

HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)
PUBLIC HEARING REPORT

Rockford Memorial Hospital
Project # E-021-16
September 16, 2016
Rockford Public Library
215 Wyman Street, Rockford, Illinois
10:30AM – 1PM

HFSRB Staff Present	Courtney Avery; Juan Morado; Jeannie Mitchell
Board Member Present	Brad Burzynski
Registered Appearance	Support 11 Oppose 19 Neutral 04 No Position 03 (Total 37)
Registered Testimony	Support 13 Oppose 03 Neutral 01 (Total 17)
Total Attendance	54
Report Author	Courtney Avery, Administrator



From The Episcopal Desk Of Bishop James E. Dukes

Date: September 16, 2016
Submitted by: James E. Dukes

Public Hearing Comments on Rockford Memorial Hospital / Project # E-021-16

Thank you Hearing Officer and Member of the Board.

My name is Bishop James E. Dukes. I serve as Senior Pastor of the Liberation Christian Church in Chicago, and am the Bishop of Social Justice for the United Covenant Churches of Christ (UCCC). There are multiple UCCC-affiliated churches located in Rockford and I am here to speak on behalf of hundreds of Rockford residents who have expressed not only an interest, but also a grave concern, about this project and MercyRockford. More than 50 of those

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folks are here today, but I can tell you that there are hundreds more who would be here if they could be. When you schedule a public hearing in this community at 11 o'clock in the morning on a weekday, on a workday, on a school day, you have guaranteed that a majority of the public who would have attended, will not attend, because this is not an accessible time for the members of this community who are most affected by this project. I am fortunate to have been able to attend, and I speak on behalf of those who could not be here.

I have been told that this hearing is only about six neonatal intensive care beds at MercyRockford. Well there is a lot more going on here than six beds, and the public needs to know about it. But let's start with the six beds.

I have two questions about these six beds. First, where are they going to be located? And, more importantly, how long are they going to be there? We know where the beds are going. The application says that they are for MercyRockford's West Side facility on Rockton Avenue. But the application is not telling us **how long** they are going to be there, and that is a relevant question. Shouldn't the community know how long those beds are going to be there, and how long the neonatal intensive care unit at Rockton Avenue is going to be there? MercyRockford's application doesn't tell us that.

There is a Notice about this project on the CON Board's website, and that notice says, [quote] "On November 17, 2015, Rockford Memorial Hospital was approved by the State Board to discontinue its 46-bed NICU unit service at 2400 North Rockton Avenue.... [T]he State Board agrees to allow Rockford Memorial Hospital to continue to operate its 46-bed NICU unit at the Rockton Avenue campus **until such time as their new Hospital was constructed and ready to be occupied at I-90/39 & East Riverside Blvd....**" (Attachment 1.) So the CON Board is telling us that the 46-bed Neonatal Intensive Care Unit, and these

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additional six beds, are only going to be at Rockton Avenue "until such time" as the new hospital on the East Side is ready.

Then what happens? Then the neonatal unit at Rockton Avenue is shut down. And that's not the only thing the CON Board approved last November. The neonatal ICU will be closed, the pediatric ICU will be closed, the adult ICU will be closed, the Obstetrics unit will be closed, the cardiac cath service will be closed, the open heart surgery service will be closed, and the Level I Trauma Center will be closed. The six beds are just the tip of the iceberg of services that will be shut down on the West Side. But they are all connected. They were all part of the same deal last November. And I've been told that's a "done deal."

And now, adding insult to injury, we have this application for six short-lived beds at Rockton Avenue. Why does MercyRockford want six more beds for a unit they will be closing in a few years? Their application says that these beds are needed because Crusader Clinic made a "recent decision to align its women's and children's services, including newborn care, with Rockford Memorial Hospital." What the application doesn't say is that MercyRockford's deal with Crusader Clinic means that Crusader will no longer be referring patients to SwedishAmerican Hospital.

What does that mean to the West Side? It means that when MercyRockford closes its services at Rockton Avenue, Crusader patients won't be able to go to the next nearest hospital, SwedishAmerican. Instead, these patients will all have to go to the new Mercy hospital on the East side. Who benefits from that? Certainly not West side residents. That's a big burden on West side residents. That's going to make access to the critical health care services much more difficult for West side residents.

When MercyRockford got approval to close down all those acute care services on the West side, did they tell everyone that they also planned to cut a deal with Crusader Clinic so that the West-siders wouldn't even have access to SwedishAmerican anymore, and that they'd all be shipped over to MercyRockford's new hospital on the east side? I don't think so. MercyRockford is abandoning the West side by closing acute care services at its Rockton Avenue campus. Now with this Crusader deal, MercyRockford is even blocking West side access to acute care services at SwedishAmerican.

