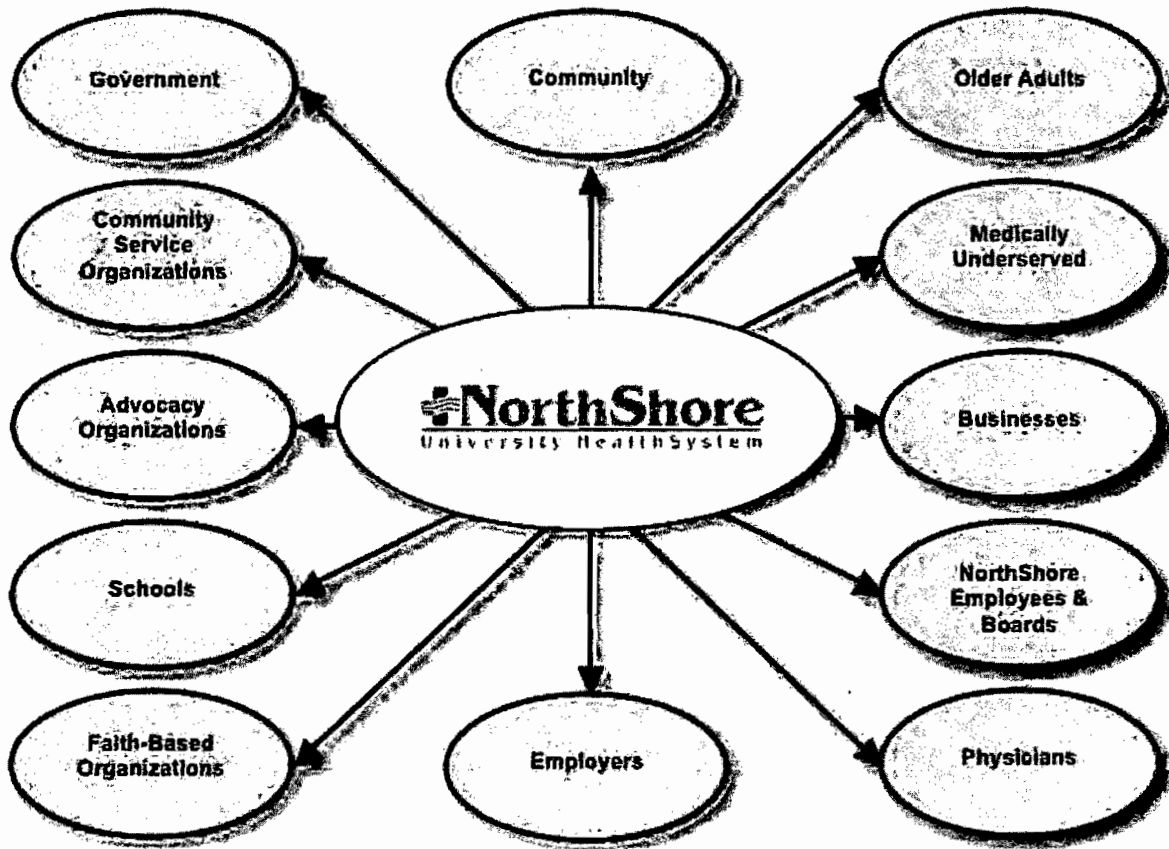
Challenges:

- Implementation of the Affordable Care Act
- Federal and State reimbursement
- Fluctuations in charity care
- Economic downturn
- Increases in bad debt and uncompensated care
- Maintaining image and reputation
- Community impressions
- Public awareness of services, technology and contributions
- Balancing stewardship of business with charity care
- Maintain community relations success
- Federal and state tax exemption issues

Opportunities:

- Continual improvement in quality, service and technology
- Build upon existing community relationships and outreach programs
- Strong community relations team in place to launch, manage and sustain initiatives
- Empower the talent and caring spirit of NorthShore employees via community service

Target Audiences



Strategies

- Create innovative and recognizable community partnerships to identify and address community health issues
- Focus outreach efforts to foster positive relationships with target audiences
- Expand NorthShore's community presence through greater employee volunteerism
- Communicate community benefits and outreach efforts
- Connect NorthShore services with the needs of the community
- Evaluate activities

Tactics: 6 Steps to Success

1. Partnership & Collaboration
2. Outreach
3. Volunteerism
4. Share Our Story
5. Health Screenings & Education
6. Track & Evaluate

1. Tactic: Partnership & Collaboration

- Created a NorthShore Community Advisory Committee (CAC) at each hospital
- Continue to identify community health issues & partnership opportunities
- Serve as communications link to the community

2. Tactic: Outreach

- Continue leadership roles on committees, task forces, coalitions and planning groups
 - Maintain memberships in key community organizations
 - Make strategic contributions to community-based initiatives that enhance the health of the community
 - Respond to reasonable requests for assistance and leadership

3. Tactic: Volunteerism

- Promote employee and auxiliary members involvement in community organizations
 - Community Relations to provide employees and auxiliary members with volunteer opportunities
 - Promote participation through internal communication vehicles
 - Recognize and reward employees for volunteerism and community service

4. Tactic: *Share Our Story*

- Northshore.org
- NorthShore University HealthSystem Annual Report
- NorthShore University HealthSystem Annual Community Benefits Report
- Community leader briefings
- Internal communication vehicles (*Inside NorthShore, Pulse*, meetings, etc.)
- External communication vehicles (*Connections and Philanthropy Perspectives*)
- External speaking opportunities
- NorthShore sponsored forums
- Partner publications
- Media placements
- Health industry publications

5. Tactic: *Health Screenings & Education*

- Respond to community requests for:
 - Health screenings
 - Health fairs
 - Speakers' Bureau
 - NorthShore support group services

6. Tactic: *Track & Evaluate*

External

- Comply with Internal Revenue Service Community Benefits Reporting Schedule H
- Comply with Illinois Community Benefits Act
- Conduct community health needs assessment (every 3 years)
- Track and evaluate initiatives against community needs assessed, outcomes, and NorthShore Guiding Principles
- Conduct community survey(s)
- Conduct CAC survey(s)
- Document individual success stories
- "Share our Story" via media placements
- Gain community and industry recognition for providing excellence in community benefits

Internal

- Track and evaluate initiatives against community needs assessed, outcomes, and NorthShore Guiding Principles
- Track participation in NorthShore services
- Track participation level of NorthShore employees in volunteer activities

System-Wide Community Relations Programs

Program Description

NorthShore engages in community relations programs that include significant investment of human and financial resources to address community health needs. The following programs are implemented throughout NorthShore.

Be Well Lake County

Be Well-Lake County is a collaboration between NorthShore, Lake County Health Department and Community Health Center (LCHD/CHC), and supporting community partners. The program goal is to build greater access through a coordinated network of healthcare targeting the underserved diabetes population in Lake County. The program enables the partner organization to effectively pool and maximize resources in order to provide high quality comprehensive diabetes management, education, and support resources that will address one of the nation's fastest growing health threats.

Contacts

- Bufi Selimos, Senior Director of Hospital and Clinics, NorthShore University HealthSystem
- Tyler Bauer, Director, NorthShore Medical Group

Community Advisory Committees

The Community Advisory Committee's (CAC) role is to advise hospital administration on services and initiatives, from a community perspective. CACs are structured to ensure NorthShore's accountability to the community by working to fulfill our vision that the more NorthShore and the community connect, the stronger and healthier both will become.

CAC Role, Scope and Charge

- Serve as an advocate for the greater good of the community and its health
- Provide recommendations for annual community benefits planning
- Help identify opportunities for partnerships between hospital and community organizations
- Serve as a communication link between the hospital and the community
- Identify gaps in healthcare services within the community
- Help identify community resources that work to enhance the health of the community
- Quarterly meetings (unless more frequently based on the interests of the CAC)

Membership Composition

- Comprised of 12-15 community members
- Comprised of 2-3 hospital administrative and professional staff
- Strive for proportional geographic representation from the NorthShore service area
- Strive for diverse membership to include business, faith community, social services, civic organizations, government officials, elected officials, interested citizens, former patients, healthcare professionals, etc.
- Hospital president to appoint CAC Chairperson/Co-Chairs
- Appointment to CAC is for multi-year tiered terms with optional reappointment

Contacts

- Mark Schroeder, Director, Community Relations, NorthShore University HealthSystem/Evanston Hospital
- Seema Terry, Manager, Community Relations, Glenbrook & Skokie Hospitals
- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital

Community Health Champion Award

NorthShore created the "Community Health Champion Award" to honor and recognize local residents from each hospital service area whose actions help to improve the health of NorthShore community. The award includes a \$1,000 contribution to the organization at which the winner volunteers to assist with the advancement of their efforts to promote community health.

