



Transcript of **Public Hearing**

Date: September 16, 2016

Case: Rockford Memorial Hospital

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER JUAN MORADO, JR.

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ROCKFORD MEMORIAL HOSPITAL :
Exemption application for :
the establishment of a : No. E-021-016
fifty-two bed Neonatal :
Intensive Care Unit (NICU). :

-----x

PUBLIC HEARING
Rockford, Illinois
Friday, September 16, 2016
11:01 a.m.

Job No.: 121832

Pages: 1 - 44

Reported by: Paula M. Quetsch, CSR, RPR

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1 Public Hearing held at the location of:

2

3 ROCKFORD PUBLIC LIBRARY

4 215 North Wyman Street

5 Rockford, Illinois 61101

6 (815) 965-7606

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10 Before Paula M. Quetsch, a Certified Shorthand
11 Reporter, Registered Professional Reporter, and a
12 Notary Public in and for the State of Illinois.

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1 PRESENT:

2 Illinois Health Facilities and Services

3 Review Board, by

4 JUAN MORADO, JR., Public Hearing Officer

5 SENATOR BRAD BURZYNSKI, Board Member

6 JEANNIE MITCHELL, Assistant General Counsel

7 COURTNEY AVERY, Administrator

8 525 West Jefferson Street

9 Second Floor

10 Springfield, Illinois 62761

11 (217) 782-3516

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1 P R O C E E D I N G S

2 MR. MORADO: Good morning everyone. Go
3 ahead and take a seat if you're going to be
4 attending the hearing today.

5 Welcome and good morning again, and thank
6 you for participating in today's proceedings. My
7 name is Juan Morado, Jr. I am general counsel and
8 hearing officer for the Illinois Health Facilities
9 and Services Review Board.

10 Present with me today are representatives from
11 the Health Facilities and Services Review Board. We
12 have Board Member Brad Burzynski, Courtney Avery,
13 Board administrator, and Jeannie Mitchell, the
14 assistant general counsel. On behalf of Health
15 Facilities and Services Review Board, thank you for
16 attending this public hearing for the Rockford
17 Memorial Hospital exemption application.

18 As per the rules of the Illinois Health
19 Facilities and Services Review Board, I'd like to
20 read into the record the previously published legal
21 notice.

22 "In accordance with the requirements of the
23 Illinois Health Facilities Planning Act and 77 Illinois
24 Admin Code Part 1130, 520, notice is given of a public

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1 hearing on an exemption application for the
2 establishment of a 52-bed neonatal intensive care
3 unit, Application E-021-16, Rockford Memorial
4 Hospital. The proposed NICU category of service
5 will be located at 2400 North Rockton Avenue in
6 Rockford, Illinois. The applicants are Mercy Health
7 Corporation and Rockford Memorial Hospital. The
8 approximate cost of the project is \$500,000. The
9 operating entity licensee is Rockford Memorial
10 Hospital. The anticipated completion date is
11 October 31st, 2016.

12 "The public hearing is to be held by the
13 staff of the Illinois Health Facilities and Services
14 Review Board pursuant to the Illinois Health
15 Facilities Planning Act. The hearing is open to the
16 public and will afford an opportunity for parties
17 with an interest to present written and/or verbal
18 comment relevant to this project. All allegations
19 or assertions should be relevant to the need for the
20 proposed project and be supported by two copies of
21 documentation or materials that are printed or typed
22 on paper sized 8 1/2 by 11.

23 "The hearing will be held Friday,
24 September 16th. Sign-in for the hearing will begin

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1 at 10:30 a.m., with the hearing beginning at 11:01,
2 it seems. It will be conducted at the Rockford
3 Public Library, main library in the lower level,
4 located at 215 Wyman Street, Rockford, Illinois
5 61101. Please use the Mulberry Street entrance.

6 "The exemption application for the
7 establishment of a neonatal intensive care unit was
8 declared complete on July 26th, 2016. The
9 application is scheduled to be heard at the
10 October 25th, 2016, State Board meeting to be held
11 in Bolingbrook, Illinois. Any persons wanting to
12 submit written comments on this exemption must
13 submit those comments by October 5th by letter at
14 the address that will be read off later. No e-mails
15 or faxes will be accepted.

16 "The State Board will post its findings in a
17 State Board staff report, and that report will be made
18 available via the Internet on October 11th, 2016.
19 The public may submit written responses in support
20 of or in opposition to the findings of the Illinois
21 Health Facilities and Services Review Board. The
22 public will have until 9:00 a.m. October 17th,
23 2016." And that is the end of the public notice.

24 Please note that in order to ensure that the

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1 Illinois Health Facilities and Services Review
2 Board's public hearings protect the privacy and
3 maintain the confidentiality of an individual's
4 health information, covered entities as defined by
5 the Health Insurance Portability Act of 1996, such
6 as facilities, hospital providers, health plans, and
7 health care clearinghouses submitting oral or
8 written testimony that discloses protected health
9 information of the individuals shall have a valid
10 written authorization from that individual. The
11 authorization shall allow the covered entity to
12 share the individual's protected health information
13 at this hearing.

14 If you have not yet signed in, please make
15 sure you do so before you leave. The yellow sheets
16 were for you to sign in if you were going to give
17 testimony today; the white sheets were going to be
18 if you just wanted to register your attendance.