Is anyone concerned about the West side's access to health care? I understand the Winnebago County Health Department sent a letter to the CON Board when MercyRockford proposed to close all those acute care services on the West side and said that it wanted to, [quote] **"Ensure that populations at highest risk for poor health outcomes have access to the entire continuum of care including primary prevention, acute care and restorative/rehabilitative care to achieve high health equity."** (Attachment 2.) Isn't the West side a high risk population for poor health outcomes? Shouldn't the West side have access to the entire continuum of care including neonatal intensive care, pediatric intensive care, adult intensive care, obstetrics, cardiac cath, open heart, obstetrics, and Level I Trauma Center? Where is the equity here?

The Winnebago County Health Department also said that there needs to be a "focus on accessibility to the care including proximity if it is going to be used effectively." Here you have the County Health Department itself saying that when you move critical care services farther away from a high risk population, you reduce the accessibility and the effectiveness of those services. That's exactly what's happening here, but the County and the State let it happen.

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I've heard about some services that MercyRockford promises to keep on the West Side – but I didn't hear anything about a neonatal intensive care unit, or a pediatric intensive care unit, or an adult intensive care unit, or an obstetrics unit, or a cardiac cath service, or an open heart surgery service, or a Level I Trauma Center. Those are the things that are really needed here. But we don't hear anything about those because they are all going to be closed, and from what I see, the affected West side community is not fully aware of what is happening over there at Rockford Memorial.

And now with this Crusader deal, West-side Crusader patients will be denied access to critical acute care services both at Mercy's Rockton Avenue hospital **and** at SwedishAmerican. Has anyone studied the impact on poor health outcomes resulting from Crusader Clinic's decision to no longer send patients to what will be the nearest hospital and instead sending them to the hospital that is furthest away from the West side? MercyRockford's new hospital will be even farther away than OSF Saint Anthony. Who's watching out for the high risk populations on the West side? Anybody?

I've read that MercyRockford wants to turn its new hospital on the east side into a "Destination" hospital. A destination for whom? Not West-side residents, who will face long daily commutes when family members are admitted for long-term stays. I've read that MercyRockford wants to build hotels and restaurants and all kinds of amenities for folks in Wisconsin to come down for extended stays in Rockford while their family members are at the brand new hospital on the East side. I fear that there is more concern about people in Wisconsin, where Mercy came from, than for people living in Rockford's own West side. And who is going to profit from all these restaurants and hotels and amenities? Mercy owns the land, are they going to own the hotels and the restaurants too?

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The East side gets a new hospital, and new hotels and new restaurants and new amenities. What does the West side get? MercyRockford told the CON Board last November that they would commit \$50 million dollars over ten years to the Rockton Avenue campus. That's \$5 million dollars a year. You can't even change the carpeting there for \$5 million dollars. That hospital building on the west side is going to be a dilapidated, decaying, public blight at \$5 million dollars a year. And will MercyRockford even be there for ten more years?

When MercyRockford was in front of the Board last November to close down services at the Rockton Avenue campus, the Chairlady of the CON Board announced that MercyRockford could, [quote] "Completely close down the Rockford Memorial site on Rockton Avenue and there would have been nothing that this Board could do to stop that." (Attachment 3.) If MercyRockford could do it then, they could do it now, and based on what I just read there is nothing that this CON Board would do to stop it. All these promises we've heard about for the West side are only that, promises. All the real money, all the critical services, all the attention and all the focus is on the East side. MercyRockford can pull the plug on that West-side facility any time they want because they've been told by the State that there is nothing anybody can do to stop it.

I object to this project, and I object to the process. I'm not seeing the transparency that was promised after the Mercy scandal in 2004. I still don't know what standards this Board is going to apply to this project, even though I've asked for them in writing a month ago.

The West-side community deserves more transparency and answers. On both the merits and the process, more attention to West-side needs must be given. The current MercyRockford application and its reliance on an unfortunate deal with Crusader is the only pending means to seek transparency and answers.

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I respectfully ask that the current application be denied or deferred until such transparency and answers are provided. Thank you.