Contacts

- Mark Schroeder, Director, Community Relations, NorthShore University HealthSystem/Evanston Hospital
- Seema Terry, Manager, Community Relations, Glenbrook & Skokie Hospitals
- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital

Contributions

NorthShore provides financial support to a variety of national and local non-profit organizations that support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves.

Contacts

- Mark Schroeder, Director, Community Relations, NorthShore University HealthSystem/Evanston Hospital
- Seema Terry, Manager, Community Relations, Glenbrook & Skokie Hospitals
- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital

Community Wellness

Community Wellness programs are offered by various NorthShore departments and typically partner with a community organization to provide health screening services and educational programs.

Activities

- CPR Classes
- First Aid Classes
- Babysitting Classes for Adolescents
- Blood Pressure Screenings
- Cholesterol Screenings
- Glucose Screenings
- Osteoporosis Screenings
- Glaucoma Screenings
- Body Fat Analysis Screenings

Contacts

- Primary
 - Mary Alvarado, Assistant Vice President, Glenbrook Hospital
- Secondary Contacts
 - CPR Classes--Anne Middaugh, RN
 - First Aid Classes--Anne Middaugh, RN
 - Babysitting Classes--Anne Middaugh, RN
 - Blood Pressure Screenings--Anne Middaugh, RN; Paulette Brody, RN
 - Cholesterol Screenings--Anne Middaugh, RN; Paulette Brody, RN
 - Glucose Screenings--Mary Bennett, RD, CDE
 - Osteoporosis Screenings--Beth Tobias, RT(N)
 - Glaucoma Screenings--Al Campos, COA

Dental Center

The Dental Center at Evanston Hospital provides adults with primary care services and special consultations for medically underserved patients, pre-screenings for cardiovascular patients, management for oral complications in oncology patients and refractory dental problems. The Dental Center provided free and discounted care for 3,478 patient visits at a cost of \$207,782 to NorthShore.

Contacts

- Margaret Sala, Manager, Evanston Hospital Dental Clinic

Employee Volunteerism

NorthShore employees have a long-standing tradition of community service. Countless charitable organizations and schools benefit from the generosity and the hard work of NorthShore volunteers. NorthShore employees volunteer to carry out community service projects that meet community needs and promote goodwill. Employees invest their skills and time to have a positive impact on the communities they touch. Employee volunteerism in the community is centered on the ability to strengthen the NorthShore culture of caring while benefiting the communities NorthShore serves; strengthen partnerships with the community and not-for-profit organizations that work to improve the health of our community; and connect NorthShore employees and auxiliary members with the opportunity to serve.

Activities

- Highlight volunteer organizations, their missions and volunteer opportunities through *Inside NorthShore*, *Pulse* and *Connections*
- Identify community projects for NorthShore employees to participate in during the year
- Community Relations Department recognizes and rewards employees for community service and volunteerism through the annual *Sharing Spirit* Volunteer Award

Contacts

- Mark Schroeder, Director, Community Relations, NorthShore University HealthSystem/Evanston Hospital
- Seema Terry, Manager, Community Relations, Glenbrook & Skokie Hospitals
- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital

LIFE: Living in the Future Cancer Survivorship Program

Living in the Future (LIFE) – a unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, there is a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physician.

Contacts

- Carol A. Rosenberg, MD, Program Director, NorthShore University HealthSystem
- Carol Flanagan, RN, MSN, OCN, Clinical Coordinator, NorthShore University HealthSystem
- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital

Medication Assistance Program

NorthShore provided 35,103 prescriptions to 2,566 low income patients at a cost of \$281,158.

Contacts

- Stan Kent, Assistant Vice President, Pharmacy, NorthShore University HealthSystem

Mentoring and Clinical Internships

NorthShore provides internship and mentoring opportunities for high school, college and post-graduate students interested in the medical and allied health fields. Throughout the HealthSystem, students are offered the opportunity to intern in departments such as, but not inclusive of: Cardiology, Laboratory, Medical Social Work, Occupational Therapy, Patient Care, Infection Control, Perinatal Family Support Center, Physical Therapy, Radiology, Radiation Oncology, Pastoral Care and Hospital Administration.

Contacts

- Mentoring and clinical internships are managed by clinical coordinators from the aforementioned departments

Outpatient Clinic

The clinic provides medical care to adults and children who lack private medical insurance. Medical services include, but are not limited to: primary care, obstetrics/gynecology, general surgery, orthopedics, diabetes education and podiatry. The clinic treated 4,819 adult patients at 13,231 visits and 2,736 adolescent patients at 6,795 visits.

Contacts

- Elizabeth Raymond RN, Clinical Manager, Evanston Hospital Outpatient Department

Perinatal Depression Program

The Perinatal Depression Program seeks to identify women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. The hotline provides multilingual services through interpretation services to assist those with limited or no English-speaking ability. All services are provided free of charge. NorthShore physicians conducted 6,917 screenings to identify at-risk patients. Free psychological support and referrals were provided for 510 women identified through the screenings as at-risk for perinatal mood disorders. The hotline received 752 calls. This program is administered at Evanston Hospital and made available throughout all NorthShore communities.

Contacts

- Jo Kim, PhD, Director, Perinatal Depression Program, NorthShore University HealthSystem

Speaking Engagements

Experts from NorthShore are available to organizations throughout the NorthShore service area for presentations on a range of health-related topics relevant to the communities and hospital. During the year, NorthShore physicians and healthcare professionals provided 123 lectures.

Contacts

- Hania Fuschetto, Manager, Community Relations, Highland Park Hospital
- Seema Terry, Manager, Community Relations, Glenbrook & Skokie Hospitals

Evanston Hospital – Community Programs

Overview

The programs listed below were created specifically for the Evanston community and designed to improve the community's health, expand healthcare access and promote civic engagement. These programs are in addition to Evanston Hospital's participation in NorthShore's system-wide programs that include: Be Well Lake County; Community Advisory Committee; Community Health Champion; Contributions; Community Wellness; Dental Center; Employee Volunteerism; LIFE: Living in the Future Cancer Survivorship program; Medication Assistance Program; Mentoring and Clinical Internships; Outpatient Clinic; Perinatal Depression Program and Speaking Engagements.

Evanston Township High School Health Center

- Established in 1996 as a collaborative partnership with Evanston Township High School, the Evanston Health Department and NorthShore provide a free school-based health clinic for the school's approximately 3,000 students. NorthShore's annual contribution of \$577,577 works to support the center, which is staffed by NorthShore employees who include a physician, two part-time nurse practitioners and a social worker. For the 2011-2012 school year, there were 721 students who utilized the health center at 3,478 visits.

Evanston Township High School Health Center "6 Steps to Success"

- "6 Steps to Success" is a clinic-based, healthy weight program at the School-Based Health Center at Evanston Township High School. The program is managed by a NorthShore physician who dedicates 4-5 hours of work per week. An estimated 30 students per year participate in the program. In addition, the program is promoted through the Healthy Lifestyles PE class, which involves another 25 students. The program is based upon six evidence-based goals that improve weight and overall health: 5) Eat 5 servings of fruit and vegetables a day; 4) Drink at least 4 glasses of water a day; 3) Eat 3 servings of low-fat calcium a day; 2) Only 2 hours or less of screen time a day; 1) 1 hour of physical activity a day; 0) No sugared beverage consumption. Overweight and obese students are identified by clinic and school staff and asked to participate in the program. Participation includes an initial physical exam and blood work to screen for the causes and complications of obesity. Patients are then asked to choose one of the six goals with a follow-up scheduled every three to six weeks to see if these goals have been achieved and to monitor their weight. The clinic is currently working with other school departments to expand promotion of the six goals to other areas of the high school.