19 Those of you who have prepared text of your
20 testimony, please note that you may submit the
21 written text only, which will be entered into
22 today's record and made available for all Board
23 members prior to the October 25th Board meeting.

24 You will notice we also have a court

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1 reporter here, so all of the remarks made today will
2 be transcribed and presented to the Board prior to
3 the board meeting. We ask that everyone limit their
4 testimony to three minutes. Participants will be
5 called in numerical order and by their name.

6 Before you begin your remarks, it is very
7 important that you please clearly state and spell
8 your full name for the court reporter. If you have
9 written copies of your remarks, please provide those
10 to me when you're done speaking.

11 I want to reiterate that your comments today
12 should be focused on the application before us.
13 That application is for the addition of six neonatal
14 intensive care unit beds much. As you are well
15 aware, there were other applications that were filed
16 by this applicant, and those applications have been
17 approved, and today's hearing is not for those
18 applications.

19 Today's hearing is for the six neonatal
20 intensive care beds. Because that is what today's
21 hearing is about, I hope you will forgive me in
22 advance if I interrupt you when you come up and
23 you're speaking about a subject that is not focused
24 on this application. I do have another microphone

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1 here, and I will have to interrupt you if you begin
2 to lose track. We have a good amount of folks here
3 wanting to speak, and we want to make sure we proceed
4 in a very organized and efficient fashion.

5 So with that said I want to say thank you to
6 everyone for coming here today. We're going to go
7 ahead and begin with a representative from the
8 applicant. I'd like to call Jack Axel up to begin
9 the testimony. Please make sure you spell your full
10 name for the court reporter, and we will be calling
11 folks in to speak as they are -- as they are in order.
12 Thank you.

13 MR. AXEL: Thank you.

14 Good morning. My name is Jack Axel, A-x-e-l,
15 and I'm the president of Axel & Associates, Inc., a
16 health care consulting firm. I've been working with
17 Mercy Health and Rockford Memorial Hospital for over
18 two years, and I anticipate an interesting hearing
19 today.

20 Rockford Memorial Hospital's neonatal
21 intensive care unit cares for the sickest babies in
22 our community. It is the only NICU between the
23 northwest Chicago suburbs and Madison, Wisconsin,
24 and the hospital is the State-designated regional

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1 perinatal care center. With the hearing being
2 limited to the testimony relating to the addition of
3 six neonatal intensive care unit stations to
4 Rockford Memorial Hospital's NICU, which cares for
5 the sickest babies, I look forward to hearing the
6 rationale for opposing this project.

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

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

16 Thank you.

17 MR. MORADO: Next up we have Pam Allen.

18 Again, if you do have written comments, you
19 can drop them off here when you're complete.
20 Thank you.

21 MS. ALLEN: Good morning. Hi, my name is
22 Pam Allen. I'm the nurse manager of the neonatal
23 intensive care unit at Rockford Memorial Hospital.
24 I'm here today to share information about our NICU.

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1 For those who aren't familiar, NICU is a neonatal
2 intensive care unit. The NICU is where the newborns
3 will stay for days, weeks, or months depending on
4 the baby's degree of prematurity and illness.

5 Babies who need to go to our unit are often
6 admitted within the first 24 hours after birth and
7 are sent to us because they are born prematurely,
8 have problems during delivery, or show signs of a
9 health issue in the first few days of life.

10 Nurse ratings and hospitals are designated
11 as Level I, Level II, or Level III. Level I is
12 where we hope all of our babies go; it's the nursery
13 for well babies. Level II is the middle, and
14 Level III is an intensive care unit. As a Level III
15 designated NICU, we provide care for babies with the
16 highest level of specialized care for increasing
17 complex health issues. We're the only Level III
18 provider in the Rockford region, and we serve as a
19 referral site for the hospitals in a 15-mile area.
20 If you have a baby anywhere in this area, including
21 the Rockford hospitals, and that baby needs our
22 services that we provide, the baby will likely be
23 transferred to us.

24 Today we are speaking about the addition of

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1 six beds to our NICU on Rockton Avenue which
2 currently has a capacity of 47. The simple truth is
3 that we are bursting at the seams. Since 2014 our
4 average census has jumped from 33 babies to 40.
5 What does that mean? It means that on certain days,
6 when we get a call from another hospital saying that
7 they want to send us a baby, we have to say, "Sorry,
8 but we have no room." And what happens then? The
9 baby needs to be admitted to another Level III NICU,
10 meaning that baby needs to be transported either to
11 Madison, Peoria, or the Chicago area.

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

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1 away. The initial trip is difficult enough, but
2 typically this is only the beginning for the parent
3 and child.

4 MR. MORADO: 30 seconds.

5 MS. ALLEN: These parents then must endure
6 the stressful time of traveling back and forth with
7 their little one, which is an exhausting process and
8 difficult for us to watch. We would much prefer to
9 be able to provide those services here in Rockford
10 close to home for these babies, and it breaks my
11 heart to transfer these patients.