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HFSRB (/sites/hfsrb/Pages/default.aspx) Rules, Statutes & Notices

E-021-16 Rockford Memorial Hospital, Rockford

Date: 7/26/2016

In accordance with the requirements of the Illinois Health Facilities Planning Act, Notice is given of a receipt of the establishment of a fifty two (52) bed Neonatal Intensive Care Unit (NICU) application #E-021-16 - Rockford Memorial Hospital. The proposed NICU category of service will be located at 2400 North Rockton Avenue, Rockford, Illinois. The applicants are Mercy Health Corporation and Rockford Memorial Hospital. The approximate cost of the project is \$500,000. The operating entity licensee is Rockford Memorial Hospital. The anticipated completion date is October 31, 2016.

On November 17, 2015, Rockford Memorial Hospital was approved by the State Board to discontinue its forty six (46) bed NICU service at 2400 North Rockton Avenue, Rockford, Illinois. At that time the State Board agreed to allow Rockford Memorial Hospital to continue to operate its forty six (46) bed NICU unit at the Rockton Avenue campus until such time as their new Hospital was constructed and ready to be occupied at 1-90/39 & East Riverside Blvd, Rockford, Illinois. Due to increase workload, Rockford Memorial Hospital (Rockton Avenue Campus) is in need of an additional six (6) NICU beds. To accommodate this additional workload Rockford Memorial Hospital has to reestablish the NICU service with a total of fifty two (52) beds.

- E-021-16 Rockford Memorial Hospital, Rockford
(/sites/hfsrb/Projects/ProjectDocuments/Exempt/E-021-16/2016-07-15%20E-021-16%20EXEMPTION%20APPLICATION.pdf)- Application

This exemption application was declared complete on July 26, 2016. Written requests for a public hearing must be received by the Illinois Health Facilities and Services Review Board no later than August 10, 2016. Request for a public hearing must be sent by letter to the administrator at the address below. No emails or faxes will be accepted.

ATTACHMENT 1

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The application is scheduled to be heard at the October 25, 2016 State Board Meeting to be held in Bolingbrook, Illinois. Any persons wanting to submit written comments on this exemption must submit those comments by October 5, 2016 by letter at the address below. No emails or faxes will be accepted. The State Board will post its findings in a State Board Staff Report, and the report will be made available via the internet on October 11, 2016. The public may submit written responses in support of or in opposition to the findings of the Illinois Health Facilities and Services Review Board. The public will have until 9:00 am, October 17, 2016.

Rules and Statutes
(/sites/hfsrb/rules/Pages/default.aspx)

Administrative Rules
(/sites/hfsrb/rules/Pages/Administrative-Rules.aspx)

Amendments to Rules
(/sites/hfsrb/rules/Pages/Amendments-to-Rules.aspx)

Court Rulings
(/sites/hfsrb/rules/Pages/Court-Rulings.aspx)

Proposed Legislation
(/sites/hfsrb/rules/Pages/Proposed-Legislation.aspx)

Public Act 96-0031
(/sites/hfsrb/rules/Documents/096-0031.pdf)

Public Notices
(/sites/hfsrb/rules/Pages/Public-Notices.aspx)

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
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Fax: 217-785-4111

(/sites/hfsrb/About/Pages/Contact.aspx)

Illinois.gov Home (/) (/)

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Winnebago County Health Department

Promoting a Safer and Healthier Community Since 1854

Sandra Martell, RN, DNP
Public Health Administrator

October 22, 2015

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

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OCT 26 2015

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: MercyRockford Health System -- Project Numbers: 15-038, 15-039, 15-040

Dear Ms. Avery,

As the state certified local health department for Winnebago County including the City of Rockford, the Winnebago County Health Department is committed to its mission of healthy people in a healthy community without health disparities.

Access to care including behavioral and oral health was identified by the community through the IPLAN (Illinois Project for Local Assessment of Needs) assessment process as a priority health issue for the community *by the community*. Strategies that expand healthcare services are welcome in support of the Community Health Improvement Plan. Populations of highest risk are concentrated in the west region of Winnebago County based on data from the most recent IPLAN and Healthy Community Survey data. Expansion needs to ensure that populations at highest risk for poor health outcomes have access to the entire continuum of care including primary prevention, acute care, and restorative/rehabilitative care to achieve health equity. It also needs to focus on accessibility to the care including proximity if it is going to be used effectively.

The Winnebago County Board of Health believes that any project for our jurisdiction brought before the Illinois Health Facilities and Services Review Board should support this goal. Thank you for considering our thoughts in your review of these projects.

Respectfully,



James Powers, LCSW
President, Winnebago County Board of Health

Susan Fernandez, RN
Angie Goral
Luci Hoover
Ronald Gottschalk

John Halversen, DDS
David Helland, DVM
Patricia Lewis, RN, PhD
Steven Lidvall, MD

Jaymie Nelson
Allen Williams, MD
Robert Wilhelm



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ATTACHMENT 2

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Transcript of **Full Meeting**

Date: November 17, 2015

Case: State of Illinois Health Facilities and Services Review Board

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ATTACHMENT 3

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Full Meeting
Conducted on November 17, 2015

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1 TPA if I had a stroke?

