ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED
JUL 19 2018
HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Silver Cross Structural Heart Program		
Street Address: 1900 Silver Cross Boulevard		
City and Zip Code: New Lenox, Illinois 60451		
County: Will	Health Service Area: 009	Health Planning Area: 009

Applicant(s) [Provide for each co-applicant (refer to Part 1130.220)]

Exact Legal Name: Silver Cross Hospital and Medical Centers
Street Address: 1900 Silver Cross Boulevard
City and Zip Code: New Lenox, Illinois 60451
Name of Registered Agent: Vincent Pryor
Registered Agent Street Address: 1900 Silver Cross Boulevard
Registered Agent City and Zip Code: New Lenox, Illinois 60451
Name of Chief Executive Officer: Ruth Colby
CEO Street Address: 1900 Silver Cross Boulevard
CEO City and Zip Code: New Lenox, Illinois 60451
CEO Telephone Number: (815) 300-7000

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Silver Cross Structural Heart Program		
Street Address: 1900 Silver Cross Boulevard		
City and Zip Code: New Lenox, Illinois 60451		
County: Will	Health Service Area: 009	Health Planning Area: 009

Applicant(s) [Provide for each co-applicant (refer to Part 1130.220)]

Exact Legal Name: Silver Cross Health System
Street Address: 1900 Silver Cross Boulevard
City and Zip Code: New Lenox, Illinois 60451
Name of Registered Agent: Edward J. Green, Esq., c/o Foley & Lardner LLP
Registered Agent Street Address: 321 North Clark Street, Suite 2800
Registered Agent City and Zip Code: Chicago, Illinois 60654
Name of Chief Executive Officer: Ruth Colby
CEO Street Address: 1900 Silver Cross Boulevard
CEO City and Zip Code: New Lenox, Illinois 60451
CEO Telephone Number: (815) 300-7000

Type of Ownership of Applicants

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

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Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

Additional Contact

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

Name: Ruth Colby
Title: President and Chief Executive Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7000
E-mail Address: rcolby@silvercross.org
Fax Number: 815-300-4965

Additional Contact

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

Name: Mary Bakken
Title: Executive Vice President and Chief Operating Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7107
E-mail Address: mbakken@silvercross.org
Fax Number: (815) 300-7047

Post Exemption Permit Contact

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

Name: Mary Bakken
Title: Executive Vice President and Chief Operating Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7107
E-mail Address: mbakken@silvercross.org
Fax Number: (815) 300-7047

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Silver Cross Hospital and Medical Centers
Address of Site Owner: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Street Address or Legal Description of Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Silver Cross Hospital and Medical Centers

Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Silver Cross Hospital and Medical Centers, an Illinois not-for-profit corporation ("Silver Cross"), and Silver Cross Health System, an Illinois not-for-profit corporation ("Silver Cross Health System," collectively with Silver Cross, the "Applicants") seek authority from the Illinois Health Facilities & Services Review (the "Review Board") to establish an open heart surgery category of service (the "Project") at Silver Cross Hospital and Medical Centers in New Lenox, Illinois ("Silver Cross Hospital") to address the increasing demand (and need) for advanced cardiac solutions on the Silver Cross Hospital campus. Silver Cross Hospital is also seeking permission to expand its current hospital foot print by 32,020 feet.

In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an eleven percent (11%) increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e., 3,153). Although the 2017 Annual Hospital Questionnaire ("AHQ") is still not available, the 2016 AHQ data reveals that Silver Cross Hospital had the **ninth** largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program. The lack of an open heart program has forced Silver Cross Hospital's patients to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were directly transferred (by ambulance) to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital. And at least another 112 patients had to be referred to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital in 2017. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles. Of those 188 transferred and referred cardiac surgery patients in 2017, **64%** of those patients were sent to hospitals outside of Open Heart Surgery Planning Area HSA-09. The CompData tells a similar story. In 2017, **75%** of the residents located in Silver Cross Hospital's total service area had to seek cardiac surgery services outside of Open Heart Surgery Planning Area HSA-09. That level of outmigration is unacceptable. And because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. Thus, it is long past the time for Silver Cross Hospital to address the lack of advanced cardiac care on its campus so it can serve the patients residing in Open Heart Surgery Planning Area HSA-09.

The Open Heart Suite at Silver Cross Hospital will contain three operating rooms, two recovery rooms, and support space. In total, the Open Heart Suite will occupy 11,015 feet and will be housed on the second floor, as part of an expansion to the second floor at Silver Cross Hospital. In addition, Silver Cross Hospital is proposing to add 21,005 feet of administrative space, public space, staff support space, and storage space to the first floor and basement at Silver Cross Hospital.

Project Costs

The total cost of the Project will be $22,146,300.

Project Classification

Pursuant to Section 1110.20(c)(1)(B)(i) of the Illinois Administrative Code, the Project is considered Substantive because the Applicants are proposing to establish a new category of service.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$53,748	$146,252	$200,000
Site Survey and Soil Investigation	$4,031	$10,969	$15,000
Site Preparation	$26,874	$73,126	$100,000
Off Site Work			
New Construction Contracts	$4,030,537	$10,967,463	$14,998,000
Modernization Contracts			
Contingencies	$403,054	$1,096,746	$1,499,800
Architectural/Engineering Fees	$203,972	$555,028	$759,000
Consulting and Other Fees	$37,623	$102,377	$140,000
Movable or Other Equipment (not in construction contracts)	$4,334,500	$100,000	$4,434,500
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$9,094,339**	**$13,051,961**	**$22,146,300**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$9,094,339	$13,051,961	$22,146,300
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$9,094,339**	**$13,051,961**	**$22,146,300**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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

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

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

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2020

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Open Heart Operating Suite (2nd floor)							
Operating Rooms			7,420 DGSF	7,420 DGSF			
PACU			1,185 DGSF	1,185 DGSF			
Total Clinical			8,605 DGSF	8,605 DGSF			
NON REVIEWABLE							
Staff Support (2nd floor)			2,410 DGSF	2,410 DGSF			
Administration, Public Space, Staff Support (1st floor)			11,015 DGSF	11,015 DGSF			
Storage (Basement)			9,990 DGSF	9,990 DGSF			
Total Non-clinical			23,415 DGSF	23,415 DGSF			
TOTAL			**32,020 DGSF**	**32,020 DGSF**			

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Silver Cross Hospital		**CITY: 1900 Silver Cross Blvd., New Lenox, Illinois**			
REPORTING PERIOD DATES:		**From:**	**01/01/2017**	**to:**	**12/31/2017**
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	191	13,246	61,716	0	191
Obstetrics	30	2,869	7,387	0	30
Pediatrics	8	193	812	0	8
Intensive Care	28	2,119	7,925	0	28
Comprehensive Physical Rehabilitation	25	637	7,863	0	25
Acute/Chronic Mental Illness	20	1,014	6,047	0	20
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	302	20,078	91,750	0	302

CERTIFICATION

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

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

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

SIGNATURE

Ruth Colby
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of June, 2018

Signature of Notary

Seal

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

SIGNATURE

Vincent Pryor
PRINTED NAME

Senior Vice President & CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of June

Signature of Notary

Seal

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

Ruth Colby
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of June, 2018

Signature of Notary

Seal

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

SIGNATURE

Vincent Pryor
PRINTED NAME

Assistant Treasurer & CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of June, 2018

Signature of Notary

Seal

"OFFICIAL SEAL"
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MY COMMISSION EXPIRES JUNE 17, 2019

*Insert EXACT legal name of the applicant

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

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

Criterion 1110.110(a) Background of the Applicants

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

D. Criterion 1110.220 - Open Heart Surgery

1. Applicants proposing to establish, expand and/or modernize the Open Heart Surgery category of service must submit the following information.

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Open Heart Surgery		

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

1. Criterion 1110.220(b)(1), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110.220(b)(2), Establishment of Open Heart Surgery

Read the criterion and provide the following information:

a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. Criterion 1110.220(b)(3), Unnecessary Duplication of Services

Read the criterion and address the following:

a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
c. Provide a copy of all of the responses received.

4. Criterion 1110.220(b)(4), Support Services

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately mobilized for emergencies at all times.

5. Criterion 1110.220(b)(5), Staffing

Read the criterion and for those positions described under this criterion provide the following information:

a. The name and qualifications of the person currently filling the job.
b. Application filed for a position.
c. Signed contracts with the required staff.
d. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

$22,146,300	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$22,146,300	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

F. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			

Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			

MEDICAID

Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

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

Section I
Attachment 1
Applicant Identification

The Certificates of Good Standing for the Applicants are attached at ATTACHMENT 1.

File Number 0548-203-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SILVER CROSS HOSPITAL AND MEDICAL CENTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1891, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JUNE *A.D.* 2018 .

Authentication #: 1817601830 verifiable until 06/25/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

File Number 5257-283-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SILVER CROSS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 19, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JUNE *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

Authentication #: 1817601838 verifiable until 06/25/2019

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

Section I
Attachment 2
Site Ownership

Silver Cross owns and operates Silver Cross Hospital. An Affidavit from Ruth Colby, the President and CEO of Silver Cross, in support of this Criterion is attached at ATTACHMENT 2.

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 25, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Corporate Ownership of Silver Cross Hospital and Medical Centers

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Silver Cross Hospital and Medical Centers, an Illinois not-for-profit, owns and operates Silver Cross Hospital and Medical Centers, a general acute care hospital located at 1900 Silver Cross Boulevard, New Lenox, Illinois.

Sincerely,

Ruth Colby
President and CEO

SUBSCRIBED AND SWORN
to before me this 25th day
of June, 2018.

Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Section I
Attachment 3
Operating Entity/Licensee

Silver Cross owns and operates Silver Cross Hospital. The Certificate of Good Standing for Silver Cross is attached at ATTACHMENT 1.

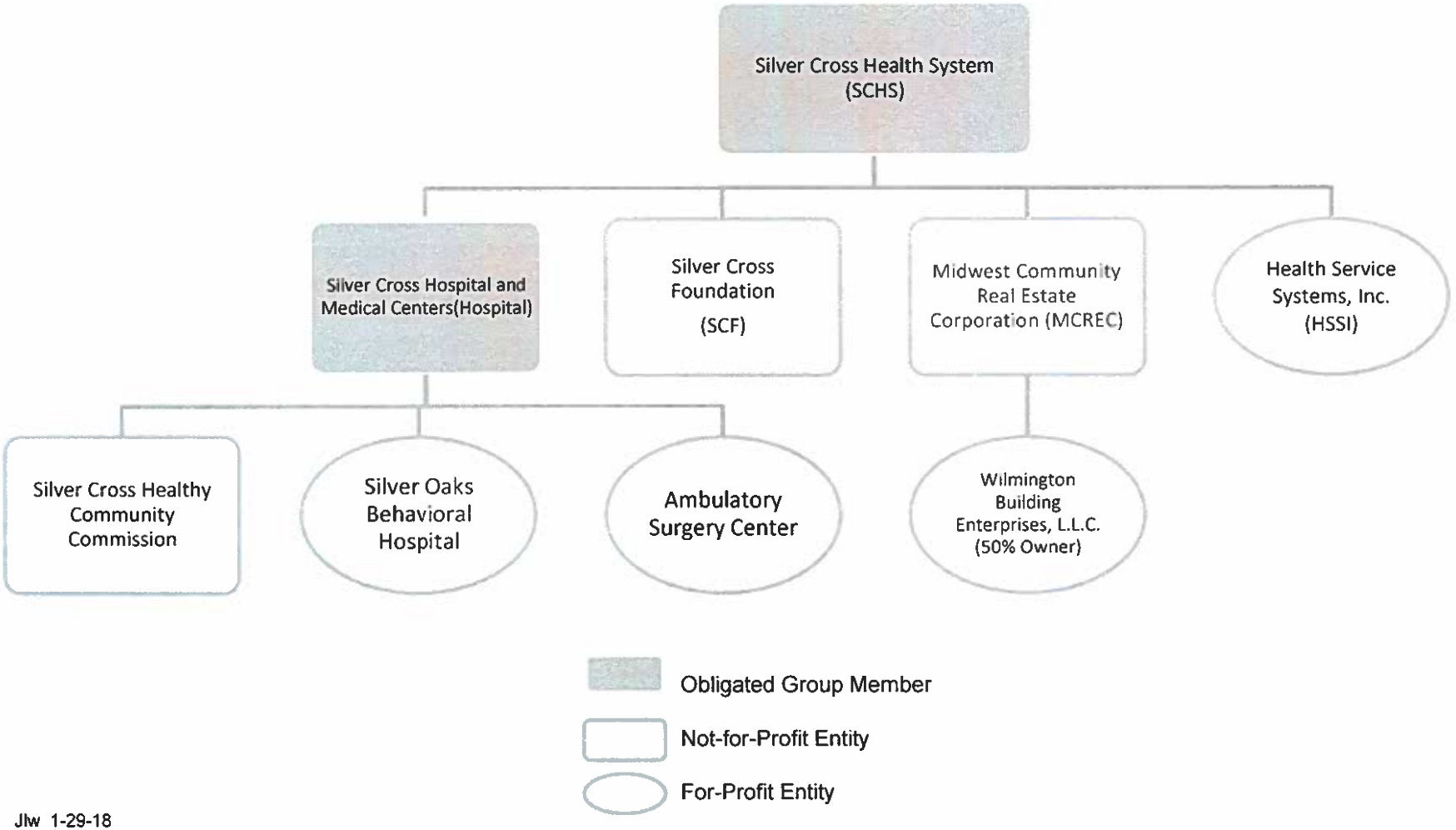
Section I
Attachment 4
Organizational Relationships

The organizational chart for the Applicants is attached at ATTACHMENT 4.

SILVER CROSS HOSPITAL

The way you *should* be treated.

Silver Cross Health System & Affiliates



Jlw 1-29-18

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Attachment 4

#18-020

Section I
Attachment 5
Flood Plain Requirements

As set forth in ATTACHMENT 5, Silver Cross Hospital is not in a designated flood plain. An Affidavit from Ruth Colby, the President and CEO of Silver Cross Hospital, attesting to the fact that the Applicants will comply with Executive Order #5 (2006), to the extent Executive Order #5 (2006) is applicable, is also attached at ATTACHMENT 5.

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106

SWS

Special Flood Hazard Area Determination
pursuant to Governor's Executive Order 5 (2006)
(supersedes Governor's Executive Order 4 (1979))

Requester: Sara Jackson, Director, Planning
Address: Silver Cross Hospital, 1200 Maple Road
City, state, zip: Joliet, IL 60432 Telephone: (815) 740-1234 x7544

Site description of determination:
Site address: SE corner Maple Rd. (US 6) & Clinton St.
City, state, zip: New Lenox, IL 60451
County: Will Sec¼: W½ of SW¼ Section: 4 T. 35 N. R. 11 E. PM: 3rd
Subject area: Parcel IDs 15-08-04-300-008-0000, 15-08-04-300-011-0000, & 15-08-04-300-012-0000, which comprise the W½ SW¼ Sec. 4, T. 35 N., R. 11 E., 3rd P.M., Will County IL, except the S 250 ft thereof, and except U.S. 6 and Clinton St. rights-of-way.

The property described above IS NOT **located in a Special Flood Hazard Area or a shaded Zone X floodzone.**
Floodway mapped: N/A Floodway on property: No
Sources used: FEMA Flood Insurance Rate Map (FIRM - copy attached); Will Co. tax parcel map 08-04-C-W (9/15/2006)
Community name: Village of New Lenox, IL Community number: 170706
Panel/map number: 17197C0190 E Effective Date: September 6, 1995
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP). NFIP flood insurance is not available; certain State and Federal assistance may not be available.
N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).
N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:
N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
X f. Is not located in a Special Flood Hazard Area or a 500-year floodplain. (Flood insurance may still be available.)
N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
N/A h. Exact structure location is not available or was not provided for this determination.

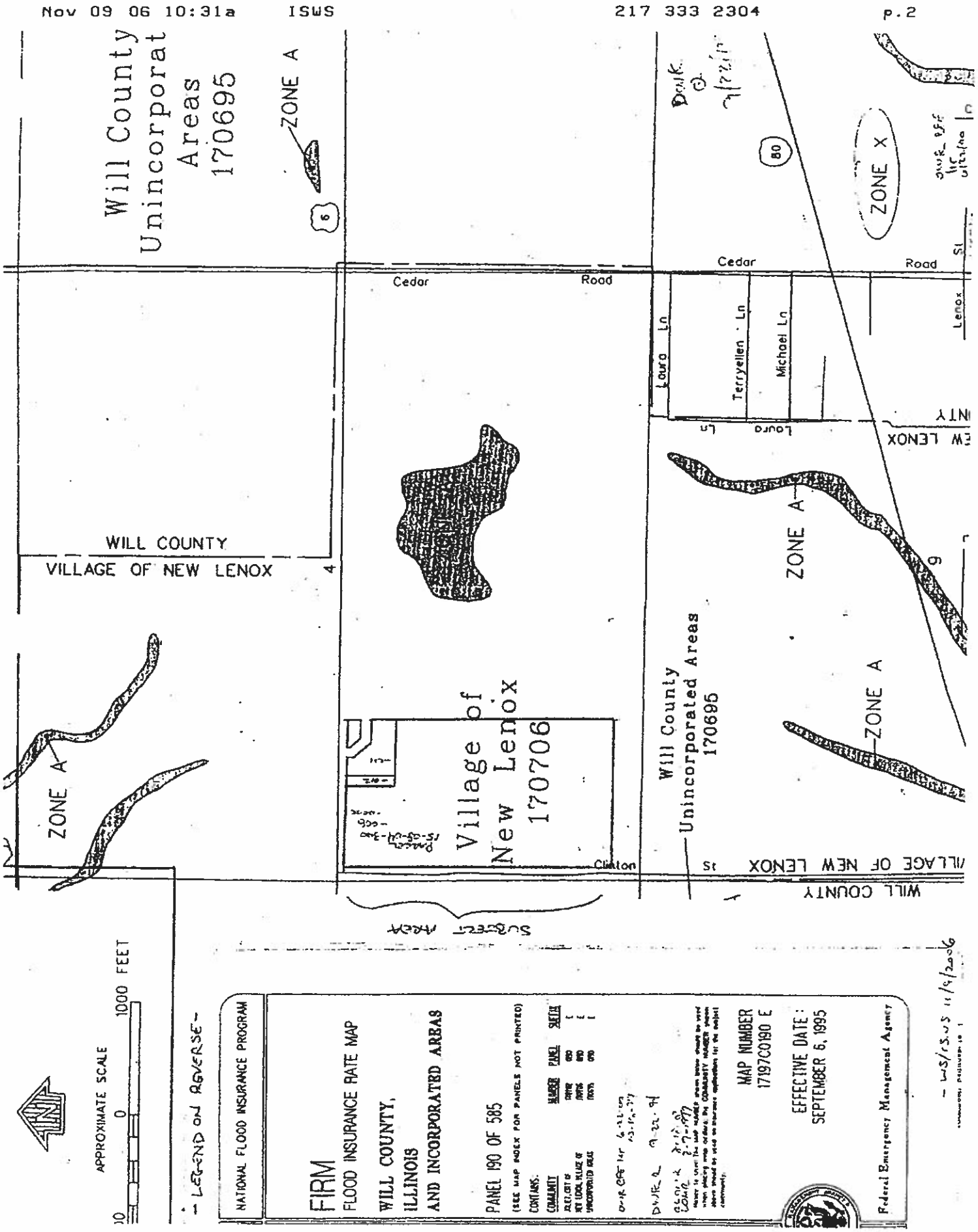
Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to John Lentz (847/608-3100) at the IDNR Office of Water Resources.

William Saylor, CFM IL-02-0107, Illinois State Water Survey

Title: ISWS Surface Water & Floodplain Information Date: 11/9/2006

Post-it® Fax Note 7671 Date 11/9/2006 # of pages ▶ 3


Nov 09 06 10:31a ISWS 217 333 2304 p.2
Will County Unincorporated Areas 170695
ZONE A
ZONE X
Cedar Road
Laura Ln
Terryellen Ln
Michael Ln
WILL COUNTY
VILLAGE OF NEW LENOX
Village of New Lenox 170706
Will County Unincorporated Areas 170695
Clinton St
APPROXIMATE SCALE
0
1000 FEET
LEGEND ON REVERSE
NATIONAL FLOOD INSURANCE PROGRAM
FIRM
FLOOD INSURANCE RATE MAP
WILL COUNTY, ILLINOIS
AND INCORPORATED AREAS
PANEL 190 OF 585
MAP NUMBER
17197C0190 E
EFFECTIVE DATE:
SEPTEMBER 6, 1995
Federal Emergency Management Agency

LEGEND

SPECIAL FLOOD HAZARD AREAS INUNDATED BY 100-YEAR FLOOD

ZONE A — No base flood elevations determined.

ZONE AE — Base flood elevations determined.

ZONE AH — Flood depths of 1 to 3 feet (usually areas of ponding); base flood elevations determined.

ZONE AO — Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.

ZONE A99 — To be protected from 100-year flood by Federal flood protection system under construction; no base flood elevations determined.

ZONE V — Coastal flood with velocity hazard (wave action); no base flood elevations determined.

ZONE VE — Coastal flood with velocity hazard (wave action); base flood elevations determined.

FLOODWAY AREAS IN ZONE AE

OTHER FLOOD AREAS

ZONE X — Areas of 500-year flood; areas of 100-year flood with average depths of less than 1 foot or with drainage areas less than 1 square mile, and areas protected by levees from 100-year flood.

OTHER AREAS

ZONE X — Areas determined to be outside 500-year floodplain.

ZONE D — Areas in which flood hazards are undetermined.

UNDEVELOPED COASTAL BARRIERS*

Identified 1983 | Identified 1990 | Otherwise Protected Areas

*Coastal barrier areas are normally located within or adjacent to Special Flood

Floodplain Boundary

Floodway Boundary

Zone D Boundary

Boundary Dividing Special Flood Hazard Zones, and Boundary Dividing Areas of Different Coastal Base Flood Elevations Within Special Flood Hazard Zones

513 — Base Flood Elevation Line; Elevation in Feet**

A — A — Cross Section Line

(EL 987) — Base Flood Elevation in Feet Where Uniform Within Zone**

RM7x — Elevation Reference Mark

•M1.5 — River Mile

**Referenced to the National Geodetic Vertical Datum of 1929

MAP REPOSITORY

Refer to Repository Listing on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
SEPTEMBER 6, 1995

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

Refer to the FLOOD INSURANCE RATE MAP effective date shown on this map determine when actuarial rates apply to structures in the zones where elev tions or depths have been established.

To determine if flood insurance is available in this community, contact yo insurance agent or call the National Flood Insurance Program at (800) 638-66

APPROXIMATE SCALE

Nov 09 06 10:31a ISWS

217 333 2304 P.3

0041

Attachment 5

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification Re: Compliance with Illinois Executive Order #5

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Silver Cross Hospital and Medical Centers, ("Silver Cross Hospital"), a general acute care hospital located at 1900 Silver Cross Boulevard, New Lenox, Illinois, is owned and operated by Silver Cross Hospital and Medical Centers, an Illinois not-for-profit corporation ("Silver Cross").

2. Silver Cross Hospital is not located within a flood plain area.

3. Silver Cross has reviewed and will comply with the development requirements of Illinois Executive Order #5 (2006), to the extent Illinois Executive Order #5 (2006) is applicable.

Sincerely,

Vincent Pryor
Senior Vice President
Chief Financial Officer

SUBSCRIBED AND SWORN
to before me this 28 day
of June, 2018.

Denise L. Tatgenhorst
Notary Public

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

Section I
Attachment 6
Historic Resources Preservation Act Requirements

The Applicants are proposing an expansion of Silver Cross Hospital. By way of background, Silver Cross Hospital (at its New Lenox location) opened in 2012, and stands on what was formerly farmland. In 2006, the Illinois State Historic Preservation Office (the "Historic Preservation Office") determined that the construction of Silver Cross Hospital (in New Lenox) presented no issues. Thus, it is highly unlikely that any historic, architectural or archaeological issues are in play. Nonetheless, on June 24, 2018, the Applicants sought a formal determination from the Historic Preservation Office as to whether the Illinois State Agency Historic Preservation Act applied to the Project, a copy of which is attached at ATTACHMENT 6. Due to recent retirements in the Historic Preservation Office, the Applicants have been informed that a formal written official answer from the Historic Preservation Office will likely not be ready until late July. The Applicants will supplement this Application once the Applicants receive a formal written official answer from the Historic Preservation Office.

FOLEY

FOLEY & LARDNER LLP

ATTORNEYS AT LAW
321 N. CLARK STREET, SUITE 2800
CHICAGO, ILLINOIS, 60654-5313
312.832.4500 TEL
312.832.4700 FAX
www.foley.com

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
999100-0911

June 24, 2018

VIA FACSIMILE (217) 524-7525, EMAIL (RACHEL.LEIBOWITZ@ILLINOIS.GOV) AND FEDERAL EXPRESS

Ms. Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Office
1 Natural Resources Way
Springfield, Illinois 62702-1271

Re: Silver Cross Hospital and Medical Centers – Expansion

Dear Ms. Leibowitz:

I am writing on behalf of Silver Cross Hospital and Medical Centers ("Silver Cross Hospital"), a general acute care hospital located at 1900 Silver Cross Boulevard, New Lenox, Illinois 60451. We are in the process of preparing a Certificate of Need Application for Silver Cross Hospital, pursuant to which Silver Cross Hospital will seek permission from the Illinois Health Facilities and Services Review Board to establish a structural heart program at Silver Cross Hospital. As part of the establishment of the structural heart program, Silver Cross Hospital will be expanding (to the east) the footprint of Silver Cross Hospital. Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act (the "Act"), we are seeking a formal determination from the Illinois Historic Preservation Agency as to whether the Act applies to the expansion of Silver Cross Hospital. The legal description and parcel identification number for the land upon which Silver Cross Hospital sits is attached as Exhibit A. A drawing of Silver Cross Hospital and the proposed expansion is attached as Exhibit B.

By way of background, Silver Cross Hospital (at its New Lenox location) opened in 2012, and stands on what was formerly farmland. In 2006, your office determined that the construction of Silver Cross Hospital presented no issues. A copy of that clearance letter is attached as Exhibit C.

I understand that there are no fees associated with this request. If you have any questions or need any additional information to complete your evaluation of the proposed project, you may contact me at (312) 832-4375. My fax number is (312) 832-4700 and my email address is egreen@foley.com.

Best regards,

Edward J. Green

Will County Property Information

PIN #: 15-08-04-300-022-0000
OTHER

Tax Map , IL 00000
GIS Map & Address Info
Treasury Tax Info

<< Prev 0 of 0 Next >> (Google Street View Unavailable)

PREVIOUS SALE INFORMATION

Sale Date: N/A
Sale Amount: N/A

MOST CURRENT RATE

Tax Rate: 8.7036 (2017)

ASSESSMENT INFORMATION (2017)

Land:	0	**Farm Land:**	0	**Instant Asm't:** 0
Building:	0	**Farm Building:**	0	
Total:	0	**Total:**	0	View Tax Bodies

BUILDING INFORMATION

Electronic format not available.
Please contact local Township Assessor.

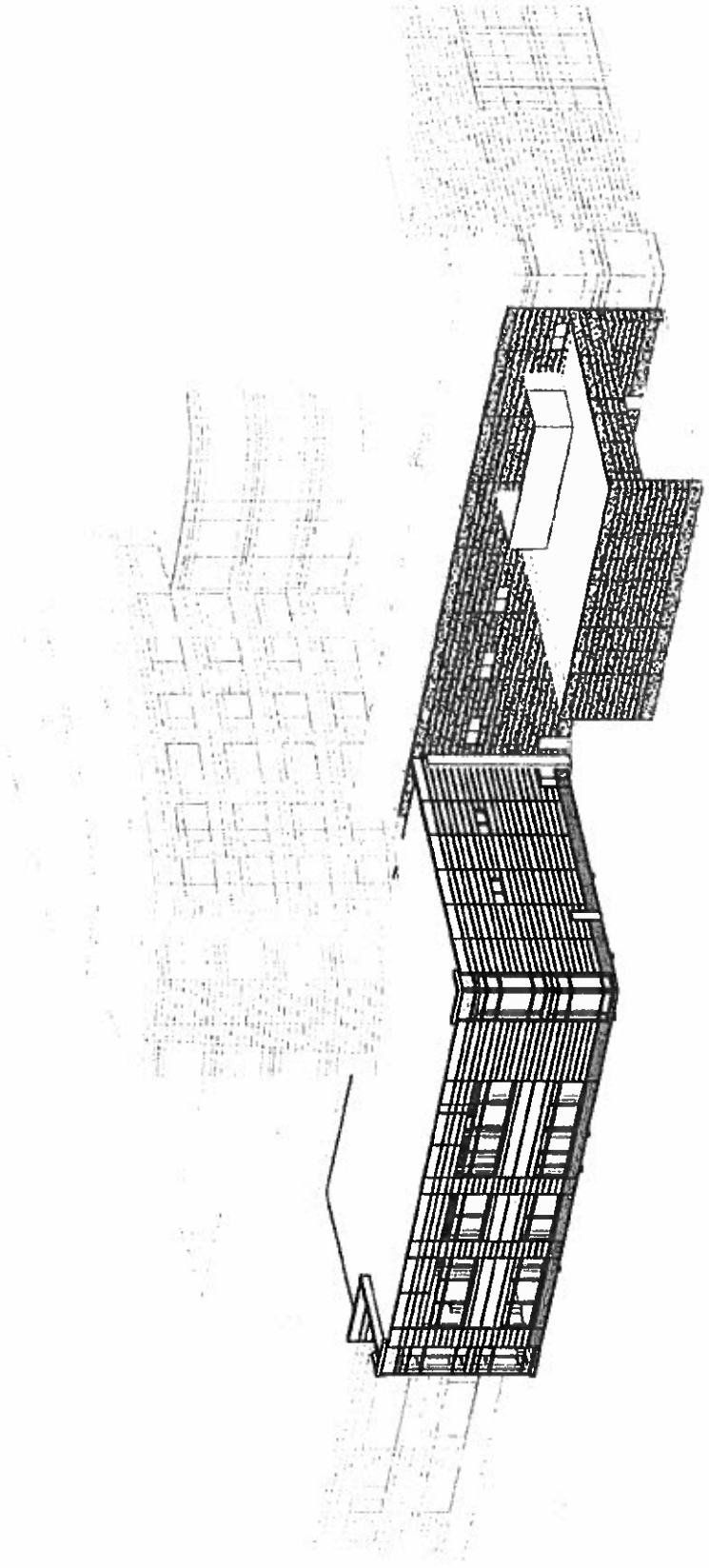
LEGAL DESCRIPTION

Lot #:
Block #: **Unit #:** **Building #:** **Area #:**

TRACT 1: THE W1/2 OF THE SW1/4 OF SEC 4, T35N-R11E, (EXCEPT THRFRM THE FOLL 6 TRACTS OF LAND: (1) THE S 250 FT OF THE W1/2 OF THE SW1/4 OF SD SEC 4 WHICH WAS CONVEYED TO JOHN GULLICK BY DEED RECORDED JULY 31, 1930 IN BK 729, PG 613, AS DOC# 443214), (2) THAT PART DEDICATED TO THE PEOPLE OF THE STATE OF ILLINOIS PER DOC# 449749). (3) THAT PRT TAKEN FOR RD WIDENING PER R2009-092281). (4) (THAT PRT OF THE W1/2 OF THE SW1/4 OF SEC 4, T35N-R11E; DAF: COMM AT THE NW COR OF SD SW1/4; THC S 01 DEG 39'30" E, 1491.59 FT, ALG THE W LN OF SD SW1/4; THC N 88 DEG 20'30" E, 319.21 FT, TO THE POB; THC N 88 DEG 16'39" E, 29.99 FT; THC N 01 DEG 43'21" W, 37.61 FT; THC N 44 DEG 47'03" E, 6.89 FT; THC N 88 DEG 26'54" E, 91.70 FT; THC S 46 DEG 32'58" E, 7.09 FT; THC S 01 43'21" E, 37.05 FT; THC N 88 DEG 16'39" E, 80.80 FT; THC S 01 DEG 38'29" E, 137.68 FT; THC S 88 DEG 20'50" W, 100.69 FT; THC N 46 DEG 39'10" W, 7.07 FT; THC S 88 DEG 20'50" W, 11 FT; THC S 43 DEG 20'50" W 7.07 FT ; THC S 88 DEG 20'50" W, 101.01 FT; THC N 01 DEG 32'53" W, 137.41 FT, TO THE POB. (5) THAT PRT OF THE W1/2 OF THE SW1/4 OF SEC 4, T35N-R11E; DAF: COMM AT THE NW1/4 COR OF SD SW1/4 OF SEC 4; THC S 01 DEG 39'30" E, 1453.82 FT ALG THE W LN OF SD SW1/4; THC N 88 DEG 20'30" E, 318.68 FT, PERP SD W LN OF THE NW1/4 TO THE POB; THC N 01 DEG 32'58" W, 40 FT; THC S 88 DEG 27'02" W, 30 FT; THC N 01 DEG 32'58" W, 30 FT; THC S 88 DEG 27'24" W, 4.83 FT; THC N 01 DEG 32'58" W, 77.89 FT; TO A PT ON A CURVE; THC NE'LY 132.92 FT ALG A CURVE TO THE RIGHT WITH A RADIUS OF 359.58 FT AND HAVING A CHORD BEARING AND DIST OF N 85 DEG 06'55" E, 132.17 FT, TO A PT OF REVERSE CURVE; THC SE'LY 59.44 FT ALG A CURVE TO THE LEFT WITH A RADIUS

OF 351.18 FT AND HAVING A CHORD BEARING AND DIST OF S 89 DEG 12'09" E, 59.37 FT, TO A PT OF COMPOUND CURVE; THC NE'LY 29.78 FT ALG A CURVE TO THE LEFT WITH A RADIUS OF 349.68 FT AND HAVING A CHORD BEARING AND DIST OF N 83 DEG 30'17" E, 29.77 FT, TO A PT OF COMPOUND CURVE; THC NE'LY 37.39 FT ALG A CURVE TO THE LEFT WITH A RADIUS OF 350.31 FT AND HAVING A CHORD BEARING AND DIST OF N 78 DEG 00'30" E, 37.37 FT; THC S 01 DEG 33'43" E, 2.66 FT, TO A PT ON A CURVE; THC NE'LY 32.55 FT ALG A CURVE TO THE LEFT WITH A RADIUS OF 351.45 FT AND HAVING A CHORD BEARING AND DIST OF N 72 DEG 25'31" E, 32.54 FT; THC S 77 DEG 05'53" E, 3.82 FT; THC S 20 DEG 02'19" E 25 FT; THC S 16 DEG 42'17" W 15 FT; THC N 72 DEG 31'48" W, 15.48 FT; THC N 22 DEG 30'03" W, 6.56 FT, TO A PT ON A CURVE; THC SW'LY 21.89 FT, ALG A CURVE TO THE RIGHT WITH A RADIUS OF 379.27 FT AND HAVING A CHORD BEARING AND DIST OF S 74 DEG 15'46" W, 21.89 FT; THC S 01 DEG 32'59" E, 135.71 FT; THC S 88 DEG 27'02" W, 81.82 FT; THC N 01 DEG 39'30" W, 3.08 FT; THC S 88 DEG 19'16" W, 12.32 FT; THC N 46 DEG 32'58" W, 2.31 FT; THC S 88 DEG 26'54" W, 91.70 FT; THC S 44 DEG 47'03" W, 6.79 FT; THC S 88 DEG 27'02" W 30.45 FT, TO THE POB. (6) THAT PRT OF THE W1/2 OF THE SW1/4 OF SEC 4, T35N-R11E, DAF: COMM AT THE NW COR OF SD SW1/4; THC S 01 DEG 39'30" E 1785.41 FT, ALG THE W LN OF SD SW1/4; THC N 88 DEG 20'30" E 313.19 FT, TO THE POB; THC N 01 DEG 39'10" W 54.67 FT; THC 88 DEG 20'50" E 12.05 FT; THC N 01 DEG 39'10" W 39.47 FT; THC 88 DEG 20'50" E 42.24 FT; THC N 01 DEG 39'10" W 30.38 FT; THC N 88 DEG 20'50" E 52.36 FT; THC N 01 DEG 39'10" W, 31.89 FT; THC N 43 DEG 20'50" E 7.07 FT; THC N 88 DEG 20'50" E 11 FT; THC S 46 DEG 39'10" E 7.07 FT; THC S 01 DEG 39'10" E 31.89 FT; THC N 88 DEG 20'50" E 10.06 FT; THC S 01 DEG 39'10" E 103.44 FT; THC S 88 DEG 20'50" W, 12.01 FT; THC S 01 DEG 38'07 E, 12.54 FT; THC S 88 DEG 20'50" W 16.93 FT; THC S 01 DEG 39'10" E 8.53 FT; THC S 88 DEG 20'50" W, 108.77 FT, TO THE POB). TOGETHER WITH: OUTLOT 1, LOTS 1 & 2 IN CEDAR CROSSINGS PHASE 1 PUD, BEING A SUB OF PRT OF THE S1/2 OF SEC 4, T35N-R11E. REM AFTER DIV PER PET.#2011-79 NDA:

* Property information is retrieved periodically from the Local Township Assessor; therefore, the property characteristics may not be the most current. For the most current information regarding your property, please contact your Local Township Assessor and review your property's record card.



3D View - NE OP15 | 80-00

Silver Cross Hospital
CV Expansion

ECKENHOFF SAUNDERS ARCHITECTS

Exhibit B

Attachment
6

Illinois Historic
Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Will County
New Lenox
CON - New Construction for Freestanding Health Care Facility
Maple Road (Route 6) and Clinton St.; 790, 850 W. Maple Road (Route 6)
IHPA Log #052111306

December 6, 2006

Sara Jackson
Silver Cross Hospital
1200 Maple Rd.
Joliet, IL 60432

Dear Ms. Jackson:

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

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

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

If you have any further questions, please contact Andrew Heckenkamp, Manager, 1 Old State Capitol Plaza, Springfield, IL 62701, 217/782-8168.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

Section I
Attachment 7
Project Costs & Sources of Funds

Below is the equipment listing/summary for the Project.

Clinical	#	Cost per Item	Total Cost per Item
Lights & Booms	3	$75,000	$225,000
OR Table	2	$50,000	$100,000
OR Stryker Integration	3	$130,000	$390,000
Pyxis	3	$33,000	$99,000
Heart/Lung	2	$178,000	$356,000
Blood Gas Analyzer	3	$25,000	$75,000
ACT	3	$5,000	$15,000
Anesthesia Cart	3	$150,000	$450,000
Balloon Pumps	2	$170,000	$340,000
Instrumentation			$250,000
CRRT	2	$27,250	$54,500
Vein Harvest Equipment	2	$40,000	$80,000
Siemens Artis Zee Hybrid OR Imaging Equipment	1	$1,900,000	$1,900,000
Total Clinical			**$4,334,500**
Non-Clinical			
Furniture		$100,000	$100,000
Total Non-Clinical			**$100,000**
Total Clinical and Non-Clinical			**$4,434,500**

Section III
Attachment 11
Criterion 1110.110(a)
Background of the Applicants

Silver Cross Hospital and Medical Centers

1. Silver Cross Hospital and Medical Centers, an Illinois not-for-profit corporation, owns and operates Silver Cross Hospital and Medical Centers. Silver Cross Hospital is a fully licensed, Medicare-certified, Joint Commission accredited, 302 bed general acute care hospital, located at 1900 Silver Cross Boulevard, New Lenox, Illinois 60451. Copies of the current license and Joint Commission accreditation for Silver Cross Hospital are attached at ATTACHMENT 11.