12 The truth is, I'm not sure who can possibly
13 oppose the six-bed addition. It will allow our
14 friends and neighbors with babies in distress access
15 the care they need right here in Rockford. It seems
16 ludicrous anyone would prefer to travel almost
17 100 miles and spend weeks traveling back and forth
18 to receive care.

19 I urge you to think about the parents.
20 Think about those little babies. Put yourself in
21 their shoes. What would you want for your child?

22 I strongly encourage you to allow the
23 opportunity to better serve our community by
24 offering the only solution that makes common sense.

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1 Thank you.

2 (Applause.)

3 MR. MORADO: Thank you.

4 Bishop James Dukes.

5 DR. DUKES: Dr. James Dukes from National
6 Action Network of Illinois, and we come here in
7 opposition to the adding on of the six beds
8 primarily because we received numerous calls from
9 residents on the west side of Rockford stating that
10 they do not have a clear understanding of the
11 expansion, one. Two, the conversation about how
12 long are these beds being placed when we all know
13 that there is a plan within the next two years to
14 shut this facility and go to a larger facility.

15 There has not been any contingency plans, no
16 longitude studies; there have not been any impact
17 studies that have been presented to the community as
18 a whole. They have been presented to this Board,
19 but yet the people that they serve have not been
20 involved in this conversation and this dialogue.

21 I've heard since I've been sitting here
22 words like "Common sense, ludicrous; I don't see why
23 there would be any opposition." Well, as you sit
24 here in this room, you can clearly see there is a

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1 racial divide between the people who they say will
2 do the best for us as a community in its oath.

3 So when you talk about how do we come
4 together and why are we in opposition, it's because
5 those who believe that they know the best for our
6 community have not consulted our community. They
7 have used surrogates to represent us, and we believe
8 that it is just a process of now systematically
9 pulling resources out of the community for the
10 bigger project that is yet to come.

11 So we are appalled at the very nature that
12 people would be calling our opposition ludicrous
13 because they have an economic -- they have an
14 economic interest that they're being masqueraded as
15 health care.

16 There are three primary things that every
17 community is concerned about: Public education,
18 public health care, and public safety. This mere
19 project that we now have a chance to be in
20 opposition to because the transparency of all of the
21 other ones were so done in cloak and dagger that
22 this is the only nature of what we can oppose to
23 show our right and our voice as a community to say
24 that we do not want people to dictate what our

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1 public safety is, what our public health care is,
2 and what our public education is.

3 So in the spirit of Mercy saying that
4 they're all about health care, they're all about
5 transparency, they're --

6 MR. MORADO: 30 seconds.

7 DR. DUKES: -- all about the betterment of
8 the community, then why don't you sit down with the
9 community. Give a longitude matrix, sit down with the
10 community, tell them what is your long-term objectives.
11 Sit down with the community as opposed to lecturing
12 the community and calling our actions ludicrous that
13 don't make common sense. What does not make common
14 sense is for an economic interest to come in our
15 community and tell us what is best for us.

16 (Applause.)

17 MR. MORADO: Angela Laura.

18 MS. LAURA: Hello everyone. My name is
19 Angela Laura and I'm from Rockford. We know lots of
20 people who have used Crusader Clinic and
21 SwedishAmerican Hospital. Now we hear Crusader
22 won't send patients to SwedishAmerican anymore. Why
23 not? Where are the patients going to go when
24 Rockford Memorial closes service on the west side?

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1 Is Crusader going to drive us back and forth to the
2 new hospital?

3 MR. MORADO: Ms. Laura, if you could please
4 keep your comments focused on the addition of the
5 six NICU beds.

6 MS. LAURA: This doesn't make sense, and I
7 wish somebody would explain it to us.

8 (Applause.)

9 MR. MORADO: Willie Kimble.

10 MS. KIMBLE: Good morning. My name is
11 Willie Kimble, and I have lived on the west side of
12 Rockford for 15 years. I heard about the Rockford
13 Memorial plan to build a new hospital, but I did not
14 understand that they would be closing so many
15 important health care services on the west side.
16 Where am I going to go now for these services, and
17 where is my family going to go? Do people understand
18 how hard it is for many of us on the west side to
19 travel? How are we going to get to Rockford's new
20 hospital?

21 I know the hearing today is supposed to be
22 about these six new beds, but won't those beds be
23 closed with the rest of the hospital services? Why
24 hasn't anybody explained this to us? I am very

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1 concerned about what is happening to health care on
2 the west side. We need more but we seem -- we need
3 more but seem to be getting less and less.

4 Thank you.

5 (Applause.)

6 MR. MORADO: Sheri Jefferson.

7 MS. JEFFERSON: My name is Sheri Jefferson,
8 and I'm from Rockford on the west side. I have seen
9 the letter that the Winnebago County Health Department
10 sent to the Board when Mercy Rockford got approval
11 to close all those important health care services on
12 the west side. What the Department said then also
13 applies to the infant ICU service that this public
14 hearing is about, and I would like to read a few
15 sentences from that letter.

16 "Populations of highest risk are concentrated
17 in the West Union region of Winnebago County based
18 on data from the most recent I-Plan and health
19 community survey data. Expansions need to ensure
20 that populations at highest risk for poor health
21 outcomes have access to the entire continuum of
22 care, including primary prevention, acute care, and
23 restorative rehabilitative care to achieve equity
24 and also need to focus on accessibility to the care,

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1 including proximity if it is going to be used
2 effectively. The Winnebago County Health Board
3 believes that any project for our jurisdiction brought
4 by the Illinois Health Facilities and Services
5 Review Board should support this goal."