2 DR. BREDENKAMP: Yes, ma'am.

3 CHAIRWOMAN OLSON: And then, Mike, I just
4 want to clarify -- with you or Juan, either one.

5 Because of the new rule, the new law -- not
6 rule, law -- that was passed in July of this year,
7 MercyRockford Memorial could have come in today with
8 an exemption request to close the west-side hospital
9 and, had they submitted all the necessary paperwork,
10 that would have been a done deal?

11 MR. CONSTANTINO: They had that option, yes.

12 CHAIRWOMAN OLSON: Thank you.

13 Other questions from Board members?

14 Doctor.

15 MEMBER GOYAL: My name is Arvind Goyal, and
16 I represent, ex officio, the Medicaid program, also
17 called Health Care and Family Services.

18 So my question is very specific. I need to
19 preamble that by saying my business school education
20 taught me that, if you are losing money in operations,
21 you will not be in business too long.

22 MR. BEA: There you go.

23 MEMBER GOYAL: Prefacing that, I want to ask
24 you a very straight question at my level, which is,

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Full Meeting
Conducted on November 17, 2015

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1 previously made and very articulately so, I'm very
2 proud to say I will vote yes.

3 MR. ROATE: Thank you.

4 Mr. Hayes.

5 VICE CHAIRMAN HAYES: I'm going to vote yes.

6 And I understand that there are some
7 criteria that were not met, but we have a situation
8 where we are reducing the bed count and, also, the
9 ability to be able to remain on the west side of
10 Rockford as well as being able to, you know, improve
11 the financial health and the new hospital there and
12 the economic development aspects to it.

13 So I vote yes.

14 MR. ROATE: Thank you.

15 Mr. Johnson.

16 MEMBER JOHNSON: For previously stated
17 reasons but, more specifically, Justice Grolman's
18 comments on making sure that you -- hopefully -- that
19 you'll continue to listen to the voice of the people
20 and incorporate that into your plans, I'll vote yes.

21 MR. BEA: Thank you.

22 MR. ROATE: Thank you.

23 Madam Chair.

24 CHAIRWOMAN OLSON: I vote yes, as well.

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Full Meeting
Conducted on November 17, 2015

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1 I believe that, contrary to some of the opposition,
2 that this project shows a huge commitment to health
3 care on the west side of Rockford.

4 My concern was that the Applicant could have
5 easily come in with an exemption request to completely
6 close down the Rockford Memorial site on Rockton
7 Avenue and there would have been nothing that this
8 Board could do to stop that.

9 For those reasons I vote yes.

10 MR. ROATE: Thank you, Madam Chair.

11 That's 8 votes in the affirmative.

12 CHAIRWOMAN OLSON: The motion passes.

13 Can we have a roll call vote on
14 Project 15-039.

15 MR. ROATE: Motion made by Mr. Galassie;
16 seconded by Mr. Bradley.

17 Mr. Bradley.

18 MEMBER BRADLEY: This is another part of the
19 Rockford --

20 CHAIRWOMAN OLSON: Yes.

21 MR. ROATE: Yes, sir.

22 MEMBER BRADLEY: Yes. For the reasons
23 I stated earlier, I vote yes.

24 MR. ROATE: Thank you.

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Good afternoon. My name is Jack Axel, and I am the President of Axel & Associates, Inc., a health care consulting firm. I have been working with Mercy Health and Rockford Memorial Hospital over the past two years, and I anticipate an interesting hearing today.

Rockford Memorial Hospital's neonatal intensive care unit cares for the sickest babies in our community. It is the only NICU between the northwest Chicago suburbs and Madison, Wisconsin, and the hospital is the State-designated Regional Perinatal Center. **With the hearing being limited to testimony relating to the addition of six stations to Rockford Memorial Hospital's neonatal intensive care unit,** which cares for the area's sickest babies, I look forward to hearing the rationale for opposing this proposal.

In support of this project, you will be hearing clinicians who treat these babies on a daily basis, explaining how the need for neonatal intensive care unit stations has increased in recent years, and the immediate need to add capacity to the only such program in the area.

I don't understand why anyone would oppose the addition of NICU capacity, but look forward to learning from the testimony provided today.