2. Silver Cross Hospital has been recognized as a 5 star hospital by the Centers for Medicare and Medicare Services, a Truven Health Analytics 100 Top Hospitals National Award winner for seven consecutive years, a Hospital of Choice by the American Alliance of Healthcare Providers, and was honored with an "A" Hospital Safety GradeSM by The Leapfrog Group for seven consecutive periods.

3. Silver Cross Hospital has forged partnerships with several "best in breed" organizations to deliver state-of-the-art medicine on its campus in New Lenox. Those partners include the Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago) on rehabilitation, Ann & Robert H. Lurie Children's Hospital of Chicago on pediatrics, and the University of Chicago on cancer care.

4. In 2017, Silver Cross Hospital provided over $39 million in charity care and other community benefits.

5. Silver Cross Hospital (through a joint venture with USPI and certain physicians) owns an interest in Silver Cross Ambulatory Surgery Center LLC ("SCASC"). SCASC owns and operates the Silver Cross Ambulatory Surgery Center, a fully licensed, Medicare-certified, three operating room, nine recovery room, ambulatory surgery center on the Silver Cross Hospital campus. See Project No. 16-021.

6. Silver Cross Hospital also has one open Certificate of Need project with the Review Board. Specifically, on February 24, 2017, Silver Cross Hospital, US HealthVest, and various US Healthvest affiliates filed, a Certificate of Need Application with the Review Board to develop and establish a 100 bed behavioral health hospital (to be known as Silver Oaks Hospital) on the Silver Cross Hospital Campus (Project No. 17-009). The Board approved Project No. 17-009 on June 20, 2017. Construction on Silver Oaks Hospital is on schedule and, if everything remains on schedule, Silver Oaks Hospital should be completed and licensed on or about December 31, 2018.

7. There have been no adverse actions taken against any facility owned or operated by Silver Cross Hospital during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 11.

8. An authorization letter granting access to the Board and the Illinois Department of Public Health ("IDPH") to verify information about Silver Cross Hospital is attached at ATTACHMENT 11.

Silver Cross Health System

1. Silver Cross Health System, an Illinois not-for-profit corporation, is the sole member of Silver Cross Hospital and Medical Centers.

2. There have been no adverse actions taken against any facility owned or operated by Silver Cross Health System during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 11.

3. An authorization letter granting access to the Board and the Illinois Department of Public Health ("IDPH") to verify information about Silver Cross Health System is attached at ATTACHMENT 11.

HF114951

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
2/25/2019		0005827

General Hospital

Effective: 02/26/2018

Silver Cross Hospital and Medical Centers
1900 Silver Cross Blvd
New Lenox, IL 60451

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

0052

Attachment 11

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/25/2019

Lic Number 0005827

Date Printed 1/8/2018

Silver Cross Hospital and Medical Cen

1900 Silver Cross Blvd
New Lenox, IL 60451

FEE RECEIPT NO.

#18-020

Silver Cross Hospital

New Lenox, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

January 28, 2017

Accreditation is customarily valid for up to 36 months.

Craig R. Jones, FACHE
Chair, Board of Commissioners

ID #7365
Print Request Date: 04/04/2017

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1110.230, No Adverse Actions Certification

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1110.230, as follows:

1. There have been no adverse actions taken against any facility owned or operated by Silver Cross Health System during the three (3) years prior to the filing of this application.

2. There have been no adverse actions taken against any facility owned or operated by Silver Cross Hospital and Medical Centers during the three (3) years prior to the filing of this application.

Sincerely,

Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 28 day of June, 2018.

Notary Public

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1110.230, Authorization to Access Information

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Silver Cross Health System and Silver Cross Hospital and Medical Centers with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 28 day of June, 2018.

Denise L Tatgenhorst
Notary Public

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

Section III
Attachment 12
Criterion 1110.110(b)
Purpose of Project

Purpose Statement

The Applicants are seeking permission from the Review Board to establish an open heart surgery category of service (the "Project") at Silver Cross Hospital and Medical Centers in New Lenox, Illinois ("Silver Cross Hospital") to address the increasing demand (and need) for advanced cardiac solutions on the Silver Cross Hospital campus. Silver Cross Hospital is also seeking permission to expand its current hospital foot print by 32,020 feet (11,015 feet of which is attributable to the establishment of the open heart category of service).

Supporting Statements & Documentation

Background

1. The 2016 Annual Hospital Questionnaire ("AHQ") data reveals that Silver Cross Hospital had the **ninth** largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program. See ATTACHMENT 12.

2. Silver Cross Hospital has been experiencing tremendous growth in the number of patients undergoing diagnostic and interventional cardiac catheterizations. In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an 11% increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e., 3,153). And between 2015 and 2016, diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital increased by 13%. The below table summarizes Silver Cross Hospital's most recent cardiac catheterization case counts:

Silver Cross Hospital Cardiac Catheterizations			
	2015	2016	2017
Diagnostic Cardiac Catheterizations	1,603	1,591	1,979
Interventional Cardiac Catheterizations	1,175	1,562	1,535
Total Cardiac Catheterizations	2,778	3,153	3,514
Year to year Growth		13%	11%

3. In comparison, all of the other hospitals in the State of Illinois only experienced an average growth rate of 1.1% from 2016 to 2017 in the number of cardiac catheterization procedures. The average state-wide growth rate in cardiac catheterizations was only 0.9% from 2015 to 2016. See ATTACHMENT 12.

4. Because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. For example, the largest cardiology group at Silver Cross Hospital, Heartland Cardiovascular Center LLC

("Heartland"), treated 1,040 cardiac catheterization patients at Silver Cross Hospital in 2017 and estimated that Heartland would have performed at least 10 to 15 percent more cardiac catheterizations at Silver Cross Hospital in 2017 if Silver Cross Hospital had an open heart program. A copy of the Heartland Case Count Affidavit is attached as ATTACHMENT 22.

5. The second largest cardiology group at Silver Cross Hospital, Heart Care Centers of Illinois LLC ("HCCI"), treated 426 cardiac catheterization patients at Silver Cross Hospital in 2017 and estimated that HCCI would have performed at least 25 to 30 percent more cardiac catheterizations at Silver Cross Hospital in 2017 if Silver Cross Hospital had an open heart program. A copy of the HCCI Case Count Affidavit is attached as ATTACHMENT 22.

6. If one were to add the estimated high-risk cardiac cath rate advanced by Heartland (i.e., 10%) across the entire portfolio of 3,514 cardiac catheterizations performed at Silver Cross Hospital in 2017, it is possible that an additional 351 cardiac catheterizations could have been performed at Silver Cross Hospital in 2017 (for a normalized number of 3,865 cardiac catheterizations).

7. The lack of an open heart program has forced Silver Cross Hospital's patients to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were directly transferred (by ambulance) to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital. See ATTACHMENT 12 (table summarizing where those 76 patients were transferred in 2017).

8. And at least another 112 patients were referred to other hospitals for cardiac surgery following a cardiac catheterization at Silver Cross Hospital in 2017. See ATTACHMENT 12 (table summarizing where those 112 patients were referred in 2017). Note that Silver Cross Hospital only tracked the referrals from two of the cardiology groups (Heartland and HCCI) on the medical staff at Silver Cross Hospital. That means additional referrals were made during 2017.

9. That means at least **188** Silver Cross Hospital patients were directly transferred or referred to other hospitals for cardiac surgery following a cardiac catheterization procedure at Silver Cross Hospital in 2017. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles. If these patients were able to have cardiac surgery at Silver Cross Hospital, the average travel would have only been 5.7 miles. Note that Silver Cross Hospital did not track referrals for each of the 27 cardiologists on its Medical Staff; rather, Silver Cross Hospital only tracked the 2017 referrals for the Heartland and HCCI cardiologists.

10. Of those 188 transferred and referred cardiac surgery patients in 2017, **64%** of those patients were sent to hospitals outside of Open Heart Surgery Planning Area HSA-09. The CompData tells a similar story. In 2017, **75%** of the residents located in Silver Cross Hospital's total service area had to seek cardiac surgery services outside of Open Heart Surgery Planning Area HSA-09. That level of outmigration is unacceptable. See ATTACHMENT 12 (table summarizing where cardiac surgery patients in Silver Cross Hospital's service area received cardiac surgery in 2017).

Project Need

11. If one were to measure the ratio of cardiac catheterizations in the State of Illinois against the number of cardiac surgeries in the State of Illinois, approximately 10.77% of all cardiac catheterizations have ultimately resulted in a cardiac surgery over the past three years. See following table.

Cardiac Surgery Cases as a Percentage of Total Cardiac Catheterization			
Hospital Name	**2014**	**2015**	**2016**
Adventist Hinsdale Hospital	13.0%	15.1%	14.0%
Adventist La Grange Memorial Hospital	7.0%	7.5%	4.4%
Advocate BroMenn Medical Center	5.9%	4.6%	3.3%
Advocate Christ Medical Center	30.8%	33.5%	36.8%
Advocate Condell Medical Center	11.1%	9.5%	9.8%
Advocate Good Samaritan Hospital	16.7%	19.8%	16.4%
Advocate Good Shepherd Hospital	15.4%	18.2%	15.5%
Advocate Illinois Masonic Medical Center	9.3%	10.6%	9.1%
Advocate Lutheran General Hospital	10.6%	8.9%	9.0%
Advocate Sherman Hospital	8.4%	8.2%	8.1%
Alexian Brothers Medical Center	6.7%	7.3%	14.0%
Blessing Hospital at 11th Street	3.2%	6.1%	3.9%
Carle Foundation Hospital	20.9%	15.6%	11.9%
Centegra Hospital - McHenry	10.1%	10.8%	12.2%
Central DuPage Hospital	11.3%	20.0%	16.1%
Decatur Memorial Hospital	5.7%	7.7%	8.2%
Edward Hospital	10.0%	9.2%	9.9%
Elmhurst Memorial Hospital	10.4%	7.7%	6.7%
Evanston Hospital	11.5%	9.1%	13.3%
Franciscan St. James Health - Olympia Fields	6.6%	6.6%	6.6%
Good Samaritan Regional Health Center	8.3%	9.4%	5.9%
Gottlieb Memorial Hospital	8.3%	16.6%	14.6%
Highland Park Hospital	14.2%	19.4%	14.7%
Ingalls Memorial Hospital	3.2%	4.0%	3.1%
John H. Stroger Hospital of Cook County	16.7%	21.1%	10.9%
Louis A. Weiss Memorial Hospital	3.7%	4.1%	2.9%
Loyola University Medical Center	36.0%	34.2%	32.2%
MacNeal Hospital	6.7%	8.9%	7.9%
Memorial Hospital	11.1%	12.8%	13.3%
Memorial Hospital Of Carbondale	5.1%	6.9%	7.3%
Memorial Medical Center	6.5%	7.6%	7.6%
Mercy Hospital & Medical Center	6.3%	4.4%	2.0%
Methodist Medical Center	10.1%	6.3%	6.8%
MetroSouth Medical Center	2.5%	0.9%	1.7%

Mount Sinai Hospital Medical Center	1.9%	4.8%	10.4%
Northwest Community Hospital	12.3%	11.3%	11.1%
Northwestern Memorial Hospital	16.2%	18.4%	13.2%
OSF Saint Francis Medical Center	27.4%	24.4%	23.8%
Palos Community Hospital	13.1%	12.4%	12.1%
Presence Covenant Medical Center	8.1%	4.3%	15.2%
Presence Mercy Medical Center	17.0%	15.5%	15.6%
Presence Resurrection Medical Center	9.1%	10.3%	9.1%
Presence Saint Francis Hospital	3.9%	8.5%	9.3%
Presence Saint Joseph Hospital - Chicago	8.5%	10.8%	10.1%
Presence Saint Joseph Hospital - Elgin	5.7%	11.4%	6.0%
Presence Saint Joseph Medical Center - Joliet	16.5%	15.0%	12.4%
Presence Saint Mary Of Nazareth Hospital	10.4%	7.4%	7.3%
Riverside Medical Center	15.5%	14.2%	11.1%
Rockford Memorial Hospital	8.1%	4.9%	8.3%
Rush University Medical Center	25.6%	16.1%	20.4%
Rush-Copley Medical Center	9.9%	8.9%	8.5%
Saint Anthony Medical Center	10.8%	20.4%	11.8%
Silver Cross Hospital	0.0%	0.0%	0.0%
St. Elizabeth's Hospital	10.1%	9.3%	9.3%
St. John's Hospital	6.3%	18.5%	13.3%
St. Joseph Medical Center	5.0%	5.3%	8.7%
Swedish American Hospital	7.1%	8.0%	8.5%
Swedish Covenant Hospital	7.0%	9.0%	9.2%
UnityPoint Health - Trinity Rock Island	9.5%	8.9%	7.5%
University Of Chicago Medical Center	24.7%	10.4%	10.7%
University of Illinois Hospital at Chicago	7.4%	6.9%	6.9%
VHS West Suburban Medical Center	2.8%	2.8%	1.6%
Average	**10.7%**	**11.1%**	**10.5%**
Three Year Average		**10.77%**	

Source: IHFSRB AHQ Hospital Surveys 2014 - 2016

Total Cardiac Surgeries and Total Cardiac Catheterizations (Diagnostic and Interventional excluding Electrophysiological)

12. In developing the need for this Project, Silver Cross Hospital utilized two models. Under Model One, Silver Cross Hospital multiplied the State of Illinois ratio of cardiac catheterizations to cardiac surgery rate (10.77%) by the number of its past and projected cardiac catheterizations. Under Model Two, Silver Cross Hospital divided the number of cardiac surgery transfers and referrals that it could track in 2017 (i.e., 188) by the number of cardiac catheterizations in 2017 (i.e., 3,514) to yield a conversion rate of 5.35%. Of course, it bears noting that Model Two does not take into account the cardiac surgery referrals from groups other than Heartland and HCCI in 2017 (which means the Model Two conversion rate is very

conservative). Silver Cross Hospital then multiplied that conversion rate by the number of its past and projected cardiac catheterizations. Under each of these models, Silver Cross Hospital also adjusted for the lack of high-risk cardiac catheterizations (i.e., 10% of the 2017 cardiac catheterizations performed at Silver Cross Hospital in 2017, consistent with the lower end of the ranges identified in the Heartland and HCCI affidavits).

13. Model One. Under Model One, the data supports between 439 and 483 projected cardiac surgeries in 2022. See below chart.

Model One -- Projected Cardiac Surgeries Utilizing State of Illinois Cardiac to Cardiac Surgery Conversion Rate								
	Cardiac Caths	Growth	Cardiac Surgery Conversion Rate	Cardiac Surgeries (Cardiac Caths X Conversion Rate)	High Risk Caths (10%)	Total Cardiac Caths and High Risk Caths	Cardiac Surgery Conversion Rate	Normalized Cardiac Surgeries (Cardiac Caths + High Risk Caths) X Conversion Rate)
2016	3,153	13%	10.77%	339.58	315	3,468	10.77%	373.54
2017	3,514	11%	10.77%	378.46	351	3,865	10.77%	416.30
2018 (projected)	3,619	3%	10.77%	389.81	362	3,981	10.77%	428.79
2019 (projected)	3,728	3%	10.77%	401.51	373	4,101	10.77%	441.66
2020 (projected)	3,840	3%	10.77%	413.55	384	4,224	10.77%	454.91
2021 (projected)	3,955	3%	10.77%	425.96	396	4,351	10.77%	468.55
2022 (projected)	4,074	3%	10.77%	**438.74**	408	4,481	10.77%	**482.61**

14. Model Two. Under Model Two, the data supports between 218 projected cardiac surgeries and 240 projected cardiac surgeries in 2022. See below chart.

Model Two -- Projected Cardiac Surgeries Utilizing State of Illinois Cardiac to Cardiac Surgery Implied Conversion Rate								
	Cardiac Caths	Growth	Cardiac Surgery Conversion Rate	Cardiac Surgeries (Cardiac Caths X Conversion Rate)	High Risk Caths (10%)	Total Cardiac Caths and High Risk Caths	Cardiac Surgery Conversion Rate	Normalized Cardiac Surgeries (Cardiac Caths + High Risk Caths) X Conversion Rate)
2016	3,153	13%	5.35%	169.69	315	3,468	5.35%	185.55
2017	3,514	11%	5.35%	188	351	3,865	5.35%	206.80
2018 (projected)	3,619	3%	5.35%	196.64	362	3,981	5.35%	213
2019 (projected)	3,728	3%	5.35%	199.45	373	4,101	5.35%	219.39
2020 (projected)	3,840	3%	5.35%	205.43	384	4,224	5.35%	225.97
2021 (projected)	3,955	3%	5.35%	211.59	396	4,351	5.35%	232.75
2022 (projected)	4,074	3%	5.35%	**217.94**	408	4,481	5.35%	**239.74**

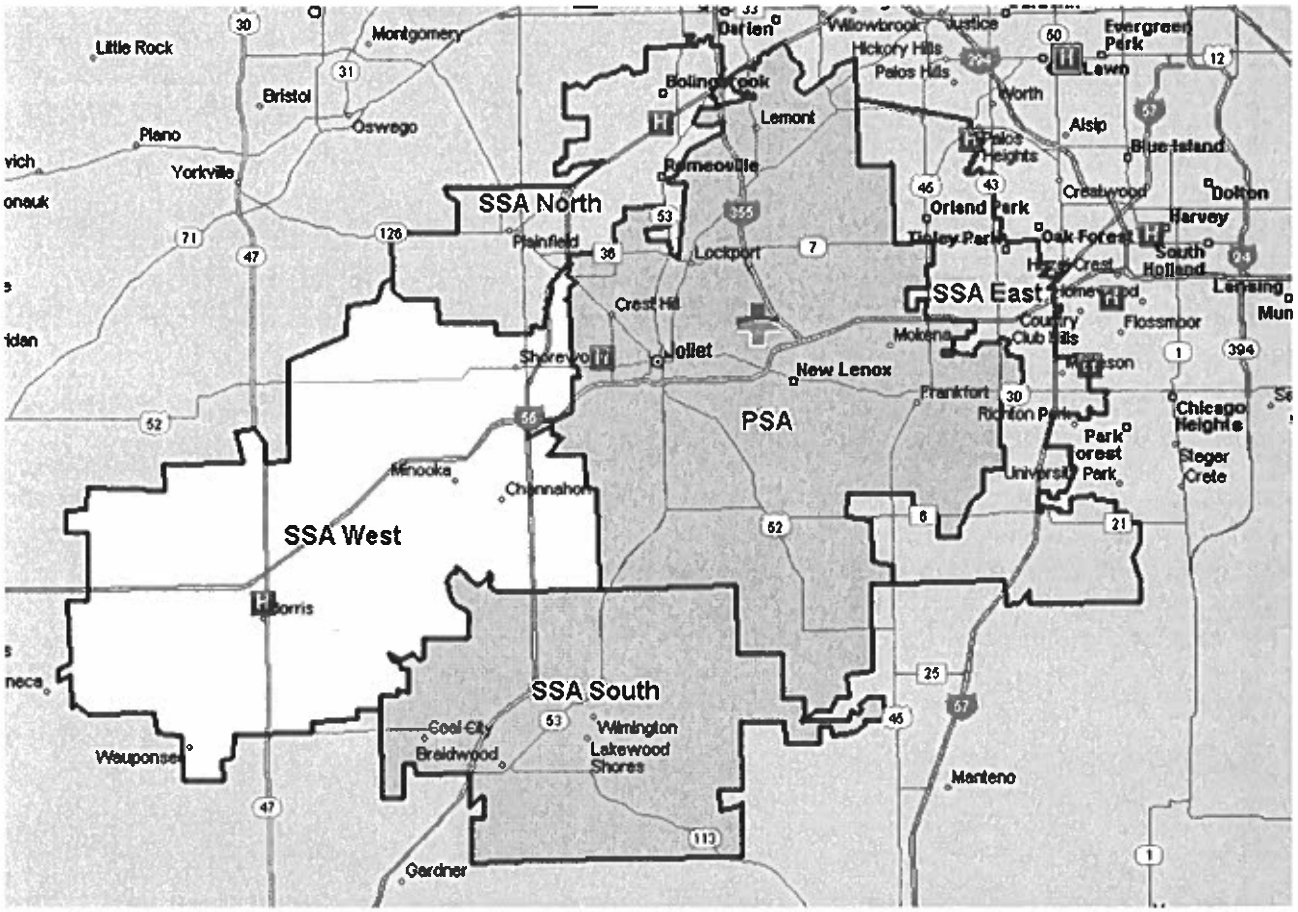
15. Based on the above modeling, Silver Cross Hospital is highly confident in projecting that 220 patients will have cardiac surgery at Silver Cross Hospital in 2021 and 240 patients will have cardiac surgery at Silver Cross Hospital in 2022.

Define the Planning Area or Market Area

1. Silver Cross Hospital is located in Open Heart Surgery Planning Area HSA-09.

2. Only two hospitals in Open Heart Surgery Planning Area HSA-09 offer heart open surgical services: Presence-St. Joseph Medical Center in Joliet (which is located approximately 8.9 miles away from Silver Cross Hospital) and Riverside Medical Center in Kankakee (which is located approximately 37 miles away from Silver Cross Hospital).

3. The primary and secondary service area for the Open Heart Program is the same as Silver Cross Hospital's primary and secondary service areas as identified below:



Total Service Area	Zip - City
Primary Service Area	60403 - CREST HILL
Primary Service Area	60421 - ELWOOD
Primary Service Area	60423 - FRANKFORT
Primary Service Area	60432 - JOLIET
Primary Service Area	60433 - JOLIET
Primary Service Area	60434 - JOLIET
Primary Service Area	60435 - JOLIET
Primary Service Area	60436 - JOLIET
Primary Service Area	60439 - LEMONT
Primary Service Area	60441 - LOCKPORT
Primary Service Area	60442 - MANHATTAN
Primary Service Area	60448 - MOKENA
Primary Service Area	60451 - NEW LENOX
Primary Service Area	60467 - ORLAND PARK
Primary Service Area	60491 - HOMER GLEN

Total Service Area	Zip - City
Secondary Service Area - East	60443 - MATTESON
Secondary Service Area - East	60449 - MONEE
Secondary Service Area - East	60462 - ORLAND PARK
Secondary Service Area - East	60464 - PALOS PARK
Secondary Service Area - East	60477 - TINLEY PARK
Secondary Service Area - East	60487 - TINLEY PARK
Secondary Service Area - North	60440 - BOLINGBROOK
Secondary Service Area - North	60446 - ROMEOVILLE
Secondary Service Area - North	60490 - BOLINGBROOK
Secondary Service Area - North	60544 - PLAINFIELD
Secondary Service Area - North	60586 - PLAINFIELD
Secondary Service Area - South	60408 - BRAIDWOOD
Secondary Service Area - South	60416 - COAL CITY
Secondary Service Area - South	60481 - WILMINGTON
Secondary Service Area - West	60404 - SHOREWOOD
Secondary Service Area - West	60410 - CHANNAHON
Secondary Service Area - West	60431 - JOLIET
Secondary Service Area - West	60447 - MINOOKA
Secondary Service Area - West	60450 - MORRIS

4. The projected total service area for the Open Heart Program consists of 949 square miles and has a population of 786,451.

Identify the Existing Problems or Issues that Need to be Addressed

1. The 2016 Annual Hospital Questionnaire ("AHQ") data reveals that Silver Cross Hospital had the **ninth** largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program. See ATTACHMENT 12.

2. The lack of an open heart program has forced Silver Cross Hospital's patients to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were directly transferred (by ambulance) to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital. And at least another 112 patients were referred to other hospitals for cardiac surgery following a cardiac catheterization at Silver Cross Hospital in 2017. That means at least **188** Silver Cross Hospital patients were directly transferred or were referred to other hospitals for cardiac surgery following a cardiac catheterization procedure at Silver Cross Hospital in 2017. Note that Silver Cross Hospital only tracked the referrals from two of the cardiology groups (Heartland and HCCI) on the medical staff at Silver Cross Hospital. That means additional referrals occurred during 2017. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles. If these patients were able to have cardiac surgery at Silver Cross Hospital, the average travel would have only been 5.7 miles.

3. Of those 188 transferred and referred cardiac surgery patients in 2017, **64%** of those patients were sent to hospitals outside of Open Heart Surgery Planning Area HSA-09. The CompData tells a similar story. In 2017, **75%** of the residents located in Silver Cross Hospital's

total service area had to seek cardiac surgery services outside of Open Heart Surgery Planning Area HSA-09. That level of outmigration is unacceptable.

4. This type of disjointed care can lead to risks to the patient and patient experience, not to mention the undue burden this places on the families to find care at an alternate facility. The transport process alone can introduce physical and safety risks to the patient. Once transported, patient information hand-off and access to the patient EMR presents an additional safety risk. These risks have been documented in medical articles and journals. More specifically, a recent study reviewed 8,024 cardiology admissions across three study hospitals where 230 patients met the inclusion criteria to assess the outcomes of a patient who presents at a non-tertiary hospital and then requires definitive inpatient surgical treatment specific to cardiothoracic surgery. The results showed significantly longer pre-operative inpatient stays, largely due to the delays associated with inpatient transfer. These groups of patients were also almost five times more likely to suffer a hospital-acquired infection than their counterparts.

5. While continuity of care is of utmost importance, the patient experience is fundamental to Silver Cross Hospital and this gap in services presents many issues for Silver Cross Hospital's patients. The transfer process, itself, can be stressful and uncomfortable for the patient. A new setting can introduce problems with patient awareness, orientation, etc.

6. This also causes excessive stress on family members who have to travel longer distances to be with the patient. From the patient perspective, they now have had to travel and be introduced to all new providers who are unfamiliar with the patient and their medical history. Many of these patients' have been with their family physician for decades and receiving services at another facility where that physician is not on staff, introduces a great deal of stress and anxiety to a patient whose health is already compromised. In addition to medical history and physician familiarity, the patient has lost the relationship built with Silver Cross Hospital care givers who know the family members and the intricacies that make the patient feel more comfortable.

7. Similarly, transferring a patient removes them from their primary care physician cardiologist and other specialists which disrupts continuity of care, and disconnects the patient from a familiar setting where they regularly seek care. This requires the patient to be referred to new physicians who will manage other conditions during the hospitalization such as dialysis, diabetes, and other co-morbidities. Post-surgery, the patient returns to their primary care physician and cardiologist who then have the same issues with accessing EMR information from the facility that performed the cardiac surgery. According to the American Heart Association's Heart Disease and Stroke Statistics (http://cir.ahajournals.org), projections show that the prevalence of heart failure will increase 46 percent from 2012 to 2030.

8. The Will County Community Health Needs Assessment for 2017 listed Heart Disease as the top cause of death in Will County and the second highest cause of hospitalization. Will County's coronary heart disease mortality rate of 107.7 per 100,000 population is higher than the State rate. The Will County Community Health Needs Assessment for 2017 also noted: that 46% of Will County families had high blood pressure, 37% of Will County families had high cholesterol, 24% of Will County families were obese/overweight, and 15% of Will County families had a heart condition. Many of these conditions may lead to heart issues that will most likely require minimally invasive or open surgical intervention, sometimes both.

9. Heart failure is a chronic condition and continuity of care is very important. For example, it is not uncommon for heart failure patients to not tolerate or have adverse responses to higher

doses of some guide-line recommended medications. That information rarely appears on discharge summaries, so patients are at risk of the same thing happening if they are admitted to a different hospital. See http://newsroom.heart.org, Finlay A. McAlister, M.D., M/Sc..

10. As a perfect, real world example of this issue, one of the House Supervisors at Silver Cross Hospital had to be transferred by ambulance from Silver Cross Hospital to another area hospital following a cardiac catheterization at Silver Cross Hospital. Her letter of support is attached at ATTACHMENT 12 and chronicles the stress she (and her family) had to endure throughout the ordeal.

11. As the healthcare landscape continues to change, costs of care and access have become key elements to the patient experience. By offering cardiac surgery at Silver Cross Hospital, Silver Cross Hospital will be lowering the overall cost to the patient as well as increasing access to critical hospital services. Transferring a patient adds additional ambulance fees which represent additional cost to the patient and/or insurance companies. Also, transferring a patient out of their home hospital could add additional day(s) to their hospital stay depending on capacity and availability at the receiving hospital. Dependent upon the operating room schedule at the receiving hospital, this could also represent additional day(s) until the patient receives surgery. Additionally, it is likely that ancillary services will have to be repeated introducing unnecessary cost. The patient could also be limited in facility options due to insurance network status or other factors. The patient could, furthermore, face financial struggles with surgeons, anesthesiologists, and others not being in network. Silver Cross Hospital is committed to serving its' community through major insurers, its' PHO, Medicare, Medicaid, self-pay, and community benefit. These financial hurdles would be significantly minimized, and eliminated in most cases, with a cardiac surgery offering at Silver Cross Hospital.

12. Silver Cross Hospital already provides critical cardiac care to its community on a daily basis through its Emergency Department, which had 75,344 visits (including its Homer Glen Free Standing Emergency Center). In 2017, 63 patients presented to the Silver Cross Emergency Department experiencing an active heart attack (also known as a ST Segment Myocardial infarction, or "STEMI"). Those patients had immediate access to a percutaneous transluminal coronary angioplasty (PTCA). This minimally invasive procedure (to open blocked arteries) is performed in the Silver Cross Hospital Cardiac Cath Labs must be completed within **90 minutes** (known as "door to balloon time") from patient arrival for clinical efficacy and is nationally benchmarked. Silver Cross Hospital had an average door to balloon time of **59 minutes**. Silver Cross Hospital satisfied the CMS benchmark 100% of the time. The American Heart Association has certified Silver Cross Hospital for adherence to all Mission Lifeline STEMI Receiving Center performance achievement indicators and quality measures.

13. While Silver Cross Hospital has been providing these services with exceptional quality, the critical care pathway is compromised if the emergent chest pain patient needs cardiac surgery. As a facility offering some of the most advanced treatments with high volume, it is critical to provide a full complement of cardiac services as Silver Cross Hospital has proven with stroke and neurosurgery. (Silver Cross Hospital is designated by the Joint Commission and the American Heart Association/American Stroke Association as a Primary Stroke Center and received a Stroke Silver Plus Quality Achievement Award in 2017.)

14. If this Project is approved, Silver Cross Hospital would be partnering with Cardiothoracic & Vascular Surgical Associates, S.C. ("CTVSA") to ensure that Silver Cross Hospital is not only offering safe and quality care, but the most advanced services with experienced partners, just

as Silver Cross Hospital has done with Ann and Robert H. Luries' Childrens' Hospital of Chicago on pediatrics, the University of Chicago on cancer, and the Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago) on rehabilitation.

15. CTVSA is the area's largest cardiac surgery group and CTSVA is currently providing highly advanced cardiac surgery at 13 hospitals across the greater Chicagoland area. CTVSA has been in practice for over fifty years with its origin in Chicago's southwest suburbs. Led by Dr. Pat Pappas, who has over 25 years of open heart surgical experience, CTVSA has continued to grow and recruit physicians from top tier programs to provide the latest patient care technologies and therapy in heart care. CTVSA performed over 2300 heart surgeries last year; some rankings and milestones include: (a) one of the largest heart surgery groups in northern Illinois; (b) most Ventricular Assist Device implants in northern Illinois; (c) fifth most Ventricular Assist Device implants in the United State; (d) eighth ranked Heart Transplant Team in the United States; (e) pioneer in minimally invasive valve surgery including robotic mitral valve repair and catheter based aortic valve replacement (TAVR).

16. Cited articles are attached at ATTACHMENT 12.

Detail how the Project will Address or Improve the Previously Referenced Issues as well as the Population's Health Status and Well-Being

1. The proposed Open Heart Program addresses all of the above-referenced shortcomings.

2. Silver Cross Hospital has the largest diagnostic and interventional cardiac catheterization program in HSA9, seeing almost twice as many cardiac catheterization procedures than the other two hospitals in HSA 9. See below chart.

HSA-9 Hospitals Diagnostic and Interventional Cardiac Catheterization Procedures 2016		
Presence Saint Joseph Medical Center	Joliet	1,698
Riverside Medical Center	Kankakee	1,731
Silver Cross Hospital	New Lenox	3,153

3. With this type of volume, an open heart program is fundamental to providing continuous care to Silver Cross Hospital's patients. Irrespective of volume, these patients have chosen Silver Cross Hospital as their hospital of choice and should not have to leave the Silver Cross Hospital campus due to this gap in cardiac services. Furthermore, there are inherent safety risks in transferring a patient from one hospital to another. The need for a transfer poses unnecessary risk to patients.

4. Likewise, the highly-skilled interventional cardiologists on the Medical Staff at Silver Cross Hospital can't perform all of their cases at the hospital of their choice due to the lack of surgical backup. By offering cardiac surgery at Silver Cross Hospital, patients will receive the highest quality care, by their physician of choice, and avoid unwarranted risk.

5. In addition, this project will address the unmet need in HSA9 for patients to receive the most advanced minimally invasive techniques, such as Transcatheter Aortic Valve Replacement (TAVR). Structural heart is the fastest growing segment in cardiac services. A comprehensive

program offers both traditional open heart surgeries and minimally-invasive procedures. Minimally-invasive treatment options have emerged in recent years, and are available to patients previously considered too high risk for an open procedure. Although minimally invasive cardiac procedures could technically be performed in a cardiac cath lab, a hospital is prohibited from offering minimally invasive cardiac surgeries without a full open heart surgical back up.

6. Through its collaboration with Cardiothoracic & Vascular Surgical Associates, S.C. (CTVSA), pioneers in minimally invasive valve surgery, Silver Cross Hospital will be able to bring the most advanced procedures to the Silver Cross Hospital campus, performed by highly experienced surgeons.

7. The Open Heart Suite at Silver Cross Hospital will contain three operating rooms (technically two open heart operating rooms and 1 hybrid operating room that can accommodate both open heart surgeries and minimally invasive cardiac surgeries), two recovery rooms, and support space. In total, the Open Heart Suite will occupy 11,015 feet and will be housed on the second floor, as part of an expansion to the second floor at Silver Cross Hospital.

8. In addition, Silver Cross Hospital is proposing to add 21,005 feet of administrative space, public space, staff support space, and storage space to the first floor and basement at Silver Cross Hospital. This additional space is not tied to the establishment of the open heart category of service but will address the ever increasing demands for space at Silver Cross Hospital.

9. Silver Cross Hospital has received letters of support from the two largest cardiology groups on the Medical Staff at Silver Cross Hospital, as well as letters of support from the community, community leaders, political leaders, and patients, copies of which are attached at ATTACHMENT 12.

Provide Goals with Quantified and Measurable Objectives with Specific Timeframes that Relate to Achieving the Stated Goals

1. As set forth above, Silver Cross Hospital is projecting that 240 open heart surgeries will be performed at Silver Cross Hospital in 2022 (the third year of operation for the proposed Open Heart Program).

