

# HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET ITEM NUMBER:</b> G-07	BOARD MEETING: March 29, 2016	PROJECT NUMBER: E-008-16								
<b>EXEMPTION APPLICANT(S):</b> Franciscan Alliance, Inc. and Franciscan Alliance, Inc. d/b/a St. James Health-Chicago Heights										
FACILITY NAME and LOCATION: Franciscan St. James Health-Chicago Heights										

# 1. Public Act 99-0154

Public Act 99-0154 became law July 29, 2015 and is effective immediately. This Act requires that a discontinuation of a health care facility or a category of service be exempt from certificate of need and that if all of the information required by the State Board is submitted, the exemption from the certificate of need **must** be approved.

The Act states upon a finding that an application to discontinue a health care facility is complete and provides the requested information, as specified by the State Board, an exemption shall be issued. No later than 30 days after the issuance of the exemption, the health care facility must give written notice of the discontinuation of the health care facility to the State Senator and State Representative serving the legislative district in which the health care facility is located. The Illinois Health Facility Planning Act 20 ILCS 3960/5.4) requires that a Safety Net Impact Statement be provided when the application proposes to discontinue a health care facility.

The applicants have provided all of the necessary information as required by PA 99-0154; therefore the State Board has to approve this discontinuation.

# 2. The Transaction

The applicants are proposing to discontinue Franciscan St. James Health-Chicago Heights hospital located at 1423 Chicago Heights, Illinois. The hospital is discontinuing the following beds/category of services:

- 200 Medical/Surgical beds
- 20 ICU beds
- 22 Obstetrics beds
- 10 Pediatrics beds
- 30 Comprehensive Physical Rehabilitation beds
- 312 Totals

Additionally the hospital is discontinuing the emergency department and many of the outpatient services currently provided in the hospital. The other "clinical services" anticipated to be discontinued include: LDRs, C-Section rooms, newborn nursery, laboratory, surgery, recovery, endoscopy, emergency department, imaging, respiratory therapy, physical therapy, occupational therapy, and EKG.

Franciscan Alliance, Inc. also operates Franciscan St. James Health-Olympia Fields located approximately 4 ½ miles from St James Chicago Heights. Franciscan Alliance, Inc. has submitted an application for permit to modernize the Olympia Fields hospital as Project #16-005. Discontinuation is anticipated to occur within 45 days following the completion of the proposed modernization of Franciscan St. James Health-Olympia Fields (FSJH-OF). That project is scheduled to be completed on October 31, 2018.

#### 3. Reasons for Discontinuation

The reasons for discontinuation include the age of the hospital's physical plant (approximately 105 years old), the cost to make needed improvements to the physical plant (estimated in the \$50-70M range), the significant operating costs associated with the continued operating of two hospitals with largely redundant services located only 4½ miles apart, the low occupancy rates of the hospitals, and an over-bedding in the area.

In conjunction with the discontinuation of the Chicago Heights hospital the applicants are expanding its Chicago Heights outpatient center (Franciscan Express Care Chicago Heights) to accommodate a portion of historical outpatient and Emergency Department's caseload. According to the applicants, accessibility issues will be greatly diminished, and in many cases eliminated all-together and the proposed discontinuation will not have an undue adverse effect upon access to care for residents of the facility's market area. Franciscan Express Care Chicago Heights is approximately four (4) minutes from the the Chicago Heights hospital.

The future use/disposition of the Chicago Heights physical plant has not yet been determined, and the applicants will continue to investigate the potential re-use of the facility and site as the Olympia Fields project proceeds. Due to the age of the building, it is anticipated that, at minimum, portions of the physical plant will be demolished. Portions of the vacated areas will be used for outpatient functions, such as a primary care clinic and other outpatient services. Selected non-clinical/administrative functions currently located at Olympia Fields will be moved to the Chicago Heights campus, and administrative functions currently occupying space in the Chicago Heights Medical Office Building (located on the hospital campus) will be moved to the vacated hospital building to facilitate Franciscan Health, Inc.'s physician recruitment initiatives. A limited amount of equipment currently in use at the Chicago Heights facility will be relocated to the Olympia Fields facility, particularly beds and furniture. Other equipment will be sold, donated, or discarded.