6 I don't see how the goals of healthy equity
7 and proximity to acute care are supportive when
8 Mercy Rockford can close its infant ICU service and
9 all of these other services on the west side and
10 just move them to a new hospital on the far east
11 side. The County Health Department wanted this
12 Board to do something about that and so do I.

13 (Applause.)

14 MR. MORADO: Laura Wheeler.

15 MS. WHEELER: I'm Laura Wheeler from Dixon,
16 Illinois. My daughter was born in October 2013 at
17 32 weeks and one day. I arrived at my local provider,
18 CGH Medical Center in Sterling, Illinois. I was
19 having contractions and was already 4 centimeters
20 dilated. The hospital staff knew something was
21 wrong but not exactly what. What they did know was
22 that I needed more specialized care for myself and
23 the baby.

24 I was air lifted to Rockford Memorial

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1 Hospital. My husband and I were terrified. No one
2 on either side of our families had ever had a
3 premature birth.

4 Once at Rockford Memorial Hospital they
5 discovered my placenta was separating from my uterine
6 wall, forcing an early delivery. I delivered at
7 Rockford Memorial Hospital the next morning. Our
8 daughter Panina was 4 pounds and 17 and 1/4 inch long.
9 She would spend four weeks in the NICU.

10 Before my delivery I didn't know anything
11 about Rockford Memorial Hospital or the services
12 they provide as a Level III NICU. The levels are
13 not something you really know about until you have
14 to, but once you do, once that situation arises, it
15 becomes extremely important.

16 Due to driving distance from Dixon, my
17 husband and I stayed in the Rockford Memorial
18 Hospital guest center for Panina's NICU stay. This
19 allowed us to be with Panina the whole time. This
20 also immersed me into the NICU world 100 percent.

21 To say I was blown away by the care the NICU
22 provided is an understatement. As first-time
23 parents, they made sure we had all the knowledge and
24 tools we needed to succeed during and after our

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1 stay. We got to know the NICU inside and out and
2 watched staff in that sacred space work miracles on
3 tiny, innocent patients.

4 They say history repeats itself, so for my
5 next pregnancy I made sure to utilize Rockford
6 Memorial for all of my care. It ended up paying
7 off. In July of this year, I was 33 weeks into my
8 second pregnancy when I started having contractions.
9 It felt exactly the same as my first pregnancy, and
10 that night my husband was not home to drive me to
11 Rockford Memorial Hospital. Fearful, I went to
12 KSB Hospital in Dixon because things were
13 progressing quickly.

14 Once again, my situation was beyond what my
15 local health provider could handle. I was headed to
16 Rockford Memorial Hospital again, but this time by
17 ambulance. Once at Rockford Memorial Hospital, they
18 were able to stabilize me and give me steroid shots
19 to develop the baby's lungs. Unfortunately, I
20 became preeclamptic and had to deliver at 33 weeks
21 and 5 days. Our son Orin was 4 pounds, 7 ounces,
22 17 and 3/4 inches long. We found ourselves in the
23 NICU again.

24 MR. MORADO: 30 seconds.

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1 MS. WHEELER: This time it wasn't as scary
2 because it felt like we were going to be with family.

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

11 No one, absolutely no one wants to go to a
12 NICU, but if you have to, Rockford Memorial is the
13 place you want to be. It's the best place for the
14 most critical babies. Please consider this in your
15 decision. We came out today to share our stories so
16 you could see what this really means in real terms.

17 (Applause.)

18 MR. MORADO: Willie Jefferson.

19 MR. JEFFERSON: My name is Willie Jefferson.

20 MR. MORADO: Could you pick the mic up a
21 little bit? Thank you.

22 MR. JEFFERSON: My name is Willie Jefferson.
23 I live on the west side of Rockford. When I learned
24 that Rockford Memorial was going to close its ICU

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1 services and all the other services involving the
2 west side, I thought at least we can still go to
3 SwedishAmerican. Now I am hearing that Crusader Clinic
4 is not going to send patients to SwedishAmerican
5 anymore. I have to ask why. SwedishAmerican will
6 still have intensive care services --

7 MR. MORADO: Mr. Jefferson, if you could
8 please keep your comments focused to the additional
9 six NICU beds at Rockford Memorial Hospital.

10 MR. JEFFERSON: -- and cardiac cath and open
11 heart surgery. So why can't Crusader's patients go
12 there? It's bad enough that Mercy Rockford is shutting
13 down services on the west side, but now they won't
14 let Crusader's patients go to SwedishAmerican, either.
15 That's not right.

16 (Applause.)

17 MR. MORADO: William Cunningham.

18 DR. CUNNINGHAM: Good morning. My name is
19 Dr. William Cunningham. I am a physician specializing
20 in obstetrics and gynecology and have practiced at
21 SwedishAmerican Hospital, a division of UW Health, for
22 10 years. I am also the department chairman, as well
23 as the second vice president of the medical staff.