2. The Applicants' construction schedule for the construction of the Open Heart Suites and the other additions to the Silver Cross Hospital footprint is as follows:

Goal	Percentage Completed	Expected Completion Date
Erect shell and core	50%	January 31, 2020
Frame interior rooms	75%	July 31, 2020
Complete Village and State inspections and obtain licenses to operate	100%	December 31, 2020

3. See Criterion 1110.220 Criteria for further support for this Criterion.

Hospital ID	Year	Ranking	Hospital	City	Diag plus Intervention al Cases	Coronary Artery Bypass Grafts	Cardiac Catheterization Labs					Cardiac Catheterization Procedures					
							Total Labs	Diagnostic Labs	Interventional Labs	Electro-Physiological Labs	Multi-Purpose Labs	Total Procedures	Diagnostic 0-14 Yrs.	Diagnostic 15+ Yrs	Interventional 0-14 Yrs	Interventional 15+ Yrs	Electro-Physiological
2451	2016	1	St. John's Hospital	Springfield	8,218	367	8	0	0	1	0	10323	0	5408	0	2810	2105
3897	2016	2	University Of Chicago Medical Center	Chicago	7,080	172	6	0	0	3	0	9346	146	5812	53	1069	2266
3251	2016	3	Northwestern Memorial Hospital	Chicago	5,774	122	6	0	0	3	0	8008	0	3987	0	1787	2234
1487	2016	4	Memorial Medical Center	Springfield	5,025	274	5	0	0	0	0	5856	0	3679	0	1346	831
0315	2016	5	Advocate Christ Medical Center	Oak lawn	5,005	451	6	0	0	2	0	6139	114	3601	217	1073	1134
5801	2016	6	Loyola University Medical Center	Maywood	3,737	245	9	0	0	4	0	5777	0	2748	0	989	2040
2394	2016	7	OSF Saint Francis Medical Center	Peoria	3,422	185	6	0	0	2	1	4585	23	1915	92	1392	1163
3798	2016	8	Carle Foundation Hospital	Urbana	3,159	209	10	0	0	2	4	3820	0	2325	0	834	661
5827	2016	9	Silver Cross Hospital	New Lenox	3,153	0	3	0	0	1	1	4140	0	1591	0	1562	987
3905	2016	10	Edward Hospital	Naperville	3,034	165	6	0	0	2	0	5118	0	2149	0	885	2084
0141	2016	11	Blessing Hospital at 11th Street	Quincy	2,764	98	3	0	0	1	0	3054	0	1874	0	890	290
3244	2016	12	UnityPoint Health - Trinity Rock Island	Rock Island	2,671	144	4	0	0	0	4	3410	0	1714	0	957	739
0513	2016	13	Memorial Hospital Of Carbondale	Carbondale	2,613	166	4	0	0	1	0	2759	0	1966	0	647	146
2253	2016	14	Saint Anthony Medical Center	Rockford	2,485	152	4	0	0	0	4	2913	0	2218	0	267	428
4796	2016	15	Advocate Lutheran General Hospital	Park Ridge	2,460	148	4	0	0	2	0	2710	62	412	16	1970	250
1917	2016	16	Rush University Medical Center	Chicago	2,460	93	5	0	0	2	0	3740	170	1608	33	649	1280
5751	2016	17	Elmhurst Memorial Hospital	Elmhurst	2,380	103	4	0	0	1	0	3731	0	1459	0	921	1351
6031	2016	18	Presence Resurrection Medical Center	Chicago	2,214	167	4	0	0	1	0	2587	0	1639	0	575	373
2238	2016	19	Alexian Brothers Medical Center	Elk Grove Village	2,143	187	4	0	0	1	3	2927	0	1458	0	685	784
3210	2016	20	Palos Community Hospital	Palos Heights	2,102	176	3	0	0	1	1	2641	0	1580	0	522	539
3384	2015	21	Advocate Good Samaritan Hospital	Downers Grove	2,037	172	3	0	0	0	0	2655	0	1568	0	469	618
2725	2016	22	Swedish American Hospital	Rockford	2,022	118	4	0	0	1	3	2291	0	1489	0	533	269
5884	2016	23	Advocate Sherman Hospital	Elgin	1,854	99	6	1	2	1	2	2724	0	1184	0	670	870
5579	2016	24	Advocate Condell Medical Center	Libertyville	1,779	109	3	0	0	0	2	2173	0	1266	0	513	394
0646	2016	25	Evanston Hospital	Evanston	1,775	124	3	0	0	1	0	2296	0	1265	0	510	521
2014	2016	26	Riverside Medical Center	Kankakee	1,731	103	3	0	0	0	0	2102	0	987	0	744	371
1701	2016	27	Northwest Community Hospital	Arlington Heights	1,714	105	3	0	0	0	0	1949	0	1213	0	501	235
3889	2016	28	Centegra Hospital - McHenry	McHenry	1,700	100	3	0	0	0	1	1966	0	1218	0	482	266
4838	2016	29	Presence Saint Joseph Medical Center	Joliet	1,698	165	3	0	0	1	0	1870	0	1148	0	550	172
2535	2016	30	St. Joseph Medical Center	Bloomington	1,684	47	2	0	0	0	1	1684	0	1271	0	413	0
2345	2016	31	St. Elizabeth's Hospital	Belleville	1,570	146	4	0	0	1	0	2702	0	1198	0	372	1132
5074	2016	32	Franciscan St. James Health - Olympia Fields	Olympia Fields	1,493	54	4	0	0	1	3	1721	0	1112	0	381	228
2717	2016	33	Swedish Covenant Hospital	Chicago	1,483	112	2	0	0	0	0	1834	0	1081	0	402	351
1594	2016	34	Methodist Medical Center	Peoria	1,480	61	4	0	0	0	1	1903	0	1012	0	468	423
5835	2016	35	MetroSouth Medical Center	Blue Island	1,457	21	3	0	2	1	0	1745	0	1007	0	450	288
5744	2015	36	Central DuPage Hospital	Winfield	1,432	147	4	0	0	1	2	2006	0	1118	0	314	574
5082	2016	37	MacNeal Hospital	Berwyn	1,393	87	3	0	0	0	1	1770	0	991	0	402	377
2048	2016	38	Rockford Memorial Hospital	Rockford	1,350	76	2	0	0	0	0	2119	0	807	0	543	769
1461	2016	39	Memorial Hospital	Belleville	1,287	135	3	0	0	1	1	1345	0	1035	0	252	54
5213	2016	40	Gateway Regional Medical Center	Granite City	1,281	0	1	0	0	0	0	1283	0	986	0	297	0
2592	2016	41	HSHS St. Mary's Hospital	Decatur	1,262	0	3	0	0	0	3	1262	0	993	0	269	0
5165	2016	42	Advocate Illinois Masonic Medical Center	Chicago	1,174	83	3	0	0	1	0	1843	0	796	0	378	669
5272	2016	43	John H. Stroger Hospital of Cook County	Chicago	1,154	64	4	2	2	0	0	1154	0	866	0	288	0
3475	2016	44	Advocate Good Shepherd Hospital	Barrington	1,096	127	3	0	0	1	2	1478	0	840	0	256	382
4887	2016	45	Presence Saint Joseph Hospital - Elgin	Elgin	1,088	62	3	0	0	0	3	1244	0	521	0	567	156
4671	2016	46	Rush-Copley Medical Center	Aurora	1,073	61	3	0	0	0	3	1394	0	795	0	278	321
5397	2016	47	Vista Medical Center East	Waukegan	1,034	0	3	1	1	1	1	1054	0	767	0	267	20
4994	2016	48	St. Alexius Medical Center	Hoffman Estates	1,019	0	2	0	0	0	2	1177	0	728	0	291	158
1099	2015	49	Ingalls Memorial Hospital	Harvey	983	20	2	0	0	0	0	1029	0	744	0	239	46
4697	2016	50	Advocate South Suburban Hospital	Hazel Crest	970	0	2	0	0	0	0	1076	0	733	0	237	106
5066	2016	51	Highland Park Hospital	Highland Park	961	95	2	0	0	1	0	1280	0	669	0	292	319
5280	2015	52	University of Illinois Hospital at Chicago	Chicago	942	36	3	0	0	1	0	1321	0	754	0	188	379
5850	2016	53	Good Samaritan Regional Health Center	Mount Vernon	939	44	2	0	0	0	0	1327	0	887	0	52	388

1644	2016	54	Mount Sinai Hospital Medical Center	Chicago	919	39	2	0	0	0	0	1018	0	566	0	353	99
4903	2016	55	Presence Mercy Medical Center	Aurora	877	97	3	0	0	0	3	1456	0	630	0	247	579
0471	2016	56	Decatur Memorial Hospital	Decatur	871	53	3	0	0	0	3	891	0	620	0	251	20
0026	2016	57	Alton Memorial Hospital	Alton	813	0	2	0	0	0	0	813	0	508	0	305	0
5967	2016	58	Adventist La Grange Memorial Hospital	La Grange	788	28	2	0	0	0	1	956	0	527	0	261	168
5587	2016	59	Skokie Hospital	Skokie	784	0	2	0	0	0	0	972	0	556	0	228	188
5660	2016	60	Northwestern Lake Forest Hospital	Lake Forest	768	0	1	0	0	0	0	908	0	597	0	171	140
1271	2016	61	Little Company of Mary Hospital	Evergreen Park	754	0	2	0	0	0	0	754	0	514	0	240	0
5645	2016	62	Advocate BroMenn Medical Center	Normal	737	22	3	0	0	1	2	908	0	543	0	194	171
4861	2016	63	Presence Covenant Medical Center	Urbana	726	95	3	0	0	0	3	1069	0	490	0	236	343
3392	2016	64	Sarah Bush Lincoln Health Center	Mattoon	709	0	1	0	0	0	1	709	0	589	0	120	0
4879	2016	65	Presence St. Mary's Hospital	Kankakee	706	0	2	0	0	0	2	706	0	507	21	178	0
0364	2016	66	CGH Medical Center	Sterling	701	0	2	0	0	0	2	701	0	405	0	296	0
6007	2016	67	Presence Saint Mary Of Nazareth Hospital	Chicago	685	30	2	0	0	0	0	943	0	437	0	248	258
5694	2016	68	VHS West Suburban Medical Center	Oak Park	683	8	1	0	0	0	1	683	0	496	0	187	0
1628	2016	69	Morris Hospital & Healthcare Centers	Morris	672	0	1	0	0	0	1	672	0	510	0	162	0
1578	2016	70	Mercy Hospital & Medical Center	Chicago	660	3	2	0	0	0	2	660	0	498	0	162	0
5249	2016	71	Louis A. Weiss Memorial Hospital	Chicago	658	15	1	0	0	0	0	658	0	524	0	134	0
5736	2016	72	Delnor Community Hospital	Geneva	652	0	2	0	0	0	2	739	0	481	0	171	87
0976	2016	73	Adventist Hinsdale Hospital	Hinsdale	627	65	3	0	0	0	0	1558	0	454	0	173	931
1750	2016	74	Rush Oak Park Hospital	Oak Park	571	0	2	0	0	0	2	586	0	375	0	196	15
5298	2016	75	Heartland Regional Medical Center	Marion	556	0	1	0	0	0	1	556	0	388	0	168	0
5959	2016	76	Community First Medical Center	Chicago	552	0	2	0	0	0	2	552	0	439	0	113	0
5991	2016	77	Presence Saint Francis Hospital	Evanston	546	42	2	0	0	0	0	572	0	361	0	185	26
4176	2016	78	Advocate Trinity Hospital	Chicago	529	0	2	0	0	0	2	598	0	428	0	101	69
5470	2016	79	Northwestern Kishwaukee Hospital	DeKalb	511	0	2	0	0	0	2	614	0	370	0	141	103
5843	2016	80	Ann & Robert H. Lurie Children's Hospital of Chica	Chicago	497	0	3	0	0	1	1	555	266	115	102	14	58
4119	2016	81	Anderson Hospital	Maryville	488	0	2	0	0	0	2	488	0	290	0	198	0
5983	2016	82	Presence Saint Joseph Hospital - Chicago	Chicago	457	41	2	0	0	0	0	578	0	236	0	221	121
5793	2016	83	Gottlieb Memorial Hospital	Melrose Park	445	56	2	0	0	0	2	445	0	390	0	55	0
2279	2016	84	St. Anthony's Memorial Hospital	Effingham	434	0	1	0	0	0	1	434	0	434	0	0	0
0778	2016	85	FHN Memorial Hospital	Freeport	433	0	1	0	0	0	0	433	0	349	0	84	0
5413	2016	86	Genesis Medical Center - Silvis	Silvis	416	0	1	0	0	0	0	464	0	104	0	312	48
1727	2016	87	Norwegian American Hospital	Chicago	405	0	1	0	0	0	1	405	0	325	0	80	0
3814	2016	88	Adventist GlenOaks Hospital	Glendale Heights	306	0	1	0	0	0	1	376	0	232	0	74	70
6049	2016	89	Memorial Hospital East	Shiloh	267	0	2	0	0	0	1	267	0	170	0	97	0
5942	2016	90	OSF Saint Anthony's Health Center	Alton	266	0	1	0	0	0	1	311	0	191	0	75	45
5496	2016	91	Adventist Bolingbrook Hospital	Bolingbrook	254	0	1	0	0	0	1	269	0	147	0	107	15
5702	2016	92	VHS Westlake Hospital	Melrose Park	253	0	2	0	0	0	2	254	0	183	0	70	1
3483	2016	93	Glenbrook Hospital	Glenview	227	0	1	0	0	0	0	553	0	156	0	71	326
1925	2016	94	Proctor Community Hospital	Peoria	203	0	3	0	0	0	2	289	0	143	0	60	86
3890	2016	95	Centegra Hospital - Huntley	Huntley	191	0	1	0	0	0	0	194	0	140	0	51	3
1834	2016	96	Pekin Memorial Hospital	Pekin	89	0	1	0	0	0	1	89	0	89	0	0	0
2642	2016	97	St. Mary's Hospital	Centralia	78	0	1	0	0	0	0	118	0	78	0	0	40
5371	2016	98	Thorek Memorial Hospital	Chicago	52	0	1	0	0	0	1	52	0	47	0	5	0
4853	2016	99	Presence United Samaritans Medical Center	Danville	41	0	1	1	0	0	0	41	0	41	0	0	0
1024	2016	100	Hopedale Hospital	Hopedale	12	0	1	1	0	0	0	12	0	12	0	0	0
5728	2016	101	Abraham Lincoln Hospital	Lincoln		0	0	0	0	0	0	0	0	0	0	0	0
5652	2016	102	Advocate Eureka Hospital	Eureka		0	0	0	0	0	0	0	0	0	0	0	0
5009	2016	103	Alexian Brothers Behavioral Health Hospital	Hoffman Estates		0	0	0	0	0	0	0	0	0	0	0	0
5207	2016	104	Aurora Chicago Lakeshore Hospital	Chicago		0	0	0	0	0	0	0	0	0	0	0	0
5686	2016	105	Carlinville Area Hospital Association	Carlinville		0	0	0	0	0	0	0	0	0	0	0	0
4606	2016	106	Centegra Hospital - Woodstock	Woodstock		0	0	0	0	0	0	0	0	0	0	0	0
5934	2016	107	Chicago Behavioral Hospital	Des Plaines		0	0	0	0	0	0	0	0	0	0	0	0
0331	2016	108	Clay County Hospital	Flora		0	0	0	0	0	0	0	0	0	0	0	0
0414	2016	109	Community Memorial Hospital	Staunton		0	0	0	0	0	0	0	0	0	0	0	0
0455	2016	110	Crawford Memorial Hospital	Robinson		0	0	0	0	0	0	0	0	0	0	0	0

Attachment 12

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3947	2016	111	Crossroads Community Hospital	Mount Vernon	-	0	0	0	0	0	0	0	0	0	0	0	0
0679	2016	112	Fairfield Memorial Hospital	Fairfield	-	0	0	0	0	0	0	0	0	0	0	0	0
0695	2016	113	Fayette County Hospital	Vandalia	-	0	0	0	0	0	0	0	0	0	0	0	0
5363	2016	114	Ferrell Hospital	Eldorado	-	0	0	0	0	0	0	0	0	0	0	0	0
2436	2016	115	Franciscan St. James Health - Chicago Heights	Chicago Heights	-	0	0	0	0	0	0	0	0	0	0	0	0
5231	2016	116	Franklin Hospital	Benton	-	0	0	0	0	0	0	0	0	0	0	0	0
5330	2016	117	Galesburg Cottage Hospital	Galesburg	-	0	0	0	0	0	0	0	0	0	0	0	0
5918	2016	118	Garfield Park Hospital	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
5868	2016	119	Genesis Medical Center Aledo	Aledo	-	0	0	0	0	0	0	0	0	0	0	0	0
0836	2016	120	Gibson Community Hospital	Gibson City	-	0	0	0	0	0	0	0	0	0	0	0	0
0869	2016	121	Graham Hospital	Canton	-	0	0	0	0	0	0	0	0	0	0	0	0
0885	2016	122	Hamilton Memorial Hospital	McLeansboro	-	0	0	0	0	0	0	0	0	0	0	0	0
0893	2016	123	Hammond Henry Hospital	Geneseo	-	0	0	0	0	0	0	0	0	0	0	0	0
0901	2016	124	Hardin County General Hospital	Rosiclare	-	0	0	0	0	0	0	0	0	0	0	0	0
0521	2016	125	Harrisburg Medical Center	Harrisburg	-	0	0	0	0	0	0	0	0	0	0	0	0
0935	2016	126	Herrin Hospital	Herrin	-	0	0	0	0	0	0	0	0	0	0	0	0
0968	2016	127	Hillsboro Area Hospital	Hillsboro	-	0	0	0	0	0	0	0	0	0	0	0	0
0992	2016	128	Holy Cross Hospital	Chicago	-	0	1	0	0	0	1	0	0	0	0	0	0
4200	2016	129	Hoopeston Community Memorial Hospital	Hoopeston	-	0	0	0	0	0	0	0	0	0	0	0	0
2154	2016	130	HSHS Good Shepherd Hospital, Inc.	Shelbyville	-	0	0	0	0	0	0	0	0	0	0	0	0
5355	2016	131	HSHS Holy Family Hospital	Greenville	-	0	0	0	0	0	0	0	0	0	0	0	0
5132	2016	132	Illini Community Hospital	Pittsfield	-	0	0	0	0	0	0	0	0	0	0	0	0
3418	2016	133	Illinois Valley Community Hospital	Peru	-	0	0	0	0	0	0	0	0	0	0	0	0
1107	2016	134	Iroquois Memorial Hospital	Watseka	-	0	0	0	0	0	0	0	0	0	0	0	0
1115	2016	135	Jackson Park Hospital	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
1156	2016	136	Jersey Community Hospital	Jerseyville	-	0	0	0	0	0	0	0	0	0	0	0	0
0497	2016	137	Katherine Shaw Bethea Hospital	Dixon	-	0	0	0	0	0	0	0	0	0	0	0	0
4564	2016	138	Kindred Chicago Central Hospital	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
4937	2016	139	Kindred Hospital - Chicago	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
4952	2016	140	Kindred Hospital - Northlake	Northlake	-	0	0	0	0	0	0	0	0	0	0	0	0
4945	2016	141	Kindred Hospital - Sycamore	Sycamore	-	0	0	0	0	0	0	0	0	0	0	0	0
5777	2016	142	Kindred Hospital Peoria	Peoria	-	0	0	0	0	0	0	0	0	0	0	0	0
5785	2016	143	Kirby Medical Center	Monticello	-	0	0	0	0	0	0	0	0	0	0	0	0
3012	2016	144	LaRabida Children's Hospital	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
5769	2016	145	Lawrence County Memorial Hospital	Lawrenceville	-	0	0	0	0	0	0	0	0	0	0	0	0
5512	2016	146	Lincoln Prairie Behavioral Health Center	Springfield	-	0	0	0	0	0	0	0	0	0	0	0	0
5058	2016	147	Linden Oaks Hospital	Naperville	-	0	0	0	0	0	0	0	0	0	0	0	0
1289	2016	148	Loretto Hospital	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
1388	2016	149	Marshall Browning Hospital	DuQuoin	-	0	0	0	0	0	0	0	0	0	0	0	0
1412	2016	150	Mason District Hospital	Havana	-	0	0	0	0	0	0	0	0	0	0	0	0
1420	2016	151	Massac Memorial Hospital	Metropolis	-	0	0	0	0	0	0	0	0	0	0	0	0
1438	2016	152	McDonough District Hospital	Macomb	-	0	0	0	0	0	0	0	0	0	0	0	0
5611	2016	153	Memorial Hospital	Carthage	-	0	0	0	0	0	0	0	0	0	0	0	0
1495	2016	154	Memorial Hospital	Chester	-	0	0	0	0	0	0	0	0	0	0	0	0
5819	2016	155	Mendota Community Hospital d/b/a OSF Saint Paul Me	Mendota	-	0	0	0	0	0	0	0	0	0	0	0	0
4911	2016	156	Mercy Harvard Memorial Hospital	Harvard	-	0	0	0	0	0	0	0	0	0	0	0	0
0125	2016	157	Methodist Hospital of Chicago	Chicago	-	0	0	0	0	0	0	0	0	0	0	0	0
5488	2016	158	Midwest Medical Center	Galena	-	0	0	0	0	0	0	0	0	0	0	0	0
2956	2016	159	Midwestern Regional Medical Center	Zion	-	0	0	0	0	0	0	0	0	0	0	0	0
1636	2016	160	Morrison Community Hospital	Morrison	-	0	0	0	0	0	0	0	0	0	0	0	0
3228	2016	161	Northwestern Marianjoy Rehabilitation Center	Wheaton	-	0	0	0	0	0	0	0	0	0	0	0	0
4690	2016	162	Northwestern Valley West Hospital	Sandwich	-	0	0	0	0	0	0	0	0	0	0	0	0
5439	2016	163	OSF Holy Family Medical Center	Monmouth	-	0	0	0	0	0	0	0	0	0	0	0	0
5520	2016	164	OSF Saint Elizabeth Medical Center	Ottawa	-	0	0	0	0	0	0	0	0	0	0	0	0
5264	2016	165	OSF Saint James John W. Albrecht Medical Center	Pontiac	-	0	0	0	0	0	0	0	0	0	0	0	0
5926	2016	166	OSF Saint Luke Medical Center	Kewanee	-	0	0	0	0	0	0	0	0	0	0	0	0
1776	2016	167	Pana Community Hospital	Pana	-	0	0	0	0	0	0	0	0	0	0	0	0

1784	2016	168	Paris Community Hospital	Paris	
1792	2016	169	Passavant Area Hospital	Jacksonville	
1883	2016	170	Perry Memorial Hospital	Princeton	
5975	2016	171	Pinckneyville Community Hospital	Pinckneyville	
6023	2016	172	Presence Holy Family Hospital	Des Plaines	
6015	2016	173	Presence Saint Elizabeth Hospital	Chicago	
4549	2016	174	Provident Hospital of Cook County	Chicago	
5199	2016	175	Red Bud Regional Hospital	Red Bud	
1958	2016	176	Rehabilitation Institute of Chicago	Chicago	
4788	2016	177	Richland Memorial Hospital	Olney	
5124	2016	178	Riveredge Hospital	Forest Park	
5678	2016	179	RML Specialty Hospital	Chicago	
4804	2016	180	RML Specialty Hospital	Hinsdale	
2022	2016	181	Rochelle Community Hospital	Rochelle	
2063	2016	182	Roseland Community Hospital	Chicago	
5637	2016	183	Saint Anthony Hospital	Chicago	
2089	2016	184	Salem Township Hospital	Salem	
2105	2016	185	Sarah D. Culbertson Memorial Hospital	Rushville	
2147	2016	186	Schweb Rehabilitation Center	Chicago	
3152	2016	187	Shriners Hospitals for Children - Chicago	Chicago	
3459	2016	188	SOUTH SHORE HOSPITAL CORPORATION	CHICAGO	
2220	2016	189	Sparta Community Hospital	Sparta	
2303	2016	190	St. Bernard Hospital	Chicago	
2386	2016	191	St. Francis Hospital	Litchfield	
4614	2016	192	St. Joseph Memorial Hospital	Murphysboro	
2527	2016	193	St. Joseph's Hospital	Breese	
5892	2016	194	St. Joseph's Hospital	Highland	
2576	2016	195	St. Margaret's Hospital	Spring Valley	
2675	2016	196	St. Mary Medical Center	Galesburg	
4762	2016	197	Streamwood Hospital	Streamwood	
5504	2016	198	SwedishAmerican Medical Center - Belvidere	Belvidere	
5447	2016	199	Taylorville Memorial Hospital	Taylorville	
4689	2016	200	The Pavilion Foundation	Champaign	
2782	2016	201	Thomas H. Boyd Memorial Hospital	Carrollton	
4523	2016	202	Touchette Regional Hospital	Centreville	
5454	2016	203	UHS Hartgrove Hospital	Chicago	
5421	2016	204	Union County Hospital	Anna	
5140	2016	205	UnityPoint Health - Trinity Moline	Moline	
5215	2016	206	Van Matre Rehabilitation Hospital	Rockford	
5900	2016	207	Vibra Hospital of Springfield, LLC	Springfield	
5405	2016	208	Vista Medical Center West	Waukegan	
2865	2016	209	Wabash General Hospital District	Mount Carmel	
1164	2016	210	Warner Hospital & Health Services	Clinton	
2899	2016	211	Washington County Hospital	Nashville	

All Illinois Hospitals w Cardiac Cath except SCH	CY 2015	CY 2016	CY 2017
Adventist Hinsdale Hospital	545	616	627
Adventist La Grange Memorial Hospital	682	718	788
Advocate BroMenn Medical Center	893	891	737
Advocate Christ Medical Center	4,601	4,875	5,005
Advocate Condell Medical Center	1,791	1,787	1,779
Advocate Good Samaritan Hospital	1,871	1,522	2,037
Advocate Good Shepherd Hospital	1,028	1,003	1,096
Advocate Illinois Masonic Medical Center	961	1,014	1,174
Advocate Lutheran General Hospital	1,759	2,376	2,460
Advocate Sherman Hospital	1,844	1,800	1,854
Alexian Brothers Medical Center	3,635	3,649	2,143
Blessing Hospital at 11th Street	3,159	2,343	2,764
Carle Foundation Hospital	1,898	2,493	3,159
Centegra Hospital - McHenry	1,645	1,661	1,700
Central DuPage Hospital	2,240	1,413	1,432
Decatur Memorial Hospital	961	932	871
Edward Hospital	2,954	2,991	3,034
Elmhurst Memorial Hospital	1,615	2,282	2,380
Evanston Hospital	1,825	1,753	1,775
Franciscan St. James Health - Olympia Fields	1,599	1,490	1,493
Good Samaritan Regional Health Center	1,103	987	939
Gottlieb Memorial Hospital	937	451	445
Highland Park Hospital	907	906	961
Ingalls Memorial Hospital	1,055	1,215	983
John H. Stroger Hospital of Cook County	1,078	941	1,154
Louis A. Weiss Memorial Hospital	729	675	658
Loyola University Medical Center	3,505	3,517	3,737
MacNeal Hospital	1,309	1,299	1,393
Memorial Hospital	1,560	1,409	1,287
Memorial Hospital Of Carbondale	3,657	3,110	2,613
Memorial Medical Center	4,969	5,244	5,025
Mercy Hospital & Medical Center	813	733	660
Methodist Medical Center	1,488	1,489	1,480
MetroSouth Medical Center	1,699	1,618	1,457
Mount Sinai Hospital Medical Center	2,326	960	919
Northwest Community Hospital	1,609	1,608	1,714
Northwestern Memorial Hospital	5,954	4,072	5,774
OSF Saint Francis Medical Center	3,257	3,650	3,422
Palos Community Hospital	1,921	1,999	2,102
Presence Covenant Medical Center	1,084	1,826	726
Presence Mercy Medical Center	946	991	877
Presence Resurrection Medical Center	2,052	2,098	2,214
Presence Saint Francis Hospital	1,093	655	546
Presence Saint Joseph Hospital - Chicago	632	765	457
Presence Saint Joseph Hospital - Elgin	1,060	595	1,088
Presence Saint Joseph Medical Center - Joliet	1,507	1,669	1,698
Presence Saint Mary Of Nazareth Hospital	547	673	685
Riverside Medical Center	1,597	1,652	1,731
Rockford Memorial Hospital	1,363	1,222	1,350
Rush University Medical Center	2,250	3,455	2,460
Rush-Copley Medical Center	1,036	1,226	1,073
Saint Anthony Medical Center	1,972	1,998	2,485
St. Elizabeth's Hospital	1,408	1,449	1,570
St. John's Hospital	8,369	8,310	8,218
St. Joseph Medical Center	1,542	1,388	1,684
Swedish American Hospital	2,366	2,113	2,022
Swedish Covenant Hospital	1,647	1,378	1,483
UnityPoint Health - Trinity Rock Island	2,305	2,585	2,671
University Of Chicago Medical Center	2,574	6,263	7,080
University of Illinois Hospital at Chicago	913	1,025	942
VHS West Suburban Medical Center	852	706	683
Grand Total - All Illinois Hospitals except Silver Cross	116,497	117,534	118,774
Year to Year Growth		0.9%	1.1%

Table 2	Silver Cross Hospital Cardiac Catheterization Direct Transfers for Open Heart (76 Patients)			
Patient ID	Date of Catheterization Procedure at Silver Cross	Receiving Hospital	Distance from Silver Cross to Receiving Hospital (Miles)	Drive Time from Silver Cross to Receiving Hospital (Minutes)
1	01/16/17	Advocate Christ	21.6	43
2	04/07/17	Advocate Christ	21.6	43
3	04/10/17	Advocate Christ	21.6	43
4	04/14/17	Advocate Christ	21.6	43
5	04/21/17	Advocate Christ	21.6	43
6	04/23/17	Advocate Christ	21.6	43
7	05/24/17	Advocate Christ	21.6	43
8	06/02/17	Advocate Christ	21.6	43
9	06/06/17	Advocate Christ	21.6	43
10	08/02/17	Advocate Christ	21.6	43
11	09/11/17	Advocate Christ	21.6	43
12	10/23/17	Advocate Christ	21.6	43
13	10/24/17	Advocate Christ	21.6	43
14	10/31/17	Advocate Christ	21.6	43
15	01/03/17	Edward Hospital	23	31
16	01/17/17	Edward Hospital	23	31
17	02/09/17	Edward Hospital	23	31
18	02/20/17	Edward Hospital	23	31
19	10/09/17	Edward Hospital	23	31
20	10/20/17	Edward Hospital	23	31
21	06/06/17	Franciscan St. James Olympia Fields	17.8	29
22	02/06/17	Loyola University Medical Center	31.4	37
23	02/18/17	Loyola University Medical Center	31.4	37
24	06/04/17	Loyola University Medical Center	31.4	37
25	07/03/17	Loyola University Medical Center	31.4	37
26	01/12/17	Palos Hospital	15.5	29
27	02/15/17	Palos Hospital	15.5	29
28	02/15/17	Palos Hospital	15.5	29
29	03/20/17	Palos Hospital	15.5	29
30	04/21/17	Palos Hospital	15.5	29
31	05/09/17	Palos Hospital	15.5	29
32	05/26/17	Palos Hospital	15.5	29
33	05/30/17	Palos Hospital	15.5	29
34	07/12/17	Palos Hospital	15.5	29
35	08/01/17	Palos Hospital	15.5	29
36	08/15/17	Palos Hospital	15.5	29
37	08/28/17	Palos Hospital	15.5	29
38	09/13/17	Palos Hospital	15.5	29
39	09/13/17	Palos Hospital	15.5	29
40	09/27/17	Palos Hospital	15.5	29
41	10/23/17	Palos Hospital	15.5	29
42	11/10/17	Palos Hospital	15.5	29
43	01/27/17	Presence St. Joseph Joliet	8.9	23
44	01/30/17	Presence St. Joseph Joliet	8.9	23
45	02/03/17	Presence St. Joseph Joliet	8.9	23
46	03/24/17	Presence St. Joseph Joliet	8.9	23
47	04/13/17	Presence St. Joseph Joliet	8.9	23
48	04/21/17	Presence St. Joseph Joliet	8.9	23
49	04/27/17	Presence St. Joseph Joliet	8.9	23
50	05/06/17	Presence St. Joseph Joliet	8.9	23
51	05/18/17	Presence St. Joseph Joliet	8.9	23
52	05/23/17	Presence St. Joseph Joliet	8.9	23
53	05/25/17	Presence St. Joseph Joliet	8.9	23
54	05/30/17	Presence St. Joseph Joliet	8.9	23
55	06/15/17	Presence St. Joseph Joliet	8.9	23
56	06/20/17	Presence St. Joseph Joliet	8.9	23
57	06/22/17	Presence St. Joseph Joliet	8.9	23
58	07/11/17	Presence St. Joseph Joliet	8.9	23
59	07/28/17	Presence St. Joseph Joliet	8.9	23
60	08/08/17	Presence St. Joseph Joliet	8.9	23
61	08/21/17	Presence St. Joseph Joliet	8.9	23
62	08/25/17	Presence St. Joseph Joliet	8.9	23
63	08/31/17	Presence St. Joseph Joliet	8.9	23
64	09/08/17	Presence St. Joseph Joliet	8.9	23
65	09/13/17	Presence St. Joseph Joliet	8.9	23
66	09/21/17	Presence St. Joseph Joliet	8.9	23
67	10/10/17	Presence St. Joseph Joliet	8.9	23
68	10/11/17	Presence St. Joseph Joliet	8.9	23
69	10/30/17	Presence St. Joseph Joliet	8.9	23
70	11/02/17	Presence St. Joseph Joliet	8.9	23
71	11/03/17	Presence St. Joseph Joliet	8.9	23
72	11/03/17	Presence St. Joseph Joliet	8.9	23
73	12/07/17	Presence St. Joseph Joliet	8.9	23
74	12/15/17	Presence St. Joseph Joliet	8.9	23
75	03/17/17	University of Chicago	34.6	38
76	08/24/17	University of Chicago	34.6	38
Totals		Miles	1,201	2,270 Minutes
		Miles per Patient	15.8	29.9 Minutes per Patient

Table 3	Silver Cross Cardiac Catheterization Patients with Elective Open Heart at Another Hospital (112 Patients)							
Patient ID	Date of Catheterization Procedure at Silver Cross	Patient's Zip Code	Patient's Home City	Date of Open Heart Procedure	Distance (Miles) to Open Heart Hospital from Patient's Home Zip Code	Drive Time (Minutes) to Open Heart Hospital from Patient's Home Zip Code	Distance (Miles) to Silver Cross from Patient's Home Zip Code	Drive Time (Minutes) to Silver Cross from Patient's Home Zip Code
1	09/18/17	60403	Crest Hill	9/27/2017	7.2	17	9.5	23
2	01/20/17	60404	Shorewood	2/9/2017	43.0	57	18.5	25
3	06/20/17	60404	Shorewood	8/30/2017	4.9	13	18.5	25
4	08/10/17	60404	Shorewood	Patient Expired	21.2	35	18.5	25
5	03/08/17	60410	Channahon	3/21/2017	11.4	18	20.5	27
6	03/09/17	60410	Channahon	3/23/2017	58.6	69	20.5	27
7	04/21/17	60421	Elwood	7/14/2017	41.3	57	15.6	26
8	05/19/17	60421	Elwood	6/14/2017	40.5	53	15.6	26
9	06/08/17	60421	Elwood	6/27/2017	12.9	24	15.6	26
10	08/18/17	60421	Elwood	9/18/2017	12.9	24	15.6	26
11	08/31/17	60421	Elwood	9/11/2017	12.9	24	15.6	26
12	01/18/17	60423	Frankfort	5/17/2018	18.6	33	13.0	25
13	04/03/17	60423	Frankfort	4/19/2017	31.1	37	13.0	25
14	05/23/17	60423	Frankfort	6/5/2017	16.8	32	13.0	25
15	06/26/17	60423	Frankfort	7/22/2017	16.8	31	13.0	25
16	07/21/17	60423	Frankfort	8/7/2017	16.8	32	13.0	25
17	07/31/17	60423	Frankfort	9/14/2017	31.1	37	13.0	25
18	08/08/17	60423	Frankfort	8/21/2017	18.6	33	13.0	25
19	10/02/17	60423	Frankfort	10/24/2017	16.8	31	13.0	25
20	11/07/17	60423	Frankfort	12/5/2017	16.8	32	13.0	25
21	01/12/17	60432	Joliet	2/21/2017	37.5	41	3.6	7
22	05/09/17	60432	Joliet	5/10/2017	18.4	34	3.6	7
23	06/14/17	60432	Joliet	7/24/2017	37.5	41	3.6	7
24	07/10/17	60432	Joliet	9/21/2017	29.9	41	3.6	7
25	02/03/17	60433	Joliet	4/2/2017	7.3	14	6.1	13
26	08/23/17	60433	Joliet	9/23/2017	38.0	57	6.1	13
27	08/28/17	60433	Joliet	10/18/2017	21.6	31	6.1	13
28	11/3/2017	60433	Joliet	11/21/2017	7.3	14	6.1	13
29	11/06/17	60433	Joliet	11/19/2017	7.3	14	6.1	13
30	12/28/17	60433	Joliet	1/23/2018	7.3	14	6.1	13
31	04/12/17	60435	Joliet	4/1/2017	-	-	8.0	19
32	08/08/17	60435	Joliet	1/24/2018	-	-	8.0	19
33	08/23/17	60436	Joliet	9/26/2017	4.2	11	10.8	17
34	01/26/17	60439	Lemont	2/6/2017	22.7	32	11.4	18
35	04/20/17	60439	Lemont	5/19/2017	15.1	32	11.4	18
36	10/24/17	60439	Lemont	11/7/2017	22.7	32	11.4	18
37	11/17/17	60439	Lemont	12/19/2017	15.1	32	11.4	18
38	12/14/17	60439	Lemont	2/6/2018	17.2	29	11.4	18
39	01/06/17	60441	Lockport	2/21/2017	9.6	21	6.1	12
40	03/20/17	60441	Lockport	7/19/2017	21.6	43	6.1	12
41	04/04/17	60441	Lockport	4/20/2017	9.6	21	6.1	12
42	04/24/17	60441	Lockport	5/26/2017	21.6	43	6.1	12
43	06/28/17	60441	Lockport	8/15/2017	19.4	30	6.1	12
44	07/14/17	60441	Lockport	8/12/2017	21.6	43	6.1	12
45	07/18/17	60441	Lockport	7/19/2017	9.6	21	6.1	12
46	07/21/17	60441	Lockport	8/30/2017	46.0	63	6.1	12
47	08/01/17	60441	Lockport	9/12/2017	9.6	21	6.1	12
48	08/24/17	60441	Lockport	10/24/2017	37.8	60	6.1	12
49	09/29/17	60441	Lockport	1/29/2018	22.5	47	6.1	12
50	10/26/17	60441	Lockport	12/1/2017	19.3	31	6.1	12
51	12/08/17	60441	Lockport	1/16/2018	9.6	21	6.1	12
52	12/21/17	60441	Lockport	1/20/2018	9.6	21	6.1	12
53	12/22/17	60441	Lockport	12/26/2017	26.8	35	6.1	12
54	01/04/17	60442	Manhattan	1/18/2017	16.0	25	11.1	20
55	04/25/17	60442	Manhattan	5/17/2017	49.4	64	11.1	20
56	07/13/17	60442	Manhattan	10/12/2017	34.7	47	11.1	20
57	10/06/17	60442	Manhattan	10/17/2017	16.0	25	11.1	20
58	10/31/17	60442	Manhattan	1/23/2018	32.2	45	11.1	20
59	11/02/17	60442	Manhattan	3/2/2018	32.2	45	11.1	20
60	12/19/17	60442	Manhattan	2/11/2018	34.7	47	11.1	20
61	03/08/17	60446	Romeoville	3/14/2017	9.6	21	12.5	20
62	06/07/17	60446	Romeoville	6/9/2017	9.6	21	12.5	20
63	08/02/17	60446	Romeoville	2/19/2018	45.4	52	12.5	20
64	09/19/17	60446	Romeoville	9/23/2017	9.6	21	12.5	20
65	10/13/17	60446	Romeoville	11/14/2017	11.4	25	12.5	20
66	01/11/17	60448	Mokena	2/15/2017	21.8	34	6.8	14
67	04/07/17	60448	Mokena	5/23/2017	22.8	38	6.8	14
68	06/30/17	60448	Mokena	10/19/2017	15.8	28	6.8	14
69	07/03/17	60448	Mokena	7/17/2017	22.8	38	6.8	14
70	07/28/17	60448	Mokena	8/24/2017	22.8	38	6.8	14
71	09/14/17	60448	Mokena	9/18/2017	12.9	28	6.8	14
72	01/11/17	60451	New Lenox	2/21/2017	24.7	34	3.4	9
73	03/01/17	60451	New Lenox	7/30/2017	28.6	39	3.4	9
74	03/23/17	60451	New Lenox	4/18/2017	24.7	34	3.4	9
75	04/03/17	60451	New Lenox	8/22/2017	28.6	39	3.4	9
76	04/11/17	60451	New Lenox	5/31/2017	29.7	42	3.4	9

Table 3	Silver Cross Cardiac Catheterization Patients with Elective Open Heart at Another Hospital (112 Patients)							
Patient ID	Date of Catheterization Procedure at Silver Cross	Patient's Zip Code	Patient's Home City	Date of Open Heart Procedure	Distance (Miles) to Open Heart Hospital from Patient's Home Zip Code	Drive Time (Minutes) to Open Heart Hospital from Patient's Home Zip Code	Distance (Miles) to Silver Cross from Patient's Home Zip Code	Drive Time (Minutes) to Silver Cross from Patient's Home Zip Code
77	05/09/17	60451	New Lenox	11/30/2017	28.6	39	3.4	9
78	05/16/17	60451	New Lenox	6/2/2017	36.2	40	3.4	9
79	05/19/17	60451	New Lenox	6/19/2017	29.7	42	3.4	9
80	06/05/17	60451	New Lenox	6/6/2017	10.6	18	3.4	9
81	06/05/17	60451	New Lenox	7/6/2017	42.7	58	3.4	9
82	08/14/17	60451	New Lenox	10/3/2017	10.6	18	3.4	9
83	08/15/17	60451	New Lenox	8/22/2017	10.6	18	3.4	9
84	08/30/17	60451	New Lenox	11/1/2017	10.6	18	3.4	9
85	10/10/17	60451	New Lenox	11/9/2017	29.7	42	3.4	9
86	11/30/17	60451	New Lenox	1/3/2018	24.7	34	3.4	9
87	12/11/17	60451	New Lenox	1/8/2018	24.7	34	3.4	9
88	12/14/17	60451	New Lenox	2/27/2018	10.6	18	3.4	9
89	05/03/17	60455	Bridgeview	5/24/2017	7.1	21	26.4	32
90	01/17/17	60462	Orland Park	3/22/2017	10.4	26	15.0	24
91	07/14/17	60462	Orland Park	9/7/2017	3.7	9	15.0	24
92	08/11/17	60462	Orland Park	10/16/2017	20.0	32	15.0	24
93	08/21/17	60462	Orland Park	9/4/2017	25.3	42	15.0	24
94	09/13/17	60462	Orland Park	10/15/2017	20.0	36	15.0	24
95	08/07/17	60464	Palos Park	8/9/2017	3.9	8	12.8	21
96	06/06/17	60467	Orland Park	7/21/2017	30.2	35	7.3	14
97	07/24/17	60467	Orland Park	7/27/2017	20.1	26	7.3	14
98	08/25/17	60467	Orland Park	2/19/2018	20.1	26	7.3	14
99	09/01/17	60468	Peotone	9/26/2017	31.9	42	26.6	39
100	02/08/17	60481	Wilmington	9/6/2017	43.4	49	22.5	34
101	08/04/17	60481	Wilmington	9/1/2017	37.5	46	22.5	34
102	08/16/17	60487	Tinley Park	9/20/2017	19.2	31	10.0	14
103	10/16/17	60487	Tinley Park	10/18/2017	18.1	25	10.0	14
104	11/08/17	60487	Tinley Park	2/11/2018	19.2	31	10.0	14
105	02/06/17	60491	Homer Glen	3/7/2018	10.4	20	7.1	13
106	04/14/17	60491	Homer Glen	4/25/2017	25.1	45	7.1	13
107	05/16/17	60491	Homer Glen	5/18/2017	15.9	35	7.1	13
108	06/05/17	60491	Homer Glen	8/22/2017	15.9	35	7.1	13
109	10/16/17	60491	Homer Glen	11/15/2017	16.5	38	7.1	13
110	10/26/17	60491	Homer Glen	11/23/2017	15.9	35	7.1	13
111	06/29/17	60585	Plainfield	8/1/2017	34.8	45	24.1	32
112	01/23/17	33064	Lighthouse Point	2/28/2017				
Totals					2,343.4	3,626	1,070.5	1,889
Per Patient					21.1	33	9.6	17
					Miles	Minutes	Miles	Minutes

Cardiac Surgery in Silver Cross TSA
Age 18 and Over
Excludes Transplant
Source: Compdata

Hospital	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2017 Total		2018 Q1
HSA 9							
PRESENCE SAINT JOSEPH MEDICAL CENTER - JOLIET - 17199001	38	39	53	52	182		45
RIVERSIDE MEDICAL CENTER - KANKAKEE - 17202501	2	4	6	3	15		5
Subtotal Area 9	40	43	59	55	197		50
Remain in Area 9	**22.6%**	**20.5%**	**26.5%**	**27.9%**	**24.4%**		**25.1%**
Outside Area 9							
PALOS COMMUNITY HOSPITAL - 17106001	30	36	39	41	146		37
ADVOCATE CHRIST MEDICAL CENTER - 17241301	27	35	31	26	119		28
EDWARD HOSPITAL - 17235001	21	23	23	22	89		22
LOYOLA UNIVERSITY MEDICAL CENTER - 17084101	24	17	18	8	67		19
NORTHWESTERN MEMORIAL HOSPITAL - 17054501	13	13	7	10	43		19
UCHICAGO MEDICINE - 17121001	5	13	22	9	49		6
AMITA HEALTH ADVENTIST MEDICAL CENTER - HINSDALE - 17192001	2	7	7	10	26		3
ADVOCATE GOOD SAMARITAN HOSPITAL - DOWNERS GROVE - 17147501	2	4	8	3	17		4
FRANCISCAN ST JAMES HEALTH - OLYMPIA FIELDS - 17081101	4	7	1	5	17		2
RUSH UNIVERSITY MEDICAL CENTER - 17098501	4	1	2	1	8		
ELMHURST HOSPITAL - 17162001	1		1	1	3		2
MACNEAL HOSPITAL - 17024001		4			4		
PRESENCE MERCY MEDICAL CENTER - 17011501				1	1		2
AMITA HEALTH ADVENTIST MEDICAL CENTER - LA GRANGE - 17205501		1	1		2		1
OSF SAINT FRANCIS MEDICAL CENTER - 17262001	1	1			2		1
NORTHSHORE UNIVERSITY HEALTHSYSTEM EVANSTON HOSPITAL - 17166001	1		1		2		
GOTTLIEB MEMORIAL HOSPITAL - 17243501			1		1		1
METROSOUTH MEDICAL CENTER - 17027001		1		1	2		
NORTHWESTERN MEDICINE CENTRAL DUPAGE HOSPITAL - 17319101			1	1	2		
INGALLS MEMORIAL HOSPITAL - 17186001	1				1		1
ADVOCATE SOUTH SUBURBAN HOSPITAL - 17186501		1			1		
PRESENCE RESURRECTION MEDICAL CENTER - 17102001			1		1		
SILVER CROSS HOSPITAL - 17200001				1	1		
OSF SAINT ANTHONY MEDICAL CENTER - 17280001		1			1		
LITTLE COMPANY OF MARY HOSPITAL & HEALTHCARE CENTERS - 17169001					0		1
SWEDISH COVENANT HOSPITAL - 17118001		1			1		
UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM - 17055301	1				1		
ANN & ROBT LURIE CHILDREN'S HOSPITAL CHICAGO - 17056001				1	1		
AMITA HEALTH ALEXIAN BROTHERS MEDICAL CENTER - ELK GROVE VILLAGE - 17161301				1	1		
ADVOCATE LUTHERAN GENERAL HOSPITAL - 17250501		1			1		
Subtotal Outside 9	137	167	164	142	610		149
Outside 9	**77.4%**	**79.5%**	**73.5%**	**72.1%**	**75.6%**		**74.9%**
Grand Total	**177**	**210**	**223**	**197**	**807**		**199**

#18-020

PSNet
PATIENT SAFETY NETWORK

Attachment 1

Cases & Commentaries WebM&M Published June 2012

Transfer Troubles

Commentary by ***Isla M. Hains, PhD***

Case Objectives +

The Case

An orthopedic surgeon at a small community hospital contacted an emergency department (ED) physician at a large academic medical center about a patient transfer. At this hospital, standard procedure called for all transfers from outside hospitals to be seen and evaluated in the ED. The orthopedic surgeon briefly described a 92-year-old woman with a history of dementia who had a left hip fracture. They had taken her to the operating room, but she developed low blood pressure before the case and the anesthesiologists were not comfortable managing her care at the community hospital. The referring orthopedic surgeon also spoke with the on-call orthopedic surgery resident at the tertiary care center and conveyed the same brief history. Minimal other clinical details were discussed.