A portion of the Chicago Heights campus will be available for re-development upon the conclusion of this project.

All medical records will be maintained by and accessible through FSJH-OF, consistent with all applicable laws, licensure and accreditation requirements, and industry standards.

# 4. Safety Net Impact Statement

The applicants amended (received March 2, 2016) their safety net impact statement and provided the following information:

"Franciscan St. James Health is one of the largest providers of safety net services in the southern suburbs. In 2014 in excess of \$19M (cost) in charity care was provided through the two hospitals, representing a 150% increase over 2012. Similarly, \$27.7M in Medicaid services was provided in 2014, representing a 130% increase over 2012.

Care to the financially-disadvantaged segments of the community are provided consistent with a 100 year history of doing so, and remaining true to the mission of "Continuing Christ's ministry in the Franciscan tradition," reflecting values of respect for life, compassionate concern, and joyful service.

Access to safety net services will not be eliminated through the proposed project.

The project addressed through this COE application is limited to the "discontinuation" of Franciscan St. James Health-Chicago Heights as a licensed hospital. Through that process, Franciscan St. James Health will no longer operate inpatients units, an Emergency Department, a surgical suite, and selected other primarily inpatient-related services on the Chicago Heights hospital campus.

Great care is being taken, however, to ensure that accessibility to the services most often used and needed by area residents, and particularly access to physicians, remains accessible, and in some cases, accessibility is being enhanced. Specifically, inpatient services are and will continue to be readily available in the area, with Franciscan St. James Health-Olympia Fields adding Medical/Surgical and ICU beds and establishing obstetrics and comprehensive physical rehabilitation services to ensure that easy accessibility remains. The two Franciscan St. James hospitals are located approximately  $4\frac{1}{2}$  miles apart.

Patients that have historically used Franciscan St. James Health-Chicago Heights's Emergency room will be able to continue to access services through the physician-staffed urgent care center located less than two miles to the north of the Chicago Heights hospital, and the Emergency Department at Franciscan St. James Health-Olympia Fields. Historically, over 80% of the patients seeking care at the FSJH-CH Emergency Department have not been in need of ED services, with an urgent care center or a physician's office being a more appropriate setting. Access to physicians' services will be improved through the expanding of the urgent care center's hours of operation to 24/7, as well as the expanding of the facility. Access to physicians' services will be improved through the establishment of a primary care clinic in the hospital building. This clinic will provide a "home base" for area residents without a private physician.

Access to physicians' services will be further improved through the modernization of the Medical Office Building located on the Chicago Heights campus. The renovation of the

MOB will support Franciscan St. James Health's efforts to recruit additional physicians to the community.

Programs and clinics, addressing specific identified needs of the community, such as diabetes care, bariatric/obesity services, and chronic heart failure management will be developed on the campus.

Franciscan St. James Health-Olympia Fields is a member of Franciscan Alliance, Inc., a 14-hospital system. Historically, Franciscan Alliance has subsidized its two Illinois hospitals. It is anticipated that following the consolidation of inpatient services currently provided at the Olympia Fields hospital and Chicago Heights facility, the level at which Franciscan Alliance, Inc. has had to subsidize the hospital(s) will be reduced. Individual hospitals within Franciscan Alliance, Inc. do not subsidize one another.

Every three years, Franciscan St. James Health, in cooperation with other community resources, leads a community needs assessment that provides a framework for community-based health care programming. Franciscan St. James is currently working under a needs assessment conducted in late 2012/early 2013, and which identified three areas of focus: diabetes health and awareness, cardiovascular disease awareness and education, and access to care. Addressing these issues, during 2014:

- Approximately 580 individuals with previously undiagnosed diabetes were identified and referred to the St. James Diabetes Center or to another provider for education, nutritional counseling, and follow-up care.
- A process for identifying patients suffering from Chronic Obstructive Pulmonary
  Disease (COPD) or Chronic Heart Failure (CHF), and at risk of being readmitted
  was developed. A multi-disciplinary team was established to develop plans of
  care and discharge plans and to transition patients to appropriate treatment
  settings.
- The Franciscan Primary Care Clinic was established to provide post-discharge care and immediate follow-up visits to patients without a primary care provider. This clinic, which provides services at a reduced cost, is designed to serve as a bridge between hospitalization and the establishment of a relationship with a primary care provider. Approximately 3,400 patients benefited from this program last year. In addition, Franciscan St. James developed a program to link area residents needing transportation to health care services with providers, and also developed a program to transport area residents to its hospitals, without any cost to the patient.