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Support for Rockford Memorial Hospital

Kara and Tony Kettleison
309 N 12th St.
Rochelle, IL 61068

My name is Tony Kettleison. You are hearing from many moms today, and I wanted to provide a father's perspective. My wife Kara and I, are so deeply grateful for the Rockford Memorial Hospital NICU.

My wife Kara spent five weeks in the high-risk unit for mothers while one of our twins was in the Rockford Memorial NICU. We can't imagine what might have happened if I had been one of the unlucky parents turned away. We just don't know what we would have done. Our situation was, well, a bit unique.

To give you a little background, Kara had a fantastic pregnancy and everything was going as planned. Because she was having twins, we knew it was very possible that she might go into labor early. But we had no idea there was the potential to deliver our twin babies at radically different times.

Last year, our son Luke was born at 26 weeks on April 6th. Five weeks later, Kara gave birth to our other son, Liam, at 31 weeks on May 10th via induction.

Five weeks.

When Kara's water broke, we went to Swedish American, where her physician planned to deliver. When they realized the urgency of the situation, we were immediately transferred via ambulance to Rockford Memorial because it is the only Level III NICU in the area.

Since baby Luke's water broke but baby Liam's had not, the best course of action was to deliver Luke and allow Liam to continue developing. This is called a delayed interval birth. It's actually pretty uncommon that our boys are here with us today, because most twins don't survive delayed interval births. It is very common to lose one or both.

Kara stayed in the Rockford Memorial Hospital high-risk unit after Luke was born and until Liam was ready. Having been born so much earlier than Liam, Luke had health complications and required services only a Level III NICU could provide. He had eye and lung problems and underwent a number of delicate surgeries.

Because Rockford Memorial has a Level III NICU, Kara was able to be with Luke, while we waited for Liam, and still getting the high-risk care she needed. We were both able to be with him through everything, for five full weeks. This was such a blessing. The staff was so attentive and supportive and helpful—just amazing. They became family. They checked in on us everyday. They made sure we understood just what was happening.

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Our family and friends were all able to be with us the whole the way. We live in Rochelle, IL, so Rockford Memorial Hospital is about a 45-minute drive. Believe me, that is tough enough in a situation like this especially when Kara needed long term in hospital care and when Liam came home a month before Luke. I cannot imagine what it would have been like had we been farther away.

We have a very happy ending thanks to Rockford Memorial and when we found out our twins were going to have a surprise baby brother, after what we went through, we knew we wanted Rockford Memorial's team for our primary care knowing that level of care could not be provided by anyone else in the area. Logan was born April 28, 2016... right between our twin's birthdays, ironically enough!

We are both here today, because we wanted you to hear from the parents of these babies who cannot speak for themselves. I strongly believe you should make your decision based on the patient and their families and what is best for them. When Kara told me she wanted to come here today, my first reaction was "Why would anyone oppose adding 6 NICU beds for Rockford Memorial Hospital?" Maybe it is hard to understand just what it means if you haven't been through it. But we have. And I cannot think of any reason good enough to oppose this. Today, we urge you to lend your support. Thank you.



September 16, 2016
Rockford Memorial Hospital Public Hearing
Rockford Public Library, Rockford, IL

Support for Rockford Memorial Hospital -- Project Number: E-021-16

Gillian Headley, MD
Director of Neonatal Intensive Care Unit
Co-Director of Northwest Regional Perinatal Center
Rockford Memorial Hospital

I'm Dr. Gillian Headley, a neonatologist and Director of the Neonatal Intensive Care Unit and Co-Director of the Northwest Regional Perinatal Center at Rockford Memorial Hospital.

Today, I'm here to discuss the simple request to add 6 NICU beds at Rockford Memorial Hospital. Why would anyone oppose this? Rockford Memorial Hospital is the best-equipped hospital in our region for obstetrical and newborn care. That's a strong statement but it happens to be true. We are a state-designated perinatal center with Level III capabilities. Our Level III designation, the highest available in Illinois, means that we are equipped with the ability and expertise to care for the smallest, sickest and most fragile newborns and infants in the Northwest Illinois area, 24 hours a day.

I am extremely proud of our program. Our Children's Medical Center offers the most advanced care for newborns and children in the region. We are recognized by the Illinois Department of Public Health as a Pediatric Critical Care Center. This distinction makes us one of only eight hospitals in Illinois recognized for providing the highest level of specialized critical care and emergency care services to children.

Our NICU is staffed by a multidisciplinary care team of neonatologists, neonatal nurse practitioners, registered nurses, respiratory therapists, pediatric therapy services and a wide range of sub-specialty consulting physicians. All have extensive training in the care of premature and/or seriously ill infants. In our NICU, neonatologists provide 24-hour in-house coverage, and registered nurses must complete a comprehensive 18-week orientation program. Our team approach ensures we can offer the best possible care for our patients and their families.