24 Recently there's been said and announced

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1 regarding returning services in our community. In
2 my opinion, whether intentional or not, my department
3 and professional colleagues have been misrepresented,
4 and I'm taking this opportunity to provide additional
5 perspective.

6 SwedishAmerican has served the west side and
7 the south side of Rockford for over 100 years and
8 continues to provide acute care and emergency
9 services at its current State Street location.
10 SwedishAmerican served Crusader Clinic and its
11 patients for four decades. Last year we delivered
12 over 1,000 babies from patients referred to us from
13 Crusader Clinic. Virtually all Crusader Clinic
14 babies were delivered at SwedishAmerican.

15 To accommodate Crusader patients we have
16 invested millions of dollars over the years in
17 obstetrical facilities as well as neonatal facilities.
18 We have an excellent facility and medical staff and
19 are the only hospital to have received Healthgrades
20 awards in labor and delivery services, ranking us
21 among the top 5 percent of hospitals in the country.
22 SwedishAmerican received this review in 2015 and 2016.

23 We are deeply disappointed and troubled by
24 Crusader Clinic's decision to end our relationship,

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1 and we plan to continue to provide excellent service
2 to those patients as we go forward. We are sorry
3 that Crusader Clinic no longer will be using
4 women's and children's services at SwedishAmerican,
5 and we'll miss those patients in the coming years.

6 SwedishAmerican is not going anywhere. We
7 will continue to serve Rockford, west side and south
8 side, and provide them excellent health care and
9 compassionate services.

10 Thank you.

11 (Applause.)

12 MR. MORADO: Melissa Ramsey.

13 MS. RAMSEY: Hi. My name is Melissa Ramsey.
14 Our daughter McKenzie was born prematurely at
15 SwedishAmerican Hospital via emergency C-section.
16 She weighed 1 pound, 8 ounces. She was immediately
17 put on a ventilator, and talking about it brings
18 back many memories.

19 I was not prepared. I was really worried
20 about our little girl. She was so tiny. It was
21 unthinkable that she might not make it, and we had
22 no idea what to expect then. Once McKenzie was
23 stable they put her into a transport vest and drove
24 across town by ambulance to the NICU at Rockford

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1 Memorial. I use the term stable lightly here, as
2 she was in critical condition and was quite bruised
3 from being delivered at just 24 weeks. It was
4 heartbreaking.

5 Once she was transported from SwedishAmerican,
6 I was unable to see her for more than 48 hours until
7 I was discharged. I missed the first 48 hours of
8 her life. I can't imagine what might have happened
9 if Rockford NICU had not been able to save her.

10 Knowing we needed to move McKenzie across
11 town in order to give her the best possible chance
12 for a positive outcome was stressful. Then we
13 learned that had she been born one day later, there
14 would not have been any room for her at Rockford
15 Memorial, and they would have had to airlift her to
16 Chicago. I can't imagine what it would have been
17 like had Chicago been our only option. We felt so
18 fortunate that Rockford Memorial was an easy drive
19 our home Winnebago. We relied so much on friends,
20 family, and our church during her 110-day stay at
21 the NICU.

22 The doctors and nurses at Rockford Memorial
23 were remarkable. From the moment we arrived we felt
24 at ease. They gave us hope and confidence. During

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1 the nearly four months we spent in the NICU, they
2 continuously surpassed our expectations. They became
3 family. We always felt included in her care, and we
4 loved being able to hold our baby anytime we could.
5 We loved being close enough to be with her every
6 possible moment.

7 McKenzie has long-lasting effects from her
8 prematurity. She has cerebral palsy and uses a
9 walker to walk short distances or a wheelchair for
10 longer distances. She is such a smart little girl
11 who brings us so much joy, and I firmly believe she
12 would not be here without the doctors and nurses at
13 Rockford Memorial.

14 We still see many of the NICU nurses. It
15 makes my husband Nick and I very proud parents when
16 they tell us that McKenzie is where she is today
17 because of all the love and support she has received
18 her entire life, and for us that includes her
19 110-day stay in the Rockford Memorial NICU. I can't
20 imagine how her life would have been if we would not
21 have been able to be in such a great hospital just
22 15 minutes from home. We feel so fortunate to have
23 this level care available in Rockford.

24 MR. MORADO: 30 seconds.

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1 MS. RAMSEY: I came here today because I can't
2 imagine being one of the parents who were turned away.
3 I wanted to share my story so hopefully we can offer
4 more Rockford parents an easier road if they should
5 ever face a premature birth or other emergency
6 situation. It really made a difference to us.
7 Without access to a NICU, McKenzie wouldn't be here.
8 It's as simple as that.

9 Thank you.

10 MR. MORADO: Tawanda Jones.

11 (No response.)

12 MR. MORADO: Brittney Person.

13 MS. PERSON: Hi. My name is Brittney Person.
14 I'm from Rockford, Illinois.

15 Mercy has said they want to add six new
16 rooms in a Rockford west-side hospital. It doesn't
17 include that they're going to also possibly take
18 away 300 beds in the near future when the east side
19 hospital is available.

20 I had a daughter in 2006, and she was at the
21 NICU hospital at Rockford Memorial Hospital. I
22 didn't know anything about NICU. I didn't know that
23 when you got a kid that is premature they stay over.
24 Well, Rockford Memorial helped save my daughter and

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1 also helped me.