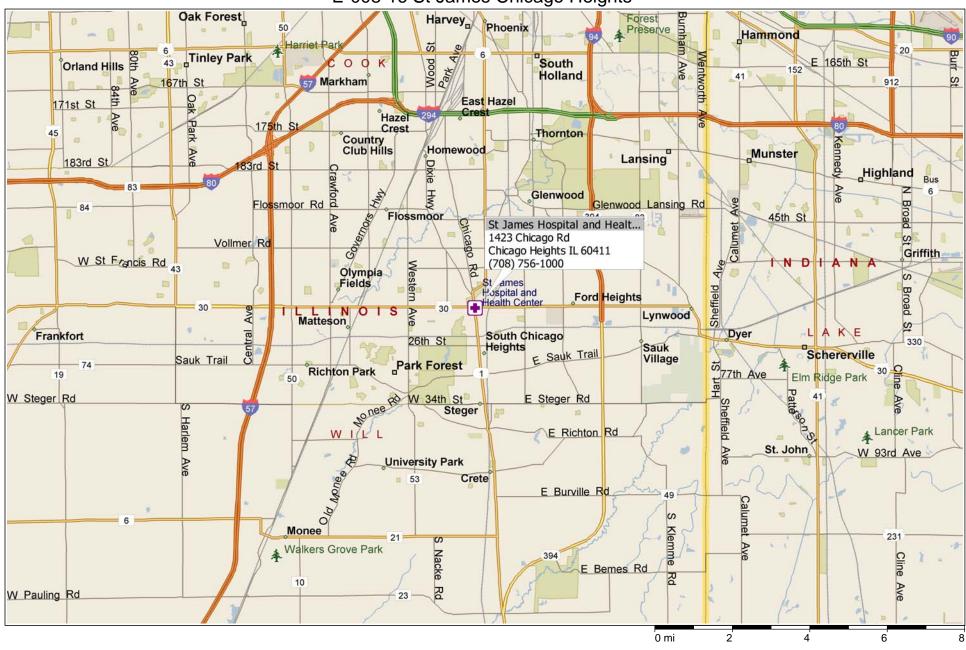
Of a more general nature, Franciscan St. James is a sponsor of and participant in numerous community-based health fairs throughout the region, and provides direct monetary support to 45-50 not-for-profit agencies and groups annually. Those groups and agencies provide improved education, housing, social support, and health care services to the communities in the south suburbs."

TABLE ONE									
St. James He	alth – Chicago I	Heights							
Safety Net Info	rmation per PA	96-0031							
Net Patient Revenue	\$117,758,359	\$126,005,182	\$118,708,824						
CHARITY CARE									
Charity (# of patients)	2012	2013	2014						
Inpatient	1,908	839	832						
Outpatient	9,663	7,004	7,594						
Total	11,571	7,843	8,426						
Charity (cost In dollars)									
Inpatient	\$2,155,106	\$3,938,211	\$4,642,803						
Outpatient	\$2,200,415	\$4,887,321	\$5,765,061						
Total	\$4,355,521	\$8,825,532	\$10,407,864						
Charity Care % of Net Revenue	3.70%	7.00%	8.77%						
MEDICAID									
Medicaid (# of patients)									
Inpatient	1,451	1,208	1,689						
Outpatient	20,098	10,175	15,521						
Total	21,549	11,383	17,210						
Medicaid (revenue)									
Inpatient	\$7,442,170	\$12,426,923	\$10,394,352						
Outpatient	\$4,474,901	\$5,974,701	\$17,327,847						
Total	\$11,917,071	\$18,401,624	\$27,722,199						
Medicaid as of % of Net Revenue	10.12%	14.60%	23.35%						

# 5. Public Hearing

A public hearing was held on February 9, 2016. A number of individuals were attendance both in support and opposition to the proposed discontinuation.