The patient was transferred to the tertiary care center and was clinically stable on arrival to the ED. None of the notes or clinical documentation from the referring hospital arrived with the patient other than her demographic data. She was quickly admitted by the orthopedic surgery resident and prepped for surgery the following morning.

Early the next day, the patient was taken to the operating room for surgical repair of her hip fracture. During induction of anesthesia, the patient rapidly became hypotensive and required vasopressors. The surgical team proceeded, but the case was complicated by

significant hemodynamic instability. The patient survived the surgery, but experienced persistent postoperative hypotension (shock) of unclear cause and could not be weaned from the ventilator. Ultimately, care was withdrawn and she died a few days after surgery.

Notably, following her operation on hospital day 2, medical records arrived from the referring hospital and the anesthesia notes were reviewed. They were handwritten and difficult to read but described "profound hypotension" at the start of the case and that the patient had actually suffered a full cardiac arrest (written as "unable to obtain BP...no palpable pulse...arterial access...case cancelled, to PACU."). There were few other details in any of the notes about the cardiac arrest.

Although it was not completely clear to the orthopedic team or anesthesiologists what happened, all agreed that her case would have been managed much differently had they known more about the events at the referring hospital and that such knowledge could have potentially prevented her death.

The Commentary

The quality and safety of patient transportation, whether it be for non-emergent or critically ill patients, should "revolve around getting the right patient to the right place at the right time by the right people with the right transport receiving the right care throughout."(1) At some stage in this case's transport process, this goal was not achieved, potentially contributing to the patient's death. While this may be an extreme case, it highlights the inherent safety risks associated with transferring patients between health care organizations.

Transfers between hospitals are common. Although it is difficult to accurately determine how many patients are transferred each year worldwide (2), as many as 1 in 20 critically ill patients admitted to an intensive care unit (ICU) in the United States will be transferred to a different ICU.(3) A recent United Kingdom study also indicated approximately 51,000 inter-hospital transfers of acutely ill patients (defined as those

who required intervention and vital sign monitoring during transfer or a clinical escort) occurred over a 1-year period in Scotland (population 5.1 million).(4) Of these, 73% were urgent (within 4 hours), 21% were emergent (immediate), and 7% were planned transfers. In addition to these emergent transfers, many transfers do involve medically stable patients and are non-emergent, as in this case. In fact, non-emergent transfers may be more common than those of critically ill patients, as up to 90% of transfers can be non-emergent.(4,5) Patients can be transferred between health care sites for a number of reasons: specialized care is not available at the referring organization, as in the above case; particular investigations cannot be carried out at the referring site; a lack of ICU beds; or simply to improve prognosis. The number of patients requiring transfer to another health care organization to access appropriate services will only grow as health care becomes increasingly centralized and specialized.

Errors can occur in the transfer process at any time—before, during, or after the transfer. These errors can lead to adverse events.(6) While it is unclear how frequently errors occur for non-emergent transfers, it has been shown that adverse events can occur in 1% to 34% of critical care transfers.(4,7,8) In one study, approximately 17% of the adverse events resulted in potential harm to patients, although the mortality rate was extremely low (0.04%).(8)

Communication Errors

Communication errors are the most frequent cause of errors associated with inter-hospital transport.(7-10) This case highlights what can potentially go wrong when communication is poor. At all stages of the transfer process, communication appeared to be inadequate. Poor communication started at the referring hospital, before the patient had been transported, with only brief clinical details discussed verbally by the sending and receiving clinicians. The majority of all communication errors in one study were attributed to inaccurate or incomplete information in the transport process.(8) Furthermore, an investigation into communication errors associated with inter-facility transport determined that 42% of calls between the sending facility and the communication center that organized the transport contained a total of 65 errors (some

calls had multiple errors) of either commission (documented information was incorrect) or omission (information was not documented).(9) Such upfront communication lapses can potentially affect the appropriateness and safety of the transport process, such as where the equipment or personnel are not adequate for the patient's condition.(10,11) Once the patient arrives at the receiving facility, it is important for the receiving clinicians to have access to key clinical information from the referring institutions, including laboratory and imaging results, to aid them in treatment of the patient. In this case, no documentation was transported with the patient. In other reported cases, documentation has been illegible or contained inadequate or incomplete patient information. A new problem has emerged in recent years: If sites use electronic medical records, then there can be issues with the interoperability of the electronic systems between facilities.(3,10,12) In this case, it was only at a later date, following the patient's operation, that the medical record arrived, and then it appeared to be illegible and also lacking complete information. Despite the incompleteness of the information, had it arrived with the patient, it likely could have aided the clinicians in their management.

In the described case, it is clear that communication errors throughout the process were a primary contributor to the final outcome. However, other issues can also affect the quality and safety of the transport process, whether it is for critical or non-emergent patients: the efficiency of the transfer, the use or presence of guidelines for safe transportation, technical problems occurring during transport (e.g., equipment failures, incomplete supplies), inappropriate transport, or inappropriate personnel accompanying the patient.(6,7,10,13,14) For example, in one study, the authors attributed 30% of adverse events to technical problems, such as a breakdown or shortage in the oxygen supply en route.(7) In another study, inexperienced junior doctors frequently participated in inter-hospital transfers, which for some clinical conditions is contrary to guidelines, thus placing patients at risk.(13) In this particular case, it is unclear what level of personnel accompanied the patient, although a junior doctor received the patient at the tertiary hospital. This in itself is unlikely to have affected the treatment of

the patient; rather, the lack of information available to the resident was more likely to have contributed to errors in patient management.

Improving Transport Process

There are a number of potential means by which the transport process can be improved. Published guidelines highlight the need for clear communication throughout the process, accompanying personnel, equipment, monitoring, and how to prepare a patient for transport.(15) Examples from these guidelines are given in the Table.

Although these guidelines were developed for the transport of critically ill patients, they are equally relevant to non-emergent transfers. In addition, individual facilities and areas often have local protocols and policies, though their presence may be dependent on the individual facility and its geographic location. However, such guidelines, when present, are seldom followed (7,10,13), pointing to the need to build in ongoing monitoring and educational programs.(2,14,16,17) A systematic review of quality and safety issues associated with non-emergent transport recommended standardizing the transport process.(10) Standardization can be achieved by using transfer forms and/or checklists to ensure that patients are transferred with more complete information and that the transport is appropriate.(12,15,18) With the rapid dissemination of health information technology (IT), such forms and checklists will be increasingly in electronic formats. Use of an electronic ordering system (with required fields) to arrange non-emergent transport has been shown to improve the communication, efficiency, and appropriateness of transport services.(11) In this study, the completeness and accuracy of patient information before a patient was transported improved and appropriate resources (transport vehicle and personnel) were allocated, due in part to information completeness. In the case presented here, one can see how an IT system that ensured transfer of legible and complete patient data from referring to receiving facility might have made all the difference. Because many facilities use different health IT systems, it will be vital to allow such systems to "speak to each other" (interoperability). When such information is not available to the receiving facility, it may be prudent to require a minimum clinical re-evaluation of the patient on arrival to ensure that the necessary

investigations are carried out. Establishing a centralized transfer center or dedicated hotline for organizing transport and facilitating the flow of information may help standardize processes, particularly if combined with the use of health IT.(9-11,14) Finally, in addition to standardization, there is evidence of improved safety and patient outcomes when specialist transport teams are used.(19,20)

This case demonstrates the hazards of transporting patients between hospitals. In particular, it highlights the safety problems that occur when the process is not standardized and there is poor communication. If best practices described had been employed, the outcome may have been different. Institutions should learn from this case and continue to improve the quality and safety of care patients receive when being transported.

Take-Home Points

- As health care becomes more centralized and specialized, the necessity for inter-hospital transport for critical and non-emergent patients will increase.
- Transporting patients entails inherent safety risks. While many factors can result in adverse events, communication errors are among the most frequent.
- Standardization of practices may prevent or reduce errors. Such standardization can be facilitated through the use of guidelines, or standard forms/checklists, and of information and communication technologies.
- Both centralized transfer centers and specialized teams with highly trained personnel to facilitate transfers can improve safety.

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Faculty Disclosure: *Dr. Hains has declared that neither she, nor any immediate member of her family, has a financial arrangement nor other relationship with the manufacturers of any commercial products discussed in this continuing medical education activity. The commentary does not include information regarding investigational or off-label use of pharmaceutical products or medical devices.*

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Table

Table. Sample guidelines for safe transfers.

Guideline recommendation	Example*
Pre-transport coordination and communication	• Receiving clinician is provided with full details of the patient's condition. • Transport mode is generally decided by referring clinician in consultation with the receiving clinician based on several factors. • A nurse-to-nurse report should be given between referring and receiving hospitals. • A copy of the patient's medical record, including laboratory and imaging results, should be transferred with the patient. If this delays patient transport, they should be forwarded separately and critical information reported verbally. • Policies regarding the content of communication and documentation between referring and receiving personnel should be established.
Accompanying personnel	• A minimum of 2 people, in addition to vehicle operators, should accompany a patient. • If the patient is unstable, a physician or nurse should be in charge during transport. • For a stable patient, a paramedic is suitable.
Minimum equipment required	• Minimum transport equipment and medications requirements are recommended for safe transport.†

	• Equipment must be regularly checked to ensure it is functioning.
Monitoring during transport	• All critically ill patients should have a minimum level of monitoring. • Status of the patient and management during transport should be recorded in the medical record.
Preparing a patient for transport	• The referring facility should ensure the patient is evaluated and stabilized before transport for a safe transfer. • Non-essential testing and procedures should be avoided before transfer. • Critically ill patients require secure intravenous access before transport. • Particular procedures should be conducted before transport for specific conditions.† • The medical record and results should be copied for the receiving facility. • A COBRA/EMTALA checklist is suggested for the US to ensure compliance with inter-hospital transport regulations.

*Select examples are taken from the detailed guidelines; please refer to the full guidelines for more detail.(15)

†Please see the full guidelines for a detailed list.

Attachment 2

AHA/ASA Newsroom

Heart failure patients readmitted to the same hospital may have better outcomes

American Heart Association Rapid Access Journal Report

May 10, 2017 | Categories: Heart News (/news?c=856)

Study Highlights

- Heart failure patients readmitted to the same facility spend fewer days in th d and are more likely to survive.
- Time is important when seeking hospital care for acute events like heart att oke, but for treatment of a chronic condition like heart failure, continuity of care seems to be more important, researchers said.

Embargoed until 3 p.m. CT / 4 p.m. ET Wednesday, May 10, 2017

DALLAS, May 10, 2017 — When patients with heart failure (http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/What-is-Heart-Failure_UCM_002044_Article.jsp) were re-hospitalized within a month, those who returned to the same hospital were discharged quicker and were more likely to survive, according to new Canadian research in the *Journal of the American Heart Association*, the Open Access Journal of the American Heart Association/American Stroke Association.

In both Canada and the United States, ambulance policies usually require patients be taken to the nearest emergency department if a patient has recently been hospitalized somewhere else.

"This makes sense in time-sensitive acute conditions where delays in initial treatment are associated with poorer outcomes – thus the adage "time is muscle" for heart attacks and "time is brain" for strokes (http://www.strokeassociation.org/STROKEORG/AboutStroke/About-Stroke_UCM_308529_SubHomePage.jsp). Heart failure is a chronic condition and continuity of care seems to be more important," said Finlay A. McAlister, M.D., M.Sc., study lead author and professor of general internal medicine at the University of Alberta in Edmonton, Canada.

Researchers examined data on readmissions for all patients discharged with a primary diagnosis of heart failure in Canada between 2004 and 2013. Of the 217,039 patients (average age 76.8 years, 50.1 percent male), 18.1 percent were readmitted within 30 days – 83.2 percent to the original hospital and 16.8 percent to a different hospital. The most common cause for readmission was heart failure (36.9 percent).

After adjusting for factors such as age and gender, heart failure patients who were readmitted to the same hospital were discharged an average of one day sooner and were 11 percent less likely to die during their hospitalization.

"For the individual patient, these differences may not seem like much, but considering that heart failure is one of the most common reasons for hospitalization (and readmission) in North America, it's a big issue for the healthcare system," McAlister said.

Currently, about 6.5 million adults in the United States live with heart failure. In heart failure, the heart muscle is too weak to pump sufficient blood to vital organs throughout the body. Although Canada has free universal access to hospital care, the findings in this study are likely to apply to the United State as well, since there are similar rates of readmission for heart failure and similar gaps in the transfer of medical information from one facility to another, researchers said.

According to the American Heart Association's Heart Disease and Stroke Statistics (http://circ.ahajournals.org/content/early/2017/01/25/CIR.0000000000000485), projections show that the prevalence of heart failure will increase 46 percent from 2012 to 2030.

"Patients' hospital records may not be completed for weeks and they don't report all of the things that happened during the initial hospitalization. For example, it is not uncommon for heart failure patients to not tolerate or have adverse responses to higher doses of some guideline-recommended medications. That information rarely appears on discharge summaries, so patients are at risk of the same thing happening if they are admitted to a different hospital," McAlister said.

"If you are discharged from the hospital after heart failure, book a follow-up appointment with your physician within two weeks of discharge. If your condition deteriorates, try to see a familiar physician as soon as possible," McAlister said.

In the study, patients readmitted to a different hospital were younger and more likely to be male, live in a rural area and to have arrived at the new hospital by ambulance.

Co-authors are Erik Youngson, M.Math. and Padma Kaul, Ph.D. Author disclosures are on the manuscript.

Additional Resources:

- Heart illustration is available on the right column of the release link- http://newsroom.heart.org/news/heart-failure-patients-readmitted-to-the-same-hospital-may-have-better-outcomes?preview=6de4d65ca389ef430db954b4addc24d1 (http://newsroom.heart.org/news/heart-failure-patients-readmitted-to-the-same-hospital-may-have-better-outcomes?preview=6de4d65ca389ef430db954b4addc24d1)
- After May 10, view the manuscript online (http://jaha.ahajournals.org/content/6/5/e004892).
- Heart Failure Support Network (http://supportnetwork.heart.org/connect-with-people-like-me/heart/heart-failure/)
- Medications Used to Treat Heart Failure (http://www.heart.org/HEARTORG/Conditions/HeartFailure/TreatmentOptionsForHeartFailure/Medications-Used-to-Treat-Heart-Failure_UCM_306342_Article.jsp)
- Follow AHA/ASA news on Twitter @HeartNews (https://twitter.com/HeartNews)
- For updates and new science from JAHA, follow @JAHA_AHA (https://twitter.com/jaha_aha)

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Statements and conclusions of study authors published in American Heart Association scientific journals are solely those of the study authors and do not necessarily reflect the association's policy or position. The association makes no representation or guarantee as to their accuracy or reliability. The association receives funding primarily from individuals; foundations and corporations (including pharmaceutical, device manufacturers and other companies) also make donations and fund specific association programs and events. The association has strict policies to prevent these relationships from influencing the science content. Revenues from pharmaceutical and device corporations and health insurance providers are available at www.heart.org/corporatefunding (http://www.heart.org/corporatefunding).

About the American Heart Association

The American Heart Association is devoted to saving people from heart disease and stroke – the two leading causes of death in the world. We team with millions of volunteers to fund innovative research, fight for stronger public health policies, and provide lifesaving tools and information to prevent and treat these diseases. The Dallas-based association is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. To learn more or to get involved, call 1-800-AHA-USA1, visit heart.org (http://heart.org/) or call any of our offices around the country. Follow us on Facebook (http://facebook.com/AmericanHeart) and Twitter (http://twitter.com/American_Heart).

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heart.org (http://www.heart.org/) and strokeassociation.org (http://www.strokeassociation.org/)

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Attachment 3

Heart, Lung and Circulation (2016) 25, 75–81
1443-9506/04/$36.00
http://dx.doi.org/10.1016/j.hlc.2015.05.018

ORIGINAL ARTICLE

The Effect of Treatment Delays Associated with Inpatient Inter-hospital Transfer from Peripheral to Tertiary Hospitals for the Surgical Treatment of Cardiology Patients

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Received 2 November 2014; received in revised form 10 May 2015, accepted 23 May 2015, online published-ahead-of-print 30 June 2015

Background Nearly 100,000 presentations to non-tertiary hospitals per year result in an inpatient transfer [1]. The timely inter-hospital transfer of patients for cardiothoracic surgery is significant to their overall outcomes. We hypothesised that patients with a prolonged pre-operative admission were at risk of nosocomial infection, leading to prolonged hospitalisation, morbidity and mortality.

Methods Patients admitted to a non-tertiary centre (Frankston Hospital, Group 1) and requiring transfer to tertiary centres for cardiac surgery were compared to patients presenting directly to tertiary centres (Alfred Hospital, Group 2; St Vincent's Hospital, Group 3) from June 2011–July 2012. Data was obtained from medical records and the National Cardiac Surgery Database.

Results Eighty-seven patients in Group 1, 78 patients in Group 2 and 65 patients in Group 3 were identified. A higher proportion of total admission time was spent awaiting surgery in Group 1 compared to Group 2 (52.8% vs. 38.3%, $p \leq 0.001$) and Group 3 (52.8% vs. 26.3%, $p \leq 0.001$). Nosocomial infections occurred more frequently in Group 1 compared to Group 2 (20.7% vs. 5.1%, $p=0.04$) and Group 3 (20.7% vs. 6%, $p<0.001$).

Conclusion Presentation to a non-tertiary centre requiring inpatient cardiothoracic surgery is associated with longer pre-operative waiting time and higher rates of hospital-acquired infections.

Keywords Cardiovascular Diseases • Infection • Cardiac Surgical Procedures • Regional health planning • Public Health

Introduction

A significant number of patients present to non-tertiary hospitals and then require definitive inpatient surgical treatment at a tertiary centre. Thirty-two per cent of all Australian public hospital emergency department presentations are to hospitals not classified as principal referral centres, accounting for over two million presentations per year. From this group, nearly 100,000 presentations per year result in an inpatient transfer, further emphasising the role

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of initial management and referral by non-tertiary centres [1].

In order to properly service this demand, services such as coronary angiography and angioplasty are now readily available in peripheral centres, despite the lack of on-site cardiothoracic services. Recent studies have demonstrated the procedural safety of this approach with no increased risk of adverse outcomes [2]. Yet, for a variety of clinical and logistical reasons, a subset of patients treated at such peripheral sites will require definitive surgical treatment in an inpatient setting. Specialised cardiothoracic surgery (CTS) requires significant human and technological resources, resulting in such services congregating in larger, usually metropolitan based, tertiary centres. Thus increasingly, inter-hospital transfers between peripheral and tertiary centres are required for definitive management of these patients. This is particularly the case in the Australian health system where large cities such as Sydney and Melbourne have geographically vast greater metropolitan areas, serviced by relatively sparse peripheral centres, with a clustering of tertiary referral centres in and around the CBD [11]. The inter-hospital transfer of such patients consequently becomes an important component of the patient's overall management. Previous studies have focussed on the timely transfer of critically ill patients such as those with ST elevation acute myocardial infarction [3], or severe sepsis but have not specifically looked at the effect of inter-hospital transfer for definitive treatment in patients already partially evaluated. This population is growing, particularly in cardiology (both locally and worldwide), as peripheral catheter laboratories undertake initial evaluation of presenting patients [2,5–7].

We sought to assess the outcomes of patients initially presenting to a cardiology unit in a peripheral Melbourne non-tertiary centre who required inpatient transfer to a tertiary centre for cardiothoracic surgery. We hypothesised that patients with a prolonged pre-operative admission were at risk of acquiring a nosocomial infection, leading to prolonged hospitalisation and increasing risk of morbidity and mortality.

Methods

We evaluated all patients admitted to Frankston Hospital (Group 1), a non-tertiary centre, over a 14-month period (1st June 2011 to 31st July 2012) who then required inpatient transfer to a tertiary centre for definitive cardiothoracic surgical treatment. For comparison, similar data was obtained from patients presenting directly to the tertiary centres, the Alfred (Group 2) and St Vincent's Hospitals (SVH) (Group 3) who required inpatient cardiothoracic surgical treatment over the same 14-month period. These hospitals were chosen as a representative sample of patients presenting to peripheral and tertiary centres respectively. Alfred and SVH were chosen as, firstly, these were the most common referral institutions for patients presenting to Frankston Hospital and, secondly, to minimise the potential confounding impact of varying surgical or peri-operative practices between centres. A tertiary centre was defined by the presence of a cardiothoracic surgery unit. A peripheral centre was one that could provide coronary angiography services, including angioplasty, but without on-site cardiothoracic services.

To generate Group 1, all patients presenting to Frankston Hospital over the study period were evaluated. Those patients requiring inpatient transfer to a tertiary centre for the purpose of definitive surgical treatment were included in Group 1. The clinical necessity of inpatient surgical treatment for patients was made at the discretion of the treating team in each hospital. Typically those patients would include patients with either, or combination of, critically diseased coronary anatomy, clinical instability (elevated biomarkers or ongoing symptom) or co-existing structural heart disease (left ventricular dysfunction or valvular heart disease). For Groups 2 and 3, a list of cardiothoracic procedures performed at each tertiary centre was analysed from the National Cardiac Surgery Database (NCSD). The medical records were then assessed to determine initial presenting hospital of each patient. Those patients presenting initially to the same tertiary centre, and who received inpatient surgery, were included in the group for analysis. Elective and outpatient procedures were excluded, however for the purposes of this study a small number of elective angiograms identifying unexpectedly severe disease requiring inpatient surgical treatment (for example severe left main disease) were considered as non-elective admissions. Outcome data for patients in each group was obtained from the NCSD and correlated with the inpatient medical record. Admission times and transfer dates were obtained from each respective hospital patient management system.

The primary outcome measures included total inpatient admission time and total inpatient pre-operative time. Secondary endpoints included overall mortality and the incidence of hospital acquired infections. Infections were defined according to accepted definition in the NCSD. Infection required evidence of positive cultures in addition to clinical findings consistent with infection. In addition to being recorded in the NCSD, evidence of infection was also obtained from the inpatient medical record. Relevant demographics and outcomes were compared using a multi-variant analysis students paired t-test for continuous variable and chi-squared test for binary variables. Values were presented as the mean ± standard deviation. $P < 0.05$ was deemed statistically significant. Ethics for the use of gathered data was sought and approved by the individual hospital ethics committees.

Results

Of the 8024 cardiology admissions across the three study hospitals during the study period, 230 patients met the inclusion criteria – 87 patients in Group 1, 78 patients in Group 2 and 65 patients in Group 3 (see Figure 1). There were no significant differences between the groups with regards to baseline demographics (age and sex), Euroscore score and

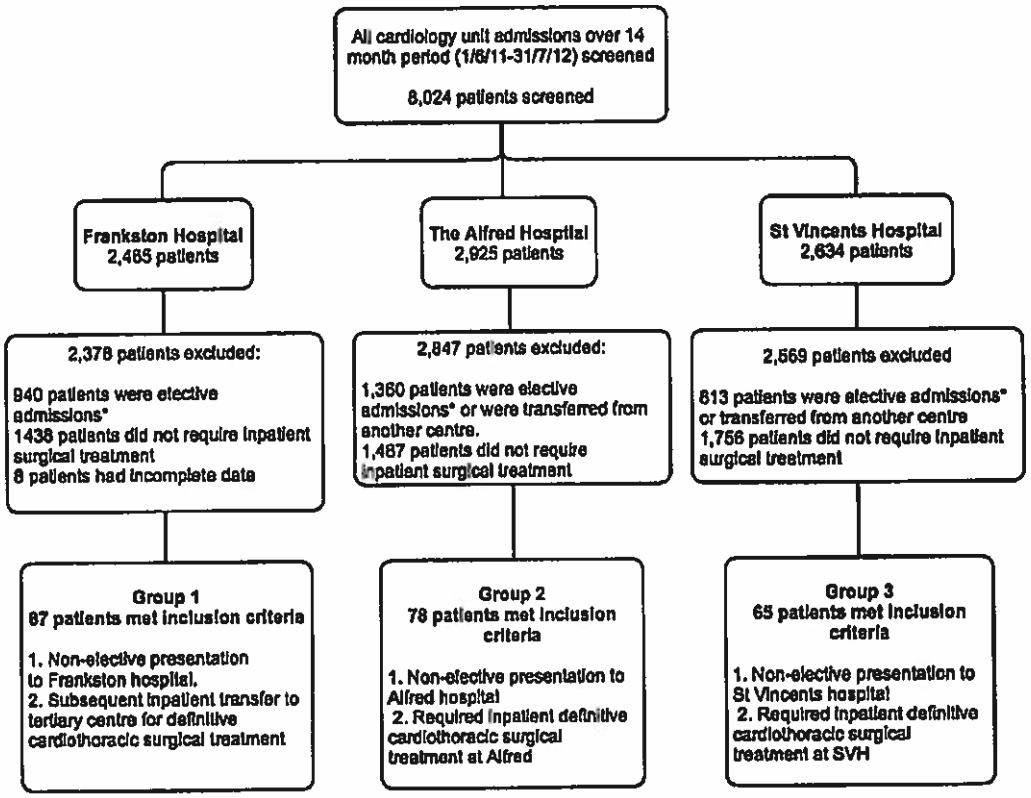

Figure 1 Flowchart of Patients Included.

Table 1 Baseline Characteristics.

	Frankston Hospital (n=87)	Alfred Hospital (n=78)	P value	St. Vincent's Hospital (n=65)	P value
Gender (% male)	78.1%	70.5%	0.1	72.3%	0.23
Age (years)	68+/-12	66+/-12	0.42	68+/-9	0.43
Diabetes	29.0%	29.0%	0.45	36.0%	0.35
Hyperlipidaemia	84.3%	79.2%	0.84	82.8%	0.89
HTN	86.3%	78.2%	0.09	81.5%	0.45
Smoking	60.9%	65.3%	0.36	67.7%	0.31
CABG[a]	94.2%	76.9%	<0.01	69.2%	0.02
Non-CABG[a]	1.1%	11.5%	<0.01	7.6%	0.04
CABG[a] + other	3.4%	11.5%	0.04	13.8%	0.34
Other	1.1%	7.6%	0.03	1.5%	0.82
CCF[b]	15.6%	23.6%	0.21	20.0%	0.46
Median NYHA[c] Class	1	1.5	0.16	2	0.06
Median CCSAS[d]	3	2	0.15	2	0.2
AMI[e]	59.4%	55.6%	0.29	38.4%	0.03
Left main disease	28.1%	31.9%	0.52	55.4%	<0.001
No. of diseased vessels (average)	2.1	2.1	0.9	2.5	0.03
EUROscore (average)	3.31%	2.99%	0.51	3.84%	0.40

[a] Coronary Artery Bypass Grafting, [b] Congestive Cardiac Failure, [c] New York Heart Association, [d] Canadian Cardiac Society Angina Score, [e] Acute Myocardial Infarction.

Table 2 Admission Data.

	Group 1	Group 2	Group 3	P-value (1v2)	P-value (1v3)
Total Admission (mean days)	20.5	15.2	17.0	0.002	0.08
Admission days prior to surgery (mean days)	10.8	5.8	4.5	<0.001	<0.001
Admission days prior to surgery (% of total admission)	52.8%	38.3%	26.3%	<0.001	<0.001
Admission days at peripheral hospital (Group 1 only, mean days)	7.5				
Admission days at peripheral hospital (% of total admission)	36.6%				

the presence of major cardiovascular risk factors. Patients in Group 1 were more likely to undergo isolated CABG, than patients in Groups 2 and 3, although they were also more likely to have undergone a non-CABG related procedure (such a valve replacement). Table 1 summarises the baseline characteristics for patients in each group.

Group 1 patients were transferred to four different tertiary centres with cardiothoracic services for further management. Forty-nine patients (56%) were transferred to The Alfred Hospital, 33 patients (38%) to St. Vincent's Hospital, four patients (5%) to Monash Medical Centre. One remaining patient was transferred to a private hospital.

Admission data is presented in Table 2. Total inpatient admission time (including inpatient stay in the peripheral and tertiary centre for patients in Group 1) was significantly higher in Group 1 compared to Group 2 (Alfred) (20.5 days vs. 15.2 days, p=0.002) and approached significance between Group 1 and Group 3 (20.5 vs. 17 days, p=0.08). When the pre-operative inpatient admission time as a proportion of total admission time was calculated, a significantly higher proportion of the total admission time was spent waiting for an operation in Group 1 compared to Group 2 (52.8% vs. 38.3%, p=<0.001) and Group 3 (52.8% vs. 26.3%, p=<0.001). In Group 1 patients, 69.3% of waiting time occurred in the peripheral hospital suggesting delay in inter-hospital transfer was a significant component of this increased waiting time.

There was a non-significant trend towards increased overall mortality in Group 1 compared to Groups 2 and 3 (5.7% vs. 2.5% and 1.5%, p=0.32 and 0.18 respectively) as shown in Table 3. A significantly higher proportion of patients in Group 1 suffered from hospital acquired infections compared to Group 2 (20.7% vs. 5.1%, p=0.04, OR=4.8, 95%CI: 1.56-14.9) and Group 3 (20.7% vs. 6%, p<0.001, OR=3.13, 95% CI=1.09-8.94). Pre-operative infections, defined as infections documented in the clinical history during admission prior to surgery, were statistically insignificant across all groups.

Non-operative infections (predominately pneumonia) accounted for 80.1% of infections in Group 1. Ventilation times were similar across all groups, with a median time of 24 hours seen in all groups. When patients in Group 1 were stratified according to the length of pre-operative waiting times, a significantly higher number of infections occurred in those with pre-operative waiting periods of seven days or greater (28.1% vs. 6.8%, OR=5.46, 95%CI: 1.16-25.65, p=0.019). When comparing post-operative admission days between St. Vincent's Hospital elective patients and inpatients, there was no difference (10.9 days vs 10.2 days, p=0.67).

Table 3 Outcome Data.

	Group 1	Group 2	P-value (1v2)	Group 3	P-value (1v3)
All Cause Mortality (%)	5.7	2.5	0.32	1.5	0.18
Hospital Acquired Infections (%)	20.7	5.1	<0.01 OR 4.03 (95%CI:1.88-8.65)	6	0.04 OR 3.08 (95%CI: 1.08-8.81)
Operative Infections (%)	2.2	1.2		0	
Non-operative Infections(%)	18.5	3.9		6	
Gastrointestinal (%)	1.1	0		0	
Urogenital (%)	1.1	0		0	
Pneumonia (%)	15.2	3.9		4.6	
Other (%)	0	0		1.4	
Ventilation Time (average hours)	30.4	62.4	0.14	26.2	0.14

Discussion

This research found that patients presenting to a peripheral cardiology centre and requiring inpatient transfer to a tertiary centre for definitive surgical treatment experienced significantly longer pre-operative inpatient stays, largely due to the delays associated with inpatient transfer. This group of patients were also almost five times more likely to suffer a hospital-acquired infection (most commonly pneumonia) then their counterparts presenting directly to tertiary centres.

A major contributor to morbidity post-cardiac surgery is infection, making up the majority of non-cardiac causes of complication after heart surgery [12]. Established risk factors for nosocomial infection include cardiac surgery and intensive care unit (ICU) stay [13], both of which are generally unavoidable in this post-operative patient group. In post-operative cardiothoracic patients, ICU and total hospital stay were typically longer [14]. This finding is consistent with other studies that have found an association with prolonged hospital stay and increased rates of infections in surgical patients. To our knowledge, this is the first study to report worsened outcomes in patients specifically based on location of initial presentation and the requirement for inter-hospital transfer for definitive treatment (Figures 2 and 3).

Previous studies in patients undergoing cardiothoracic surgery, have shown that nosocomial infections were not only more likely in those with prolonged pre-operative stay, but also nearly doubled the post-operative hospital costs in those acquiring non-surgical site infections [8]. Delays, such as those associated with inter-hospital transfers may place such patients at risk from known complications of prolonged inpatient admissions – including infections, in addition to the economic burden on the health system of inpatient care.

In one study, approximately 6% of patients, post-major heart surgery, suffer a ventilator-associated pneumonia [15] whilst another study has shown around 4% suffer from surgical-site infections related to the sternal site [16]. Importantly, the rate of infections found in the transferred patient population (Group 1) is markedly higher than the reported rates in other cardiothoracic surgical series, whilst the infection rate (4-5%) found in the tertiary hospital groups (Groups 2 and 3) noticeably correlates with reported rates in other studies [17].

The trend towards increased mortality noted is particularly alarming. This study was not powered to detect a significant mortality difference. Nonetheless, other studies have clearly demonstrated that mortality is increased in patients with hospital-acquired infections with one study showing a threefold relative-risk increase [17].

A potential explanation for the delay in the transfer of patients from peripheral to tertiary hospitals may be that such patients are perceived by administrators as 'non-urgent' by virtue of the fact that they are clinically stable, situated in a clinically safe setting (usually a coronary care unit) with appropriate management staff and have had their coronary anatomy and cardiac function defined. Such patients may be deemed a lower transfer priority than those from other centres whose clinical state is less clear or are unstable. This study suggests that despite the clinical stability of these patients, the delays associated with their transfer may independently predict worse clinical outcomes, particularly with respect to the incidence of hospital-acquired infections.

This study has some notable limitations. This is a retrospective analysis with relatively small patient numbers. As such, indications for transfer from the peripheral centre in this study reflected local practices and were not standardised. This could result in selection bias, where only deteriorating patients were transferred, somewhat explaining the poorer outcome in Group 1. However, several features in fact suggest that patients in Group 1 probably represented a less sick cohort of patients. Firstly, patients in Group 1 had similar co-morbidities to those in Groups 2 and 3, a comparable incidence of presentation with AMI on initial admission, a

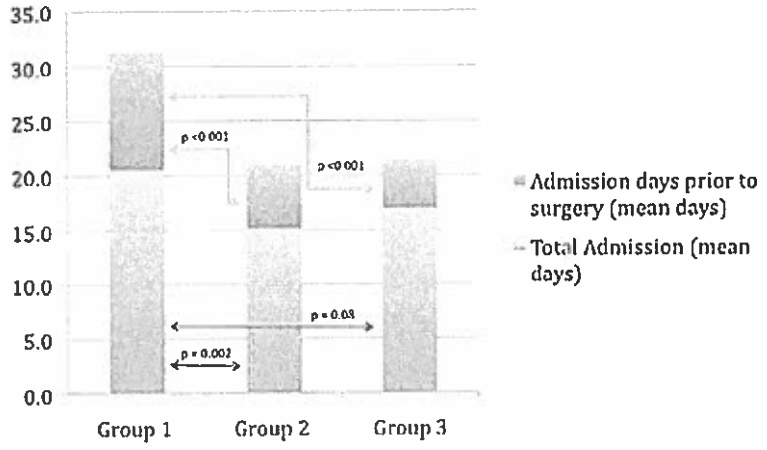

Figure 2 Length of Pre-operative and Total Stay.