From a clinical perspective, infants who are delivered at the appropriate level facility are more likely to have better outcomes. In addition, there is an increase in morbidity and mortality in infants who are out-born or born in lower level care facilities who

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subsequently require specialized neonatal care. Neonatal mortality, for the most part, is associated with gestational age, low birth weight and the complications of prematurity such as intracranial hemorrhage, necrotizing enterocolitis, chronic lung disease and sepsis. Our Level III is particularly able to manage preterm infants in a way that can decrease the incidence of these potentially dangerous events.

We are now admitting 500+ babies in distress, infants who are severely compromised and high-risk babies—not only from Swedish American and St. Anthony's but from ALL area hospitals, each year. We are the only Level III rated NICU in the region which comes with an enormous responsibility to the patients within the area we serve.

Turning away infants in need is heartbreaking as a caregiver. It is also irresponsible as a society if a solution is readily available. The additional beds we are proposing are in direct response to the extraordinary growth in utilization we have experienced in the last 18 months. There is nothing unusual about this request. When dictated by a lack of capacity, hospitals routinely expand their numbers of beds. We simply want to be able to care for those who need us most, when they need us and it seems as though that time is now. It allows parents in an untenable situation to stay close to their baby during a very difficult time. It helps us to provide for newborns in our community & gives them the best possible chance for healthy survival.

I am a clinician, not a regulator. To me, this is very much a clinical decision. What is in the best interest of area patients & families? The patients we serve cannot speak for themselves. It's up to us to make the best possible decisions for them, to give them the best possible chance at a long and healthy life. I cannot imagine a world where anyone would be opposed to this. I truly hope you agree. It's not just the people in this room who are counting on that.

Thank you.

September 16, 2016

Support for Rockford Memorial Hospital

Melissa and Nick Ramsey
806 Jessica Trail
Winnebago, IL 61088

Our daughter, Mackenzie, was born prematurely at Swedish American Hospital via emergency C-section. She weighed just 1 pound 8 ounces. She was immediately put on a ventilator. Talking about it brings back many memories. I was not prepared. I was very worried about our little girl. She was so tiny. It was unthinkable that she might not make it. And we had no idea what to expect next.

Once Mackenzie was "stable" they put her into the transport isolette and drove across town by ambulance to the NICU at Rockford Memorial. I use the term "stable" loosely here, as she was in critical condition and quite bruised from being delivered at just 24 weeks. It was heartbreaking. Once she was transported from Swedish American, I was unable to see her for more than 48 hours, until I was discharged. I missed the first 48 hours of her life. I can't imagine what might have happened if the Rockford NICU had not been able to save her.

Knowing we needed to move Mackenzie across town in order to give her the best possible chance of a positive outcome was stressful. Then we learned that had she been born one day later, there would have been no room at Rockford Memorial, and they would have had to airlift her to Chicago. I can't imagine what it would have been like had Chicago been our only option. We felt so fortunate that Rockford Memorial was an easy drive from our home in Winnebago. We relied so much on friends, family and our church during her 110-day stay in the NICU.

The doctors and nurses at Rockford Memorial were remarkable. From the moment we arrived, we felt at ease. They gave us hope and confidence. During the nearly four-months we spent in the NICU, they continuously surpassed our expectations. They became family. We always felt included in her care and we loved being able to hold our baby any time we could. We loved being close enough to be with her every possible moment.

Mackenzie has lasting effects from her prematurity. She has cerebral palsy and uses a walker to walk short distances or a wheel chair for longer distances. She is such a smart little girl who brings us so much joy. And I firmly believe she would not be here without the doctors and nurses at Rockford Memorial.

We still see many of the NICU nurses. It makes my husband Nick and I very proud parents when they tell us that Mackenzie is where she is today because of all the love and support she has received her entire life ... and for us that includes her 110-day NICU stay at Rockford Memorial.

I can't imagine how our lives would have been if we would not have been able to be in such a great hospital just 15 minutes from home. We feel so fortunate to have this level of care available in Rockford. I came here today because I can't imagine being one of the parents who were turned

Romney
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away. I wanted to share my story, so hopefully we can offer more Rockford parents an easier road if they should ever face a premature birth or other emergency situation. It really made a difference to us.

Without access to a NICU Mackenzie wouldn't be here ... it's as simple as that."