Support for Nurse Practitioner for Evanston/Skokie School District 65

- NorthShore provided funding for a nurse practitioner to provide specific health care services one day per week for the students of Evanston/Skokie School District 65.

Ricky Byrdsong / YWCA Evanston/North Shore Race Against Hate

- The Ricky Byrdsong Memorial 5K Race Against Hate brings together a diverse group of individuals from all over Evanston, the North Shore and Chicagoland to say “no” to racism, discrimination, violence and hate crimes and to raise funds for the YWCA Evanston/North Shore in areas of anti-racism and racial justice. The event is to honor Ricky Byrdsong, a former Northwestern men's basketball coach who was tragically gunned down in a hate crime on July 2, 1999. NorthShore is a financial sponsor.

Pioneering Healthier Communities

- Launched by YMCA of the USA in 2008, Pioneering Healthier Communities (PHC) is a community-based policy change initiative at the local and state level in six states and 32 communities. The aim of the initiative is to address the childhood obesity epidemic through policy, system and environmental (PSE) changes that will have implications for communities, states and the nation. NorthShore's Evanston Hospital is a member of the Evanston-based PHC coalition, and provides a cardiologist, two pediatricians, a family medicine practitioner and a clinical research informatics staff member.

NorthShore / District 65 Health Challenge Bowl

- In a continuing partnership to teach the importance of good health at an early age, Evanston Hospital and School District 65 hosted the Seventh Annual Health Challenge Bowl in February. Twenty students comprised of sixth and seventh graders from all five district middle schools participated in a football-themed health quiz game. The Health Challenge Bowl provided Evanston Hospital an opportunity to engage its home school district in a fun, academic way, while also giving students the chance to visit their local hospital and interact with medical professionals.

Evanston Township High School Health Sciences Rotation Program

- Since 1985, Evanston Township High School (ETHS) and Evanston Hospital have partnered to offer students participation in the Health Sciences Rotation Program (HSRP), which affords students an opportunity to explore healthcare careers up front and personal. Designed for junior and senior students, this program combines classroom instruction with job shadowing experiences in several different departments within the hospital. HSRP is a yearlong course, through which students earn four semester credits, two for science and two for applied science. The program averages approximately 40 students per year.

Friends of Evanston Farmers' Markets

- NorthShore provided a \$5,000 grant to the Friends of the Evanston Farmers' Markets (Friends) to help increase the utilization of LINK card users (low income consumers) directly with fresh, local produce. NorthShore matched LINK card purchases at Farmers' Markets dollar-for-dollar for the purchase of fresh produce. The incentive program is a joint effort of NorthShore, the City of Evanston and Friends.

Food & Fun After School 2nd Edition (McGaw YMCA)

- Created by the Harvard Prevention and Research Center on Nutrition and Physical Activity in collaboration with the YMCA of the USA, NorthShore provided a \$5,000 grant to the Evanston McGaw YMCA to help support this program. The goal of the program is to assist program staff in providing healthier environments to children during out-of-school time. The curriculum is designed to incorporate lessons and activities about healthy eating and physical activity into regular after school program activities. NorthShore's funding provides support for 125 children to participate in the program.

Evanston Hospital – Community Advisory Committee

The Community Advisory Committee's (CAC) role is to advise Evanston Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Evanston Hospital's accountability to the community, and to assist in the fulfillment of the community relations vision, that the more NorthShore and the community connect, the stronger and healthier both will become.

Evanston Hospital Members

Rob Albertson
Winnetka Resident

Christopher Canning
President
Village of Wilmette

Carol Chaya Siegel, RN
Community Nurse
CJE Senior Life

Andrea Densham
Executive Director
Childcare Network of Evanston

Bill Gieger
President & CEO
McGaw YMCA

Jane Grover
Alderman, 7th Ward
City of Evanston

Sandi Johnson
Past Executive Director
North Shore Senior Center

Kelley Kalinich
Superintendent
Kenilworth School District 38

David Kane
Vice President
Mather LifeWays

Greg Klaiber
Chief, Evanston
Fire & Life Safety Services

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

Iliana Mora
Senior Vice President
Erie Family Health Center

Colleen Sheridan
Health Services Coordinator
New Trier High School

Karen Singer
Executive Director
YWCA Evanston Northshore

William Stafford
Chief Financial Officer
Evanston Township High School

Evonda Thomas
Director, Department of Health & Human Services
City of Evanston

Katie Dold White
Trustee
Village of Kenilworth

Glenbrook Hospital – Community Programs

Overview

The programs listed below were created specifically for the Glenbrook community and designed to improve the community's health, expand healthcare access and promote civic engagement. These programs are in addition to Glenbrook Hospital's participation in NorthShore's system-wide programs that include: Be Well Lake County; Community Advisory Committee; Community Health Champion; Contributions; Community Wellness; Dental Center; Employee Volunteerism; LIFE: Living in the Future Cancer Survivorship program; Medication Assistance Program; Mentoring and Clinical Internships; Outpatient Clinic; Perinatal Depression Program and Speaking Engagements.

District 214 Medical Academy

- Each school year, Glenbrook Hospital participates in High School District 214's Medical Academy program by providing students an opportunity to rotate through hospital departments, job shadow and get hands-on clinical healthcare experience. Glenbrook Hospital provided approximately 1,500 rotation hours of one-on-one mentoring to students interested in the field of healthcare each year.

Glenbrook South High School Medical Technology Hospital-Based Curriculum & Scholarships

- Approached by the Department of Sciences at Glenbrook South High School, Glenbrook Hospital provided students enrolled in the Medical Technology classes the opportunity to interact with various hospital technologies in various healthcare service lines such as laboratory, emergency department, radiology and interventional cardiology as part of the Medical Technology curriculum. In addition, Glenbrook Hospital provides three academic scholarships to graduating students pursuing careers in health technologies at a two year or four year institution of higher learning.

Heart of Glenview

- With the sponsorship of a "Heart" and various other donated services, Glenbrook participated in its fifth annual Heart of Glenview event. This is a community-wide fund raising event, which then donates all proceeds to those local charities aimed at helping residents of Glenview.

Glenbrook Family Care Center Access to Care Program

- Glenbrook Hospital, through a partnership with Glenbrook South High School, created this program to offer instant access to primary care services for all students at Glenbrook South High School, but in particular for those students who lack privatized health insurance. These children are the ones who, throughout the year, because of lack of health insurance, do not visit primary care physicians for preventive health and primary care services. They often spend the entire school day in the nurse's office or misusing the Emergency Department at Glenbrook Hospital as a means for primary care services.

ATTACHMENT 43

174⁶³

Rebuilding Together

- The Rebuilding Together mission is to preserve and revitalize houses and communities, assuring that low-income homeowners, from the elderly and disabled to families with children, live in warmth, safety, and independence. In partnership with communities, their goal is to make a sustainable impact. Since 2006, Glenbrook Hospital sponsored a home and provided employees to volunteer to help rebuild the home. The level of participation ranged from spring cleaning, to installation of plumbing, to teardown of the attic and rebuilding of a porch.

Glenview School District 34 Science Olympiad

- Since the 2010-2011 school year, Glenbrook Hospital has provided funding for the Science Olympiad program in the District 34 science curriculum, which provided students an opportunity to engage with hand-on learning through the national recognized science competition at a local, regional and national level.

North Shore Senior Center Senior Lunch Circle

- Since 2010, Glenbrook Hospital has helped fund the Lunch Circle Program at the North Shore Senior Center provided seniors on fixed or no incomes a daily hot and healthy meal and social interaction with their peers two times a week for about 30 seniors each week.

Community Mental Health Partnership for Youth

- Community Mental Health Partnership for Youth is a program developed with Glenbrook District 225, The Josselyn Center and Glenbrook Hospital to provide free outpatient psychiatric services to underserved teens in the high school district.

North Suburban YMCA Fit Happens Program

- Since 2010, Glenbrook Hospital has provided funding for this North Suburban YMCA program aimed at reducing obesity in children by teaching skills to change behavior for long term health and wellness.

Korean American Community Services (KACS)

- Glenbrook Hospital partnered with KACS to help support the ongoing heart healthy program for seniors. The program provides health education and biomarker checks to help the local Korean and Latino elderly attain their heart health goals.