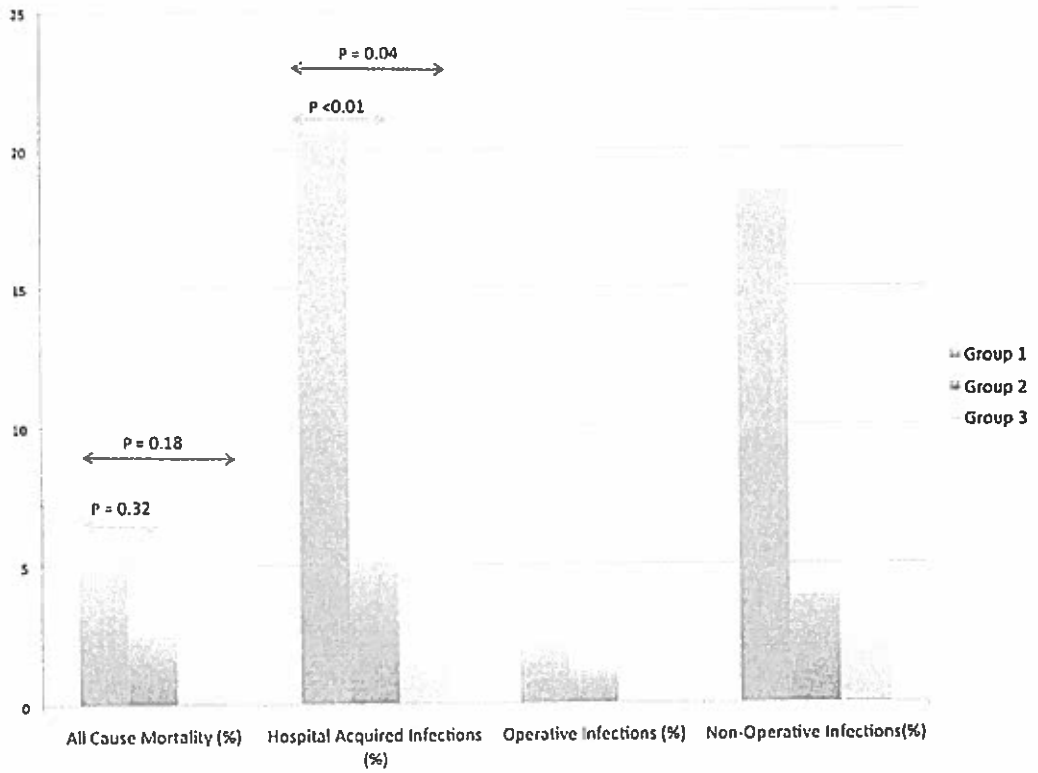

Figure 3 Outcome Data.

similar average number of diseased vessels and, in fact, a lower incidence of left main disease and LV dysfunction. Secondly, the fact that the average time to transfer was 7.5 days suggests that in the majority of these patients, an acute clinical deterioration necessitating time critical transfer did not occur. Lastly, the fact that a significantly higher proportion of transferred patients underwent isolated CABG only compared to those presenting directly to tertiary centres, suggests less clinical complexity in these patients. Considered in this context, our findings with respect to infection incidence and mortality are even more concerning, suggesting the delays associated with inter-hospital transfer may indeed play an important role in determining these outcomes. Furthermore, there is variability in the degree of urgency for transfer as well as the possibility of other factors playing a role in requiring transfer, something that is difficult to analyse in retrospect. In the groups that presented to a tertiary centre, they too had various levels of urgency for intervention leading to potential bias in assessing pre-operative waiting times. A prospective study with clearly defined indications for transfer involving patient groups of similar acuity and requiring similar interventions would better evaluate the associations observed in this study.

There are several points worthy of consideration in light of these findings. Firstly, for patients in peripheral centres in which a treatment strategy of inter-hospital transfer is chosen, consideration should be given to the effect of prolonged hospital admission on the patients' post-surgical outcome. Secondly, in those patients where inpatient inter-hospital transfer is deemed clinically unavoidable, all effort should be made to minimise the pre-operative delay, ideally to less than one week. Lastly, given the obvious geographical challenges associated with the Australian health system, in particular the discrepancy between health resources based on location, the development of a co-ordinated inter-hospital transfer strategy at a regional and state level may be an appropriate and cost-effective measure to limit the extent of pre-operative delay, improve health outcomes and potentially reduce treatment costs [18].

Conclusion

In conclusion, this study demonstrated that initial presentation to a non-tertiary centre of patients requiring inpatient cardiothoracic surgery is associated with significantly longer pre-operative waiting time and higher rates of hospital acquired infections than their counterparts presenting to a tertiary centre. Further research in this area is needed, however these findings suggest that a streamlined process facilitating transfer of such patients may improve outcomes and reduce treatment costs.

Acknowledgements

There has been no financial, technical or other assistance to be acknowledged in this project.

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#18-020

CTVSA
Cardiothoracic & Vascular
Surgical Associates, S.C.

4400 W. 95th Street, Suite 308
Oak Lawn, IL 60453
Main: 708-346-4040
Fax: 708-346-3287

June 25, 2018

Ms. Courtney Avery
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, Illinois 62761

Dear Ms. Avery:

I am writing to express my support for Silver Cross Hospital's proposed establishment of an open-heart surgery service. The communities served by Silver Cross are entitled to comprehensive, state-of-the-art cardiovascular care.

Currently, patients presenting with aneurysms, dissections, acute myocardial infarction and cardiogenic shock require transfer to other facilities for treatment. This delay in care increases the potential for adverse outcomes in these acutely ill patients. In addition, referral outside the immediate service area disrupts the continuity of care and impacts compliance with follow-up care. Clearly, the establishment a full service cardiovascular program would greatly improve the overall quality of care provided to the growing communities served by Silver Cross Hospital.

As President of Cardiothoracic and Vascular Surgical Associates, I am committed to working with Silver Cross Hospital to develop a cardiovascular surgical program in New Lenox. Each member of our surgical group performs over 200 surgeries per year with excellent quality outcomes. Should the open-heart service be approved, 1 to 2 full-time cardiovascular surgeons will be dedicated to the Silver Cross program. Christ Hospital Medical Center will be utilized as a training center for all members of the surgical team.

The proposed program would provide the high level of cardiovascular service and quality residents are seeking in their community. I strongly support the approval of the establishment of a comprehensive heart program at Silver Cross Hospital.

Thank you for your consideration of this important project.

Sincerely,

Pat S. Pappas, M.D.
Cardiothoracic and Vascular Surgical Associates, S.C.

June 30, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services with an open heart surgical license.

On Aug, 25, 2017 I was taken by ambulance from Silver Cross Hospital's Intensive Care Unit to Presence Saint Joseph Medical Center for emergency open heart surgery following a complication during a cardiac catheterization procedure. Although I am a registered nurse and House Supervisor at Silver Cross Hospital, I still have a difficult time talking about my experience since I never thought this would happen to me; especially at the age of 32. But it did. You can't imagine the anxiety and fear I experienced throughout the entire ordeal as I had to leave my Silver Cross Family and the place that I know like the back of my hand to go to another hospital. I was scared and my family was scared.

However, if Silver Cross had an open heart surgery program – the equipment, the staff and the license, I could have a stayed and had all my care in one familiar location and been on the road to recovery much sooner.

In my role as House Supervisor, I am responsible for managing nursing staff and overseeing patient care during my shift. Every day, I witness miracles taking place at Silver Cross. Physicians and nurses working together to deliver the best possible care - often in time of crisis. In fact, our door to balloon time for a Code STEMI (ST-Elevation Myocardial Infarction or serious heart attack) is well under the national average. Sometime, I am also involved when we need to transfer patients to another hospital for cardiac surgery because we can't care for them at Silver Cross. This happens at Silver Cross about 75 times a year. That's 74 other individuals, like me, who could have benefitted – both emotionally and physically from having all their medical needs met at Silver Cross with people they know and trust.

Therefore on behalf of the open heart surgery survivors and the nurses and clinicians who care for them, please grant Silver Cross Hospital a license for open heart surgery so that other patients don't have to go through what we did.

Sincerely,

Heather DePolo, RN

Heather DePolo, RN
160 W Prairie St.
Manhattan, IL 60442
815-212-0206

#18-020

DuPage Medical Group
ADMINISTRATIVE OFFICE
1100 West 31st Street, Suite 300, Downers Grove, IL 60515 • p 630 469 9200

June 14, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

Silver Cross Hospital has the unconditional support of DuPage Medical Group to pursue an open heart surgery license and subsequently develop a structural heart program. Formed in 1999 through the merger of three healthcare groups, DMG has grown into one of the largest independent multi-specialty physician groups in Illinois. In 2016, DMG acquired Heartland Cardiovascular, the largest cardiology practice at Silver Cross Hospital. These 24 cardiology and electrophysiology specialists currently provide 65% of the cardiology consults and 70% of Silver Cross Hospital's 3,500 cardiac catheterizations annually leading Silver Cross to be ranked 9th in the State for cardiac cath volume. So, we weren't surprised to learn of Silver Cross's plans to enhance their cardiovascular capabilities with an open heart and structural heart surgical program. Like Silver Cross, we put forth every effort to make sure our patients have access to leading-edge technologies and treatments. Providing our patients with a quality experience is at the heart of everything we do. We look for partners, who like us, continually seek to innovate through a model of quality, efficiency and access. And Silver Cross checks all the boxes.

First of all, Silver Cross is the only hospital in Will County to receive Five Stars from the Centers of Medicare and Medicaid for safety, clinical quality and patient experience. Over the years, DMG cardiologists have had a seat at the table often serving in medical leadership positions working hand-in-glove with hospital management on key decisions impacting these three key areas. In fact, one of our cardiologists, Dr. Sankari, is currently Silver Cross' Chief of Staff.

With the rising cost of healthcare and declining reimbursement, delivering healthcare in an efficient manner is becoming ever more important. For complicated heart disease cases, the ideal situation would be to provide the entire patient's care at one hospital eliminating the need for transfers to another facility. Unfortunately, this is not the case for our Silver Cross patients requiring open heart surgery. Today, these patients are transferred or admitted to other hospitals consequently disrupting the continuity of care and often prolonging treatment. And although our cardiologists are very familiar with the patient's history and profile, the rest of the care team is not. Many times the patient's primary care physician is not on staff at the receiving hospital further complicating the care plan and leading to an increased the length of stay, readmission, or medication errors. This is by no means efficient, in fact, quite the opposite.

Finally, there is a huge need among our patients for a structural heart program. Patients are living longer. The causes that lead to abnormalities of the heart like high blood pressure are on the rise. There are advancements in transcatheter aortic valve repair (TAVR) and other structural heart therapies like left atrial appendage closure (LAAC) and transcatheter mitral valve repair (TMV) and replacement. However, not one of the three hospitals that our DMG physicians work out of has a comprehensive structural heart program. Silver Cross is willing to make a significant investment to bring these crucial services to some of our most high risk and vulnerable patients. We applaud their fortitude and promise to support them in this effort.

Therefore on behalf our physicians please approve Silver Cross Hospital's application for an open heart surgery license, so we can provide high quality, efficient, accessible cardiac care to our Heartland/DMG patients.

Sincerely,

Donna S Cooper

Donna S. Cooper
Chief Operating Officer
DuPage Medical Group

easterseals
Joliet Region

taking on disability together

June 28, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As Chairperson for the Silver Cross Community Trustees, I am in favor of Silver Cross expanding cardiac services with an open heart surgery program. This license will allow the Hospital to offer minimally invasive structural heart surgery in the future for the residents of Will County.

The Community Trustees group was formed in 1999 to spread the good news about Silver Cross throughout Will County among the member's circles of influence. Today, we are about 100 strong and continue to support Silver Cross socially as well as philanthropically. Many of our members have utilized Silver Cross' cardiology services and some had to seek care elsewhere due to the fact that our Hospital does not perform open heart surgery currently. As ambassadors in the community, we often hear of the emotional and financial hardships patients endured. Quite frankly, many patients prefer to come to Silver Cross due to the Hospital's Five Star reputation, modern facilities and partnerships with experts in their respected fields. Patients enjoy the family-friendly atmosphere and appreciate the ease of access due to its convenient location off of I355 and Route 6, near the I-80 interchange.

I am also proud to serve as the President CEO of EasterSeals Joliet Region for the past 36 years and in recent years participating in the Will County MAPP Collaborative's 2016 Community Health Needs Assessment. As stated in the report, heart disease is the second leading cause of hospitalizations in Will County, and when combined with cancer and diabetes account for over half of all deaths. Obviously, there is a huge need for a wider and deeper breadth of cardiac service in our community. It is not fair that patients have limited resources with only one of the three hospitals in Will County performing open heart surgery and no one offering the minimally invasive TAVR procedure to repair the heart muscle and valves. Residents must travel outside of the County if they want this modern, yet critical operation. But hopefully for not much longer as Silver Cross has an exciting plan to bring these crucial heart care services to its New Lenox campus – right in the heart of Will County. They are ready and willing to tackle one of the top three health priorities in Will County – preventing and reducing chronic disease. Therefore, I ask that you accept their certificate of need application for an open heart surgical license since there is clearly a need in our community. Please allow them to help heal the hearts of our family, friends and community.

Respectfully,

Debra Condotti

Debra Condotti
Chairperson, Silver Cross Community Trustees
President CEO, Easterseals Joliet Region

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991 Essington Road • Joliet, Illinois 60435 • 815-741-5531 • Fax 815-741-5537
521 E. North Street • Bradl 0098 -0623 • Fax 815-928-7334

LIVE UNITED United Way

Attachment 12

Forest Park
COMMUNITY CENTER
Serving the community to enrich lives.

United Way
A United Way Partner Agency

1017 Woodruff Road | Joliet, IL 60432
Phone: 815.727.7898 Fax: 815.727.7833

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

Sincerely,

Name: Bettye Gavin, Executive Director

Address: 1017 Woodruff Rd

Phone: 815-727-7898

Email: forestparkcommunitycenter@gmail.com

#18-020

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105 Springfield Avenue, Suite 102
Joliet, IL 60435
815-280-5876

BILL FOSTER
CONGRESS OF THE UNITED STATES
11TH DISTRICT, ILLINOIS

COMMITTEE ON FINANCIAL SERVICES
Subcommittee on Capital Markets, Securities and Investments
Subcommittee on Monetary Policy and Trade
Subcommittee on Terrorism and Illicit Finance

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
Subcommittee on Energy
Subcommittee on Space

June 26, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

Dear Administrator Avery,

I am writing to express my support for the Silver Cross Hospital's Certificate of Need application to start an open heart and structural heart program. It is my understanding that this license will allow for the launch of a $22 million program that will serve as the only provider of structural heart care in all of Will County.

As a not-for-profit organization, the Sliver Cross Hospital provides quality healthcare to the citizens of Will County and the surrounding area since 1895. The hospital is ninth in the State of Illinois in terms of the number of catheterizations performed annually. With the regulatory license to perform open heart surgery, Silver Cross plans to provide lifesaving procedures to their patients.

This project is of great importance to Will County, the Chicago Metropolitan Area, and the State of Illinois. I support the Silver Cross Hospital's Certificate of Need Application for an Open Heart Surgical License and request that it receive all due consideration.

Sincerely,

Bill Foster

Bill Foster
Member of Congress

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

RE: Silver Cross Hospital's Certification of Need Application for Open Heart Surgical License

Dear Ms Avery,

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license would allow Silver Cross Hospital to perform lifesaving open heart surgery to my community.

I required open heart surgery March 20th, 2018. My Hospital of choice and the hospital where my HMO insurance covers is Silver Cross Hospital. I was hospitalized at Silver Cross but due to the fact that they cannot perform open heart surgery, I required an ambulance ride across town to another hospital to receive the lifesaving surgery. My primary physicians were not able to follow me at this other hospital. Me and my family were not familiar with the staff, physicians and hospital across town, which caused added stress to an already stressful situation. Once my surgery was completed and I was discharged, all my follow up visits had to be back at Silver Cross to fulfill the insurance requirements. This was stressful to have multiple physicians, surgeons, home health and rehab staff try to piece together my whole medical record and history to create the best plan of care for my recovery and cardiac rehabilitation. Having open heart surgery at Silver Cross Hospital would have been less stressful, more cost effective, and would have provided the best continuity of care.

Sincerely,

Dedria Galik
136 North English Street
Braidwood Illinois 60408
309 645 3648
dedrialynn@comcast.net

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

Both my husband and I have had coronary by-pass surgery and would have loved the opportunity to have this procedure done at Silver Cross Hospital, however this isn't an option currently. No one knows what the future may bring for either of us, as we may or may not need more surgery. Having the option to have procedures done at Silver Cross would be an excellent choice for us. We both fully support Silver Cross in this endeavor and know that the service to the community will be extremely valuable. Silver Cross has an excellent record when it comes to community service and the staff and physicians that work there are among the best in the country.

Sincerely,

Name Marcia E. Obman Gray

Address 17858 County Line Rd.

Plainfield, IL, 60586

Phone 815-436-6884

Email cdgray@ameritech.net

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

It is my understanding that currently there is NO hospital in Will County, Illinois performing open heart or minimally invasive surgery to treat these structural conditions of the heart. Although according to the latest Will County Community Needs Health Assessment, heart disease is the leading cause of death and one of the top three priority areas; patients area leaving the area to obtain this lifesaving care.

As President of the Harvey Brooks Motivation & Development Foundation in Joliet, Illinois, I submit this letter of support on behalf of the Board of Directors, Managers and Staff of this community outreach organization. We hope that you will look favorably upon this request.

Sincerely,

Bishop Robert R. Sanders

Bishop Robert R. Sanders, President & CEO
Harvey Brooks Motivation & Development Foundation
503 S. Water Street, Joliet, Il 60436
PH 708-250-3038
Email: bishop6200@sbcglobal.net

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20055 SOUTH LAGRANGE ROAD
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(815) 464-5431

MICHAEL E. HASTINGS
ILLINOIS STATE SENATOR
19TH DISTRICT

COMMITTEES
Chairman
Energy & Public Utilities
Vice Chairman
Veterans Affairs
Member
Appropriations I
Appropriations II
Gaming
Insurance
Judiciary

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

July 10, 2018

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

Approximately 630,000 Americans die from heart disease each year that's 1 in every 4 deaths. In 2016, heart disease killed more than 25,000 Illinois residents. And in my district, the 19th district, not a day goes by that I don't talk with someone who has been touched by this catastrophic disease. Today, with all the advancements in cardiac care, we should be saving more lives.

As a former athlete, I am mortified every time I hear of about a student who went into cardiac arrest on the field or court. In fact, according to the National Collegiate Athletic Association, sudden death from a heart condition affects one in 40,000 student athletes. Something must be done. Fortunately, Silver Cross Hospital has chosen to address this need by bringing new and innovative treatments to the residents of the 19th and surrounding districts to treat this deadly disease. Currently, not one hospital in my district has an open-heart surgery program, and no hospitals in the 19th district or all of Will County have a structural heart program. This means that my constituents must travel to Oak Lawn or Indiana to have minimally invasive surgery to repair their most vital organ – the heart.

Before beginning my public service career, I worked for the medical device division at Johnson and Johnson, so I have first-hand knowledge of the many surgical innovations that have come about to minimize complications and extend one's life. With Silver Cross' outstanding reputation for safe, high quality care and service, state-of-the-art facilities, and renowned cardiac experts, I have no doubt that an open heart and structural heart surgical program would not only be successful, but a welcome addition to the services they currently offer to their patients and my constituents.

Silver Cross truly cares about our community as evidenced by the redevelopment of their former hospital campus. Instead of leaving the buildings stand vacant, they partnered with the Veteran's Administration to open a mega outpatient clinic in their former ER. In addition, last year, on land that was previously a parking lot, sits Hope Manor, an affordable 67 single family housing complex built by Volunteers of America for Veterans and their families. As a former combat Army Vet, I am grateful that my brothers-

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MICHAEL E. HASTINGS
ILLINOIS STATE SENATOR
19TH DISTRICT

COMMITTEES
Chairman
Energy & Public Utilities
Vice Chairman
Veterans Affairs
Member
Appropriations I
Appropriations II
Gaming
Insurance
Judiciary

in-arms who fought so bravely for our country have access to quality medical care and a roof over their heads thanks in part to the generosity of Silver Cross who donated the land for these greatly needed establishments.

Now, Silver Cross is taking on the fight against heart disease, which is why I endorse their CON for an open heart surgical program in an effort to bring innovative techniques to repair and replace the heart. On behalf of Illinois 19th District residents, I strongly encourage you to approve their application.

Sincerely,

Michael E. Hastings
Senator

#18-020

For Appointments Call:
(888) 642-HCCI

Heart Care Centers of Illinois

Offices:
Berwyn Office

Bolingbrook Office

Joliet Office

Merrionette Park Office

Mokena Office

Palos Park Office

Cardiology:
John Arroth, M.D.
George Aziz, M.D.
Christopher Bane, M.D.
Roy Bliley, M.D.
David Cusick, M.D.
Kurt Erickson, M.D.
Michael Filsak, D.O.
Robert Iaffaldano, M.D.
Peter Kakavas, M.D.
Thomas Kason, M.D.
Gregory Macaluso, M.D.
Stavros Maragos, M.D.
Ameet Parikh, M.D.
Robert Prentice, D.O.
Ravi Ramana, D.O.
Kishin Ramani, M.D.
Henry Shin, M.D.
Dominick Stella, M.D.
Joseph Stella, D.O.
Ronald Stella, M.D.
James Sur, M.D.

Electrophysiology:
Charles A. Kinder, M.D.
Sean P. Tierney, M.D.

Vascular Surgery:
Elizabeth Colasuta, M.D.

June 29, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As chairman of the Department of Cardiology at Silver Cross Hospital, Executive Member of Heart Care Centers of Illinois (HCCI), and a practicing interventional cardiologist, Silver Cross has my unwavering support as well as that of my 26 partners to acquire an open heart surgery license and develop a Structural Heart Program.

For nearly 50 years, HCCI has been providing invasive, non-invasive and electrophysiology therapies throughout Chicago's south and southwest suburbs. HCCI has been ranked in the top 0.9% of all physician practices by Medicare for quality, efficiency and cost. We are the only cardiology group in Illinois to achieve this recognition. With offices in nearby Mokena, Joliet and Bolingbrook, my partners and I currently perform 35% of Silver Cross's cardiology consults and our cardiac catheterization volume has increased 17% in the last year. We consider ourselves experts in transcatheter aortic valve replacement (TAVR) performing the most procedures in the Chicago metro area. Unfortunately, we have not been able to bring this revolutionary minimally invasive procedure to our patients at Silver Cross since the hospital does not have an open heart license, despite the fact that they are ranked 9th in the State for cardiac catheterization volume. In order to ensure the best possible outcome for high risk patients needing TAVR and other complex procedures, we must take our Silver Cross patients to other area hospitals with open heart capabilities. We would much rather keep these patients at Silver Cross for continuity of care, and to allow these patient's primary care physicians the opportunity to treat and manage their hospital course. Our patients enjoy – and often prefer, coming to Silver Cross because of their modern facilities, friendly staff, and outstanding quality as evidenced by their recent Five Star Rating by the Centers for Medicare and Medicaid. And frankly, so do I!

Business Office: Peace Prof Suite 100 • Palos Park, IL 60464 •

Attachment 12

After speaking with both Ruth Colby (CEO) and Mary Bakken (COO), they have not entered into the decision to pursue an open heart/structural heart program lightly. Instead, they have sought council from cardiologists on staff, including myself, as well as Dr. Pat Pappas, head of Cardiothoracic & Vascular Surgical Associates (CTVSA). I have consulted and referred patients requiring coronary bypass, aortic valve replacements, and other services to CTVSA for many years, and I am confident that they will bring a new level of expertise to both the patients and staff at Silver Cross.

As physicians, we want to provide the highest quality cardiac care for our patients. By granting Silver Cross the license to pursue open heart surgery, you are granting our patients access to the latest treatments for complex coronary disease, valvular heart disease, arrhythmias as well as cutting edge technology which we can offer to our patients in their backyard.

Respectfully,

Joseph Stella, D.O.
Executive Member, Heart Care Centers of Illinois

#18-020

HEARTLAND CARDIOVASCULAR CENTER, L.L.C.℠

Hearts Are the Core of Our Practice℠

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Joliet, IL 60435

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JoAnn Donoghue, D.O.
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Joliet Madison St.s

Parag Jain, M.D.
New Lenox Silver Cross Blvd.s

Mazen M. Kawji, M.D.
New Lenox Silver Cross Blvd.s
Joliet Silvercross St.s

Dennis M. Killian, M.D.
Joliet Madison St.s
Morris
Ottawa

Chris Kolyvas, M.D.
Joliet Madison St.s
New Lenox Ozaukee St.s

Kirkeith Lertsburapa, M.D.
Joliet Madison St.s

Muawia Martini, M.D.
New Lenox Silver Cross Blvd.s

Seif Martini, M.D.
New Lenox Silver Cross Blvd.s
Frankfort

Hazem Al Muradi, M.D.
New Lenox Silver Cross Blvd.s
Joliet Madison St.s

Govind Ramadurai, M.D.
Joliet Madison St.s

Abdul Sankari, M.D.
New Lenox Silver Cross Blvd.s
Joliet Madison St.s

Sunil Shroff, M.D.
New Lenox Silver Cross Blvd.s

Colin Sumida, M.D.
New Lenox Silver Cross Blvd.s
Joliet Madison St.s

JongYoon Yi, M.D.
Joliet Madison St.s

Julie Frommelt, APRN
Joliet Madison St.s

Practice Limited to
Cardiovascular Diseases
Board Certified in
Cardiovascular Disease

June 28, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As President of Heartland Cardiovascular, Medical Director of the Silver Cross Hospital Cardiac Catheterization Services, and practicing interventional cardiologist, please know that Silver Cross Hospital has our full support to enhance their cardiovascular capabilities by obtaining an open heart surgery license and subsequently developing a Structural Heart Program.

For more than 20 years, my partners and I have cared for thousands of patients at Silver Cross Hospital in Joliet and now New Lenox. With 24 specialists in our group, we currently provide 65% of the cardiology consults and perform 70% of the hospital's 3,500 cardiac catheterizations annually leading Silver Cross to be ranked 9th in the State for cardiac cath volume. Still, Silver Cross is one of only a handful of hospitals without an open heart license.

Because of this, we have been forced to take our high risk catheterization patients to AMITA St. Joseph's Hospital and other area hospitals if we think that there is even the slightest chance that we may need to convert to open heart. Not only can this prolong the time to treatment, but it also makes the patient and their family members extremely anxious. Patient care and the patient/family experience can also suffer if the cardiologist, surgeon, primary care physician and any other specialists involved in the case are on staff at different facilities. Oftentimes this leads to challenges in communication, which unfortunately may increase length of stay, readmissions and even medication errors.

Fortunately, we now have new minimally invasive techniques like TAVR and the Watchman that can help these high risk patients, but because of CMS regulations, these life-saving procedures can only be performed in a hospital equipped for open heart for the best outcome. If Silver Cross were to have this license and technology, we would be doing these cases there in a heartbeat.

Silver Cross has worked hard to enhance its clinical care and service earning numerous prestigious awards including a Five Star Rating from CMS. This speaks volumes to Silver Cross's consistent and strong leadership. Personally, I have worked hand-in-hand with Ruth Colby, Mary Bakken and the rest of the administrative team for many years. I know that we have the same goal in mind and that is to put the patient first. By approving this CON application, you will be making sure that we do just that by providing comprehensive cardiac care - including open heart and minimally invasive cardiac surgery - in one convenient, state-of-the-art location. Thank you.

Sincerely,

Abdul Sankari, MD, MBA, FACC, FCCP
President, Heartland Cardiovascular, a Member of DuPage Medical Group
1890 Silver Cross Blvd., Suite 240
New Lenox, IL 60451

#18-020

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

My husband was a patient at Silver Cross Hospital after his heart attack. He needed open heart surgery and needed to go to another hospital we were not familiar with. It would have been nice to stay at Silver Cross for the surgery. It was always Wonderful to know if someone was having a cardiac procedure and had trouble they had to prepare the patient to be transported from Silver Cross Hospital to another hospital that does heart surgery. That wasted valuable time. It would be nice if those patients could stay at Silver for any further treatment.

Sincerely,

Name Patti Larson
Address 1801 Coventry Road
New Lenox, IL 60451
Phone 815-485-2718
Email RAL1801@Comcast.Net

Attachment 12

General Letter of Support - Te...

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: P Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery.

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

I Pastor Edward Martin Jr
The Pastor of St Paul M.B. Church
1404 Brigg St Joliet 60431.
I whole-hearted support Silver
Cross in this effort.
Our community and surrounding
area!
We need this to happen!

Sincerely,

Name: Pastor Edward Martin Jr
Address: 1404 Brigg St
Joliet Il 60431
Phone: 815-723-3396
Email: CatFish57@SBCglobal.NET

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

Hello,
I am a New Lenox resident. I realize the wide scope of Silver Cross Hospital and its services, the one unit which would help the community is Open Heart Surgery.
Last year my husband had emergency triple bypass heart surgery at Palos Community Hospital. Although, we were satisfied with the care, I myself had to travel the distance. I narrowed my visit to once at mid day so traffic and delay were not a factor. It was a 45-50 minute drive. Time also was an emotional time as you can imagine.
Please consider Silver Cross Hospital and the community.

Sincerely,

Peggy Maruszak

Name PEGGY MARUSZAK

Address 1929 EAGLE CIRCLE

NEW LENOX IL 60451

Phone _____

Email gmaruszak@aol.com

#18-020

Margo McDermed
State Representative • 37th District

June 19, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

Heart disease is prevalent in Illinois' 37th District and is the leading cause of death among my constituents. Yet, residents must leave our community for open heart surgery and minimally invasive heart surgery. Why? Because the Hospital in my District – Silver Cross, does not have an open-heart surgery license, which is also a requirement for a structural heart program. On behalf of the 107,000 citizens who reside in my district, I request that the members of the Illinois Health Facilities Planning and Review Board rectify this situation by granting Silver Cross a license to perform open heart surgery.

Silver Cross has proven to be a leader, not only in Illinois, but in our nation for delivering safe, quality healthcare. They have received numerous accreditations and awards including being named a 100 Top Hospital for 7 consecutive years and most recently a Five Star Hospital by CMS.

In 2012, Silver Cross opened a state-of-the-art replacement hospital off I-355 and I-80 in New Lenox to provide the residents, not only in my district, but throughout Will County and the southwest suburbs with convenient access to the latest medical treatments and renowned specialists including University of Chicago oncologists and Lurie Children's Hospital pediatricians. As you know, they are in the midst of building a 100-bed behavioral health hospital in partnership with US HealthVest, another national leader in their field, to help solve the mental health and substance abuse crisis plaguing our community. As a member of the Illinois General Assembly's Mental Health Committee, I applaud Silver Cross for championing this important issue.

Now, Silver Cross is looking to serve another vast need in our community. They have done a good job caring for patients with heart disease. In fact, they are one of the Top 10 hospitals in the State for the number of cardiac catheterizations performed. With an open-heart surgery license, Silver Cross will be able to save many more hearts and lives. No one should have to go outside their district or be transferred for something this important. Cardiac surgeons around the country have been performing successful open-heart surgery operations for over 65 years. Don't you think it is time that we brought it to the 37th district and the patients at Silver Cross? I do!

Sincerely,

Margo McDermed
State Representative
37th Legislative District

District 37 Office: 11032 W. Lincoln Hwy., Frankfort, IL 60423 I 815-277-2079
Springfield Office: 401 S. Spring, Room 209-N, Springfield, IL 62706 I 217-782-0424
Email: McDermed@ilhousegop.org I Website: www.repmcdermed.com

MORRIS HOSPITAL
& HEALTHCARE CENTERS

July 5, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's CON Application for Open Heart Surgical License/Structural Heart Program

Dear Ms. Avery:

As President and Chief Executive Officer for Morris Hospital and Healthcare Centers, I would like to express my complete support for Silver Cross Hospital's application for an open heart surgery license with the intent to form a structural heart program.

According to our 2016 Community Needs Assessment developed in cooperation with the Grundy County Health Department, Education Service Network and U of I Extension, heart disease is the leading cause of death in Grundy County. In an effort to effectively diagnose and treat patients, Morris Hospital delivers comprehensive cardiac screening and prevention programs, advanced testing, emergent care for myocardial infarction, interventions for arterial blockages and abnormal heart rhythms, and three stages of cardiac rehabilitation. There are 20 specialists from Heartland Cardiovascular/DuPage Medical Group on our medical staff, and we recently recruited four cardiologists/ electrophysiologists to increase patient access to a provider.

Last year, these specialists performed 672 cardiac catheterizations at Morris Hospital. However, if a patient required coronary artery bypass graft (CABG) or a valve or other structural area of the heart repaired or replaced, the patient would have been transferred to another hospital. We do not have an open heart surgery program or the means to perform advanced minimally invasive procedures including Tanscatheter Aortic Valve Replacement, or TAVR – the most commonly performed structural heart procedure. If Silver Cross Hospital offered these unique services, they would be an ideal choice for many of our cardiac patients.

First, Silver Cross is easily accessible off of I-80 and I-355, about 30 minutes door to door. Today, it would take an additional 20 minutes to travel to the closest hospital that has structural heart surgical services. Second, according to publicly reported data, Silver Cross consistently provides quality cardiac care in a safe environment with high patient satisfaction. Third, Cardiothoracic & Vascular Surgery Associates, who Silver Cross intends to partner with to perform these complex procedures, is a leader in their field. And lastly, Heartland Cardiovascular/DuPage Medical Group is on staff at both Morris Hospital and Silver Cross Hospital for a smooth transition and increased continuity of care for the patient, which is so important to avoid any possibility of a readmission or adverse outcome.

Therefore on behalf of our cardiac patients requiring advanced structural heart procedures, I ask that you approve Silver Cross Hospital's application for an open heart surgery license as there is an unmet need for this life-saving care for patients residing in Grundy County.

Sincerely,

Mark Steadham
President/CEO

OFFICE OF WILL COUNTY BOARD

Will County Office Building • 302 N. Chicago Street • Joliet, Illinois 60432

James G. Moustis
Will County Board Speaker

(815) 740-4602
Fax (815) 740-8395

June 7, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As a resident of Will County for more than three decades and current County Board Speaker, I have witnessed the explosive development that has made our county one of the fastest growing places in America. People move here because of the affordable housing, outstanding schools, and quality healthcare. We are fortunate to have three excellent hospitals in Will County – one ranked five stars by the Centers for Medicare & Medicaid, Silver Cross Hospital.

My family and I have sought medical care at Silver Cross on several occasions and cannot say enough about the care we received. The facility is state-of-the-art. The staff is friendly and kind. And the management is progressive in their thinking. Silver Cross continues to be a leader in our region; always making sure that Will County residents have access to renowned specialists and the latest medical treatments. They have done this through partnerships with University of Chicago for cancer, Lurie Children's Hospital for pediatrics, and the Rehabilitation Institute of Chicago/Shirley Ryan AbilityLab for rehabilitation. Now, Silver Cross wants to expand cardiac care in our community by partnering with pioneers in minimally invasive heart surgery, Cardiothoracic & Vascular Surgical Consultants. I am all for this as heart disease continues to be a major problem in Will County. According to our most recent Community Needs Assessment, it remains the leading cause of death. And if there are new treatments available that can save someone's life, they should be easily accessible to local residents. I am told that 60% of patients who need open heart surgery are leaving Will County for care. This is unacceptable.

I understand that none of the hospitals in Will County offer minimally invasive surgery to repair the heart muscle and valves. Silver Cross wants to provide this service in our community, but they need an open heart surgery license to make this happen. This seems like a reasonable request; especially since Silver Cross performs more cardiac catheterizations than most hospitals in the state. They have the experience, a well thought out implementation plan, and the finances required as to not burden our tax payers.

Therefore I urge you to approve Silver Cross Hospital's request for an open heart surgery license. The new and improved services that they are proposing will undoubtedly benefit the residents of Will County.

Respectfully,

James G. Moustis
Will County Board Speaker

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

The National Hookup of Black Women, Inc. supports Silver Cross Hospital's plans to expand cardiac services in our community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

According to the latest Will County Community Needs Health Assessment, heart disease is the leading cause of death and one of the top three priority areas. Heart disease is the No. 1 killer in women. As a woman's organization that advocates for women and their families, we strongly stand behind the hospital's efforts to expand in this area of service. We support health education and have recognized that African-American women are less likely to be aware that heart disease is the leading cause of death and that their average lifespan is significantly shorter, mostly because of heart disease (heart attacks, sudden cardiac arrest, heart failure and strokes.

Cardiovascular diseases kill nearly 50,000 African-American women annually. Heart disease is the leading killer for all Americans, but in African Americans, heart disease develops earlier and deaths from heart disease are higher. The National Hookup of Black Women, Inc. is committed to playing our role in providing critical health education to our communities, but even taking in consideration socioeconomics and all of the at-risk factors, the provision of minimally invasive cardiac surgery and other advanced cardiac services would greatly benefit our community.

Sincerely,

Name: President Debra Upshaw/ National Hookup of Black Women, Inc.

Address: P.O. Box 1084, Joliet, Illinois, 60434

Phone: 815-509-0063

Email: debra.upshaw27@gmail.com

June 27, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As an open heart surgery survivor, I am in favor of Silver Cross Hospital's plans to expand cardiac services to include an open heart surgery program. At the time I was in need of cardiac bypass surgery, I was an employee in the Information Technology Department at Silver Cross Hospital. I would have preferred to have my surgery there, but their services were limited to testing and cardiac catheterization with a focus on heart procedures that were successful in the use of stents and minimally invasive surgeries. However, these procedures were not sufficient at this time to save my life. Therefore, I had to find another hospital to perform the surgery.

Silver Cross has come a long way since then. They have built a state -of -the -art replacement hospital with private rooms and more than doubled their medical staff which includes many more cardiac specialists. They have expanded their outreach to surrounding communities which brings them more patients in need of extended cardiac care aside from initial testing and minimally invasive heart procedures.

Without this special surgical license to perform open heart surgeries, similarly these people are forced to make changes in their hospital at a time most crucial in their medical care. Speaking from experience, it is extremely important to have an uninterrupted follow through of coordinated care from pre-testing all the way through to a cardiac rehabilitation program. The major piece missing at Silver Cross is the heart of the matter, which is the ability to perform the major heart surgery and save lives.

I am confident I would have received world class care at Silver Cross Hospital which has received the 100 Top Hospitals National Award 7 years in a row. With their new hospital setting, advanced diagnostics and treatment with state- of- the- art technology, I believe patients would receive the maximum benefits of a comprehensive and well coordinated heart surgery program on site. Because of my experience, I strongly believe that Silver Cross is ready to start an open heart surgery program and I support their request for this surgical license. Thank you for your consideration.

Robert P. Paprockas

511 Clover Lane, Bolingbrook,Il.

630-759-7123

Robert P Paprockas

June 26, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

In 2013 after a visit to my cardiologist who scheduled an angiogram it was determined that I would need a heart-valve replacement surgery in order to continue with a productive quality of life. I had a previous history of peripheral artery disease which led to femoral popliteal bypass surgery (fem pop) in each leg using a prosthetic (made of artificial material) graft. These procedures were performed at a hospital more than 25 miles from my home.

Four years later, I was told I would need an aortic valve replacement to restore normal blood flow and preserve the function of my heart muscle. While my physicians and cardiologists all had privileges at Silver Cross Hospital, which is very close to my home, Silver Cross does not have an open-heart program and was not an option for me for my heart surgery.

I have recently learned that Silver Cross is pursuing an **open heart surgical license** from the state of Illinois and I am writing this letter of support to encourage the state to approve this request. As a resident of Will County Illinois, Silver Cross is my hospital of choice.

When presented with the probability of surgery, patients need to have complete confidence in the doctors who are treating them and the hospital where they will be treated. This is why I fully support Silver Cross Hospital and ask you to consider their request for an open heart surgical license.