September 15, 2016

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Avery,

My name is W. Kenneth Cunningham. I am a physician specializing in obstetrics and gynecology and have practiced at SwedishAmerican, a Division of UW Health for 10 years. I am the department chairman, as well as second vice president of the medical staff.

Recently, there has been much said and announced regarding maternity services in our community. In my opinion, whether intentional or not, my department and professional colleagues have been misrepresented. I am taking this opportunity to provide additional perspective.

SwedishAmerican has served the West and South sides of Rockford for over 100 years, and continues to provide acute care and emergency services at its current State Street location.

SwedishAmerican has served Crusader Clinic and its patients for over four decades. Last year we delivered over 1000 babies from patients referred to us through Crusader Clinic. Virtually all Crusader babies are delivered at SwedishAmerican. To accommodate Crusader patients we have invested millions of dollars over the years in our obstetrics facilities. We have excellent facilities and medical staff, and are the only Rockford hospital to have received Healthgrades Labor and Delivery Excellence Award, which places us among the top 5% of hospitals in the country. SwedishAmerican received this award in 2015 and again in 2016.

We are deeply disappointed and troubled by Crusader's decision to end its relationship with us. Even up to the time they announced their decision, they complimented us on our excellent Mother and Baby program and had no concerns about the quality of care delivered.

We are sorry that Crusader Clinic will no longer be using the Women's and Children's services at SwedishAmerican and we will miss those patients who came to us through Crusader.

SwedishAmerican is not going anywhere; we will continue to serve Rockford's West and South side communities through excellence in healthcare and compassionate service.

Sincerely,

W. Kenneth Cunningham, MD

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Question on Project # E-021-16, Rockford Memorial Hospital

My name is _____. I live on the West side of Rockford.

When I learned that Rockford Memorial was going to close its ICU services and all the other hospital services we've heard about on the West side, I thought, "At least we can still go to Swedish American." Now I am hearing that Crusader Clinic is not going to send patients to Swedish American anymore. I have to ask, "Why?"

Swedish American will still have intensive care services, and obstetrics beds, and cardiac cath, and open heart surgery, so why can't Crusader patients go there? It's bad enough that Mercy Rockford is shutting down services on the West side, but now they won't let Crusader patients go to Swedish American either? That's not right.

September 16, 2016

Support for Rockford Memorial Hospital

Laura and Matthew Wheeler
610 E 3rd St.
Dixon, IL 61021

Hi, I'm Laura Wheeler from Dixon, IL.

My daughter was born in October 2013 at 32 weeks and 1 day. I arrived at my local provider, CGH Medical Center, in Sterling, IL. I was having contractions and was already 4cm dilated. The hospital staff knew something was wrong, but not exactly what. What they did know was that I needed more specialized care for myself and the baby. I was airlifted to Rockford Memorial Hospital. My husband and I were terrified. No one on either side of our families had ever had a premature birth.

Once at Rockford Memorial Hospital they discovered my placenta was separating from my uterine wall, forcing an early delivery. I delivered at Rockford Memorial Hospital the next morning. Our daughter Peninnah was 4 pounds and 17.25 inches long. She would spend 4 weeks in NICU.

Before my delivery, I didn't know anything about Rockford Memorial Hospital or the services they provide as a Level III NICU. The "levels" are not something you really know about until you have to. But once you do—once that situation arises—it becomes extremely important. Due to driving distance from Dixon, my husband Matthew and I stayed in the Rockford Memorial Hospital Guest Center for Peninnah's NICU stay. This allowed us to be with Peninnah the whole time. This also immersed me into the NICU world 100 percent.

To say I was blown away by the care the NICU provided is an understatement. As first-time parents, they made sure we had all the knowledge and tools we needed to succeed during and after our stay. We got to know the NICU inside and out and watch staff in that sacred space, work miracles on tiny innocent patients.

They say history repeats itself. So, for my next pregnancy I made sure to utilize Rockford Memorial for all my care. It ended up paying off. In July of this year, I was 33 weeks into my second pregnancy, when I started having contractions. It felt exactly the same as my first pregnancy. That night, my husband was not home to drive me to Rockford Memorial Hospital. Fearful, I went to KSB Hospital in Dixon because things were progressing quickly. Once again, my situation was beyond what my local health provider could handle. I was headed to Rockford Memorial Hospital again, but this time by ambulance. Once at Rockford Memorial Hospital they were able to stabilize me and give me steroid shots to develop the baby's lungs. Unfortunately, I became preeclamptic and had to deliver at 33 weeks and 5 days. Our son Oren was 4lbs 7oz 17.75" long. We found ourselves in the NICU, again. This time it wasn't as scary because it felt

Wheeler
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like we were going to be with family. I had also mentally prepared for this scenario, knowing that if we did have another premature baby they'd be in the best place possible. Oren was in the NICU for 2 weeks and 4 days. Once again, the Rockford Memorial Guest Center allowed us to be with Oren the entire time. Oren had dilated kidneys and other complications that the NICU tackled with ease.