LEGO Robotics Program

- Glenbrook Hospital partnered with the Des Plaines Public Library to support childhood development through the LEGO Robotics Programs. The program will offer a series of LEGO robotics seminars designed to engage children in science, math and engineering through fun and innovative interactive play.

Glenbrook Hospital – Community Advisory Committee

The Community Advisory Committee's (CAC) role is to advise Glenbrook Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Glenbrook Hospital's accountability to the community, and to assist in the fulfillment of the community relations vision, that the more NorthShore and the community connect, the stronger and healthier both will become.

Glenbrook Hospital Members

Jill Brickman
Township Supervisor
Northfield Township

Barbara Marzillo
School Nurse
Glenbrook South High School

Tina Caruana
Glenview Resident

Jane McCarthy
Executive Director
Family Service Center

Eric Etherton
Assistant Principal
Glenbrook North High School

Megann Panek
Director
Glenview Senior Center

Julie Fleckenstein
Social Worker
Glenview Police Department

Steve Samuelson
Executive Director
Frisbe Senior Center

Kim Hand
Senior Services
Village of Glenview

Gary Smith
Executive Director
The Josselyn Center

Jason Hickman
Director of Recreation
Glenview Park District

Dana Turban
Northfield Resident

Jonathan Kaspar
Administrator
Covenant Village of Northbrook

Nancy Vaccaro
Social Worker
Northbrook Police Department

William Lustig
Chief of Police
Northfield Police Department

Highland Park Hospital – Community Programs

Overview

The programs listed below were created specifically for the Highland Park community and designed to improve the community's health, expand healthcare access and promote civic engagement. These programs are in addition to Highland Park Hospital's participation in NorthShore's system-wide programs that include: Be Well Lake County; Community Advisory Committee; Community Health Champion; Contributions; Community Wellness; Dental Center; Employee Volunteerism; LIFE: Living in the Future Cancer Survivorship program; Medication Assistance Program; Mentoring and Clinical Internships; Outpatient Clinic; Perinatal Depression Program and Speaking Engagements.

Region X Pod Hospital for Northeastern Illinois

- Illinois Department of Public Health designates Highland Park Hospital as one of twelve hospitals in the state as a "pod hospital" to function as a coordinating hospital for the purpose of preparedness and response within Northeastern Illinois and the state disaster plan.

Center for Simulation Technology and Academic Research (CSTAR)

- Center for Simulation Technology and Academic Research (CSTAR) at Highland Park Hospital utilizes multiple high-fidelity simulators to provide high-impact training events. The Simulator Center provides hospital staff, physicians, residents, local paramedics, fire fighters, police, and Lake County Health Department staff simulated trauma and preparedness training opportunities in a controlled environment.

Lake County Specialty Care and Diagnostic Testing Program

- The Specialty Care and Diagnostic Testing Program was established in 2006 to assist the most ill, high-risk, underserved patients in Lake County with access to specialty care providers and medical tests; removing the financial barrier often experienced by low income, uninsured patients. The program provides services in three specialty areas; Ophthalmology, Cardiology and Gastroenterology (GI).

The program currently operates at full capacity with full support of the medical community in Lake County. Annually, all five area hospitals have renewed their commitment to the program and agreed to donate diagnostic services each year. In 2012, Highland Park Hospital provided \$182,760 in diagnostic services.

Lake County Health Department Kids 1st Fair

- Highland Park Hospital contributed \$2,000 towards the event and 13 staff members volunteered more than 60 total hours to provide physicals and screenings for 1,070 underserved children.

Fire Cracker 4

- The hospital was a community sponsor of the four mile run and family walk, which raised funds for the park district's SMILE program. SMILE provides scholarships to park district programs for underserved families in Highland Park and Highwood.

First Aid Services at Community Events

- Throughout the year, Trauma Services at Highland Park Hospital provides staffing and first aid services at numerous community events including: Fort2Base Run, Embrace the Race, Port Clinton Art Festival and Leukemia/Lymphoma Charity Bicycle Ride. Seventeen staff volunteered nearly 100 hours at the events.

Northern Illinois Food Bank

- Highland Park Hospital adopted the Northern Illinois Food Bank for its annual volunteer project. More than 150 staff and family members assisted the Northern Illinois Food Bank with evaluating, sorting, re-labeling and packaging food received through the Food Recovery Program throughout the summer.

Oral Cancer Screening

- Physicians on staff at NorthShore University HealthSystem provided oral cancer screenings to 42 individuals, 14 of which were recommended for follow up appointments with an Otolaryngologist.

Highland Park Hospital – Community Advisory Committee

The Community Advisory Committee's (CAC) role is to advise Highland Park Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Highland Park Hospital's accountability to the community, and to assist in the fulfillment of the community relations vision, that the more NorthShore and the community connect, the stronger and healthier both will become.

Highland Park Hospital Members

Jeanne Ang

Director, Primary Care Services
Lake County Health Department

David Kylo

Reverend
Zion Lutheran Church

Mari Barnes

Township Supervisor
Moraine Township

Alesia Margetis

Counselor
School District 113

Anne Flanigan Bassi

Board Member
Lake County Board

Karen May

State Representative
Illinois District 58

Alicia De La Cruz

Highland Park Resident

Liza McElroy

Executive Director
Park District of Highland Park

Eric Falberg

Alderman, 4th Ward
City of Highwood

Julie Morrison

Supervisor
West Deerfield Township

Susan Garrett

State Senator
Illinois District 29

Nancy R. Rotering

Mayor
City of Highland Park

Renee Goier, PhD

Superintendent
School District 109

Marla Schachtel

Manager
Lake Forest Senior Center

William Jones

Assistant Village Manager
Village of Glencoe

Kent Street

Village Manager
Village of Deerfield

David Knapp

City Manager
City of Highland Park

Skokie Hospital – Community Programs

Overview

The programs listed below were created specifically for the Skokie community and designed to improve the community's health, expand healthcare access and promote civic engagement. These programs are in addition to Skokie Hospital's participation in NorthShore's system-wide programs that include: Be Well Lake County; Community Advisory Committee; Community Health Champion; Contributions; Community Wellness; Dental Center; Employee Volunteerism; LIFE: Living in the Future Cancer Survivorship program; Medication Assistance Program; Mentoring and Clinical Internships; Outpatient Clinic; Perinatal Depression Program and Speaking Engagements.

Festival of Cultures

- Since its inception in 1991, the Skokie Festival of Cultures has become one of the premier ethnic festivals in Illinois. Participants enjoy two days of ethnic folk music and dance, a wide range of food, unique arts and crafts, international children's games, a merchandise bazaar, and dozens of cultural booths and displays. Skokie Hospital provided a health booth, offering health education and blood pressure screenings.

Back Lot Bash

- Skokie's Backlot Bash featured more than 15 hours of free live music, an amusement park/carnival, a 5K Run, a classic auto show, a business expo and sidewalk sale, activities and more. Skokie Hospital provided a health information booth and blood pressure screenings to the 200 participants of the 5K run.

English Language Learning (ELL) Parent Center

- The ELL Parent Center provides parents from other countries with resources that help them to successfully navigate the American school system. Skokie Hospital provided health education classes and teddy bear clinics upon request from the center, addressing health concerns and needs for both parents and children.

Teddy Bear Clinic

- Skokie Hospital provided this community education event, which taught children basic first aid skills to alleviate any fears or concerns they might have should they need to go to the emergency department or hospital. The event used teddy bears to demonstrate different tests that could take place as well as talked about general health and safety for kids.

Born Learning Trail

- Skokie Hospital partnered with the United Way, the Skokie Park District, the Chamber of Commerce and the Skokie Health Department installing a United Way children's program, Born Learning Trail, at a local park in the Village of Skokie for use by all in the community. The Born Learning Trail engages children with education and interactive outdoor play, providing mental and physical development and growth.

Sizzling Summer Science Camps – Skokie Hospital Medical Technology Camp

- Skokie Hospital hosted a week-long interactive learning camp experience for twenty 7th and 8th graders interested in a career in the medical technology field. The camps were hosted by the Skokie and Lincolnwood Park Districts and Niles Township High School District 219.