Sincerely,

James A. Paruszkiewicz

James A. Paruszkiewicz
13606 Murvey Ct.
Orland Park (Homer Glen), Illinois 60467
708-301-1267
Jimmypa06@gmail.com

#18-020

Peace Lutheran Church

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St.
Springfield, IL 62761

Re: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I support Silver Cross Hospital's Certificate of Need application in response to wanting to expand cardiac services in our community with an open heart surgical license. This will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

Sincerely,

Pastor Dave Hedlin

Pastor Dave Hedlin

Prayer Tower Ministries

500 Stryker Avenue
Joliet, IL 60436
(815) 630-5283
Pastor Warren C. Dorris, Jr.

June 26, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery,

I support Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

There is a need in the surrounding area for specialized cardiac services that is resulting in patients being deferred or denied proper treatment. Approval of this application will increase access to these important services in the area, thus, ensuring a better quality of care and successful recovery for our residents.

The latest innovative techniques in surgical valve repair/replacement could save and extend the lives of many individuals as well as give the patients a better quality of well-being.

I urge you to support the approval of this certificate of need application for an open heart surgical license. Again, there is a great need in the area to expand our cardiac health services.

Thank you for your assistance in providing access to better care.

Sincerely,

Warren C. Dorris, Jr.
Senior Pastor – Prayer Tower Ministries C.O.G.I.C.
Cell: 815-325-6022
Email: prayertowercogic@sbcglobal.net

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 4, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As Chief of Staff representing over 850 physicians on the Silver Cross Medical Staff, I fully support the Hospital's plans to establish a Structural Heart Program, which includes procuring an Open Heart License to improve the quality of life of our patients while enhancing care coordination amongst caregivers.

Silver Cross already has a preeminent reputation in our community for cardiac care and is currently the market leader for outpatient procedures. We are fortunate to have two highly-skilled and well-regarded cardiology practices on staff – Heartland/DuPage Medical Group and Heart Care Centers of Illinois, performing a total of 3,500 cardiac catheterizations a year at Silver Cross Hospital. This places our community hospital in the top 10 hospitals in the state for the volume of diagnostic and interventional procedures performed. However, Silver Cross is the ONLY hospital within the top 39 hospitals with the highest cath volume that subsequently does not have an open heart license. Regardless, Silver Cross consistently provides high quality, efficient care as evidenced by its many accolades including a Five Star Rating by the Centers for Medicare and Medicaid, HealthGrades Clinical Excellence Award for Coronary Intervention, and America's Best Hospitals Award for Heart Care. In addition, Silver Cross's ST-Elevation Myocardial Infarction (STEMI) performance is stellar with an average door to balloon time of 61minutes – well under the gold standard of 90 minutes.

Yet, because Silver Cross does not have an open heart license, last year, 76 emergent patients were transferred to another hospital which potentially increased the risk for complications and mortality. Furthermore, we must refer countless other patients in need of cardiac surgery to specialists at another hospital causing care to become fragmented. We hear time and time again from our patients that they want all of their medical needs taken care of at one location. They tell us that their overall experience and the level of care and compassion they receive from Silver Cross's nurses and support staff are superior. And, as a Medical Staff, we agree.

As advancements in treating cardiovascular disease continue to evolve, so does the need for Silver Cross to advance in their capabilities. By granting the Hospital permission to perform open heart procedures including coronary bypass, aortic valve replacements, and aortic aneurysm repairs, as well emerging

minimally invasive techniques for transcatheter aortic valve replacement (TAVR) and mitral valve repair, our high risk patients will have a greater chance of recovery – and even survival as care coordination will undoubtedly improve. And by expanding the Hospital's cardiac services scope, we are confident that not only will our patients receive exceptional care all under one roof, but the overall expertise of our entire staff will also be greatly enhanced.

In closing, on behalf of the Medical Staff, I ask that you put the needs of our patients first and grant Silver Cross an open heart surgery license so that we can continue to save more hearts and lives.

Sincerely,

Abdul Sankari, M.D.
Chief of Staff, Silver Cross Hospital

Second Baptist Church
156 SOUTH JOLIET STREET
JOLIET, ILLINOIS 60436
Office Phone: (815) 726-3731

Fax: (815) 726-0224
Larry V. Tyler, Senior Pastor
Church Email: sbcjoliet@ameritech.net

June 11, 2018

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

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery,

This writing is intended in support of Silver Cross Hospital's plans to expand cardiac services in my community with an open heart surgical license. This license will allow Silver Cross to perform minimally invasive structural heart surgical procedures for valve repair and replacement in the future.

Thank you for your assistance in providing access to care.

Sincerely,

Rev. Larry Tyler

Pastor Larry Tyler
Senior Pastor, Second Baptist Church
156 South Joliet Street
Joliet, Illinois 60436
630-258-2870 cell

Silver Cross Healthy Community Commission

June 7, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

On behalf of the Silver Cross Health Community Commission, I am writing to express our support for Silver Cross Hospital to expand services in our community by offering open heart surgery including minimally invasive procedures to repair the structural components of one's heart.

In 2008, Silver Cross Hospital's Board of Trustees joined together with community leaders representing the interests of constituencies in one of the poorest and underserved areas of Will County—the eastside of Joliet, to form the Silver Cross Healthy Community Commission. Our goal is to create a stronger, healthier future for these residents by focusing on:

- Workforce development, education and business growth with a focus on health care and construction,
- Coordination of and access to community-based health services,
- And community input on the redevelopment of the former Silver Cross Hospital campus.

Since then, our Commission – which is funded 100% by Silver Cross Hospital, has given over $2.2 million in healthcare and construction scholarships and grants to numerous eastside Joliet residents and organizations, led the Veteran's Administration to open a mega-outpatient clinic in the former Silver Cross Emergency Department, and worked with Aunt Martha's to open a Federally Qualified Healthcare Center and also the Volunteers of America to build affordable housing for Veterans and their families on the old hospital campus. We also supported Silver Cross's application to build a 100-bed behavioral health hospital (Silver Oaks), which will open early next year.

With this latest application, Silver Cross Hospital continues to fulfill its promise to deliver the most advanced and highest quality services to all local residents. According to the 2016 Will County Community Health Needs Assessment, heart disease is one of the most common health problems. It is the second cause of hospitalizations in Will County and along with cancer and diabetes accounts for approximately 58% of all deaths in Will County thus making it one of the top three health priorities in our community. And when Silver Cross sees a need in our community, they commit to addressing that need. In this case, it's by starting a structural heart program - services that don't currently exist in Will County. By granting Silver Cross an open heart surgery license, you will be granting patients who require the newest and minimally invasive surgeries available today to repair or replace heart valves and other structures within the heart the ability to stay close to home and work for this critical and often lifesaving care. These patients can have the surgery performed at Will County's only CMS Five Star Hospital by world-renowned cardiovascular surgeons in a state-of-the art facility. What could be better?

Our community needs this new heart program if we are to continue to improve the quality of life for the people on the Joliet's eastside and all of Will County. Please approve this project. Help our family, friends, neighbors and co-workers have access to cutting-edge minimally invasive structural heart care close to home.

Sincerely,

Margie Woods
Chairperson
Silver Cross Healthy Community Commission

NEW LENOX

June 7, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

As the Mayor of the Village of New Lenox, I would like to take this opportunity to express my support to Silver Cross Hospital to expand their cardiac services by bringing open heart surgery and a structural heart program to the residents of New Lenox and surrounding communities.

New Lenox is a rapidly growing community that benefits in many ways from having Silver Cross Hospital's services easily accessible. The hospital, aside from being the largest employer in New Lenox, has always been an active supporter and participant in a variety of community endeavors – from sponsoring our Triple Play Concert Series and Proud American Days Festival to training our paramedics and first responders to providing their leadership to the New Lenox Chamber of Commerce and New Lenox Safe Communities Commission.

Yet, heart disease continues to be a problem - not just in New Lenox, but in all of Will County. According to the 2016 Will County Community Needs Assessment, it is the second leading cause of hospitalizations. And the mortality rate for these patients is higher than in other parts of the state. We are fortunate to have a CMS Five Star rated hospital in our community and Silver Cross does an excellent job providing safe, high quality health care to our citizens. However, I know of more than one instance when someone in our community couldn't get all the care they needed at Silver Cross to treat their heart problem because Silver Cross doesn't have a state license to perform open heart surgery. In fact, just last year 76 people had to be transferred from Silver Cross to another hospital for this life-saving care. This isn't right; especially when Silver Cross performs more cardiac catheterizations than many other area hospitals. Furthermore, no other hospital in Will County has a structural heart program; once again

NEW LENOX

forcing patients who need their heart valves repaired or replaced to leave the area for the latest minimally invasive procedures that are available today.

The residents of New Lenox not only depend on Silver Cross, but they trust Silver Cross. When Silver Cross sets out to provide the very best healthcare; they hold true to their promise as evidenced by the state-of-the-art replacement hospital that opened in 2012, free-standing ambulatory surgery center that opened last year, and the 100-bed Behavioral Health Hospital opening in early 2019. When Silver Cross sees a need in our community, they find a solution; often partnering with the very best doctors and surgeons like Lurie Children's Hospital, University of Chicago for cancer care, and Shirley Ryan AbilityLab so that residents don't have to travel far from home for world-class care. Their plans to partner with Cardiothoracic & Vascular Surgery Associates, one of the finest cardiothoracic groups in the nation, is just another example of how Silver Cross continues to bring new services and treatments, enhanced expertise and safe care to improve the quality of life for our residents.

I am excited about what the future of healthcare holds for New Lenox and hope that the Illinois Health Facilities and Services Planning Board grants Silver Cross the required license so they can move forward in bringing these new services and expertise to our residents and surrounding communities.

Sincerely,

Timothy Baldermann
Mayor
Village of New Lenox

#18-020

302 N. Chicago Street
Joliet, Illinois 60432

(815) 774-7480
Fax (815) 740-4600

Lawrence M. Walsh
Will County Executive

June 21, 2018

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

RE: Silver Cross Hospital's Certificate of Need Application for Open Heart Surgical License

Dear Ms. Avery:

I am writing on behalf of the residents of Will County to support Silver Cross Hospital's Certificate of Need application for an open heart surgical license.

Will County is one of the 100 largest counties in the nation and continues to grow. Since 2000, we have seen a 37 percent increase in residents and added more than 60,000 single-family homes. To meet the growing demand of our nearly 700,000 residents, we need more services to not only prevent but treat heart disease. According to the 2016 Will County Community Health Needs Assessment, heart disease is one of the most common health problems. It is the second cause of hospitalizations in Will County and along with cancer and diabetes accounts for approximately 58 percent of all deaths in Will County thus making it one of the top three health priorities in our community.

We are very fortunate to have three fine hospitals in our County – Amita Health Adventist Medical Center in Bolingbrook, Amita Health Adventist St. Joseph Medical Center and Silver Cross Hospital. All three have cardiac programs with varying levels of services; however St. Joe's is currently the only hospital with a license to perform open heart surgery. That means a resident in Monee would have to drive almost an hour to get to the hospital for this lifesaving operation. It also makes it difficult for the family as the average length of stay is approximately eight days baring no complications.

Furthermore, none of these hospitals have a comprehensive structural heart program, so once again families need to travel outside of Will County for minimally invasive surgery to repair the valves and other structures of the heart. Community hospitals in other counties in Illinois are performing these new and innovative procedures. With the size and growth of Will County, our hospitals should be too!

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Silver Cross wants to bring these new services to the residents of Will County. Not only is Silver Cross a leader in the healthcare industry winning numerous awards including 100 Top Hospital recognition seven consecutive years and a 5 Star Rating by CMS; but they truly care about the community. When they see a need, they address it as demonstrated by the 100-bed behavioral health hospital they are building to address the mental health and opioid epidemic taking the lives of countless adults and teens in our county every year.

Heart disease is even more prevalent; therefore we should arm ourselves with every treatment available including the most up-to-date surgical programs to help the people in Will County live longer and stronger. Therefore, I strongly encourage you to approve Silver Cross's open heart surgical license application. Do it for all the families in Will County including mine.

Sincerely,

Lawrence M. Walsh

Lawrence M. Walsh
Will County Executive

Section III
Attachment 13
Criterion 1110.110(d), Alternatives to Proposed Project

The Applicants considered five alternatives before electing to file this Application. As discussed below, the five alternatives reviewed with respect to this Project included: (1) the "do nothing" alternative; (2) establish the Open Heart Program without adding additional operating rooms (i.e., the Open Heart Surgical Suite); (3) establish the Open Heart Program and the Open Heart Surgical Suite, without expanding the footprint of Silver Cross Hospital; (4) establish the Open Heart Program and the Open Heart Surgical Suite by expanding vertically; and (5) establish the Open Heart Program and the Open Heart Surgical Suite, as well as expanding the footprint of Silver Cross Hospital to accommodate additional administrative, public and staff support space on the first floor and lower levels.

Alternative No. 1: Do Nothing/Maintain the Status Quo

In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an eleven percent (11%) increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e., 3,153). Although the 2017 Annual Hospital Questionnaire ("AHQ") is still not available, the 2016 AHQ data reveals that Silver Cross Hospital had the **ninth** largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program. The lack of an open heart program has forced Silver Cross Hospital's patients to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were directly transferred (by ambulance) to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital. At least another 112 patients had to be referred to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital in 2017. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles. Of those 188 transferred and referred cardiac surgery patients in 2017, **64%** of those patients were sent to hospitals outside of Open Heart Surgery Planning Area HSA-09. The CompData tells a similar story. In 2017, **75%** of the residents located in Silver Cross Hospital's total service area had to seek cardiac surgery services outside of Open Heart Surgery Planning Area HSA-09. And because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. Thus, it is long past the time for Silver Cross Hospital to address the lack of advanced cardiac care on its campus. Accordingly, the "do nothing" alternative was rejected. Cost: $0

Alternative No 2: Establish the Open Heart Program without Adding Additional Operating Rooms

Silver Cross Hospital also evaluated several different options for establishing the Open Heart Program without adding three additional operating rooms. This alternative proved unworkable for several reasons. First, open heart operating rooms need to be larger to accommodate all of the specialized equipment used (perfusion equipment, for example). They also should be laid out in a certain way to accommodate best practice. At this point, Silver Cross Hospital currently only has 2 operating rooms that can meet those requirements, and those rooms are utilized for other cases that need larger rooms, such as spine cases. Secondly, Silver Cross Hospital has little capacity in its current Procedural Care Unit to accommodate additional open heart cases. Silver Cross Hospital has eleven combined operating rooms in its Procedural Care Unit that are

used for both inpatient and outpatient surgeries. In 2017, 3,840 inpatient cases and 7,683 outpatient cases were performed at Silver Cross Hospital. The inpatient cases took 10,296 hours and the outpatient cases took 13,832 hours for a total hours used of 24,128. The state standard for operating rooms is 1,500 annual hours per operating room. As of 2017, Silver Cross Hospital needed 16.085 operating rooms (rounded up to 17 operating rooms), but only had 11 operating rooms. Thus, Silver Cross Hospital is already overutilizing its operating rooms. Third, open heart operating rooms need to be available for emergent cases 24 hours a day, so any additional open heart operating rooms would reduce the current capacity of the Procedural Care Unit (thereby further exasperating the overutilization problem in the Procedural Care Unit). Indeed, a hospital always needs at least two operating rooms available for open heart surgeries because of the need to always have a room available for emergency open heart surgeries (which includes when a pre-scheduled cardiac surgery is being performed). Please note, that in the short term, this option could prove workable if Silver Cross Hospital aggressively managed the surgery schedule. Cost: $0

Alternative No. 3: Establish the Open Heart Program and the Open Heart Surgical Suite without Expanding Silver Cross Hospital

Silver Cross Hospital also evaluated the feasibility of modernizing the space inside Silver Cross Hospital to accommodate three additional operating rooms on the second floor. However, this option would not be feasible in existing space due to the already high volumes in all three aspects of the Procedural Care Unit including Surgery, Endoscopy, and Interventional Radiology. First, these areas that make up the second floor Procedural Care Unit are already reaching maximum capacity therefore there is no additional space available to convert. Adjacent to the Procedural Care Unit is the ICU which is also running at a very high occupancy. It would merely be impossible to renovate any space in such a high volume area and would most likely require so many phases that it would take several years to complete generating high construction costs. Since this option has such an impact on patient care, hospital operations, time to complete, and does not provide the additional space needed for the program it was rejected. Cost: Effectively impossible to calculate.

Alternative No. 4: Establish the Open Heart Program and the Open Heart Surgical Suite and Expand Vertically

Silver Cross Hospital explored the option of adding an additional floor to the hospital to accommodate the Open Heart Surgical Suite on one side of the new floor and adding inpatient beds to the other side of the new floor. In other words, if Silver Cross Hospital expands vertically, the new vertical floor has to effectively "match" the floor template that is currently in existence. This option would be very disruptive to the campus requiring construction to occur on top of the existing structure and would cause the closing of patient units while building over the top of existing floors. In addition, adding the Open Heart Surgical Suite on the seventh floor would place this surgical unit 5 floors away from the main Procedural Care Unit where all anesthesia and operative services are located. This option costs approximately $42 million which is very expensive given the limited additional space gained and the inefficiencies related to the distance from the main Procedural Care Unit. Cost: $42,000,000

Alternative No. 5: Establish the Open Heart Program and the Open Heart Surgical Suite and Expand Horizontally

Silver Cross Hospital also evaluated several different options for expanding its existing Procedural Care Unit (which sits on the second floor of the hospital). The most logical option

would be to expand the Procedural Care Unit east on all levels with a new entrance on the south side of Silver Cross Hospital. This model would add approximately 11,015 feet of space to the second floor. Silver Cross Hospital would also expand the first floor and lower levels that would sit under the expanded Procedural Care Unit. This option would also add 23,415 feet of needed administrative, staff support space and storage, which is in short supply at Silver Cross Hospital. This option, which was the chosen option, will cost $22,146,300.

Alternative	Brings advanced cardiac care to Campus	Patient Satisfaction	Physician Satisfaction	Increases number of ORs on Campus	Cost
1	No	Patients currently have to be transferred or referred to other facilities for cardiac surgeries, causing gaps in the continuity of care and needlessly exposing the patients to additional risks and stress.	The interventional cardiologists at Silver Cross currently have to transfer or refer their cardiac surgeries to other facilities. The interventional cardiologists at Silver Cross currently cannot perform high risk cardiac cath procedures because cardiac surgery is not available. In short, the medical staff cannot use their hospital of choice.	No	$0
2	Yes	Disruptive to patient care. The Silver Cross Procedural Unit is already overutilized and surgical demand is increasing. At a certain point, patients are going to have to wait longer for procedures.	Disruptive to patient care and hospital operations. The Silver Cross Procedural Unit is already overutilized and surgical demand is increasing. At a certain point, physicians will have a difficult time scheduling surgeries.	No	$0
3	Yes	Disruptive to patient care. This alternative would take years to complete	Disruptive to patient care and hospital operations. This alternative would	Yes	Nearly impossible to calculate because of the material impact

		because it would have to be completed in phases.	take years to complete because it would have to be completed in phases.		on patient care and hospital operations.
4	Yes	Disruptive to patient care. This alternative could require patient units to close.	Disruptive to patient care and hospital operations. Open Heart Suite would be separated from the Procedural Care Unit by 5 floors.	Yes	$42,000,000
5	Yes	Allows patients to receive continuing care in their hospital of choice, thereby reducing stress and travel.	Allows physicians to provide continuing care in their hospital of choice, thereby improving quality.	Yes	$22,146,300

Section IV
Attachment 14
Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Size of Project

The proposed Open Heart Surgical Suite will have 3 operating rooms (technically two open heart operating rooms and 1 hybrid operating room that can accommodate both open heart surgeries and minimally invasive cardiac surgeries) and 2 recovery rooms. The floor plan for the proposed open Heart Surgical Suite on the second floor is attached at ATTACHMENT 14; as are the floor plans for the first floor and lower level.

The following chart summarizes the sizing analysis of the clinical and non-clinical portions of the proposed Project:

Sizing Analysis					
Department/Area	Rooms Proposed	Proposed DGSF	State Standard DGSF	Difference BGSF	Meets State Standard?
Open Heart Surgical Suite (Second Floor)	3 ORs and 2 recovery rooms	8,605	2,750 DGSF Per Operating Room And 180 DGSF Per Recovery Room (3*2,750) + (2*180) =8,610	5 DGSF Below State Norm	Yes
Non Clinical Portions		23,415	No Standard	N/A	N/A
Total		32,020			N/A

1 Level B - CON Floor Plan - R1

2 Level 1 - CON Floor Plan - R1

3 Level 2 - CON Floor Plan - R1

CON SF Breakdown | CON 01

Silver Cross Hospital
CV Expansion

HOFF SAUNDERS ARCHITECTS

Section IV
Attachment 15
Criterion 1110.120(b), Project Services Utilization

The Applicants are proposing to add three operating rooms (technically two open heart operating rooms and 1 hybrid operating room that can accommodate both open heart surgeries and minimally invasive cardiac surgeries) as part of this Project.

In 2017, 3,840 inpatient cases and 7,683 outpatient cases were performed at Silver Cross Hospital. The inpatient cases took 10,296 hours and the outpatient cases took 13,832 hours for a total hours used of 24,128. The state standard for operating rooms is 1,500 annual hours per operating room. As of 2017, Silver Cross Hospital could justify 16.085 operating rooms (rounded up to 17 operating rooms), but only had 11 operating rooms.

The Applicants are projecting 220 cardiac surgeries in 2021 and 240 cardiac surgeries in 2022. The Applicants are also projecting 351 high-risk cardiac catheterization procedures in 2021 and 2022 (which simply represents 10% of the 2017 cardiac catheterizations performed at Silver Cross Hospital in 2017, consistent with the lower end of the ranges identified in the Heartland and HCCI affidavits.) The high risk cardiac catheterization procedures would be performed in the hybrid operating room. The cardiac surgery projections and high cardiac catheterization projections are very conservative. See Criterion 1110.110(b).

As the following chart shows, Silver Cross Hospital can easily justify the 3 additional operating rooms. Indeed, even after the 3 additional operating rooms come on line in 2021, Silver Cross Hospital will need 20 operating rooms, but will only have 14 operating rooms. And by 2022, Silver Cross will need 21 operating rooms, but will only have 14 operating rooms.

Silver Cross Operating Room Utilization 2016 - 2022 Projected								
Entity	Statistic	2016	2017	2018 Projected Silver Cross Surgery Center Opened	2019 Projected	2020 Projected	2021 Projected Open Heart Surgical Suites Available	2022 Projected Open Heart Surgical Suites Available
Silver Cross Hospital	Surgical Hours (In General ORs)	23,449	24,128	24,852	25,597	26,365	27,156	27,971
	Growth		3%	3%	3%	3%	3%	3%
	Additional High Risk Cath Cases						351	351
	Additional High Risk Cath Hours *Each High Risk Cath at 1.5 Hours*						526.5	526.5
	Additional Cardiac Surgeries						220	240
	Additional Cardiac Surgery Hours *Each Cardiac Surgery at 6.5 Hours*						1,430	1,560
	Number of Operating Rooms (General ORs plus Open Heart ORs)	11	11	11	11	11	14	14
	Total Surgical Hours (General ORs plus High Risk Caths plus Cardiac Surgeries)	23,449	24,128	24,852	25,597	26,365	29,113	30,058
	Meets State Norm?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1,500 Surgical Hours Per Operating Room	23,449/1,500 = 15.63 which Rounds up to 16	24,128/1,500 = 16.085 which Rounds up to 17	24,852/1,500 = 16.568 which Rounds up to 17	25,597/1,500 = 17.06 which Rounds up to 18	26,365/1,500 = 17.58 which Rounds up to 18	29,113/1,500 = 19.41 which Rounds up to 20	30,058/1,500 = 20.04 which Rounds up to 21
Silver Cross Surgery Center (A joint venture between Silver Cross Hospital, USPI and various surgeons)	Hours	-	-	2,214	3,750	4,500	4,500	4,500
	ORs	11	11	3	3	3	3	3
	Meets State Norm?			No	Yes	Yes	Yes	Yes
	1,500 Surgical Hours Per Operating Room			2,214/1,500 = 1.476 which Rounds Up to 2	3,750/1,500 = 2.5 which Rounds Up to 3	4,500/1,500 = 3	4,500/1,500 = 3	4,500/1,500 = 3
Silver Cross Hospital and Silver Cross Surgery Center	Total Hours	23,449	24,128	27,066	29,347	30,865	33,613	34,558
	Total ORs	11	11	14	14	14	17	17
	Meets State Norm?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1,500 Surgical Hours Per Operating Room	23,449/1,500 = 15.63 Which Rounds Up to 16	24,128/1,500 = 16.085 Which Rounds Up to 17	27,066/1,500 = 18.04 Which Rounds Up to 19	29,347/1,500 = 19.56 Which Rounds Up to 20	30,865/1,500 = 20.58 Which Rounds Up to 21	33,613/1,500 = 22.41 Which Rounds Up to 23	34,558/1,500 = 23.04 Which Rounds Up to 24

The Applicants are proposing two recovery rooms. The state norms allow a maximum of four recovery rooms per operating room. Thus, the number of proposed recovery rooms satisfies the state norms.

Consistent with Section 1100.610, the Applicants have documented that the Open Heart Program, within three years of its establishment, will generate at least 200 cardiac surgeries per year. Indeed, the Applicants are conservatively projecting 220 cardiac surgeries in 2021 and 240 cardiac surgeries in 2022. See Criterion 1110.110(b).

See also the Utilization Affidavit of Ruth Colby, attached as ATTACHMENT 15.

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

July 13, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1100.610, Open Heart Category of Service Utilization Assurance

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Silver Cross Hospital and Medical Centers ("Silver Cross Hospital") will achieve and maintain the utilization standards set forth in 77 Ill. Admin. Code § 1100.610 (i.e., a minimum of 200 cardiac surgery procedures on an annual basis within three years of the establishment of a cardiac surgery program) if the Illinois Health Facilities and Services Review Board approves Silver Cross Hospital's Certificate of Need Application to establish an Open Heart Category of Service at Silver Cross Hospital.

Sincerely,

Ruth Colby
Ruth Colby
President & CEO

SUBSCRIBED AND SWORN
to before me this 13th day
of July, 2018.

Carol J. Zier
Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Attachment
15

Section VI
Attachment 22
Service Specific Review Criteria – Open Heart Surgery
Criterion 1110.220

Criterion 1110.220(b)(1), Peer Review

Silver Cross Hospital has a robust multi-disciplinary peer review process in place. If this Project is approved, Silver Cross Hospital would immediately organize a multi-disciplinary Cardiac Surgery Performance Improvement Committee that will review cardiac surgery program performance data and ensure that there is continual improvement in the processes related to patient care, service and safety.

The Cardiac Surgery Performance Improvement Committee will be chaired by the Medical Director of the Cardiothoracic Surgery Division, will meet monthly, and will include the following members:

- Cardiac Surgeons on the Medical Staff
- Anesthesiologist(s) from the dedicated Open Heart Team
- Chief Perfusionist
- Administrative Director of the Procedural Care Unit
- Surgery Nurse Manager
- Representative of Inpatient Nursing
- Cardiologists on the Medical Staff
- Case Manager/Social Worker
- Quality Improvement
- Chief Medical Officer
- Medical Director of the Intensive Care Unit

The Cardiac Surgery Program at Silver Cross Hospital will participate in the Society of Thoracic Surgeons ("STS") National Adult Cardiac Surgery Database, which will allow for a comparison of the local data to national data. The benchmarking data provided by STS will be utilized for purposes of surgeon self-assessment and quality improvement. Data from the STS database will be collected according to STS requirements and incorporated into the national database.

The overall performance of the Cardiac Surgery Program, as well as the performance of each surgeon in the Cardiac Surgery Program, will be monitored and reviewed on an ongoing basis. Reports summarizing overall cardiac surgery performance will be shared with the Cardiac Surgery Performance Improvement Committee. Each Cardiac Surgeon in the Cardiac Surgery Program will be able to compare his/her outcomes with the internal data and the national benchmarks.

The Cardiac Surgery Performance Improvement Committee will also develop a Cardiac Surgery Performance scorecard that will be reviewed and updated quarterly. The performance improvement scorecard will outline the following quality indicators:

(1) Mortality rates;

(2) Return to surgery rates;

(3) Wound infection rates;

(4) Stroke;

(5) Length of Stay;

(6) Preoperative beta blockade;

(7) Beta blockade at discharge;

(8) Anti-platelet medication at discharge;

(9) Anti-lipid treatment at discharge;

(10) Use of an internal mammary artery in CABG;

(11) Risk-adjusted operative mortality for CABG; and

(12) Risk-adjusted morbidity, scored any-or-none and consisting of:

(a) Stroke/cerebrovascular accident;

(b) Surgical re-exploration;

(c) Deep sternal wound infection rate;

(d) Postoperative renal failure; and

(e) Prolonged intubation (ventilation).

A copy of the likely Monthly Cardiac Surgery Report template is attached as ATTACHMENT 22.

Quarterly reports detailing the Cardiac Surgery Program's performance data and performance improvement activities will be submitted to the Medical Staff Quality Committee, the Medical Executive Committee, and the Quality and Cost Effectiveness Committee of the Board of Directors.

Criterion 1110.220(b)(2), Establishment of Open Heart Surgery

In 2017, 3,514 diagnostic and interventional cardiac catheterizations were performed at Silver Cross Hospital, which was an eleven percent (11%) increase over the number of diagnostic and interventional cardiac catheterizations performed at Silver Cross Hospital in 2016 (i.e., 3,153).

Silver Cross Hospital has easily satisfied this criteria which only requires an applicant to document "that 750 cardiac catheterizations were performed in the latest 12-month period for which data is available."

An Affidavit of Past Cardiac Catheterization Volumes at Silver Cross Hospital from Mary Bakken, the Executive Vice President and Chief Operating Officer of Silver Cross Hospital, in support of this Criterion is attached as ATTACHMENT 22.

See also Criterion 1110.220(b)(3) and Criterion 1110.110(d) in support of this Criterion.

Criterion 1110.220(b)(3), Unnecessary Duplication of Services

Although the 2017 Annual Hospital Questionnaire ("AHQ") is still not available, the 2016 AHQ data reveals that Silver Cross Hospital had the **ninth** largest cardiac catheterization program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 39 hospitals offering diagnostic and interventional cardiac catheterizations that did not have an open heart program.

The lack of an open heart program has forced Silver Cross Hospital's patients to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. In 2017 alone, at least 76 patients were transferred (by ambulance) to other hospitals for cardiac surgery after receiving a cardiac catheterization at Silver Cross Hospital. At least another 112 patients had to be referred to other hospitals for an open heart procedure in 2017 after receiving a cardiac catheterization at Silver Cross Hospital. The average travel or transfer mileage for those 188 patients in 2017 was a shocking 19.0 miles.

Of those 188 transferred and referred cardiac surgery patients in 2017, **64%** of those patients were sent to hospitals outside of Open Heart Surgery Planning Area HSA-09. The CompData tells a similar story. In 2017, **75%** of the residents located in Silver Cross Hospital's total service area had to seek cardiac surgery services outside of Open Heart Surgery Planning Area HSA-09. That level of outmigration is unacceptable.

And because Silver Cross Hospital does not currently have an open heart program, high risk cardiac catheterizations are not even performed at Silver Cross Hospital. The largest cardiology group at Silver Cross Hospital, Heartland Cardiovascular Center LLC ("Heartland"), treated 1,040 cardiac catheterization patients at Silver Cross Hospital in 2017 and estimated that Heartland would have performed at least 10 to 15 percent more cardiac catheterizations at Silver Cross Hospital in 2017 if Silver Cross Hospital had an open heart program. A copy of the Heartland Case Count Affidavit is attached as ATTACHMENT 22.

The second largest cardiology group at Silver Cross Hospital, Heart Care Centers of Illinois LLC ("HCCI"), treated 426 cardiac catheterization patients at Silver Cross Hospital in 2017 and estimated that HCCI would have performed at least 25 to 30 percent more cardiac catheterizations at Silver Cross Hospital in 2017 if Silver Cross Hospital had an open heart program. A copy of the HCCI Case Count Affidavit is attached as ATTACHMENT 22.

Based on Silver Cross Hospital's modeling, Silver Cross Hospital could have easily projected between 439 and 483 cardiac surgeries at Silver Cross Hospital in 2022, well in excess of State Standard of 200. But because Silver Cross Hospital has traditionally only presented conservative case count projections to the Review Board, Silver Cross Hospital is highly confident in projecting that 220 patients will have cardiac surgery at Silver Cross Hospital in 2021 and 240 patients will have cardiac surgery at Silver Cross Hospital in 2022. See Criterion 1110.110(b).

Thus, it is long past the time for Silver Cross Hospital to address the lack of advanced cardiac care on its campus.

Pursuant to Section 1110.510(d)(1), a notice was sent to Presence Saint Joseph Medical Center in Joliet ("Presence-St. Joseph"), the only other hospital offering cardiac surgery within 10 miles of Silver Cross Hospital, regarding the filing of this CON Application. A copy of that notice is attached hereto as ATTACHMENT 22. Presence-St. Joseph performed 1,669 cardiac catheterizations in 2016 and 1,698 cardiac catheterizations in 2017 (for a growth rate of 1.74%, slightly above the State of Illinois average growth rate of 1.1% between 2016 and 2017).

In 2016, Presence-St. Joseph performed 210 cardiac surgeries.

Under this criterion, as amended by Section 1100.510(d), the "applicant must document that the volume of any existing service within 10 minutes travel time from the applicant will not be reduced below 350 procedures annually for adults and 75 procedures annually for pediatrics." Besides noting that Presence-St. Joseph is already operating below this threshold (and thus, by definition, this Project cannot reduce Presence-St. Joseph's cardiac surgical volume below 350 procedures because Presence-St. Joseph it is already below 350 procedures), the current Silver Cross Hospital transfer and referral base extends well beyond Presence-Joseph Hospital. The main goal of this Project is to allow patients to stay at Silver Cross Hospital for their cardiac surgery (and thus, stay in Open Heart Surgery Planning Area HSA-09) and stop the outmigration of cardiac surgery patients to hospitals outside of Open Heart Surgery Planning Area HSA-09. By establishing a robust cardiac surgery program at Silver Cross Hospital, the residents of Open Heart Surgery Planning Area HSA-09 will be able to stay in Open Heart Surgery Planning Area HSA-09 for cardiac surgery. The State of Illinois cardiac catheterization to cardiac surgery conversion rate of 10.77% (if applied to the number of past and projected cardiac catheterizations at Silver Cross Hospital) indicates that hundreds of additional cardiac surgeries could be performed in Open Heart Surgery Planning Area HSA-09.

Criterion (b)(4), Support Services

Silver Cross Hospital already provides critical cardiac care to its community on a daily basis through its Emergency Department, which had 75,344 visits (including its Homer Glen Free Standing Emergency Center). In 2017, 63 patients presented to the Silver Cross Emergency Department experiencing an active heart attack (also known as a ST Segment Myocardial infarction, or "STEMI"). Those patients had immediate access to a percutaneous transluminal coronary angioplasty (PTCA). This minimally invasive procedure (to open blocked arteries) is performed in the Silver Cross Hospital Cardiac Cath Labs must be completed within **90 minutes** (known as "door to balloon time") from patient arrival for clinical efficacy and is nationally benchmarked. Silver Cross Hospital had an average door to balloon time of **59 minutes**. Silver Cross Hospital satisfied the CMS benchmark 100% of the time. The American Heart Association has certified Silver Cross Hospital for adherence to all Mission Lifeline STEMI Receiving Center performance achievement indicators and quality measures.

While Silver Cross Hospital has been providing these services with exceptional quality, the critical care pathway is compromised if the emergent chest pain patient needs cardiac surgery. As a facility offering some of the most advanced treatments with high volume, it is critical to provide a full complement of cardiac services as Silver Cross Hospital has proven with stroke and neurosurgery. (Silver Cross Hospital is designated by the Joint Commission and the American Heart Association/American Stroke Association as a Primary Stroke Center and received a Stroke Silver Plus Quality Achievement Award in 2017.)

If this Project is approved, Silver Cross Hospital would be partnering with Cardiothoracic & Vascular Surgical Associates, S.C. ("CTVSA") to ensure that Silver Cross Hospital is not only offering safe and quality care, but the most advanced services with experienced partners, just as Silver Cross Hospital has done with Ann and Robert H. Luries' Childrens' Hospital of Chicago on pediatrics, the University of Chicago on cancer, and the Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago) on rehabilitation.

CTVSA is the area's largest cardiac surgery group and CTSVA is currently providing highly advanced cardiac surgery at 13 hospitals across the greater Chicagoland area. CTVSA has been in practice for over fifty years with its origin in Chicago's southwest suburbs. Led by Dr. Pat Pappas, who has over 25 years of open heart surgical experience, CTVSA has continued to grow and recruit physicians from top tier programs to provide the latest patient care technologies and therapy in heart care. CTVSA performed over 2,300 heart surgeries last year; some rankings and milestones include: (a) one of the largest heart surgery groups in northern Illinois; (b) most Ventricular Assist Device implants in northern Illinois; (c) fifth most Ventricular Assist Device implants in the United State; (d) eighth ranked Heart Transplant Team in the United States; (e) pioneer in minimally invasive valve surgery including robotic mitral valve repair and catheter based aortic valve replacement (TAVR).

In terms of the specific requirements of this Criterion, Silver Cross Hospital already provides the following support services on a 24-hour basis (except as noted below):

(A) Surgical and cardiological team.

(B) Cardiac surgical intensive care unit (all of the ICU beds at Silver Cross Hospital are currently equipped to handle cardiac surgery patients; but a distinct cardiac surgical unit inside the ICU would be designated if this Project is approved)

(C) Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit.

(D) Catheterization-angiographics laboratory services.

(E) Nuclear medicine laboratory.

(F) Cardiographics laboratory, electrocardiography, including exercise stress testing, continuous electrocardiograph (ECG) monitoring and phonocardiography.

(G) Echocardiography service.

(H) Hematology laboratory.

(I) Microbiology laboratory.

(J) Blood gas and electrolyte laboratory with microtechniques for pediatric patients.

(K) Electrocardiographic laboratory.

(L) Blood bank and coagulation laboratory.

(M) Pulmonary function unit.

(N) Installation of pacemakers.

(O) Organized cardiopulmonary resuscitation team or capability.

(P) Preventive maintenance program for all biomedical devices, electrical installations, and environmental controls.

(Q) Renal dialysis.

An Affidavit of Cardiac Surgery Support Services from Mary Bakken, the Executive Vice President and Chief Operating Officer of Silver Cross Hospital, in support of this Criterion is attached as ATTACHMENT 22.

Criterion 1110.220(b)(5), Staffing

In terms of the specific requirements of this Criterion, Silver Cross Hospital already has the following physicians on its Medical Staff and/or already employs (or contracts with) the following care givers on a 24-hour basis:

(A) Two cardiac surgeons (at a minimum, one of which must be certified and the other qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization angiographic data.

(B) Operating room nurse personnel (registered nurse (RN), licensed practical nurse (LPN), surgical technician). (If this Project is approved, the nurse to patient ratio for the ICU module of cardiac surgery patient care would be no less than one nurse per one patient in the immediate recovery phase and one nurse per 2 patients thereafter.)

(C) Anesthesiologists (board certified by the American Board of Anesthesiology).

(D) Adult cardiologists (board certified by the American Board of Internal Medicine with subspecialty certification in cardiology).

(E) a Physician who is board certified in anatomic and clinical pathology, with special expertise in microbiology, bloodbanking, lab aspects of blood coagulation, blood gases and electrolytes.

(F) Pump technician, or operator of the extracorporeal pump oxygenator, who should have in-depth experience on the active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she be a physician, nurse or technician.

(G) Radiologic technologist experienced in angiographic principles and catheterization procedure techniques who is experienced in the usage, operation and care of all catheterization equipment.

Resumes and job descriptions for each of the aforementioned positions is attached as ATTACHMENT 22.

An Affidavit of Cardiac Surgery Staffing from Mary Bakken, the Executive Vice President and Chief Operating Officer of Silver Cross Hospital, in support of this Criterion is attached as ATTACHMENT 22.