E-008-16 St James Chicago Heights



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Hospital Profile - C	Y 2014	Francisc	an St. James	s Health -	Chicago	Heights	Chica	go Heig	ıhts	Page 1
•	nagement and				9	Patients by		<u> </u>	Patients by Et	
ADMINISTRATOR NA			<del></del>		WI	hite		7.5% Hi	spanic or Latino	
ADMINSTRATOR PHO						ack			ot Hispanic or L	
OWNERSHIP:		SCAN ALLIANO	JANCE, INC.			nerican Indian			nknown:	1.3%
OPERATOR:	FRANCI	SCAN ALLIANO	CE, INC.		Asian		(	).2% —		
MANAGEMENT:	Church-l		•		На	waiian/ Pacific		).1%	IDPH Number	: 2436
CERTIFICATION:	None				Un	known	1	.3%	HPA	A-04
<b>FACILITY DESIGNATI</b>	ON: General	Hospital							HSA	7
ADDRESS	1423 Ch	cago Road	CITY: Chicago He		Heights COUNTY:		Suburba	an Cook C	ounty	
			Facility Utiliza	tion Data by	/ Category	of Service				
Clinical Service	Authorize CON Beds 12/31/201	Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	230	117	81	4,796	21,184	5,032	5.5	71.8	31.2	61.4
0-14 Years	230	117	01	4,790 70	176	5,032	5.5	71.0	31.2	01.4
0-14 Years 15-44 Years				886	3,030					
45-64 Years				1,635	3,030 7,161					
65-74 Years				856	4,239					
75 Years +				1,349	6,578					
Pediatric	10	10	5	70	176	184	5.1	1.0	9.9	9.9
Intensive Care	20	20	14	818	2,823	4	3.5	7.7	38.7	38.7
Direct Admission				464	547					
Transfers				354	2,276					
Obstetric/Gynecology	22	22	15	1,809	4,544	131	2.6	12.8	58.2	58.2
Maternity				1,809	4,544					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	30	30	19	317	3,959	10	12.5	10.9	36.2	36.2
		0	0	0	0,000	0	0.0	0.0	0.0	0.0
Long-Term Acute Card Dedcated Observation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Facility Utilization	312			7,456	32,686		5.1	104.2	33.4	
racinty offization	312		(Includes ICU I	•	,	•	J. I	104.2	33.4	
			`			/ erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private Ins		Private Pay	Source	Cha	arity Care	Totals
	33.3%	21.8%	0.5%		32.9%	•		Gila	10.7%	Totals
Inpatients						0.8%				7.740
	2578	1689	41		2550	59			832	7,749
Outpatients	18.5%	19.0%	1.1%		51.8%	0.3%			9.3%	
	15081	15521	921		42200	219			7594	81,536
Financial Year Reporte	<u>ed:</u> 1/1/2014	to 12/31/20°	14 <u>Inpatie</u>	nt and Outp	atient Net	Revenue by P	ayor Sour	<u>ce</u>	Charita	Total Charity
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay	•	Totals	Care	Care Expense 10,407,864
Inpatient	53.2%	7.8%	0.0%		37.9%	1.1%	1	00.0%	Expense	10,407,004
Revenue (\$)	35,774,414	5,250,405	28,895	25.	461,129	730,080		44,923	4,642,803	Total Charity
				20,	-		-		4,042,000	Care as % of
Outpatient	20.1%	12.8%	0.3%		64.9%	1.9%		00.0%		Net Revenue
Revenue (\$)	10,339,276	6,575,734	142,369	33,4	110,715	995,807	51,46	63,901	5,765,061	8.8%
<u>B</u>	irthing Data			Newl	born Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth		g	932		Level I	Level II	ا م	/el II+	Kidney:	0
Number of Live Births			920 Beds						Heart:	0
Birthing Rooms:		`	0 Beds Patient	Dave	(	0		28	Lung:	0
Labor Rooms:			n rallelii	•		0		2,480	Heart/Lung:	0
Delivery Rooms:			0 Total N	lewborn Pation	ent Days		2	2,480	Pancreas:	0
•	ary Poome:		8	1	.aboratory	Studies			Liver:	0
Labor-Delivery-Recov	CITY INDUITIO.		O	_		Otaaics				
•	•	Rooms:		nt Studies		Otuuics	19 <sup>-</sup>	1,142		0
Labor-Delivery-Recov Labor-Delivery-Recov C-Section Rooms:	•	Rooms:	2 Inpatie	_	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>Otduics</u>		1,142 3,068	Total:	0