Skin Cancer Screening

- Skokie Hospital provided a free skin cancer screening to 125 community residents, 28 of which were recommended for follow up appointments as a result of suspicious lesions.

Skokie Hospital Health Careers Scholarship Fund

- In 2010, Skokie Hospital established an Oakton Community College scholarship annually to provide financial help to students who plan to enter the fields of health and sciences.

Niles Township School District 219 Career Mentoring Program

- Skokie Hospital provided hands-on learning experiences for high school students interested in going into healthcare. Through its partnership with School District 219, Skokie Hospital provided 48 students in the medical technology program a career orientation and hospital tour of various clinical settings, as well as speaking engagements from varied healthcare professionals as part of the medical technology curriculum.

Skokie Library Winter & Summer Reading Program

- Skokie Hospital partnered with the Skokie library to incorporate books and DVDs on healthy eating and physical fitness as part of the two week winter reading program.
- Skokie Hospital partnered with Radio Disney to provide an interactive summer reading program, including requirements for reading information about healthy eating and participating in physical fitness activities, for record setting number of participants.

The Living Room Project

- Skokie Hospital helped to fund this unique adult mental health drop-in respite center, located in Deerfield and Skokie and managed by The Josselyn Center and Turning Point Behavioral Health Center, respectively. In its first year of operation, the program at Turning Point has hosted 294 visits by 109 distinct consumers.

Village of Lincolnwood Summer Camps

- Skokie Hospital partnered with the Village of Lincolnwood Summer Camps by providing guidance on what healthy snacks to buy and provided funding to purchase snacks to all participating campers for the entire summer camp season.

Maine-Niles Association of Special Recreation

- Skokie Hospital partnered with Maine-Niles Association of Special Recreation to provide funding to offer free rides to adults with physical or mental disabilities to access health and fitness programs offered at any one of the organization's seven participating park districts.

Village of Morton Grove Farmers' Market

- Skokie Hospital provided funding to the Village of Morton Grove Farmers' Market to provide access to healthy foods for those in the community in need.

Jewish Hospitality Suite

- Skokie Hospital partnered with Chicago Mitzvah Campaigns to provide funding for a Jewish Hospitality Suite on the Skokie Hospital campus, allowing members of the community to visit their loved ones in the hospital while still being able to observe their faith and traditions.

FUNDamentals of FITness

- Skokie Hospital partnered with the Skokie Park District to provide funding for a specialized summer camp aimed at teaching healthy eating habits and healthy fitness activities to overweight teenagers looking to make positive behavior changes.

MemberFit Program

- Skokie Hospital partnered with North Shore Senior Center, Morton Grove Campus to support this pilot program aimed at helping seniors attain health and fitness goals, providing free biometric measures pre and post program implementation.

Skokie Hospital – Community Advisory Committee

The Community Advisory Committee's (CAC) role is to advise Skokie Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Skokie Hospital's accountability to the community, and to assist in the fulfillment of the community relations vision, that the more NorthShore and the community connect, the stronger and healthier both will become.

Skokie Hospital Members

Mark Collins

Trustee
Niles Township

Ralph Czerwinski

Fire Chief
Village of Skokie

Jackie Grossmann

Home Sharing Coordinator
Open Communities

Janice Hincapie

Executive Director
Lincolnwood Parks and Recreation

Margaret Lee

President
Oakton Community College

Marcia McMahon

Chief Professional Officer
North West Suburban United Way

Iliana Mora

Senior Vice President
Erie Family Health Center

Maureen Murphy

Human Service Director
Village of Skokie

Maura Rogan

Volunteers Director
North Shore Senior Center

Mathai Samkutty

Reverend
Village of Lincolnwood

Jim Szczepaniak

Community Relations Director
Niles Township High School District 219

Michelle Tuft

Superintendent of Recreation
Skokie Park District

Jackie Walker-O'Keefe

Social Services Director
Village of Morton Grove

Gayle Weinhouse

Director, Membership and Sponsorship
Skokie Chamber of Commerce

NorthShore University HealthSystem
Area Affected NorthShore Hospitals and Clinics, and Home Health

Administrative Directives Manual AD-1032

Charity Care and Financial Assistance Evaluation and Eligibility

1. POLICY:

Patients who are potentially eligible for financial assistance will be evaluated upon request according to the NorthShore University HealthSystem (NorthShore) income eligibility guidelines. The level of financial assistance for healthcare services will be determined based from the Hospital Uninsured Patient Discount Act (Public Act 95-0965) and from the Federal Poverty Levels and guidelines herein this policy. Appropriate intake and determination documentation will be maintained, and will exhibit appropriate and consistent application of eligibility guidelines. NorthShore will serve the emergency health care needs of everyone in accordance with the Emergency Medical Treatment and Active Labor Act, regardless of a patient's ability to pay for care.

2. SCOPE:

All recipients of care who have been assessed and determined as unable to pay for medically necessary healthcare services, and are potentially eligible for financial assistance for healthcare services delivered.

3. DEFINITIONS:

Uninsured Patient: A hospital patient without any health insurance or coverage.

Underinsured Patient: A hospital patient with health insurance or coverage but facing high deductibles, coinsurance and or large out-of-pocket expenses.

Billable service: Any service for which a charge description master (CDM) code and/or associated dollar charge is assigned.

Medically necessary: Healthcare services ordered by a licensed healthcare practitioner with the intent to evaluate, manage or treat a medical condition.

Federal Poverty Guidelines: A version of the federal poverty measure, issued each year in the Federal Register by the Department of Health and Human Services (DHHS). The guidelines are a simplification of the poverty thresholds, intended for use for administrative purposes and assist in determining eligibility for certain Federal programs.

Aid Program: Any program that provides medical, health, and other related assistance to individuals with low or no income / resources. Programs include, but are not limited to, Medicaid and Kid Care. The Illinois Comprehensive Health Programs, (ICHP and IPXP are examples of aid programs for those who are uninsurable but not necessarily in a low income group.

Household Income: Family's annual earnings and cash benefits from all sources before taxes (including distributions and payments from pensions or retirement plans) less payments made for child support.

Liquid Asset: Cash or assets easily converted to cash, e.g. bank accounts, CD's, treasury notes, money market funds, mutual funds or other non-retirement savings.

Asset Spend down: The conversion of liquid assets in order to cover some level of medical costs before charity discounts can apply.

4. PROCEDURE:

	Action	Responsibility
A.	<u>Publication of the Financial Assistance Policy and Financial Counselors, Customer Service Representatives intake of financial information for eligibility determination</u>	
	1. The NorthShore Financial Assistance Policy is posted on the NorthShore website (northshore.org) and available upon request. 2. Patients are also notified of NorthShore's Financial Assistance program by: a. Signage posted in both English and Spanish in the hospital Emergency Departments and Central Registration areas. b. Information on the Financial Assistance program is included in the NorthShore Patient Handbook, which is presented to patients upon admission. c. NorthShore billing statements indicate the Financial Assistance program and necessary contact information. 3. Interview and screen the patient for potential eligibility for NorthShore Financial Assistance. 4. If the patient's financial situation appears to be appropriate for Financial Assistance, then a. Explain the components of the program b. Describe the application process c. Assist the patient or their representative to complete the financial statement application, and to procure required/supporting documents	Financial Counselors, Business Office Staff or Liaison, Manager Financial Counseling
B.	<u>Eligibility Determination for the Uninsured</u>	
	1. Charges must be greater than \$300.00 to be considered eligible for discount. 2. Must have family income less than 600% FPL. Uninsured patients with household incomes above 600% may be eligible for self pay discounts per Procedural Guideline: Self Pay Adjustments, Payment Arrangements, and Collection Agency Arrangements. 3. Patient must be an Illinois resident. Exceptions to Illinois residency requirement will be evaluated on a case by case basis. 4. Assess eligibility for any other aid program. If the patient appears eligible, then refer the patient to the aid program. (See Procedural Guideline for Public Aid Application). 5. If the patient is not eligible for any other Aid Program, then evaluate income information against the Uninsured Discount Table in Attachment A. 6. Evaluate the patient's Liquid Asset Level and determine if some level of Asset Spend Down is appropriate. Asset Spend Downs must be approved by the Director Customer Service who is responsible for financial counseling. 7. Maximum amount collected in a 12-month period from an eligible patient is 25% of family's annual gross income. Time period begins as the first date of service determined to be eligible for discount. For any subsequent services to be included in the maximum, the patient must inform the hospital that he/she had received prior services from that hospital which were determined to be eligible for discount. 8. Installment payment plans may be set up, if necessary, for the amount owed by the patient (Refer to Procedural Guideline: Self Pay Adjustments, Payment Arrangements, and Collection Agency Arrangements). 9. Patients will be provided with the financial assistance determination. If approved, the level of assistance (free care or discount level) will be communicated in writing whenever possible. 10. Management has the discretion to evaluate and classify individual accounts for charity care on a case-by-case circumstance and will appropriately document services rendered and financial evaluation in the system.	Financial Counselors, Manager Financial Counseling, Liaison in Business Office, Director Customer Service

16. Charity Care and Financial Assistance Policies

11. If a patient's financial condition or ability to pay has changed since their most recent eligibility determination by NorthShore, a re-evaluation will be performed at the request of the patient

Action

Responsibility

C.