To the extent any staff positions are needed in the future, Silver Cross Hospital would post the job openings internally and externally on Indeed.com, Silver Cross Hospital's webpage (www.Careers.SilverCross.org), Silver Cross Hospital's Twitter page (@SilverCrossCareers) and Silver Cross Hospital's Facebook page (@SilverCrossCareers).

Silver Cross Hospital enjoys a vacancy rate of less than 3.6%. Since January 2018, Silver Cross Hospital has filled 312 job openings (including internal transfers) and has reviewed approximately 7,800 applications for those openings. The average time to fill an opening is only 28 days at Silver Cross Hospital.

Cardiac Surgery Monthly Report Template

Patient Financial #	Date of Procedure	Type of Procedure	Surgeon	Mortality	Return to Surgery	Wound Infection	Length of Stay	Beta Blockage	Post Operative renal failure	Use of Internal Mammary artery in CABG	Risk Adjusted Operative mortality in CABG	Deep Sternal wound infection	Prolonged intubation

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Affidavit Re: Past Cardiac Catherization Volumes at Silver Cross Hospital

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. I am the Executive Vice President and Chief Operating Officer at Silver Cross Hospital and Medical Centers ("Silver Cross Hospital").

2. I have direct knowledge of the day-to-day operations of the cardiac catherization procedure rooms at Silver Cross Hospital.

3. In calendar year 2015, physicians on the Medical Staff at Silver Cross Hospital performed **2,778** cardiac catherizations at Silver Cross Hospital.

4. In calendar year 2016, physicians on the Medical Staff at Silver Cross Hospital performed **3,153** cardiac catherizations at Silver Cross Hospital.

5. In calendar year 2017, physicians on the Medical Staff at Silver Cross Hospital performed **3,514** cardiac catherizations at Silver Cross Hospital.

6. A HIPAA compliant list of the cardiac catherizations performed at Silver Cross Hospital in 2015, 2016 and 2017, sorted by zip code, is attached as Exhibit A.

7. In calendar year 2017, **76** patients were directly transferred by Silver Cross Hospital to other hospitals for open heart surgery after receiving a cardiac catherization at Silver Cross Hospital.

8. In calendar year 2017, at least **112** Silver Cross Hospital patients were referred to other hospitals for open heart surgery after receiving a cardiac catherization at Silver Cross Hospital.

Sincerely,

Mary Bakken

Mary Bakken
Executive Vice President
Chief Operating Officer

SUBSCRIBED AND SWORN
to before me this 28th day
of June, 2018.

Carol J. Zier
Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Silver Cross Diagnostic and Interventional Cardiac Catheterizations By Service Area and Zip Code				
Zip Code	City	CY 2015	CY 2016	CY 2017
Outside Service Area				
14843	Hornell		1	
15632	Export			2
16345	Russell			3
19103	Philadelphia	1		
21102	Manchester		2	
26851	Wardensville		1	
28150	Shelby		2	
29412	Charleston			2
30004	Alpharetta	1		
32162	The Villages		2	
32220	Jacksonville		1	
32578	Niceville		1	
32966	Vero Beach			
33064	Lighthouse Point			1
33709	Saint Petersburg	1		
33919	Fort Myers		1	
33931	Fort Myers Beach		2	
34491	Summerfield	3		
36116	Montgomery		1	
36532	Fairhope			
37167	Smyrna	2		3
37412	Chattanooga	1		
37804	Maryville	1		
37923	Knoxville		1	
38315	Bethel Springs	1		1
38544	Baxter	2		
39401	Hattiesburg			1
40004	Bardstown			2
42025	Benton	1		
42211	Cadiz		1	
43449	Oak Harbor		1	
45157	New Richmond		1	
45381	West Alexandria		2	
46307	Crown Point			3
46310	Demotte			1
46311	Dyer		1	
46322	Highland			2
46368	Portage	1	4	1
46375	Schererville		2	
46385	Valparaiso			
46407	Gary		1	
46534	Knox			
46901	Kokomo		2	
46992	Wabash	1		
49010	Allegan	3		
49079	Paw Paw		1	
49117	New Buffalo	2		
49425	Holton			1
52001	Dubuque		2	
52807	Davenport			2
54304	Green Bay			3
60005	Arlington Heights	1	1	
60013	Cary			1
60014	Crystal Lake		1	
60018	Des Plaines			2

Silver Cross Diagnostic and Interventional Cardiac Catheterizations By Service Area and Zip Code				
Zip Code	City	CY 2015	CY 2016	CY 2017
60050	Mchenry		1	
60067	Palatine			1
60069	Lincolnshire	1		
60082	Techny			3
60089	Buffalo Grove			4
60090	Wheeling			1
60110	Carpentersville	1	3	
60115	Dekalb		1	
60126	Elmhurst	1		
60133	Hanover Park			1
60137	Glen Ellyn		1	
60139	Glendale Heights		3	
60148	Lombard		2	1
60172	Roselle		2	
60173	Schaumburg			1
60184	Wayne			1
60188	Carol Stream	1		
60194	Schaumburg		1	1
60401	Beecher	1	2	2
60402	Berwyn	1		
60406	Blue Island	3	6	6
60407	Braceville	6	2	2
60409	Calumet City	5	2	2
60411	Chicago Heights	6	20	11
60415	Chicago Ridge		3	2
60417	Crete	3	3	8
60418	Crestwood			3
60419	Dolton	1		2
60420	Dwight	1	4	6
60422	Flossmoor		1	6
60424	Gardner	5	4	2
60426	Harvey			
60428	Markham	6	3	
60429	Hazel Crest	2	1	2
60430	Homewood	5	5	3
60438	Lansing	4	6	7
60444	Mazon	4	6	8
60445	Midlothian	1	1	10
60452	Oak Forest	9	9	30
60453	Oak Lawn	5	6	7
60455	Bridgeview		2	1
60457	Hickory Hills			3
60458	Justice	1		2
60459	Burbank	2	3	1
60461	Olympia Fields	3		2
60463	Palos Heights	2	7	6
60465	Palos Hills	14		8
60466	Park Forest		3	5
60468	Peotone	13	17	20
60469	Posen		1	
60471	Richton Park		4	1
60473	South Holland	1	2	1
60474	South Wilmington		2	
60475	Steger	3	2	4
60476	Thornton		3	3
60478	Country Club Hills	2	3	5

Silver Cross Diagnostic and Interventional Cardiac Catheterizations By Service Area and Zip Code				
Zip Code	City	CY 2015	CY 2016	CY 2017
60480	Willow Springs			3
60482	Worth	0		4
60484	University Park		6	
60501	Summit Argo	2		
60504	Aurora	2	3	3
60506	Aurora		3	
60515	Downers Grove		2	
60516	Downers Grove		1	3
60517	Woodridge	2		3
60521	Hinsdale		1	
60525	La Grange		2	
60526	La Grange Park			1
60527	Willowbrook	3	2	9
60532	Lisle			3
60540	Naperville	2		
60541	Newark	1		
60543	Oswego	2	3	2
60546	Riverside		1	
60559	Westmont			2
60560	Yorkville		3	
60561	Darien	5	1	
60563	Naperville			1
60564	Naperville	3	5	1
60565	Naperville			2
60585	Plainfield	3	1	4
60601	Chicago			
60608	Chicago	2		
60609	Chicago	1	2	
60617	Chicago			
60622	Chicago	1		
60628	Chicago	2	4	1
60632	Chicago	1		1
60633	Chicago		1	
60634	Chicago			1
60638	Chicago	1	1	5
60639	Chicago		1	2
60643	Chicago	9	2	2
60645	Chicago	1		
60646	Chicago			2
60655	Chicago	5	2	3
60803	Alsip	6	8	4
60805	Evergreen Park	1		2
60827	Riverdale	1		
60901	Kankakee	5	6	2
60914	Bourbonnais	4	3	
60915	Bradley		1	2
60922	Chebanse			
60935	Essex	1	2	3

Silver Cross Diagnostic and Interventional Cardiac Catheterizations By Service Area and Zip Code				
Zip Code	City	CY 2015	CY 2016	CY 2017
60940	Grant Park	1		2
60941	Herscher	1	1	
60950	Manteno	5	7	5
60958	Pembroke Twp			2
60961	Reddick			4
60964	Saint Anne			4
61048	Lena	1		
61108	Rockford			3
61301	La Salle		4	
61326	Granville	4		
61341	Marseilles	7	5	3
61348	Oglesby		1	
61350	Ottawa	9	9	4
61354	Peru		5	
61356	Princeton			1
61360	Seneca	2	9	5
61362	Spring Valley	2		
61364	Streator	1	2	3
61367	Sublette		2	
61775	Strawn		2	
61812	Armstrong	1		
61821	Champaign	1		
62094	Witt		1	
62526	Decatur			
62711	Springfield			
62837	Fairfield			2
63122	Saint Louis			
63389	Winfield		1	
68510	Lincoln			1
68757	Newcastle		1	
71203	Monroe	1		
72517	Brockwell			1
73071	Norman		2	
77304	Conroe		1	
77530	Channelview			2
77979	Port Lavaca			5
80226	Denver		0	
85209	Mesa			1
85225	Chandler	1		
85338	Goodyear	1		
85339	Laveen			1
89029	Laughlin	1		
90405	Santa Monica			2
98019	Duvall	1		
98112	Seattle			2
Outside Service Area Total		241	302	350
Grand Total		2,778	3,153	3,514

#18-020

HEARTLAND CARDIOVASCULAR CENTER, L.L.C.

Hearts Are the Core of Our Practice

Administrative Office
301 N. Madison St. Ste. 225
Joliet, IL 60435

Ahmad Abdul-Karim, M.D.
Joliet (Madison St.)

Hazem Al Murad, M.D.
New Lenox
Joliet (Madison St.)

Eugene Chiu, M.D.
Joliet (Madison St.)

Daniele P. DeGirolami, M.D.
Joliet (Madison St.)

Aristides de la Hera, M.D.
Morris

John E. Dougas, M.D.
New Lenox (Silver Cross Blvd.)

JoAnn Donoghue, D.O.
Joliet (Madison St.)

Robert Elgar, D.O.
Morris
Joliet (Madison St.)

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New Lenox (Silver Cross Blvd.)

Mazen M. Kawji, M.D.
New Lenox (Silver Cross Blvd.)
Joliet (Chicago St.)

Dennis M. Killian, M.D.
Joliet (Madison St.)
Morris
Ottawa

Chris Kolyvas, M.D.
Joliet (Madison St.)
New Lenox (Vine St.)

Kirkeith Lertsburapa, M.D.
Joliet (Madison St.)

Mouacia Martini, M.D.
New Lenox (Silver Cross Blvd.)

Seif Martini, M.D.
New Lenox (Silver Cross Blvd.)
Frankfort

Hazem Al Moradi, M.D.
New Lenox (Silver Cross Blvd.)
Joliet (Madison St.)

Govind Ramadurai, M.D.
Joliet (Madison St.)

Abdul Sankari, M.D.
New Lenox (Silver Cross Blvd.)
Joliet (Madison St.)

Sunil Shroff, M.D.
New Lenox (Silver Cross Blvd.)

Colin Sumida, M.D.
New Lenox (Silver Cross Blvd.)
Joliet (Madison St.)

Jong-Yoon Yi, M.D.
Joliet (Madison St.)

Julie Frommelt, APRN
Joliet (Madison St.)

Practice Limited to Cardiovascular Disease
Board Certified in Cardiovascular Disease

June 29, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Constantino:

I am a board certified interventional cardiologist on the medical staff at Silver Cross Hospital & Medical Centers ("Silver Cross") in New Lenox, Illinois. I am also the President of Heartland Cardiovascular Center (the "Group").

I am writing to express our strong support for the efforts by Silver Cross to establish an open heart program (the "Open Heart Program"). During calendar year 2017, our Group performed cardiac catheterizations for 1,040 patients at Silver Cross.

Unfortunately, during those same twelve (12) months, because Silver Cross does not have an open heart program, our Group has had to re-direct a number of high risk cardiac interventions to other hospitals. If Silver Cross had an open heart program, our Group would have performed those high risk cardiac catherizations at Silver Cross.

If the Illinois Health Facilities and Services Review Board authorizes Silver Cross to establish its Open Heart Program, I believe that the annual number of cardiac catherizations performed by our Group at Silver Cross would increase by at least 10-15 percent because of our ability to perform high risk cardiac interventions at Silver Cross (and because of the general growth of our practice).

The information contained in this letter is true and correct to the best of my knowledge.

Sincerely,

Dr. Abdul Sankari, M.D.
Address: 1890 Silver Cross Blvd.
New Lenox, IL 60451

Subscribed and sworn before me
this 29th day of June, 2018

Carol J. Zier

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

#18-020

For Appointments Call:
(888) 642-HCCI

Offices:
Berwyn Office

Bolingbrook Office

Joliet Office

Merrionette Park Office

Mokena Office

Palos Park Office

Cardiology:
John Arrotti, M.D.
George Azo M D
Christopher Bane, M.D.
Roy Billey, M.D.
David Cusick, M.D.
Kurt Erickson, M.D.
Michael Fisak, D O
Robert Iaffaldano, M.D.
Peter Kakavas, M.D.
Thomas Kason, M.D
Gregory Macaluso, M.D.
Stavros Maragos, M D
Ameet Parikh, M.D.
Robert Prentice, D.O.
Ravi Ramana, D.O.
Kishin Ramani, M.D.
Henry Shia, M.D.
Dominick Stella, M.D
Joseph Stella, D.O.
Ronald Stella, M D
James Sur, M.D.

Electrophysiology:
Charles A. Kinder, M.D
Sean P. Tierney, M.D

Vascular Surgery:
Elizabeth Colaiuta, M.D.

Heart Care Centers of Illinois

June 29, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Constantino:

I am a board certified interventional cardiologist on the medical staff at Silver Cross Hospital & Medical Centers ("Silver Cross") in New Lenox, Illinois. I am also an Executive Member of Heart Care Centers of Illinois (HCCI).

I am writing to express our strong support for the efforts by Silver Cross to establish an open heart program (the "Open Heart Program"). During calendar year 2017, our Group performed cardiac catheterizations for 426 patients at Silver Cross.

Unfortunately, during those same twelve (12) months, because Silver Cross does not have an open heart program, our Group has had to re-direct a number of high risk cardiac catherizations and interventions to other hospitals. If Silver Cross had an open heart program, our Group would have performed those high risk procedures at Silver Cross.

If the Illinois Health Facilities and Services Review Board authorizes Silver Cross to establish its Open Heart Program, I believe that the annual number of cardiac catherizations and interventions performed by our Group at Silver Cross would increase by at least 25-30 percent because of our ability to perform these procedures at Silver Cross (and because of the general growth of my practice).

The information contained in this letter is true and correct to the best of my knowledge.

Sincerely,

Joseph Stella, D.O.
13011 S. 104th Avenue, Ste. 100
Palos Park, IL 60464-1508

Subscribed and sworn before me
this 29 day of June, 2018

Denise L Tatgenhorst

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

July 13, 2018

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Mr. Robert J. Erickson
President
Presence St. Joseph Medical Center
333 North Madison Street
Joliet, Illinois 60435

Re: Notice of Establishment of Open Heart Surgery Category of Service

Dear Mr. Erickson:

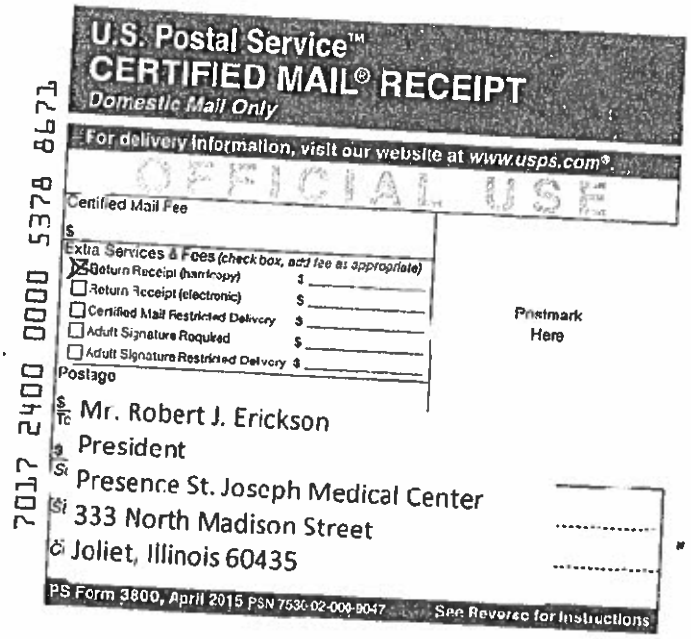
We are in the process of preparing a certificate of need application (the "CON Application") with the Illinois Health Facilities & Services Review Board to establish an open heart surgery category of service at Silver Cross Hospital and Medical Centers. In accordance with 77 Il. Admin. § 1110.220(b)(3), we are providing you with this notice of our CON Application.

Sincerely,

Mary Bakken
Executive Vice President
Chief Operating Officer

The w:

Attachment 22



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Mr. Robert J. Erickson
President
Presence St. Joseph Medical Center
333 North Madison Street
Joliet, Illinois 60435

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 2400 0000 5378 8671

SILVER CROSS HOSPITAL

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(815) 300-1100 • www.silvercross.org

July 13, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Affidavit Re: Support Services, Criterion 1110.220(b)(4)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1110.220(b)(4), that Silver Cross Hospital and Medical Centers ("Silver Cross Hospital") already provides, and will continue to provide, the following support services on a 24-hour basis: (a) surgical and cardiological team; (b) cardiac surgical intensive care unit (all of the ICU beds at Silver Cross Hospital are currently equipped to handle cardiac surgery patients; but a distinct cardiac surgical unit inside the ICU would be designated if the Open Heart Program is approved); (c) Emergency Department with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit; (d) catheterization-angiographics laboratory services; (e) nuclear medicine laboratory; (f) cardiographics laboratory, electrocardiography, including exercise stress testing, continuous electrocardiograph (ECG) monitoring and phonocardiography; (g) echocardiography service; (h) hematology laboratory; (i) microbiology laboratory; (j) blood gas and electrolyte laboratory with microtechniques for pediatric patients; (k) electrocardiographic laboratory; (l) blood bank and coagulation laboratory; (m) pulmonary function unit; (n) installation of pacemakers; (o) organized cardiopulmonary resuscitation team or capability; (p) preventive maintenance program for all biomedical devices, electrical installations, and environmental controls; and (q) renal dialysis.

Sincerely,

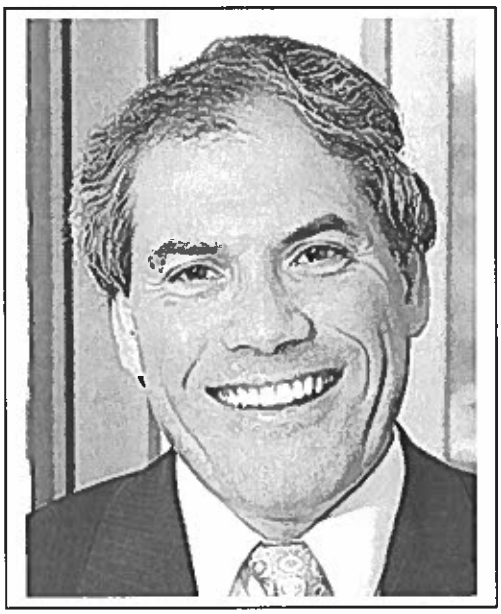
Mary Bakken
Executive Vice President
Chief Operating Officer

SUBSCRIBED AND SWORN
to before me this 13th day
of July, 2018.

Carol J. Zier
Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Patroklos Pappas, MD



Dr. Pappas graduated in 1983 from the University of Illinois School of Medicine. He continued his education at McGaw Medical Center of Northwestern University where he completed his residency in General Surgery in 1988. In 1990, he completed his residency at Northwestern University for Cardiothoracic Surgery. Currently, he is the President of Cardiothoracic and Vascular Surgical Associates and has been a practicing CT Surgeon for over 25 years. Dr. Pappas is certified in General Surgery through the American Board of Surgery and certified in Thoracic and Cardiac Surgery through the American Board of Thoracic Surgery. Dr. Pappas serves as the Medical Director of the Adult Cardiac Surgery program at Advocate Christ Medical Center.

Dr. Pappas has completed many programs to advance his training in Cardiothoracic Surgery. He is known for being the first surgeon in Illinois to successfully perform mitral valve repair using the da Vinci robotic system in 2003. Dr. Pappas continues to be involved in multiple research presentations and publications. He completed his is training in the Transcatheter Aortic Valve Replacement (TAVR) procedure which offers a minimally invasive alternative to open-heart surgery. Dr. Pappas also specializes in advanced surgical therapies for heart failure including VAD implantation and heart transplant surgery.

Dr. Pappas is a highly respected surgeon throughout the Chicagoland area, holding privileges with many various hospitals in the Chicago area.

Dr. Philip Alexander graduated from the St. John's Medical College, Bangalore University in Karnataka, India in 1993. Dr. Alexander then continued his medical education with residency New York University Medical Center in Surgery in 1998. He then completed a fellowship in Cardiovascular and Thoracic Surgery at the same institution in 2000. Dr. Alexander is board certified in General Surgery by the American Board of Surgery and board certified in Cardiovascular/Thoracic Surgery by the American Board of Thoracic Surgery.

Dr. Alexander has completed many programs to advance his skills in Cardiovascular/Thoracic Surgery. He has developed numerous skills including Endovascular Aneurysm Repair (EVAR), Thoracic Endovascular Aortic/Aneurysm Repair (TEVAR), minimally invasive valve surgery and robotic cardiac surgery. Dr. Alexander has also completed training for the Transcatheter Aortic Valve Replacement (TAVR) procedure which offers minimally invasive alternative treatment to open heart surgery.

Dr. Alexander is a highly respected surgeon throughout the Chicagoland area holding medical staff membership and clinical privileges at various hospitals.

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS

Employee Name:	**Employee Number:**	**Evaluation Date Due:**

Position Title: Licensed Practical Nurse

Position Summary: Identifies, recommends, contributes to and delivers care through the nursing process under the direction of a Registered Nurse. Maintains the standards of professional nursing.

Essential Duties and Responsibilities:

- Utilizes the principles of growth and development in reporting observations to the Registered Nurse
- Implements the plan of care under the direction of the Registered Nurse
- Completes documentation according to specific guidelines
- Evaluates the response of the patient and collaborates with the Registered Nurse regarding effectiveness of the plan of care
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct
- (Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications:
Education and Training:

- Currently licensed as a Licensed Nurse in the State of Illinois
- CPR

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.
(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

0158

Attachment

#18-020

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS		
Employee Name:	**Employee Number:**	**Evaluation Date Due:**

Position Title: Registered Nurse Team Leader Surgery

Position Summary: Clinically competent Registered Nurse who uses the nursing process to develop individualized plans of care and to coordinate and deliver care to patients undergoing operative or other invasive procedures. Prescribes, coordinates and delivers care through the nursing process to intraoperative patient population as inpatient and outpatient basis.

Essential Duties and Responsibilities:

- Assesses each patient utilizing the principles of growth and development
- Prescribes a plan of care identifying problems/patient care needs and establishes interventions
- Implements the plan of care and evaluates its effectiveness
- Completes documentation according to specific guidelines
- Assesses educational needs of patient, families then implements teaching strategies
- Assists patients and their designated support person(s) with achieving a level of wellness equal to or greater than that which they had before their operative or other invasive procedures.
- Supervises OR technicians, surgical associates and other health care workers as assigned.
- May assume the role of the *scrub nurse*, working directly with the surgeon within the sterile field by passing instruments, sponges, and other items needed during the surgical procedure or as the *circulating nurse*, working outside the sterile field and is responsible for managing the nursing care within the Operating Room by observing the surgical team from a broad perspective and assisting the team in creating and maintaining a safe, comfortable environment.
- Clinical and operational expert in respective specialty.
- Work in a collegial manner with Director, Manager, Shift Coordinator and Systems Coordinator to evaluate and educate existing staff and new orientees.
- Demonstrates open, honest, respectful communications in all interactions.
- Responsible for daily oversight and coordination of services in respective specialty.
- Communicates the need for supplies and equipment with physician in respective specialty.
- Demonstrates leadership qualities by fostering commitment, inspiring trust and acting as a role model.
- Maintains the standards of professional nursing.
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct

(Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications: Must be able to interact with all kinds of people in difficult situations, provide direction to others, and coordinate with other health care professionals.

Education and Training:

- Currently licensed as a Registered Nurse in the State of Illinois
- CPR certification required.
- Minimum two years experience in respective Surgery specialty.

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.
(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS		
Employee Name:	**Employee Number:**	**Evaluation Date Due:**

Position Title: Registered Nurse Surgery

Position Summary: Clinically competent Registered Nurse who uses the nursing process to develop individualized plans of care and to coordinate and deliver care to patients undergoing operative or other invasive procedures.

Essential Duties and Responsibilities:

- Assesses each patient utilizing the principles of growth and development
- Prescribes a plan of care identifying problems/patient care needs and establishes interventions
- Implements the plan of care and evaluates its effectiveness
- Completes documentation according to specific guidelines
- Assesses educational needs of patient, families then implements teaching strategies
- Assists patients and their designated support person(s) with achieving a level of wellness equal to or greater than that which they had before their operative or other invasive procedures.
- Supervises OR technicians, surgical associates and other health care workers as assigned.
- May assume the role of the *scrub nurse*, working directly with the surgeon within the sterile field by passing instruments, sponges, and other items needed during the surgical procedure or as the *circulating nurse*, working outside the sterile field and is responsible for managing the nursing care within the Operating Room by observing the surgical team from a broad perspective and assisting the team in creating and maintaining a safe, comfortable environment.
- Maintains the standards of professional nursing.
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct

(Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications: Must be able to interact with all kinds of people in difficult situations, provide direction to others, and coordinate with other health care professionals.

Education and Training:

- Currently licensed as a Registered Nurse in the State of Illinois
- CPR certification required.

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.
(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

0160

Attachment --

#18-020

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS		
Employee Name:	**Employee Number:**	**Evaluation Date Due:**

Position Title: OR Surgical Technician-Team Leader

Position Summary: Performs duties as a surgical scrub assisting with operative procedures. Provides expertise and guidance with respective specialty. Renders hand-on-care under the direct supervision of the Registered Nurse.

Essential Duties and Responsibilities:

- Scrubs for all types of operative procedures
- Assists physician and physicians' assistant during surgical procedure using proper aseptic technique
- Gathers appropriate equipment, supplies and instruments; checks equipment for safety
- Opens sterile supplies
- Assists the surgical team with donning of surgical gowns, self gowns, set up of sterile field, assists with draping the patient and accounts for all surgical items used on the sterile field.
- Passes instruments, sutures and supplies to operative team for all surgical specialties.
- Acts as resource to staff for specialty specific procedures.
- Acts as liaison for surgeons to OR management and staff
- Maintains preference card data base
- Demonstrates leadership qualities by fostering commitment, inspiring trust and acting as a role model.
- Communicates the need for supplies and equipment with physician in respective specialty.
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct

(Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications:

Education and Training:

- High School Graduate
- Certified or 10+ years experience as an OR Tech
- Minimum of two years experience in respective specialty
- CPR certification required

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.
(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS		
Employee Name:	**Employee Number:**	**Evaluation Date Due:**

Position Title: OR Surgical Technician

Position Summary: Performs duties as a surgical scrub assisting with operative procedures. Renders hand-on-care under the direct supervision of the Registered Nurse.

Essential Duties and Responsibilities:

- Scrubs for all types of operative procedures
- Assists physician and physicians' assistant during surgical procedure using proper aseptic technique
- Gathers appropriate equipment, supplies and instruments; checks equipment for safety
- Opens sterile supplies
- Assists the surgical team with donning of surgical gowns, self gowns, set up of sterile field, assists with draping the patient and accounts for all surgical items used on the sterile field.
- Passes instruments, sutures and supplies to operative team for all surgical specialties.
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct

(Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications:

Education and Training:

- High School Graduate
- Certified or eligible for certification within 12 months of hire.
- CPR certification required

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.

(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

JOB DESCRIPTIONS / PERFORMANCE DEVELOPMENT PROCESS

Employee Name:	Employee Number:	Evaluation Date Due:

Position Title: Radiological Technologist X-RAY

Position Summary: A licensed, registered Radiological Technologist who performs a variety of routine and specialized radiological procedures. Maintains the standards of ARRT and IDNS licensures.

Essential Duties and Responsibilities:

- Utilizes appropriate X-Ray protocols to produce quality, diagnostic imaging exams on patient of all ages
- Demonstrate courteous behavior through polite and respectful communication to all customers and adheres to the 7 customer service behaviors
- Adheres to Radiation Safety and ALARA Standards
- Completes documentation according to specific guidelines
- Maintains supplies, equipment and work areas to be readily available when needed
- Adheres to hospital policies and professional standards
- Promotes a clean and safe environment of care, utilizing the SAFE error prevention habits
- Provides the highest standard of privacy and confidentiality in matters involving patients, coworkers, and the hospital by abiding by the Standards of Conduct

(Refer to the Skills Checklist /Guidelines for specific duties/skills)

Required Qualifications:

Education and Training:

- Currently registered with the American Registry of Radiological Technologist (ARRT®) as a Radiologic Technologist
- Current license from the State of Illinois (IDNS)

Age Specific Competency Requirement: Demonstrates the knowledge and skills necessary to provide care to the ages served.
(Please circle all that apply): Neonate, Pediatric, Adolescent, Adult, and Geriatric

0163

Attachment --

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

July 13, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Affidavit Re: Staffing, Criterion 1110.220(b)(5)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1110.220(b)(5), that Silver Cross Hospital and Medical Centers ("Silver Cross Hospital") already has, and will continue to have, the following physicians on its Medical Staff and/or already employs, or contracts with, the following care givers on a 24-hour basis:

(a) Two cardiac surgeons (at a minimum, one of which must be certified and the other qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization angiographic data.

(b) Operating room nurse personnel (registered nurse (RN), licensed practical nurse (LPN), surgical technician). (If the Open Heart Program is approved, the nurse to patient ratio for the ICU module of cardiac surgery patient care would be no less than one nurse per one patient in the immediate recovery phase and one nurse per 2 patients thereafter.)

(c) Anesthesiologists (board certified by the American Board of Anesthesiology).

(d) Adult cardiologists (board certified by the American Board of Internal Medicine with subspecialty certification in cardiology).

(e) a Physician who is board certified in anatomic and clinical pathology, with special expertise in microbiology, bloodbanking, lab aspects of blood coagulation, blood gases and electrolytes.

(f) Pump technician, or operator of the extracorporeal pump oxygenator, who should have in-depth experience on the active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she be a physician, nurse or technician.

(g) Radiologic technologist experienced in angiographic principles and catheterization procedure techniques who is experienced in the usage, operation and care of all catheterization equipment.

Sincerely,

Mary Bakken
Executive Vice President
Chief Operating Officer

SUBSCRIBED AND SWORN
to before me this 13th day
of July, 2018.

Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Section VIII
Attachment 34
Availability of Funds
Criterion 1120.120

Silver Cross will be funding this Project with cash and cash equivalents. An Affidavit of Available Funds from Vincent Pryor, the Senior Vice President and Chief Financial Officer of Silver Cross ("Mr. Pryor"), in support of this Criterion is attached at ATTACHMENT 34. Silver Cross' most recent audited financial statements are also attached at ATTACHMENT 34 and show that Silver Cross was holding more than $34,118,000 in cash, cash equivalents, available invested funds, and funds specifically directed for capital improvements, as of its last audited financial statement (September 30, 2017). Thus, Silver Cross has sufficient cash available to fund this Project.

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1120.120(a) Available Funds Certification

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.120(a), that Silver Cross Hospital and Medical Centers ("Silver Cross") has sufficient and readily accessible cash and cash equivalents to fund the obligations of Silver Cross set forth in the Certificate of Need Application for the "Silver Cross Structural Heart Program" Project.

Sincerely,

Vincent Pryor
Senior Vice President/Finance
Chief Financial Officer

SUBSCRIBED AND SWORN
to before me this 28 day
of June, 2018.

Denise L Tatgenhorst
Notary Public

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

KPMG

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidated Financial Statements and Schedules

September 30, 2017 and 2016

(With Independent Auditors' Report Thereon)

KPMG LLP
Aon Center
Suite 5500
200 East Randolph Drive
Chicago, IL 60601-6436

Independent Auditors' Report

The Boards of Trustees
Silver Cross Health System
and Affiliates

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Silver Cross Health System and Affiliates, which comprise the consolidated balance sheets as of September 30, 2017 and 2016, and the related consolidated statements of operations and changes in unrestricted net assets, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Silver Cross Health System and Affiliates as of September 30, 2017 and 2016, and the results of their operations and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in schedules 1 through 3 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois
January 26, 2018

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidated Balance Sheets

September 30, 2017 and 2016

(Amounts in thousands)

Assets		2017	2016
Current assets:			
Cash and cash equivalents	$	34,118	47,124
Short-term investments		3,155	3,005
Assets whose use is limited or restricted, required for current liabilities		9,882	368
Patient accounts receivable, net of estimated uncollectibles of $17,067 in 2017 and $15,267 in 2016		47,106	45,480
Other receivables		1,230	1,413
Prepaid expenses and other		6,399	4,255
Total current assets		101,890	101,645
Assets whose use is limited or restricted, excluding assets required for current liabilities:			
By board for capital improvements and other		163,279	130,557
By board for self-insurance		24,490	23,694
Under bond indenture agreements – held by trustee		8,713	8,713
Pledges receivable		622	955
Donor-restricted investments		1,585	2,434
Beneficial interest in perpetual trusts		7,649	7,220
		206,338	173,573
Land, buildings, and equipment, net		439,461	444,509
Other assets:			
Land held for sale		25,201	25,270
Estimated excess insurance recovery receivables		3,904	3,763
Other long-term assets		8,926	8,240
Total assets	$	785,720	757,000
Liabilities and Net Assets			
Current liabilities:			
Current installments of long-term debt	$	7,305	7,115
Accounts payable		25,910	22,561
Accrued salaries and wages		22,678	23,033
Accrued expenses		5,789	6,028
Estimated payables under third-party reimbursement programs		40,201	34,938
Total current liabilities		101,883	93,675
Estimated self-insured professional and general liability claims		35,680	39,006
Long-term debt, excluding current installments		399,913	407,629
Capital lease and other long-term liabilities, net of current portion		6,006	6,542
Total liabilities		543,482	546,852
Net assets:			
Unrestricted		232,382	199,539
Temporarily restricted		3,060	4,176
Permanently restricted		6,796	6,433
Total net assets		242,238	210,148
Total liabilities and net assets	$	785,720	757,000

See accompanying notes to consolidated financial statements.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidated Statements of Operations and Changes in Unrestricted Net Assets

Years ended September 30, 2017 and 2016

(Amounts in thousands)

	2017	2016
Revenue:		
Net patient service revenue	$ 385,182	366,947
Provision for bad debts	(11,948)	(10,537)
Net patient service revenue less provision for bad debts	373,234	356,410
Other revenue	12,411	10,507
Total revenue	385,645	366,917
Expenses:		
Salaries and wages	135,793	129,601
Payroll taxes and fringe benefits	36,182	35,007
General and administrative	79,251	74,989
Supplies	74,032	68,614
Depreciation and amortization	30,243	28,873
Interest	19,067	19,156
Total expenses	374,568	356,240
Income from operations	11,077	10,677
Nonoperating gains (losses):		
Investment return, net	19,321	11,493
Loss on sale of land, buildings, and equipment	(54)	(2,315)
Other, net	491	1,539
Total nonoperating gains, net	19,758	10,717
Revenue and gains in excess of expenses and losses	30,835	21,394
Other changes in unrestricted net assets:		
Net assets released from restriction for land, building, and equipment acquisitions financed by temporarily restricted net assets	2,008	312
Increase in unrestricted net assets	$ 32,843	21,706

See accompanying notes to consolidated financial statements.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2017 and 2016

(Amounts in thousands)

		2017	2016
Unrestricted net assets:			
Revenue and gains in excess of expenses	$	30,835	21,394
Other changes in unrestricted net assets:			
Net assets released from restriction for land, building, and equipment acquisitions financed by temporarily restricted net assets		2,008	312
Increase in unrestricted net assets		32,843	21,706
Temporarily restricted net assets:			
Contributions for specific purposes		1,294	884
Net realized and unrealized gains and losses on temporarily restricted investments		86	60
Net assets released from restriction for operating purposes		(488)	(249)
Net assets released from restriction for land, building, and equipment acquisitions		(2,008)	(312)
Increase (decrease) in temporarily restricted net assets		(1,116)	383
Permanently restricted net assets:			
Permanently restricted contributions		20	120
Net realized and unrealized gains and losses on permanently restricted investments		343	157
Increase in permanently restricted net assets		363	277
Change in net assets		32,090	22,366
Net assets at beginning of year		210,148	187,782
Net assets at end of year	$	242,238	210,148

See accompanying notes to consolidated financial statements.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended September 30, 2017 and 2016

(Amounts in thousands)

		2017	2016
Cash flows from operating activities:			
Change in net assets	$	32,090	22,366
Adjustments to reconcile change in net assets to net cash provided by operating activities:			
Depreciation and amortization		30,243	28,873
Amortization of bond issue costs, discounts, and premiums included in interest expense		(411)	(410)
Provision for bad debts		11,948	10,537
Income from equity basis investments		(1,268)	(1,548)
Distributions received from equity basis investments		1,864	61
Net loss on sale of land, buildings, and equipment		54	2,315
Permanently and temporarily restricted contributions		(1,314)	(1,004)
Net assets released from restriction for operating purposes		488	249
Net realized and unrealized gains and losses on permanently and temporarily restrictec investments		(429)	(217)
Net change in unrealized gains and losses on unrestricted investments		(9,667)	(6,859)
Net realized gains and losses on unrestricted investments		(4,993)	(1,785)
Changes in assets and liabilities:			
Patient accounts receivable		(13,574)	(11,380)
Estimated excess insurance recovery receivables		(141)	672
Other assets		(3,243)	4,301
Estimated payables under third-party reimbursement programs		5,263	746
Accounts payable, accrued expenses, and other liabilities		(964)	(336)
Net cash provided by operating activities		45,946	46,581
Cash flows from investing activities:			
Acquisition of land, buildings, and equipment		(25,230)	(23,019)
Proceeds from sale of land, buildings, and equipment and land held for sale		50	2,375
Net change in assets whose use is limited or restricted		(27,190)	(2,777)
Net change in short-term investments		(150)	(193)
Net cash used in investing activities		(52,520)	(23,614)
Cash flows from financing activities:			
Repayment of capital leases		(143)	(125)
Repayments of long-term debt		(7,115)	(6,935)
Net assets released from restriction for operating purposes		(488)	(249)
Permanently and temporarily restricted contributions		1,314	1,004
Net cash used in financing activities		(6,432)	(6,305)
Net increase in cash and cash equivalents		(13,006)	16,662
Cash and cash equivalents at beginning of year		47,124	30,462
Cash and cash equivalents at end of year	$	34,118	47,124
Supplemental disclosure of cash flow information:			
Cash paid for interest	$	19,542	19,622

See accompanying notes to consolidated financial statements.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Notes to Consolidated Financial Statements

September 30, 2017 and 2016

(1) Organization and Purposes

Silver Cross Health System (the Health System) was incorporated during 1981 for charitable, educational, and scientific purposes to support health and human services by providing management assistance, and in all other relevant ways. The accompanying consolidated financial statements include the accounts of the Health System and the following affiliates, which it controls (collectively referred to as the Corporations):

- Silver Cross Hospital and Medical Centers (the Hospital), a not-for-profit acute care hospital of which the Health System is the sole member
- Silver Cross Foundation (the Foundation), a not-for-profit corporation of which the Health System is the sole member, which is dedicated to the advancement of healthcare in Will, Grundy, South Cook, and DuPage counties in Illinois
- Health Service Systems, Inc. (HSSI), a wholly owned subsidiary of the Health System, which was incorporated to provide administrative and management services to its affiliates and other businesses
- Midwest Community Real Estate Corporation (MCREC), a not-for-profit corporation of which the Health System is the sole member, which was incorporated to establish and maintain healthcare centers and other facilities for the benefit of the Health System and its affiliates

On July 1, 2008, the Hospital received approval from the Illinois Health Facilities Planning Board to construct a replacement hospital facility on a parcel of land owned by the Hospital in New Lenox, Illinois. The replacement hospital facility has 302 licensed beds and was completed in February 2012.