In conclusion I'm pleased with the care we received both times. I am glad we switched all our health care to Rockford Memorial Hospital. Why would we go anywhere else? The level of care you receive you just can't get at other facilities. Without Rockford Memorial Hospital, I would not be here today and my children would not be here today. I cannot thank everyone enough, ever.

No one, absolutely no one, wants to go to a NICU. But if you have to, Rockford Memorial Hospital is THE place you want to be. It is the best place for the most critical babies. Please, consider this in your decision. We came out today to share our story so you could see what this really means, in real terms.

To me, it seems so simple. If the need is there, it makes perfect sense to allow a willing and capable local provider to deliver on that. You have no idea what it means until the situation calls for it. We are all counting on you. Thank you.



September 16, 2016
Rockford Memorial Hospital Public Hearing
Rockford Public Library, Rockford, IL

Support for Rockford Memorial Hospital -- Project Number: E-021-16

Pam Allen
Nurse Manager
Neonatal Intensive Care Unit
Rockford Memorial Hospital

Hi, my name is Pam Allen, Nurse Manager of the Neonatal Intensive Care Unit at Rockford Memorial Hospital.

I'm here today to share information about our NICU. For those who aren't familiar, a NICU is a Neonatal Intensive Care Unit. The NICU is where a newborn will stay for days, weeks, or months, depending on the baby's degree of prematurity and illness. Babies who need to go to our unit are often admitted within the first 24 hours after birth and are sent to us if: they are born prematurely; have problems during delivery or show signs of a health issue in the first few days of life.

Nurseries in hospitals are designated as Level I, Level II or Level III. Level I is where we all hope our babies go—it's the nursery for well-babies. Level II is an intermediate care level and Level III is the Intensive Care Unit. As a Level III designated NICU, we provide care for babies needing the highest level of specialized care for increasingly complex health issues. We are the only Level III provider in the Rockford region, and we serve as the referral site for the hospitals in a 15-county area. If you have a baby anywhere in this area, including the other Rockford hospitals, and that baby needs the services that only we provide, the baby will likely be transferred to us.

Today we are speaking about the addition of 6 beds to our NICU on Rockton Avenue, which currently has a capacity of 46. The simple truth is that we are bursting at the seams. Since 2014, our average census has jumped from 33 babies to 40.

What does that mean? It means that on certain days when we get a call from another hospital saying that they want to send us a baby, we have to say "sorry, but we have no room."

And what happens then? The baby needs to be admitted to another Level III unit, meaning that the baby needs to be transported to either Madison, Peoria or the Chicago area.

Let me tell you what happens when we have to say "I'm sorry." The physical challenges of moving an infant in such a fragile state is enormous. We're talking about a specially-equipped transport ambulance or helicopter. There are so many risks. In addition to the physical challenges, the psychological impact this has on the parents, is terrible. It can be difficult for parents to even comprehend the difficulties and challenges associated with transporting a critically ill newborn from one hospital to another, particularly when that hospital is 100 miles away. Imagine being a new mom, and you are being told that your baby is being transported 100 miles away.

The initial trip is difficult enough, but typically this is only the beginning for both parent and child. These parents, during one of the most stressful times of their lives, are now forced to spend weeks traveling back and forth to be with their little one. It is an exhausting process—and it is difficult to watch this, knowing if we only had room, they could avoid this added burden of having their baby so far away.

And this doesn't just happen to patients who come directly to our Rockford facility because of our high-risk obstetrics program, where we can, to a degree, predict which babies will need NICU care. So often we get calls from Swedish American or Kishwaukee Hospital, or other area hospitals, asking us to take on a patient, and so many times we cannot. Instead of a short trip to our NICU, these patients are also forced to transfer to Madison, Peoria or Chicago, with all that entails.

It breaks my heart to transfer these patients.

The truth is, I'm not sure who could possibly oppose this six-bed addition. It will allow our friends and neighbors with babies in distress access to the care they need right here in Rockford. It seems ludicrous anyone would prefer they travel almost 100 miles and spend weeks traveling back and forth to receive care. I urge you to think about the parents. Think about those little babies. Put yourself in their shoes. What would you want for your child? I strongly encourage you to allow us the opportunity to better serve our community by offering the only solution that makes common sense.

Thank you.