Eligibility Determination for the Underinsured

1. Assess eligibility for any other aid program. If the patient appears eligible, then refer the patient to the aid program. (See Procedural Guideline for Public Aid Application)
2. Patient balance (liability) must be \$300.00 or greater to be eligible for consideration.
3. If the patient is not eligible for any other aid program, then evaluate income information against the Underinsured Discount Table in Attachment A
4. Discounts are will be extended to families up to 4 times the poverty level.
5. Evaluate the patient's Liquid Asset Level and determine if some level of Asset Spend Down is appropriate. Asset Spend Downs must be approved by the Director Customer Service who is responsible for financial counseling.
6. Installment payment plans may be set up, if necessary, for the amount owed by the patient (Refer to Procedural Guideline: Self Pay Adjustments, Workout Arrangements, and Collection Agency Arrangements)
7. Patients will be provided with the financial assistance determination. If approved, the level of assistance (discount level) will be communicated in writing whenever possible.
8. If a patient's financial condition or ability to pay has changed since their most recent eligibility determination by NorthShore, a re-evaluation will be performed at the request of the patient

Financial Counselors,
Manager Financial
Counseling,
Liaison in Business
Office,
Director Customer
Service

D.

Patient Application Process

1. Patients must contact a financial counselor or business office representative to receive a financial disclosure document.
2. Patients may be required to apply for Medicare, Medicaid, AllKids, ICHIP, or other public program if there is reason to believe they would qualify.
3. Patients are required to apply for the discount within 60 days of service. After 60 days eligibility for a discount will be at NorthShore's discretion.
4. Patients must provide third-party verification of income, information regarding assets and documentation of residency within 30 days of request.
5. Income documentation shall include any one of the following: copy of most recent tax return; copy of most recent W-2 form and 1099 forms; copies of 2 most recent pay stubs; written income verification from an employer if paid in cash; or one other reasonable form of verification acceptable to the hospital.
6. Acceptable verification of Illinois residency shall include any one of the following: a valid state-issued identification card; a recent residential utility bill; a lease agreement; a vehicle registration card; a voter registration card; mail addressed to the uninsured patient at an Illinois address from a government or other credible source; a statement from a family member who resides at the same address and presents verification of residency; or a letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.
7. Acceptable documentation regarding assets may include statements from financial institutions or some other third-party verification of an asset's value. If no third-party verification exists, then the patient shall certify to the estimated value of the asset.
8. NorthShore may require patients to certify that all information provided on the application is true and if any information is untrue, the discount is forfeited and

ATTACHMENT 43

76
187

16. Charity Care and Financial Assistance Policies

the patient is responsible for the full charges.

9. Once the completed disclosure and documentation are received, they will be reviewed and a determination will be made based on the patient's family size and the information provided. The patient will be notified if they qualify for a reduction of their bill and/or an extended payment plan.

Action

Responsibility

E. Eligibility guidelines will be updated annually at the time the Department of Health and Human Service publishes the updated Federal Poverty Level (FPL) guidelines in the Federal Register

Sr. VP of Business Services

1. Eligibility for free care for uninsured must have family income that is no more than 600% FPL. The minimum discount will be to 135% of the most recently filed Medicare Cost Report Ratio of Cost to Charges.
2. The Senior Vice President Business Services will approve the annual adjustments to NorthShore Financial Assistance Guidelines

F. Procedure for Account Adjustment and Review

1. If the patient is determined to be income-eligible for free or discounted care, then
 - a. Document the level of financial assistance (free care, or discount level) in the patient accounting system.
 - b. Fax a copy of the patient's Financial Assistance application, with associated supporting documents to the Business Office, Attn: Correspondence Care Liaison.
 - c. Documents will be scanned, imaged, and indexed to the patient account.
 - d. Documentation will be faxed to NorthShore Medical Group Business Office for evaluation against physician services.
 - e. Write-off or adjust the discounted amount to the appropriate NorthShore account or service code within NorthShore billing system(s).
 - f. Notate in the patients account that the patient qualified for Free Care or discounted care.
 - g. Monthly review and signoff of charity discounts and high dollar adjustments (greater than \$20,000)

Financial Counselors,
Legal/Bad Debt Liaison
in Business Office,
Manager Financial
Counseling

Director Customer
Service,
Sr. VP Business
Services,
Hospital Presidents

G. Confidentiality

1. Access patient records on a need to know basis only
2. Confidential patient medical information will not be disclosed for purposes other than those indicated on the Conditions of Admission and/or Release of Medical Information Forms (Refer to HIPAA policies in the Administrative Directives Manual under Management of Information)

Financial Counselors,
Business Office Liaison,
Manager Financial
Counseling,
Sr. VP Business
Services

5. ATTACHMENT:

Sliding Scale Discount Table & Federal Poverty Guidelines
NorthShore Charity Care Information Protocol

Attachment A
Attachment B

6. DISTRIBUTION:

Administrative Directives Manual

ATTACHMENT 43

1788

16. Charity Care and Financial Assistance Policies

7. POLICY RESPONSIBILITY:

Sr. Vice President, Business Services

In Coordination With:

Department of Nursing
Hospital and Clinics
Home Health

8. REFERENCES:

Internal

Procedural Guideline: Self Pay Adjustments, Workout Arrangements,
and Collection Agency Arrangements
Administrative Directives Manual: HIPAA Polices (Management of
Information)
Administrative Directives Manual: HIPAA Policies

External

Health and Human Services (HHS)
Federal Poverty Guideline, most current year
Hospital Uninsured Patient Discount Act
(Public Act 95-0965)

9. REVISION:

The organization reserves the right to unilaterally revise, modify, review, or alter the terms and conditions of the policy within the constraints of the law, with or without reasonable notice.

10. APPROVAL:

<u>Brian Washa</u> Signature	<u>Sr. Vice President, Business Services</u> Title	<u>9/28/12</u> Date
<u>Jeff Hillebrand</u> Signature	<u>Chief Operating Officer</u> Title	<u>9/21/12</u> Date

11. DATES:

Origination: 6/04 Last Review: 8/12 Next Review: 8/15

ATTACHMENT 43

78
189

Financial Assistance Eligibility Guidelines

Sliding Scale Discount Tables

UNINSURED DISCOUNT TABLE

Income Range		PERCENT DISCOUNT PER INCOME LEVEL AND FAMILY SIZE							
Household Income		Number in Family							
Low	High	1	2	3	4	5	6	7	8
-	\$22,340	Free	Free	Free	Free	Free	Free	Free	Free
\$22,341	\$30,260	85.00%	Free	Free	Free	Free	Free	Free	Free
\$30,261	\$38,180	75.00%	85.00%	Free	Free	Free	Free	Free	Free
\$38,181	\$46,100	65.00%	75.00%	85.00%	Free	Free	Free	Free	Free
\$46,101	\$67,020	62.00%	65.00%	75.00%	85.00%	Free	Free	Free	Free
\$67,021	\$90,780	0.00%	62.00%	65.00%	75.00%	85.00%	Free	Free	Free
\$90,781	\$114,540	0.00%	0.00%	62.00%	65.00%	75.00%	85.00%	Free	Free
\$114,541	\$138,300	0.00%	0.00%	0.00%	62.00%	65.00%	75.00%	85.00%	Free
\$138,301	\$162,060	0.00%	0.00%	0.00%	0.00%	62.00%	65.00%	75.00%	85.00%
\$162,061	\$185,820	0.00%	0.00%	0.00%	0.00%	0.00%	62.00%	65.00%	75.00%
\$185,821	\$209,580	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	62.00%	65.00%
\$209,581	\$233,340	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	62.00%
\$233,341	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Upper Asset Level (Liquid)		\$ 67,020	\$ 90,780	\$ 114,540	\$ 138,300	\$ 162,060	\$ 185,820	\$ 209,580	\$ 233,340

% Discount off charges.