				Curas	mr and Oner	iting Room U	tili-ation				
			_	Surge		_					
Surgical Specialty		<u>Operating</u>				al Cases	_	Surgical Hou	-	oer Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatier
Cardiovascular	0	0	0	0	56	83	104	154	258	1.9	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	546	459	1191	786	1977	2.2	1.7
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	17	0	76	0	76	4.5	0.0
OB/Gynecology	0	0	0	0	77	263	147	420	567	1.9	1.6
Oral/Maxillofacial	0	0	0	0	3	1	4	2	6	1.3	2.0
Ophthalmology	0	0	1	1	4	66	6	77	83	1.5	1.2
Orthopedic	0	0	0	0	538	572	1802	1278	3080	3.3	2.2
Otolaryngology	0	0	0	0	40	10	72	24	96	1.8	2.4
Plastic Surgery	0	0	0	0	0	4	0	5	5	0.0	1.3
Podiatry	0	0	0	0	7	30	11	47	58	1.6	1.6
Thoracic	0	0	0	0	2	0	8	0	8	4.0	0.0
Urology	0	0	0	0	245	227	410	264	674	1.7	1.2
Totals	0	0	10	10	1535	1715	3831	3057	6888	2.5	1.8
SURGICAL RECOV	/ERY STAT	TIONS	Stag	e 1 Recov	ery Stations	12	Sta	age 2 Recove	ery Stations	18	

<u>Dedicated and Non-Dedicated Procedure Room Utilzation</u>											
	Procedure Rooms				<u>Surgical</u>	al Cases	<u> </u>	Surgical Hou	Hours per Case		
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	517	3	388	2	390	0.8	0.7
Laser Eye Procedures	0	0	1	1	0	31	0	50	50	0.0	1.6
Pain Management	0	0	1	1	2	1	4	1	5	2.0	1.0
Cystoscopy	0	0	1	1	0	89	0	180	180	0.0	2.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center Level of Trauma Service Level 1	No <b>Level 2</b>	Total Cath Labs (Dedicated+Nondedicated labs): Cath Labs used for Angiography procedures	<b>0</b> 0
Operating Rooms Dedicated for Trauma Care Number of Trauma Visits: Patients Admitted from Trauma	0 115 0	Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs Dedicated EP Catheterization Labs	0 0 0
Emergency Service Type: Number of Emergency Room Stations	Basic 22	Cardiac Catheterization Utilization  Total Cardiac Cath Procedures:	0
Persons Treated by Emergency Services: Patients Admitted from Emergency: Total ED Visits (Emergency+Trauma):	40,494 6,977 <b>40,609</b>	Diagnostic Catheterizations (0-14) Diagnostic Catheterizations (15+)	0
Free-Standing Emergency Center  Beds in Free-Standing Centers		Interventional Catheterizations (0-14): Interventional Catheterization (15+) EP Catheterizations (15+)	0 0 0
Patient Visits in Free-Standing Centers Hospital Admissions from Free-Standing Center		<u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:	0
Outpatient Service Data  Total Outpatient Visits Outpatient Visits at the Hospital/ Campus: Outpatient Visits Offsite/off campus	<b>104,040</b> 73,942 30,098	Pediatric (0 - 14 Years): Adult (15 Years and Older): Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases:	0

Diagnostic/Interventional Equipment			Exa	aminatio	<u>ns</u>	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned Contract		<b>Treatments</b>
General Radiography/Fluoroscopy	6	0	12,737	17,097	0	Lithotripsy	C	0	0
Nuclear Medicine	4	0	382	561	0	Linear Accelerator	C	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy			0
Ultrasound	4	0	2,370	7,509	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy 0 (		0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy 0 0		0	0
Interventional Angiography			0	0	0	Gamma Knife	C	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	C	0	0
Computerized Axial Tomography (CAT)	2	0	3,556	5,993	0				
Magnetic Resonance Imaging	2	0	660	1,060	0				