2 Despite all the accusations that I heard
3 today, I just hope that with this Mercy Health
4 hospital that you guys are going to open is going to
5 benefit the whole community and also expand
6 nationwide for the needs of anyone's care and make
7 the best care as possible there.

8 And I just hope that everybody has the
9 correct and proper access that they need. Just as
10 they have it at SwedishAmerican, Rockford Memorial,
11 I hope that they will be happy and comfortable at
12 Mercy and that the transportation will be available
13 for everyone regardless the care and the need of
14 anybody.

15 I hope that sooner or later I get a better
16 understanding from both sides and that everything
17 turns out the best for us people here in this world.

18 (Applause.)

19 MR. MORADO: Gillian Headley.

20 DR. HEADLEY: Good morning everyone. My
21 name is Dr. Gillian Headley. I'm a neonatologist,
22 the director of the neonatal intensive care unit and
23 the codirector of the Northwest Regional Perinatal
24 Center at Rockford Memorial Hospital. Today I'm

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1 here to discuss the simple request to add six NICU
2 beds at the Rockford Memorial Hospital NICU.

3 Rockford Memorial Hospital is the best
4 equipped hospital in our region for obstetrical and
5 newborn care. That's a strong statement to make,
6 but it happens to be true. We are a State-designated
7 perinatal center with Level III capabilities. Our
8 Level III designation, the highest available in
9 Illinois, means that we are equipped with the ability
10 and expertise to care for the smallest, sickest, and
11 most fragile newborns and infants in the northwest
12 Illinois area 24 hours a day.

13 Our NICU is staffed by a multidisciplinary
14 care team of neonatologists, neonatal nurse
15 practitioners, registered nurses, respiratory
16 therapists, pediatric therapy services, and a wide
17 range of subspecialty consulting physicians. All of
18 the above have extensive training in the care of
19 premature and/or seriously ill patients. In our
20 NICU neonatologists provide 24-hour in-house
21 coverage, and registered nurses must complete a
22 comprehensive orientation program in order for them
23 to be able to take care of our infants.

24 From a clinical perspective infants who are

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1 delivered at the appropriate levels of service are
2 more likely to have better outcomes. In addition,
3 there is increase in morbidity and mortality in
4 infants who are out-born or those who are born in
5 lower-level care facilities who subsequently require
6 specialized neonatal care. Neonatal morbidity and
7 mortality for the most part are associated with
8 gestational age low birth weight and the complications
9 of prematurity such as intracranial hemophage or
10 bleeding into the brain, necrotizing enterocolitis
11 which is a problem of the intestine in premature
12 babies, chronic lung disease, and sepsis or infection.

13 Our Level III facility is particularly able
14 to manage preterm infants in a way that can decrease
15 the incidence of these potentially dangerous events,
16 and that is because we have QI initiatives that are
17 ongoing and that relate to our commitment to
18 providing the best care for these infants.

19 MR. MORADO: 30 seconds.

20 DR. HEADLEY: We are admitting close to
21 500 babies who are severely compromised and at high
22 risk not only from SwedishAmerican and St. Anthony's
23 but from all other hospitals in the area and in the
24 region that we serve.

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1 I am a clinician, not a regulator. To me
2 this is very much a clinical decision and is in the
3 best interest of area patients and families. The
4 patients we serve can't speak for themselves, so
5 it's up to us to make the best possible decisions
6 for them to give them the best chance for a long and
7 healthy life. I can't imagine a society where
8 anyone would be opposed to this. I truly hope you
9 agree. It's not just the people in this room who
10 are counting on that. Thank you.

11 MR. MORADO: Thank you.

12 Alderman Linda McNeely.

13 MS. MC NEELY: Good morning. First of all,
14 I'd like to say that I'm very pleased to see so many
15 residents and so many individuals from that particular
16 area of the city here. I want to thank you for coming.

17 Secondly, I would like to thank Bishop Dukes
18 for his comments and for being present. I also would
19 like to thank the representatives from SwedishAmerican
20 Hospital for being present.

21 And I know that as a moderator for the State
22 your job is to keep the conversation based upon what's
23 before us, the question that's before us. However,
24 as I sat listening to the individuals speaking, some

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1 of their comments were as relevant to the issue that
2 you're here for today as the issue is.

3 The ladies that spoke about their incidents
4 with their babies and the benefit that they received
5 from Rockford Memorial Hospital certainly is inspiring,
6 and certainly we can understand that they would want
7 to make sure that not just for them but for anyone
8 else that that care is available.

9 The individuals that wanted to speak regarding
10 the closing, their comments and their stories would
11 be just as significant as the ones shared by the
12 ladies regarding their babies because the effect of
13 moving a hospital for that community is significant.
14 Not having the six beds for babies that are in need,
15 whether they're from that community or any other
16 part of the city, is significant.

17 So the individuals that make a comment you
18 don't -- you can't imagine anyone not supporting
19 this, it's mainly because you don't -- you can't
20 imagine being in that community and living those
21 lives and seeing the desperation for medical
22 necessity within that community.