UNDERINSURED DISCOUNT TABLE

Income Range		PERCENT DISCOUNT PER INCOME LEVEL AND FAMILY SIZE							
Household Income		Number in Family							
Low	High	1	2	3	4	5	6	7	8
-	\$22,340	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
\$22,341	\$30,260	75.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
\$30,261	\$38,180	55.00%	75.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
\$38,181	\$44,680	35.00%	55.00%	75.00%	95.00%	95.00%	95.00%	95.00%	95.00%
\$44,681	\$60,520	0.00%	35.00%	55.00%	75.00%	95.00%	95.00%	95.00%	95.00%
\$60,521	\$76,360	0.00%	0.00%	35.00%	55.00%	75.00%	95.00%	95.00%	95.00%
\$76,361	\$92,200	0.00%	0.00%	0.00%	35.00%	55.00%	75.00%	95.00%	95.00%
\$92,201	\$108,040	0.00%	0.00%	0.00%	0.00%	35.00%	55.00%	75.00%	95.00%
\$108,041	\$123,880	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	55.00%	75.00%
\$123,881	\$139,720	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	55.00%
\$139,721	\$155,560	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%
\$155,561 and above		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Upper Asset Level (Liquid)		\$67,020	\$90,780	\$114,540	\$138,300	\$162,060	\$185,820	\$209,580	\$233,340

% Discount off account self pay balance

Federal Poverty Guidelines

Size of Family Unit	Household Income	Gross Monthly Income	Approximate Hourly Income
1	\$11,170	\$931	\$5.37
2	\$15,130	\$1,261	\$7.27
3	\$19,090	\$1,591	\$9.18
4	\$23,050	\$1,921	\$11.08
5	\$27,010	\$2,251	\$12.99
6	\$30,970	\$2,581	\$14.89
7	\$34,930	\$2,911	\$16.79
8	\$38,890	\$3,241	\$18.70
Each additional person, added	\$3,960	\$330	\$1.90

Assumes 2080 hours is full-time job year

Charity Care Information Protocol

Please be informed that it is the position of NorthShore to offer free or discounted care to patients who meet certain criteria as outlined by the NorthShore Charity Care and Financial Assistance Evaluation and Eligibility Policy. Be advised that it is the responsibility of all employees who are approached by patients with financial assistance inquiries of any kind, to direct those patients to the appropriate personnel as outlined below.

HOW TO RESPOND TO INQUIRES REGARDING FINANCIAL ASSISTANCE:

EVANSTON HOSPITAL

- | | | |
|----------------------------|---|--|
| * CURRENT PATIENTS: | ⇒ | <i>Direct patient to Patient Financial Counseling</i>
LOCATION: Evanston Hospital, RM 1222
PHONE: (847) 570-2100 |
| * NON-REGISTERED PATIENTS: | ⇒ | <i>Direct patient to Outpatient Clinic</i>
LOCATION: Evanston Hospital, RM G155
PHONE: (847) 570-2700 |

GLENBROOK HOSPITAL

- | | | |
|-----------------|---|---|
| * ALL INQUIRIES | ⇒ | <i>Direct patient to Patient Financial Counseling</i>
LOCATION: Glenbrook Hospital, Room 1120
PHONE: (847) 832-6200 |
|-----------------|---|---|

HIGHLAND PARK HOSPITAL

- | | | |
|-----------------|---|---|
| * ALL INQUIRIES | ⇒ | <i>Direct patient to Patient Financial Counseling</i>
LOCATION: Highland Park Hospital, RM 1153
PHONE: (847) 926-5300 |
|-----------------|---|---|

SKOKIE HOSPITAL

- | | | |
|-----------------|---|---|
| * ALL INQUIRIES | ⇒ | <i>Direct patient to Patient Financial Counseling</i>
LOCATION: Skokie Hospital, Ground Floor Lobby
PHONE: (847) 933-6757 |
|-----------------|---|---|

BILLING AND CHARGE RELATED INQUIRIES:

If a patient has questions related to their bill, please direct patient to:

PHONE:

Patient Customer Service for
Evanston Hospital
Glenbrook Hospital
Highland Park Hospital
Skokie Hospital
(847) 570-5000

ALL EMPLOYEES SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Be able to direct patient inquiries appropriately as outlined above

PATIENT FINANCIAL COUNSELING and PATIENT CUSTOMER SERVICE SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Understand the NorthShore Charity Care and Financial Assistance Evaluation and Eligibility Policy
- 3) Remain current on all changes related to charity care and financial assistance

COLLECTION AGENCIES SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Be able to direct patient inquiries appropriately

If a patient inquires about financial assistance or informs a collection agency that their financial condition has since changed, the collection agency should direct the patient to NorthShore Customer Service @ (847) 570-5000

If you have any questions related to the NorthShore Charity Care and Financial Assistance Program, you may contact Patient Financial Counseling @ (847) 570-2100

ATTACHMENT 43

82
173

NorthShore University HealthSystem System-Wide Support

NorthShore provides support to a variety of national and local organizations that help support our core mission to preserve and improve human life. In 2012, a total of \$935,503 in financial support and non-cash donations were provided to 92 not for profit organizations. System-wide recipients include:

- American Cancer Society
- American Diabetes Association
- American Heart Association
- Anita Kaufmann Foundation
- Bethany United Church
- Cancer Wellness Center
- Crohn's & Colitis Foundation
- Lake County Partners
- National Kidney Foundation
- Pancan
- Peer Services
- Santa for the Very Poor

Hospital-Based Community Support

To help support its mission NorthShore makes financial contributions to local organizations. We recognize that the more NorthShore and the community connect, the stronger and healthier we both will become. Hospital-based recipients include:

Evanston Hospital-Based Community Support

- Childcare Network of Evanston
- City of Evanston
- Connections for the Homeless
- Cradle Foundation
- Erie Family Health Center
- Evanston Chamber of Commerce
- Evanston Community Foundation
- Evanston/Skokie School District 65
- Friends of Evanston Farmers Market
- McGaw YMCA
- North Shore Senior Center
- Youth Job Center of Evanston
- YWCA Evanston/North Shore

Glenbrook Hospital-Based Community Support

- Des Plaines Library
- Glenview Education Foundation
- Glenview Giving Foundation
- Glenbrook South High School
- Helping Hands of Glenview
- Korean American Community Services
- North Shore Senior Center
- North Suburban YMCA
- Rebuilding Together
- The Josselyn Center
- Youth Services of Glenview & Northbrook

Highland Park Hospital-Based Community Support

- CJE Senior Life
- Crohn's & Colitis Foundation of America
- Family Network
- HealthReach
- Highland Park Chamber of Commerce Scholarship
- Highland Park Nursery & Day Care Center
- Highwood Chamber of Commerce Scholarship
- Lake County Health Department
- Moraine Township
- Northern Illinois Food Bank
- Park District of Highland Park
- Rotary Club of Highland Park & Highwood
- Tri-Con Child Care Center
- Village of Deerfield
- West Deerfield Township
- Zacharias Center

Skokie Hospital-Based Community Support

- Chicago Mitzvah Campaigns
- CJE Senior Life
- Lincolnwood Park District
- Maine-Niles Association for Special Recreation
- Skokie Chamber of Commerce
- Skokie Public Library
- Skokie Park District

Skokie Hospital-Based Community Support (continued)

- Turning Point Behavioral Health Care Center
- Village of Morton Grove

NorthShore University HealthSystem Employee Sharing Spirit Awards

The *Sharing Spirit* volunteer award recognizes and supports employees who selflessly give of their time and skills to improve the lives of others. Winners were honored at a breakfast ceremony, where 10 employees each received a \$500 contribution to give to the organization for which they volunteer.

Organizations receiving contributions included:

- American Federation for Suicide Prevention
- Bread of Life African Ministries
- Childrens' Oncology Services of Illinois
- Elvin Masigan Integrated Hospital
- Expanding Lives
- Galilee Ministries
- Global Health Outreach
- Mount Saint Joseph
- Support Organization for Trisomy Families
- Thai Nurse Association of Illinois

Industry Recognition

Among the many honors bestowed on NorthShore during the past year, these stand out and distinguish us in the marketplace.

- **U.S. News & World Report Best Hospitals Ranking.** NorthShore is nationally ranked in two specialties and rated as high performing in nine other areas according to U.S. News & World Report's annual Best Hospitals Survey. NorthShore was nationally ranked in Gynecology and Gastroenterology and rated high-performing in: Cancer, Diabetes & Endocrinology, Ear, Nose & Throat, Geriatrics, Nephrology, Neurology & Neurosurgery, Orthopaedics, Pulmonology and Urology.
- **100 Most Wired Hospitals.** NorthShore has been recognized as one of the nation's Most Wired and Most Wireless according to the results of the 2012 Most Wired Survey in *Hospitals & Health Networks* magazine. This represents the ninth year in a row that NorthShore and its hospitals have earned the Most Wired designation.
- **2012 VHA Leadership Award for Sustainability Excellence.** NorthShore received this award in recognition of its extraordinarily effective recycling and waste reduction projects. The initiatives include the successful implementation of a system-wide paper and mixed fiber/cardboard recycling program.
- **2012 CIO Magazine Top 100 Award.** NorthShore received an award for innovative organizations that use Information Technology (IT) effectively to create business value.
- **HIMSS Stage 6 Award.** NorthShore is one of only a few healthcare systems in the nation recognized for full EMR adoption by the Healthcare Information and Management Systems Society (HIMSS).
- **Leapfrog Top Hospitals 2012 List.** Evanston and Glenbrook Hospitals meet criteria on national assessment of hospital quality and safety among five hospitals in Illinois to receive this award.
- **Blue Cross and Blue Shield's Blue Distinction Center for Knee & Hip Replacement.** NorthShore's Total Joint Replacement Center was named a 2012 Blue Distinction Center for Knee and Hip Replacements. The designation "recognizes facilities that meet objective, evidence-based thresholds for clinical quality, developed in collaboration with expert physicians and medical organizations."
- **Highest Standards in Quality Cancer Care.** NorthShore's Division of Hematology/Oncology has been certified by the Quality Oncology Practice Initiative (QOPI) as a premier medical provider for practicing the "highest standards for quality cancer care." The division cares for cancer patients at NorthShore's Kellogg Cancer Center.
- **The Joint Commission Certificate of Distinction for Inpatient Diabetes Care.** NorthShore Evanston Hospital has earned The Joint Commission's Certificate of Distinction for Inpatient Diabetes Care.

ATTACHMENT 43

- **The Joint Commission Advanced Certification in Palliative Care.** NorthShore earned Advanced Certification in palliative care, marking its Evanston Hospital program as one of the most distinguished in Illinois and the United States.
- **The American College of Radiology (ACR) Breast Imaging Center of Excellence.** NorthShore's three breast centers at Evanston, Glenbrook and Highland Park Hospitals have been recognized as Centers of Excellence and are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.
- **Top 101 Hospitals with Great Orthopaedic Programs.** Becker's Hospital Review listed NorthShore Evanston Hospital among top hospitals in the nation for Orthopaedic programs for use of the latest technology and techniques to diagnose treat and rehabilitate musculoskeletal injuries and disease.
- **Accreditation from the Society for Simulation in Healthcare (SSH).** NorthShore Center for Simulation and Innovation (NCSI) has been accredited by SSH in areas of Core Standards, Research and Teaching/Education. The accreditation also recognizes NCSI's track record for excellence in improving patient safety and outcomes through research and education using simulation technology.
- **100 Hospitals with Great Women's Health Programs.** Becker's Hospital Review named NorthShore Evanston Hospital among the nation's top "100 Hospitals with Great Women's Health Programs." Becker's noted that Evanston Hospital's "Caesarian section rate is far lower than the average institution" as well as its prominence as a regional perinatal network hospital for northeastern Illinois.

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: NorthShore University HealthSystem

Mailing Address: 1301 Central Street
(Street Address/P.O. Box)

Evanston, IL 60201
(City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box)

(City, State, Zip)

Reporting Period: 10 / 1 / 11 through 09 / 30 / 12 Taxpayer Number: 36-2167060
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
<u>Evanston Hospital</u>	<u>2650 Ridge Avenue, Evanston</u>	<u>36-2167060</u>
<u>Glenbrook Hospital</u>	<u>2100 Pfingsten Rd, Glenview</u>	<u>36-2167060</u>
<u>Highland Park Hospital</u>	<u>777 Park Ave W, Highland Park</u>	<u>36-2167060</u>
<u>Skokie Hospital</u>	<u>9600 Gross Point Road, Skokie</u>	<u>36-2167060</u>

1. **ATTACH Mission Statement:**

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**

The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care..... \$ 24,089,330

ATTACH Charity Care Policy:

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

MP

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

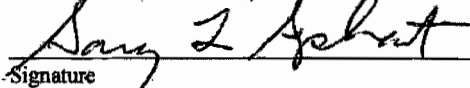
Language Assistant Services	\$ 1,543,784
Government Sponsored Indigent Health Care	\$ 145,549,233
Donations	\$ 935,503
Volunteer Services	
a) Employee Volunteer Services	\$ 123,045
b) Non-Employee Volunteer Services	\$ 2,571,661
c) Total (add lines a and b)	\$ 2,694,706
Education	\$ 43,575,656
Government-sponsored program services	\$ 1,936,083
Research	\$ 6,886,754
Subsidized health services	\$ 31,041,688
Bad debts	\$ 9,613,007
Other Community Benefits	\$ 579,596

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements** for the reporting period.

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Gary L. Gephart, AVP, Finance
Name / Title (Please Print)


Signature

Gary L. Gephart
Name of Person Completing Form

ggephart@northshore.org
Electronic / Internet Mail Address

(847) 570-5053
Phone: Area Code / Telephone No.

3-13-13
Date.

(847) 570-5053
Phone: Area Code / Telephone No.

(847) 570-5240
FAX: Area Code / FAX No.

**NorthShore University HealthSystem
Annual Non Profit Hospital Community Benefits Plan Report
For the Year Ended September 30, 2012
Attachment**

NorthShore University HealthSystem (NorthShore) continues to evaluate all unreimbursed services for proper classification in the Annual Non Profit Hospital Community Benefits Plan Report as defined by the State of Illinois. The organization also continues to work with all eligible patients to apply for financial assistance to which they may qualify.

NorthShore provided \$268 million in total community benefits, which is a 9% increase from last year. Below are the results of NorthShore's community benefit activities by category:

- The Government Sponsored Indigent Healthcare category was higher than the prior year due to an increase in patient volume and activity.
- Donations increased because of a higher contribution to the Lake County Health Department as part of the Be Well Lake County program.
- The Education line increased due to prior year accounting for the medical resident FICA tax refund, changes in reporting of medical education expenses on the Medicare Cost Report, expansion of the Pharmacy residency program, and increases in intern supervision costs.
- The Bad Debts expense (stated at cost) decreased as a result of continued evaluation of reserve balances and a lower cost-to-charge ratio from the previous year.
- The Other Community Benefits category increased due to a higher level of employee participation at NorthShore community events, health fairs, screenings, etc.

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	28
2	Site Ownership	29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	34
8	Obligation Document if required	
9	Cost Space Requirements	36
10	Discontinuation	
11	Background of the Applicant	37
12	Purpose of the Project	45
13	Alternatives to the Project	47
14	Size of the Project	49
15	Project Service Utilization	51
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	52
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
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	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	53
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	56
37	Financial Waiver	95
38	Financial Viability	
39	Economic Feasibility	110
40	Safety Net Impact Statement	
41	Charity Care Information	24