23 So I don't -- I don't belittle the
24 individuals, the ladies that came here and spoke

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1 about what they went through with their babies --

2 MR. MORADO: 30 seconds.

3 MS. MC NEELY: -- and I would ask that the
4 hospital reconsider what they're proposing to do to
5 that part of the city.

6 I don't oppose the use of the six beds. I
7 oppose the thought of this hospital moving in the
8 future and taking those six beds with them.

9 Thank you.

10 (Applause.)

11 MR. MORADO: Shirley -- I apologize,
12 Shirley, I can't read your handwriting. Is there a
13 Shirley here signed up to speak?

14 (No response.)

15 MR. MORADO: Tony Kettleson.

16 MR. KETTLESON: My name is Tony Kettleson.
17 You are hearing from many moms today, and I wanted
18 to provide a father's perspective.

19 My wife Kara and I are so deeply grateful
20 for the Rockford Memorial Hospital NICU. My wife
21 spent five weeks in the high-risk unit for mothers
22 while one of our twins was in Rockford Memorial
23 NICU. We can't imagine what might have happened if
24 I had been one of the unlucky parents turned away.

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1 We just don't know what we would have done.

2 Our situation was, well, a bit unique. To
3 give you a little background, Kara had a fantastic
4 pregnancy, and everything was going as planned.
5 Because she was having twins, we knew it was very
6 possible that she might go into labor early, but we
7 had no idea that there was the potential to deliver
8 our twin babies at radically different times.

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

13 When Kara's water broke, we went to
14 SwedishAmerican where her physician planned to
15 deliver. When they realized the urgency of the
16 situation, we were immediately transferred by
17 ambulance to Rockford Memorial because it is the
18 only Level III NICU in the area.

19 Since Baby Luke's water broke but Liam's had
20 not, the best course of action was to deliver Luke
21 and allow Liam to continue developing. This is
22 called a delayed interval birth. It's actually pretty
23 uncommon that our boys are here with us today because
24 most twins don't survive delayed interval births; it

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1 is very common to lose one or both.

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

9 Because Rockford Memorial has a Level III
10 NICU, care was able to -- we were actually able to
11 be with Luke while we waited for Liam and still
12 getting the high-risk care she needed. We were both
13 able to be with him through everything for the full
14 five weeks. This was such a blessing. The staff
15 was so attentive and supportive and helpful, it was
16 just amazing.

17 MR. MORADO: 30 seconds.

18 MR. KETTLESON: We have a very happy ending
19 thanks to Rockford Memorial, and when we found out
20 our twins were going to have -- sorry -- and when we
21 found out our twins -- out about our twins, we were
22 going to have another surprise baby. After we went
23 through, we knew we wanted Rockford Memorial's team
24 for our primary care knowing that that level of care

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1 cannot be provided by anyone else in the area. Our
2 baby was born April 28th, 2016, right between our
3 twins birthdays, ironically.

4 (Applause.)

5 MR. MORADO: Happy birthday.

6 Shelton Kay.

7 MR. KAY: Good morning. Shelton Kay;
8 S-h-e-l-t-o-n, K-a-y.

9 Let me first start out by saying I have
10 nothing prepared because I really wasn't expecting
11 to come to this. I saw a flyer from a staff member
12 and thought that Crusader needed to be represented.

13 First thing I would like to say is we are in
14 support of adding the six beds. As most of you may
15 know or may not, Crusader does deliver a quarter of
16 the babies that are born in the Rockford area. We
17 also have quite a few high-risk babies that we
18 deliver. High risk means NICU. We need to have
19 that connection immediately, and so that's why we
20 are in support of that.

21 Beginning in January Crusader will be
22 delivering babies at Mercy here on the west side,
23 and we will continue to do that as they expand just
24 like Crusader will continue to stay on the west

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1 side, deliver primary care services on the west
2 side, and refer to all three hospitals because that
3 is what we do.

4 The only service we are changing is our
5 obstetrics service to Mercy because we do not have a
6 staff that can deliver babies at all hospitals, and
7 because we find that that connection is what will be
8 best for the majority of our patients, that is what
9 we have chosen to do.

10 We are going to be remaining on the west
11 side and making sure that we provide access to the
12 patients who are on the west side to see an
13 obstetrician either en route or back into the new
14 facility when it is built.

15 To me it is much more important that we
16 provide our women with access to a state-of-the-art
17 facility no matter where it is, no matter what we
18 have to do to help you get there and we support that.

19 So let me say that to begin with. But I
20 would also like to say, even though it's off topic,
21 that I'm offended by the fact that someone came here
22 and gave some of my patients scripts to read speaking
23 against Crusader and what we do. They're not even
24 sure of what you're telling them. You're telling

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1 folks that we're not referring to Swedes. That's
2 not true and it's not fair to come into a community,
3 take people because of what they look like, give them
4 a script and have them stand up here and say that.

5 I'm offended by that and I'm bothered by the
6 fact that some of these folks come up here who have
7 personal relationships with me saying they know nothing
8 about this when they could come and talk about it.

9 One of the things I've also heard is there's
10 been no input from the community. Crusader as a
11 Federally qualified community health center has
12 client and patient representation on our board. Our
13 board did have to approve of this move.

14 So we feel that this is something that the
15 community supports. We look out for all the citizens
16 of the community. We don't believe in west side/
17 east side. That doesn't work for us. This is a
18 community; we all need to be working at this together.
19 We provide access to all hospitals because that's
20 what's important. We are not going to make our
21 patients make a choice as to where they're getting
22 their health care. The whole point is we want to
23 help you get it wherever you are comfortable so
24 you'll be successful.

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1 Thank you.

2 (Applause.)

3 MR. MORADO: Before I have the applicant
4 come up to make their closing comments, is there
5 anyone who hasn't been given an opportunity to speak
6 yet that would like to make comments?

7 (No response.)

8 MR. MORADO: Is there anyone else that would
9 like to give comments who hasn't had an opportunity?

10 (No response.)

11 MR. MORADO: With that I'm going to call up
12 Paul Van Den Heuvel.

13 MR. VAN DEN HEUVEL: Paul Van Den Heuvel;
14 P-a-u-l, V-a-n D-e-n H-e-u-v-e-l, and I apologize
15 for that.

16 Thank you for the opportunity to speak on
17 behalf of Mercy Health today. I think we just had
18 our Crusader correct a lot of the misinformation
19 that's been sent around the community with regard to
20 our application.

21 This is a very simple application. We're
22 adding six NICU beds to the current Rockford Memorial
23 Hospital facility. That is simply what we are
24 asking permission for, nothing more than that.

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1 The comments from the opposition here, which
2 appear in some cases perhaps to be from people out
3 of town -- but I could be wrong about that -- just
4 simply are not relevant to this application.

5 We have had NICU increase in terms of our
6 average daily census from 33 patients -- and we're
7 talking -- you know, a lot of times in health care
8 we can lose sight of what we're doing, what we're
9 talking about. We're talking about babies here.
10 Okay? So we've had an increase from 33 in 2014 to
11 40 in 2016. This growth has come from enhanced
12 needs here in the Rockford region and referrals from
13 outside of the Rockford region, including in the
14 Wisconsin area across the state border for kids who
15 need the type of care that Rockford Memorial develops
16 and provides here. We have at times in 2016 hit our
17 license capacity, and that means we have to turn these
18 very precious infants away, these at-risk infants.

19 The plans we communicated to the board
20 previously and that were approved in 2015 are
21 bearing significant fruit. As I've noted, referrals
22 are coming from Mercy's Wisconsin operations into
23 the Rockford region, great for the economy.
24 Development of our new I90 and Riverside campus is

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1 proceeding in earnest, and just as importantly for
2 the west side, investment in and redevelopment of
3 the current Rockford Memorial Hospital campus is
4 occurring. As we speak, we're spending \$10 million
5 to develop orthopedic services that will be
6 delivered at that campus. Oncology care will stay
7 at that campus, an emergency room, surgical beds,
8 and the like will stay at this campus. So it's
9 important for us to all note that.

10 As noted by our prior speakers, the parents
11 of our precious children who need care in our NICU,
12 it's just hard to imagine why anyone would oppose
13 adding six NICU beds. The misinformation, we
14 respectfully request, just simply needs to stop.

15 MR. MORADO: 30 seconds.

16 MR. VAN DEN HEUVEL: We'd appreciate approval
17 of this very basic certificate of need request.
18 Thank you.

19 (Applause.)

20 MR. MORADO: Is there anyone who wishes to
21 testify who has not yet had an opportunity?

22 (No response.)

23 MR. MORADO: Please note that this project
24 is tentatively scheduled for consideration by the

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1 Board at its October 25th meeting. The meeting will
2 be held in the city of Bolingbrook at the Bolingbrook
3 Golf Club located at 2001 Rodeo Drive, Bolingbrook,
4 Illinois. Please refer to the Health Facilities and
5 Services Review Board website, www.HFSRB.Illinois.gov
6 for more details and important agenda changes.

7 I ask that you please prepare to take note
8 of the following times and dates. The State Board
9 staff report will be posted online at
10 www.HFSRB.Illinois.gov/sars.hcm on October 11th.
11 The deadline to submit written responses to the
12 State Board staff report is 9:00 a.m. on October 17th.
13 Written comments and responses should be sent to the
14 Health Facilities and Services Review Board, attention
15 Courtney Avery, Administrator, 525 West Jefferson
16 Street, Second Floor, Springfield, Illinois 62761.

17 MR. AXEL: 30 seconds.

18 MR. MORADO: The Board staff will be sticking
19 around to answer any further questions if you should
20 have any. Hearing that there are no additional
21 questions at this time or comments, I deem this
22 public hearing adjourned. Again, we thank you all
23 for coming out today and your participation.

24 (Off the record at 11:55 a.m.)

CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand
Reporter No. 084-003733, CSR, RPR, and a Notary Public
in and for the County of Kane, State of Illinois, the
officer before whom the foregoing proceedings were
taken, do certify that the foregoing transcript is a
true and correct record of the proceedings, that
said proceedings were taken by me stenographically
and thereafter reduced to typewriting under my
supervision, and that I am neither counsel for,
related to, nor employed by any of the parties to
this case and have no interest, financial or
otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my notarial seal this 20th day of
September, 2016.

My commission expires: October 16, 2017



Notary Public in and for the
State of Illinois

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