All significant intercompany balances and transactions have been eliminated in the accompanying consolidated financial statements.

(2) Summary of Significant Accounting Policies

Significant accounting policies of the Corporations that conform to general practice within the healthcare industry are as follows:

- The preparation of consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.
- Transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenue and expenses. Transactions incidental to the provision of healthcare services are reported as gains and losses.
- The consolidated statements of operations and changes in unrestricted net assets include revenue and gains in excess of expenses and losses. Changes in unrestricted net assets, which are excluded from revenue and gains in excess of expenses and losses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).
- The Corporations consider demand deposits with banks, cash on hand, and all highly liquid debt instruments (including repurchase agreements) purchased with terms of three months or less to be

cash and cash equivalents, excluding those instruments classified as assets whose use is limited or restricted. Short-term investments consist of money market funds or mutual funds that are held and managed by an external broker. These funds are not intended to be used for operations but have not had a specific limitation placed on them to classify them as assets whose use is limited or restricted.

- Assets whose use is limited or restricted include assets set aside by the Corporations' boards of directors for future capital improvements, self-insurance funding, and for other purposes over which the boards of directors retain control and may at their discretion use for other purposes; assets designated by the Foundation's board of directors for endowment development purposes; assets held by a trustee and limited as to use in accordance with the requirements of bond indenture agreements; pledges receivable; and temporarily and permanently restricted investments. Assets whose use is limited required for current liabilities are reported as current assets.
- Investment return (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenue and gains in excess of expenses and losses, as all investments are considered to be trading securities, unless the income or loss is restricted by donors, in which case the investment return is recorded directly to temporarily or permanently restricted net assets. Investment return of unrestricted investments is reported as nonoperating gains. Unrealized gains and losses of permanently and temporarily restricted investments are recorded directly to permanently and temporarily restricted net assets.
- The Corporations apply the provisions of Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurement of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.
- Except as otherwise disclosed, the carrying value of all financial instruments of the Corporations approximates fair value.
- During 2017 and 2016, the Health System sold property for $50 and $2,375, respectively, and recorded a loss on the sale of $54 and $2,315, respectively, which is recorded in loss on the sale of land and improvements, buildings, and equipment.
- Land, buildings, and equipment are stated at cost. Depreciation is provided over the estimated useful lives of depreciable assets and is computed on the straight-line method.
- The Corporations evaluate long-lived assets, such as buildings and equipment, for impairment on an annual basis. Long-lived assets are considered to be impaired whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. No impairments have been recorded for the year ended September 30, 2017 or 2016.
- Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received. All contributions are considered to be available for unrestricted use unless specifically restricted by donors. Contributions are reported as direct additions to permanently or temporarily restricted net assets if they are received with donor stipulations that limit the use of the donated assets.

(Continued)

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as net assets released from restriction. Temporarily restricted net assets used for operating purposes are included in other operating revenue to the extent expended during the period. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Donor-restricted contributions whose restrictions are met within the same year as received are reported directly within the consolidated statements of operations and changes in unrestricted net assets.

- Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets include the Hospital's interest in a charitable remainder trust. Investment income of the charitable remainder trust is distributable within specified limits to an unrelated party. All other temporarily restricted net assets are restricted primarily for land, building, and equipment acquisitions at both September 30, 2017 and 2016.
- Permanently restricted net assets represent beneficial interest in perpetual trusts and donor-restricted contributions, the principal amount of which may not be expended. Permanently restricted net assets include the Foundation's interest in a charitable remainder trust. Investment income of the charitable remainder trust is distributable within specified limits to an unrelated party. Based upon donor intentions, investment income earned on permanently restricted net assets is reported as either nonoperating investment income or as a direct addition to temporarily restricted net assets. Unrealized and realized gains and losses are recorded directly to permanently restricted net assets.
- Provisions for estimated self-insured professional, general liability, workers' compensation, and employee healthcare risks include estimates of the ultimate cost of both reported losses and losses incurred but not reported as of the respective consolidated balance sheet dates.
- Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Those adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- Deferred finance charges and unamortized bond discounts and premiums are amortized using the straight-line method over the periods the related obligations are outstanding.
- The Health System, the Hospital, MCREC, and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. A provision for income taxes has not been recorded for HSSI, as there are net operating losses of approximately $25,917 available for carryforward, which expire at various future dates through 2037. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Deferred tax assets have been offset in their entirety by valuation allowances at both September 30, 2017 and 2016.
- The Corporations account for tax positions in accordance with ASC Topic 740, *Income Taxes*. ASC Topic 740 clarifies the accounting for uncertainty in tax positions and also provides guidance on

when the tax positions are recognized in an entity's consolidated financial statements and how the values of these positions are determined. The Corporations do not have any liabilities recognized for uncertain tax positions.

- The Corporations incur expenses for the provision of healthcare services and related general and administrative activities.
- In April 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-03, *Interest – Imputation of Interest* (ASU No. 2015-03). ASU No. 2015-03 amends ASC Topic 835, *Interest*, by requiring debt issuance costs to be presented in the consolidated balance sheet as a direct deduction from the carrying amount of the debt liability, consistent with the debt discounts and premiums. The Corporations adopted ASU No. 2015-03 in 2017 and applied changes retrospectively to 2016.
- In May 2014, FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). This ASU establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. Particularly, that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The requirements of this statement are effective for the Corporations for the year ending September 30, 2019. The Corporations expect to record a decrease in net patient service revenue and a corresponding decrease in the provision for uncollectible accounts upon adoption of the standard.
- In February 2016, FASB issued ASU No. 2016-02, *Leases* (ASU No. 2016-02). ASU No. 2016-02 requires entities to recognize all leased assets as assets on the consolidated balance sheet with a corresponding liability resulting in a gross up of the consolidated balance sheet. Entities will also be required to present additional disclosures as the nature and extent of leasing activities. The adoption of ASU 2016-02 will be effective for the Corporations for the year ending September 30, 2020. The Corporations have not evaluated the impact of ASU No. 2016-02.
- In March 2016, the FASB issued ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities* (ASU No. 2016-01). ASU No. 2016-01 eliminates the requirement for not-for-profit organizations to disclose fair value information for financial instruments measured at amortized cost (e.g., debt). The Corporations elected to early adopt this part of ASU No. 2016-01 for the year ended September 30, 2016. The remaining parts of the ASU are effective for the year ending September 30, 2020. There was no effect on the Corporations' consolidated financial statements.
- In August 2016, FASB issued ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (ASU No. 2016-14). ASU No. 2016-14 represents phase 1 of FASB's not-for-profit financial reporting project and results reduces the number of net asset classes, requires expense presentation by functional and natural classification, requires quantitative and qualitative information in liquidity, retains the option to present the cash flow statement on a direct or indirect method as well as includes various other additional disclosure requirements. ASU No. 2016-14 will be effective for the Corporations for the year ending September 30, 2019 with retrospective application. Early adoption of ASU No. 2016-14 is permitted. The Corporations have not evaluated the impact of ASU No. 2016-14.

(Continued)

- In November 2016, FASB issued ASU No. 2016-18, *Restricted Cash* (ASU 2016-18), a consensus of the FASB Emerging Issues Task Force. ASU 2016-18 requires an entity to include amounts generally described as restricted cash and restricted cash equivalents, along with cash and cash equivalents when reconciling beginning and ending balances on the statement of cash flows. ASU 2016-18 will be effective for the Corporations for the year ending September 30, 2020. Early adoption of ASU 2016-18 is permitted. The Corporations have not evaluated the impact of ASU 2016-18.
- Certain 2016 amounts have been reclassified to conform to the 2017 consolidated balance sheet presentation. Deferred financing costs of $3,902 were reclassified from deferred finance charges in the consolidated balance sheet to a net presentation with long-term debt, excluding current installments in 2016 in accordance with the adoption and retrospective application of ASU No. 2015-03.

Other significant accounting policies are set forth in the consolidated financial statements and in the following notes.

(3) Net Patient Service Revenue

The Hospital and HSSI (collectively referred to as the Providers) have agreements with third-party payors that provide for reimbursement at amounts different from their established rates. Estimated contractual adjustments arising under third-party reimbursement programs principally represent the differences between the Providers' billings at list price and the amounts reimbursed by Medicare, Blue Cross, and certain other contracted third-party payors; the difference between the Providers' billings at list price and the allocated cost of services provided to Medicaid patients; and any differences between estimated third-party reimbursement settlements for prior years and subsequent final settlements. A summary of the reimbursement methodologies with major third-party payors follows:

(a) Medicare

The Hospital is paid for inpatient acute care, outpatient, rehabilitative, and home health services rendered to Medicare program beneficiaries under prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to retroactive adjustment. The Hospital's classification of patients under the prospective payment systems and the appropriateness of patient admissions is subject to validation reviews.

For certain services rendered to Medicare beneficiaries, the Providers' reimbursement is based upon cost or other reimbursement methodologies. The Providers are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Medicare reimbursement reports through September 30, 2013 have been audited and final settled by the Medicare fiscal intermediary.

(b) Medicaid

The Hospital is paid for inpatient acute care services rendered to Medicaid program beneficiaries under prospectively determined rate per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicaid outpatient services are reimbursed based on fee schedules. Medicaid reimbursement methodologies may be subject to periodic adjustment, as well as to changes in existing payment levels and rates, based on the amount of funding available to the State of Illinois Medicaid program, and any such changes could have a significant effect on the Hospital's revenue.

The Hospital participates in the State of Illinois (the State) provider assessment program that assists in the financing of its Medicaid program. The program has been renewed by the State through June 2018. Pursuant to this program, hospitals within the State are required to remit payment to the State of Illinois Medicaid program under an assessment formula approved by the Centers for Medicare and Medicaid Services (CMS). The Hospital has included their assessment of $11,827 and $10,492 for the years ended September 30, 2017 and 2016, respectively, within general and administrative expense in the accompanying consolidated statements of operations and changes in unrestricted net assets. The assessment program also provides hospitals within the State with additional Medicaid reimbursement based on funding formulas also approved by CMS. The Hospital has included their additional reimbursement of $28,154 and $27,233 for the years ended September 30, 2017 and 2016, respectively, within net patient service revenue in the accompanying consolidated statements of operations and changes in unrestricted net assets.

(c) Blue Cross

The Providers also participates as a provider of healthcare services under a reimbursement agreement with Blue Cross. The provisions of this agreement stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of an annual cost report by the Hospital and a review by Blue Cross. The Blue Cross reimbursement reports for September 30, 2016 and prior years have been reviewed by Blue Cross.

(d) Other

The Providers have also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements is negotiated by the Providers and includes prospectively determined rate per discharge, discounts from established charges, capitation, and prospectively determined per diem rates.

Net patient service revenue for the years ended September 30, 2017 and 2016 includes approximately $0 and $921, respectively, of favorable retrospectively determined prior year settlements with third-party payors.

A summary of the Providers' utilization percentages based upon gross patient service revenue is as follows:

	2017	2016
Medicare	43.4 %	41.2 %
Medicaid	10.2	10.9
Managed care/commercial	43.6	45.1
Self-pay and other	2.8	2.8
	100.0 %	100.0 %

Patients' accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patients' accounts receivable, the Providers analyze their past history and identify trends for each of their major payor sources of revenue to estimate the appropriate allowance for uncollectible

accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Providers analyze contractually due amounts and provide an allowance for doubtful accounts and a provision for bad debts, if necessary (e.g., for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes patients without insurance), the Providers record a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Providers' allowance for uncollectible accounts for self-pay patients, which includes uninsured patients and residual co-payments and deductibles for which insurance has already paid decreased to 83.5% of self-pay accounts receivable at September 30, 2017, from 97.2% of self-pay accounts receivable at September 30, 2016. In addition, the Providers' self-pay write-offs increased to $11,557 for fiscal year 2017 from $10,675 for fiscal year 2016.

The Providers recognize net patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Providers recognize revenue on the basis of their standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Providers' uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Providers record a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources is as follows:

		2017	2016
Medicare	$	132,544	118,530
Medicaid		43,881	44,567
Managed care/commercial		196,296	194,442
Self-pay and other		12,461	9,408
Net patient service revenue	$	385,182	366,947

(Continued)

(4) Concentration of Credit Risk

The Providers grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors as of September 30, 2017 and 2016 is as follows:

	2017	2016
Medicare	28.0 %	28.2 %
Medicaid	13.9	12.0
Blue Cross	14.2	14.4
Managed care/contract payors	18.3	22.1
Patients	16.6	12.5
Other	9.0	10.8
	100.0 %	100.0 %

(5) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. In addition, reimbursement for services provided to Medicaid program beneficiaries is substantially less than the cost to the Hospital for providing these services.

The Hospital maintains records of the amount of charges forgone and related cost for services and supplies furnished under its charity care policy, as well as the estimated differences between the cost of services provided to Medicaid patients and the reimbursement under that program estimated based on an overall cost-to-charge ratio. The following information measures the estimated level of charity care provided and unreimbursed cost under the Medicaid program during 2017 and 2016:

		2017	2016
Charity care costs for non-Medicaid patients	$	5,116	5,024
Excess of cost over reimbursement for services provided to Medicaid patients (1)		4,129	3,357

(1) Net impact of Medicaid assessment program has been allocated to each year based upon the State's fiscal year

(6) Investments

The Corporations report investments at fair value. A summary of the composition of the Corporations' investment portfolio at September 30, 2017 and 2016 is as follows:

		2017	2016
Cash and cash equivalents	$	10,292	11,465
Money market funds		2,235	2,358
Common stock		19,400	8,378
U.S. Treasury securities		11,519	13,255
Mutual funds		150,198	96,006
Corporate bonds and notes		15,334	24,311
U.S. agency securities		2,126	8,443
Asset-backed securities		—	4,555
Beneficial interest in perpetual trusts		7,649	7,220
	$	218,753	175,991

Investments are reported in the accompanying consolidated balance sheets at September 30 as follows:

		2017	2016
Short-term investments	$	3,155	3,005
Assets whose use is limited or restricted, excluding pledges receivable:			
Required for current liabilities		9,882	368
By board for capital improvements and other		163,279	130,557
By board for self-insurance		24,490	23,694
Under bond indenture agreements – held by trustee		8,713	8,713
Donor-restricted investments		1,585	2,434
Beneficial interest in perpetual trusts		7,649	7,220
	$	218,753	175,991

The composition of investment return on the Corporations' investment portfolio for 2017 and 2016 is as follows:

		2017	2016
Interest and dividend income, net of fees, and expenses	$	4,661	2,849
Net realized gains on sale of investments		9,872	1,905
Net change in unrealized gains and losses during the holding period		5,217	6,956
	$	19,750	11,710

The Corporations have designated all unrestricted investments to be trading securities. Investment return is included in the accompanying consolidated financial statements for the years ended September 30, 2017 and 2016 as follows:

	2017	2016
Nonoperating gains – investment income, net	$ 19,321	11,493
Net realized and unrealized gains and losses on temporarily restricted investments	86	60
Net realized and unrealized gains and losses on permanently restricted investments	343	157
	$ 19,750	11,710

(7) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Corporations in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated balance sheets for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, short-term investments, patient accounts receivable, accounts payable and accrued expenses, and estimated third-party payor settlements.
- Assets whose use is limited or restricted: Fair values are estimated based on prices provided by its investment managers and custodian banks. Common stocks and U.S. Treasury securities are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds and notes, U.S. agency securities, and asset-backed securities are measured using observable market inputs. Mutual funds are valued using Net asset value. Changes in market conditions and the economic environment may impact the NAV of the funds and consequently the fair value of the Corporations' interest in the funds. The carrying value equals fair value.
- Beneficial interest in perpetual trusts: The assets held by third-party trustees comprise common stock, mutual funds, money market funds, corporate bonds and notes, U.S. agency securities, and U.S. Treasury notes. The Corporations use quoted market prices or other observable market inputs to estimate the fair value of its beneficial interests.

(b) Fair Value Hierarchy

ASC Subtopic 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Corporations have the ability to access at the measurement date.

(Continued)

- Level 2 inputs are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety.

The following table presents assets and liabilities that are measured at fair value on a recurring basis at September 30, 2017:

	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 34,118	34,118	—	—
Short-term investments:				
Money market funds	2,235	2,235	—	—
Mutual funds	920	920	—	—
Assets whose use is limited or restricted:				
Cash and cash equivalents	10,292	10,292	—	—
Common stock	19,400	19,400	—	—
U.S. Treasury securities	11,519	11,519	—	—
Mutual funds	149,278	149,278	—	—
Corporate bonds and notes	15,334	—	15,334	—
U.S. agency securities	2,126	—	2,126	—
Beneficial interest in perpetual trusts	7,649	—		7,649
Total	$ 252,871	227,762	17,460	7,649

The following tables present assets and liabilities that are measured at fair value on a recurring basis at September 30, 2016:

	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 47,124	47,124	—	—
Short-term investments:				
Money market funds	2,358	2,358	—	—
Mutual funds	647	647	—	—

	Total	Level 1	Level 2	Level 3
Assets whose use is limited or restricted:				
Cash and cash equivalents	$ 11,465	11,465	—	—
Common stock	8,378	8,378	—	—
U.S. Treasury securities	13,255	13,255	—	—
Mutual funds	95,359	95,359	—	—
Corporate bonds and notes	24,311	—	24,311	—
U.S. agency securities	8,443	—	8,443	—
Asset-backed securities	4,555	—	4,555	—
Beneficial interest in perpetual trusts	7,220	—	—	7,220
Total	$ 223,115	178,586	37,309	7,220

The Corporations' policy is to recognize transfers between levels of the fair value hierarchy in the year of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1 or Level 2 for the year ended September 30, 2017 or 2016.

The following table presents the trusts' activity for the years ended September 30, 2017 and 2016 for assets measured at fair value using unobservable inputs classified in Level 3:

	Beneficial interest in trusts	
	2017	2016
Beginning fair value	$ 7,220	6,961
Current year contributions	—	—
Interest and dividends, net of fees and expenses	113	64
Realized gains, net	205	120
Change in unrealized gains and losses, net	247	204
Distributions	(136)	(129)
Ending fair value	$ 7,649	7,220

(Continued)

(8) Land, Buildings, and Equipment, Net

A summary of land, buildings, and equipment, net at September 30, 2017 and 2016 is as follows:

	2017		2016	
	Cost	Accumulated depreciation	Cost	Accumulated depreciation
Land	$ 30,810	—	30,810	—
Land improvements	15,650	4,105	15,111	3,438
Buildings, building improvements, and fixed equipment	409,420	94,133	406,764	81,553
Major movable equipment	222,613	155,305	212,707	141,011
Construction in progress	14,511	—	5,119	—
	$ 693,004	253,543	670,511	226,002

The Corporations are currently engaged in various construction and renovation projects. There were no contractual commitments as of September 30, 2017. Interest cost is capitalized as a component cost of significant capital projects, net of any interest income earned on unexpended project-specific borrowed funds. No interest was capitalized during 2017 or 2016.

(9) Long-Term Debt

A summary of long-term debt at September 30, 2017 and 2016 is as follows:

	2017	2016
Illinois Finance Authority Revenue Refunding Bonds, Series 2008A, principal is due annually at fixed interest rates of 5.00% to 5.82%; interest is due semiannually depending upon date of maturity through August 15, 2030	$ 80,015	80,980
Illinois Finance Authority Revenue Refunding Bonds, Series 2010A, at a variable interest rate (effective rates of 1.86% and 1.35% for September 30, 2017 and 2016, respectively), maturing in fiscal year 2020	11,910	12,425
Illinois Finance Authority Revenue Refunding Bonds, Series 2010B, at a variable interest rate (effective rates of 2.20% and 1.72% for September 30, 2017 and 2016, respectively), maturing in fiscal year 2021	7,960	8,300
Illinois Finance Authority Revenue Refunding Bonds, Series 2015A, at a variable interest rate (effective rates of 2.69% and 2.15% for September 30, 2017 and 2016, respectively), maturing in fiscal year 2024	10,495	12,880

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SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Notes to Consolidated Financial Statements

September 30, 2017 and 2016

	2017	2016
Illinois Finance Authority Revenue Refunding Bonds, Series 2015B, at a variable interest rate (effective rates of 3.18% and 2.47% for September 30, 2017 and 2016, respectively), maturing in fiscal year 2020	$ 3,665	5,390
Illinois Finance Authority Revenue Refunding Bonds, Series 2015C, principal due annually at fixed-interest rate of 5.00%; interest is due semiannually depending on date maturity through 2044	280,360	281,545
Total fixed- and variable-rate debt	394,405	401,520
Less unamortized net bond premiums	(16,536)	(17,126)
Less unamortized bond issue costs	3,723	3,902
Total debt	407,218	414,744
Less current installments	7,305	7,115
Total long-term debt, excluding current installments	$ 399,913	407,629

The Hospital and the Health System (collectively known as the Obligated Group) entered into an Amended and Restated Master Trust Indenture (Master Trust Indenture) dated as of June 1, 1996, as subsequently supplemented and amended. The purpose of the Master Trust Indenture is to provide a mechanism for the efficient and economical issuance of notes by individual members of the Obligated Group using the collective borrowing capacity and credit rating of the Obligated Group. The Master Trust Indenture requires members of the Obligated Group to make principal and interest payments on notes issued for their benefit as well as other Obligated Group members, if the other members are unable to make such payments. The Master Trust Indenture requires the Obligated Group comply with financial and other covenant requirements, including making deposits with the bond trustees for payment of principal and interest when due on the individual series of bonds. The Obligated Group pledged a security interest in their gross revenue as collateral on borrowings under the Master Trust Indenture. The Obligated Group also maintains a debt service reserve fund with the bond trustees for the benefit of the Series 2008A and Series 2009 bonds (redeemed in 2015). The Obligated Group has executed mortgages on the real estate and improvements of the previous hospital campus and the replacement facility campus (note 1).

Series 2010 principal is payable annually, with a balloon payment of $10,365 for 2010A due in fiscal year 2020 and a balloon payment of $6,600 for 2010B due in fiscal year 2021. Interest on the Series 2010A bonds is variable based on 68% of the sum of one-month LIBOR plus 150 basis points and is payable monthly. Interest on the Series 2010B bonds is variable based on 68% of the sum of one-month LIBOR plus 175 basis points and is payable monthly. If the Obligated Group chooses to extend the debt beyond the date of the balloon payment, the interest rates will be reset by the lenders at a rate not to exceed 12%.

On January 1, 2015, the Illinois Finance Authority issued variable-rate revenue bonds, Series 2015A and Series 2015B, in the aggregate amount of $26,860 on behalf of the Obligated Group. On April 22, 2015, the Illinois Finance Authority issued fixed-rate revenue refunding bonds, Series 2015C in the amount of

$286,435 on behalf of the Obligated Group. The Obligated Group received a bond premium of $18,800 and paid bond issue costs of $3,236 related to these issuances.

Scheduled annual principal payments on long-term debt for the ensuing five years are as follows:

Year:		
2018	$	7,305
2019		7,505
2020		18,080
2021		14,390
2022		7,840
Thereafter		339,285
	$	394,405

(10) Capital Leases

Included within property, plant, and equipment is $6,000 of assets held under capital leases and $464 of related accumulated amortization at September 30, 2017 and $289 at September 30, 2016. A summary of future minimum lease payments and the present value of future minimum lease payments related to capital leases at September 30, 2017 are as follows:

		Amount
Year:		
2018	$	521
2019		532
2020		542
2021		553
2022		4,959
Thereafter		—
Total future minimum lease payments		7,107
Less amount representing interest at 5%.		1,456
Present value of future minimum lease payments		5,651
Less current portion of obligations under capital leases included in accounts payable		163
Obligations under capital leases, excluding current portion included in capital leases and other long-term liabilities	$	5,488

(11) Pension Plans

The Health System, HSSI, and the Hospital sponsor various voluntary, defined-contribution, and money purchase pension plans for all qualified, full-time employees. Benefits for individual employees are the amounts that can be provided by the sums contributed and accumulated for each individual employee. The Health System, HSSI, and the Hospital recognized expense under the terms of the plans in the amount of $5,480 and $5,091 for 2017 and 2016, respectively. The Health System, HSSI, and the Hospital fund the plans on a current basis.

The Health System also sponsors several supplemental retirement plans. Eligibility for these plans is limited to specified employees. The supplemental plans are defined-benefit plans and are not qualified plans under Section 401 of the Code. The Health System has recognized expense under the terms of these supplemental retirement plans in the amount of $740 and $822 for 2017 and 2016, respectively. Amounts owed to specified employees under the supplemental retirement plans are included in accrued salaries and wages.

(12) Self-Insured Risks

(a) Professional and General Liability

The Corporations maintain a self-insurance program for professional and general liability coverage. The self-insurance program includes varying levels of self-insured retention and excess malpractice insurance coverage purchased from commercial insurance carriers. In connection with the self-insurance program, the Corporations have engaged the services of a professional actuarial consultant to assist in the estimation of self-insurance provisions and claim liability reserves.

Provisions for estimated self-insured professional and general liability claims amounted to $5,112 and $8,590 in 2017 and 2016, respectively, and are included in general and administrative expenses. It is the opinion of management that the estimated professional and general liabilities accrued at September 30, 2017 and 2016 are adequate to provide for the ultimate cost of potential losses resulting from pending or threatened litigation; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved. The Corporations have also designated attorneys to handle legal matters relating to malpractice and general liability claims. No portion of the accrual for estimated self-insured professional and general liability claims has been reported as a current liability. The liability for estimated self-insured professional and general liability claims has been discounted at 1.00% at both September 30, 2017 and 2016.

(b) Workers' Compensation

The Health System, HSSI, and the Hospital maintain a self-insurance program for workers' compensation coverage. This program limits the self-insured retention to $500 per occurrence. Coverage from commercial insurance carriers is maintained for claims in excess of the self-insured retention. Provisions for workers' compensation claims amounted to $1,469 and $2,760 for 2017 and 2016, respectively, and are included in payroll taxes and fringe benefits expense. Management believes the estimated self-insured workers' compensation claims liability, which is included within accrued salaries and wages at September 30, 2017 and 2016, is adequate to cover the ultimate liability; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved.

(c) Healthcare

The Health System, HSSI, and the Hospital also have a program of self-insurance for employee healthcare coverage. Stop-loss reinsurance coverage is maintained for claims in excess of stop-loss limits. Provisions for employee healthcare claims amounted to $16,557 and $14,750 for 2017 and 2016, respectively, and are included with payroll taxes and fringe benefits expense. It is the opinion of management that the estimated healthcare costs accrued, which is included within accrued salaries and wages at September 30, 2017 and 2016, are adequate to provide for the ultimate liability; however, final payouts as claims are paid may vary significantly from estimated claim liabilities.

(13) Investment in Joint Ventures

UCMC/SCH Oncology JV, LLC

On March 22, 2010, the Hospital, along with the University of Chicago Medical Centers (UCMC), became the founding members of UCMC/SCH Oncology JV, LLC (the Cancer Center), whose purpose was to develop and operate a radiation oncology cancer center on the Hospital's campus. The board is governed equally by the two members, who each have a 50% voting share. Pursuant to the operating agreement, profits and losses are allocated 60% to the Hospital and 40% to UCMC.

The Hospital accounts for its investment in the Cancer Center on the equity method of accounting. As of and for the year ended September 30, 2017, the Cancer Center had total assets of $14,554, members' equity of $12,278, revenue of $41,866, and net income of $2,007. As of and for the year ended September 30, 2016, the Cancer Center had total assets of $16,937, members' equity of $13,271, revenue of $47,465, and net income of $2,479. The Cancer Center made cash distributions of $3,000 in 2017 and $0 in 2016. The carrying value of the Hospital's investment in the Cancer Center is included in other long-term assets in the accompanying consolidated balance sheets.

(14) Endowments

The Corporations have donor-restricted endowment funds (collectively referred to as the Funds), the principal of which may not be expended. The interest and dividend income from investment of the Funds is to be used for a variety of purposes consistent with the intent of the donor. The interest and dividend income earned on the Funds are transferred to temporarily restricted net assets until appropriated for expenditure by the Corporations. All other changes in the Funds, including unrealized and realized gains and losses, are recorded directly to the Funds, which are classified as permanently restricted net assets.

The Corporations also have beneficial interests in trusts (collectively referred to as the Trusts). The Corporations have recorded their share of the principal of the Trusts as permanently restricted net assets. Distributions from the Trusts are recorded within unrestricted net assets if unrestricted; otherwise, they are classified as temporarily restricted net assets until appropriated for expenditure.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Notes to Consolidated Financial Statements

September 30, 2017 and 2016

The activity of the Funds and Trusts for the year ended September 30, 2017 is as follows:

	Total	Donor-restricted endowment funds	Beneficial interest in trusts
Beginning fair value	$ 6,433	799	5,634
Current year contributions	20	20	—
Investment return:			
Interest and dividends	142	—	142
Realized gains, net	134	—	134
Change in unrealized gains, net	234	—	234
Disbursements:			
Fees and expenses	(47)	—	(47)
Assets released from restriction	(120)	—	(120)
Ending fair value	$ 6,796	819	5,977

The activity of the Funds and Trusts for the year ended September 30, 2016 is as follows:

	Total	Donor-restricted endowment funds	Beneficial interest in trusts
Beginning fair value	$ 6,156	679	5,477
Current year contributions	120	120	—
Investment return:			
Interest and dividends	95	—	95
Realized gains, net	83	—	83
Change in unrealized gains, net	147	—	147
Disbursements:			
Fees and expenses	(55)	—	(55)
Assets released from restriction	(113)	—	(113)
Ending fair value	$ 6,433	799	5,634

The historical cost basis of the Funds was approximately $819 and $799 for September 30, 2017 and 2016, respectively. The fair value of assets associated with individual donor-restricted endowment funds may fall below the amount of the original donation as a result of unfavorable market conditions. There were no such deficiencies as of September 30, 2017 or 2016.

(15) Commitments and Contingencies

(a) Operating Leases

The Corporations occupy space in certain facilities and lease various pieces of equipment under long-term, noncancelable operating lease arrangements. Total equipment rental, asset lease, and facility rental expense in 2017 and 2016 were $5,084 and $5,029, respectively.

The following is a schedule by year of future minimum lease payments to be made under operating leases as of September 30, 2017 that have initial or remaining lease terms in excess of one year:

	Amount
Year ending September 30:	
2018	$ 5,313
2019	5,212
2020	4,910
2021	5,045
2022	5,044
Thereafter	24,688

(b) Medicare Reimbursement

The Hospital recognized $132,544 of net patient service revenue during 2017 from services provided to Medicare beneficiaries. Federal legislation routinely includes provisions to modify Medicare payments to healthcare providers. Changes in Medicare reimbursement as a result of the CMS implementation of the provisions of Medicare legislation and other healthcare reform initiatives may have an adverse effect on the Hospital's net patient service revenue.

(c) Litigation

The Corporations are involved in litigation arising in the normal course of business. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporations' financial position or results of operations.

(d) Regulatory Investigations

The U.S. Department of Justice and other federal agencies routinely conduct regulatory investigations and compliance audits of healthcare providers. The Corporations are subject to these regulatory efforts. Management is currently unaware of any regulatory matters that may have a material adverse effect on the Corporations' financial position or results of operations.

(e) The Patient Protection and Affordable Care Act

In March 2010, the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) was enacted. Some of the provisions of the Affordable Care Act took effect immediately, while others will take effect or will be phased in over time, ranging from a few months to 10 years following approval. The Affordable Care Act was designed to make available, or subsidize the premium costs of, healthcare insurance for some of the millions of currently uninsured or underinsured consumers below

(Continued)

certain income levels. An increase in utilization of healthcare services by those who are currently avoiding or rationing their healthcare was expected. Although bad debt expenses and/or charity care provided were expected to be reduced, increased utilization would be associated with increased variable and fixed costs of providing healthcare services, which may or may not be offset by increased revenue.

The Affordable Care Act contains more than 32 sections related to healthcare fraud and abuse and program integrity. The potential for increased legal exposure related to the Affordable Care Act's enhanced compliance and regulatory requirements could increase operating expenses.

The Corporations continue to monitor the impact of these regulations.

(f) Tax Exemption for Sales Tax and Property Tax

Effective June 14, 2012, the governor of Illinois signed into law *Public Act 97-0688*, which creates new standards for state sales tax and property tax exemptions in Illinois. The law establishes new standards for the issuance of charitable exemptions, including requirements for a nonprofit hospital to certify annually that in the prior year, it provided an amount of qualified services and activities to low-income and underserved individuals with a value at least equal to the hospital's estimated property tax liability. The Corporations have been certified in 2017 and 2016 and have not recorded a liability for related property taxes based upon management's current determination of qualified services provided.

(g) Investment Risk and Uncertainties

The Corporations invest in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

(16) Subsequent Events

On December 22, 2017, the Tax Cuts and Jobs Act (the Act) was signed into law. The Act contains various provisions affecting both for-profit and not-for-profit entities. Not-for-profit entities are impacted in part by the inclusion of new excise tax on excess compensation for covered employees, changes to unrelated business income, as well as their ability to advance refund bonds. In addition, not-for-profit entities may be impacted through certain for-profit subsidiaries and/or joint ventures based on the Act's provisions for tax rates, measurement of deferred taxes, as well as other limitations on deductions. Management of the Corporations is currently assessing the overall impact of the Act and its impact on the consolidated financial statements.

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Notes to Consolidated Financial Statements

September 30, 2017 and 2016

In connection with the preparation of the consolidated financial statements and in accordance with the recently issued ASC Topic 855, *Subsequent Events*, the Corporations evaluated subsequent events after the consolidated balance sheet date of September 30, 2017 through January 26, 2018, which was the date the consolidated financial statements were available to be issued, and other than those noted above, there were no items to disclose

Schedule 1

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidating Schedule – Balance Sheet Information

September 30, 2017

(Amounts in thousands)

Assets	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Eliminations	Consolidated
Current assets:								
Cash and cash equivalents	$ 828	1,165	31,165	652	308	—	—	34,118
Short-term investments	—	920	2,235	—	—	—	—	3,155
Assets whose use is limited or restricted, required for current liabilities	—	—	9,882	—	—	—	—	9,882
Patient accounts receivable, net of estimated uncollectibles of $17,067 in 2017	—	880	46,226	—	—	—	—	47,106
Due from affiliates	9,720	—	39,079	960	1,523	—	(51,282)	—
Other receivables	61	16	1,008	—	145	—	—	1,230
Prepaid expenses and other	266	38	6,082	—	13	—	—	6,399
Total current assets	10,875	3,019	135,677	1,612	1,989	—	(51,282)	101,890
Assets whose use is limited or restricted, excluding assets required for current liabilities:								
By board for capital improvements and other	—	—	163,279	—	—	—	—	163,279
By board for self-insurance	24,490	—	—	—	—	—	—	24,490
Under bond indenture agreements – held by trustee	—	—	8,713	—	—	—	—	8,713
Pledges receivable	—	—	622	—	—	—	—	622
Donor-restricted investments	—	—	1,585	—	—	—	—	1,585
Beneficial interest in perpetual trusts	—	—	7,649	—	—	—	—	7,649
	24,490	—	181,848	—	—	—	—	206,338
Land, buildings, and equipment, net	2,166	497	414,378	—	22,420	—	—	439,461
Other assets:								
Land held for sale	—	—	25,201	—	—	—	—	25,201
Investments	22,650	—	—	—	—	—	(22,650)	—
Estimated excess insurance recovery receivables	3,904	—	—	—	—	—	—	3,904
Other long-term assets	—	—	8,458	—	468	—	—	8,926
Total assets	$ 64,085	3,516	765,562	1,612	24,877	—	(73,932)	785,720

(Continued)

Schedule 1

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidating Schedule – Balance Sheet Information

September 30, 2017

(Amounts in thousands)

Liabilities and Net Assets	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Eliminations	Consolidated
Current liabilities:								
Current installments of long-term debt	$ —	—	7,305	—	—	—	—	7,305
Accounts payable	237	124	25,549	—	—	—	—	25,910
Accrued salaries and wages	5,159	1,405	16,114	—	—	—	—	22,678
Accrued expenses	9	45	2,825	—	2,910	—	—	5,789
Estimated payables under third-party reimbursement programs	—	—	40,201	—	—	—	—	40,201
Due to affiliates	5,973	13,273	—	1,048	30,988	—	(51,282)	—
Total current liabilities	11,378	14,847	91,994	1,048	33,898	—	(51,282)	101,883
Estimated self-insured professional and general liability claims	35,680	—	—	—	—	—	—	35,680
Long-term debt, excluding current installments	—	—	399,913	—	—	—	—	399,913
Capital lease and other long-term liabilities, net of current portion	—	—	6,006	—	—	—	—	6,006
Total liabilities	47,058	14,847	497,913	1,048	33,898	—	(51,282)	543,482
Net assets (deficit):								
Unrestricted	17,027	(11,331)	257,793	564	(9,021)	—	(22,650)	232,382
Temporarily restricted	—	—	3,060	—	—	—	—	3,060
Permanently restricted	—	—	6,796	—	—	—	—	6,796
Total net assets	17,027	(11,331)	267,649	564	(9,021)	—	(22,650)	242,238
Total liabilities and net assets	$ 64,085	3,516	765,562	1,612	24,877	—	(73,932)	785,720

See accompanying independent auditors' report.

Schedule 2

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidating Schedule – Statement of Operations and Change in Unrestricted Net Assets Information

Year ended September 30, 2017

(Amounts in thousands)

	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Eliminations	Consolidated
Revenue:								
Net patient service revenue	$ —	6,282	379,100	—	—	—	(200)	385,182
Provision for bad debts	—	—	(11,948)	—	—	—	—	(11,948)
Net patient service revenue, less provision for bad debts	—	6,282	367,152	—	—	—	(200)	373,234
Other revenue	8,858	631	10,274	—	2,401	—	(9,753)	12,411
Total revenue	8,858	6,913	377,426	—	2,401	—	(9,953)	385,645
Expenses:								
Salaries and wages	4,912	5,278	125,603	—	—	—	—	135,793
Payroll taxes and fringe benefits	1,304	831	34,047	—	—	—	—	36,182
General and administrative	1,647	2,142	83,275	—	2,140	—	(9,953)	79,251
Supplies	—	511	73,521	—	—	—	—	74,032
Depreciation and amortization	827	218	27,709	—	1,489	—	—	30,243
Interest	—	—	19,067	—	—	—	—	19,067
Total expenses	8,690	8,980	363,222	—	3,629	—	(9,953)	374,568
Income (loss) from operations	168	(2,067)	14,204	—	(1,228)	—	—	11,077
Nonoperating gains (losses):								
Investment income, net	1,039	(1)	18,283	—	—	—	—	19,321
Gain (loss) on the sale of land, buildings, and equipment	6	—	(60)	—	—	—	—	(54)
Other, net	—	—	488	3	—	—	—	491
Total nonoperating gains (losses), net	1,045	(1)	18,711	3	—	—	—	19,758
Revenue and gains in excess (deficient) of expenses and losses	1,213	(2,068)	32,915	3	(1,228)	—	—	30,835
Other changes in unrestricted net assets:								
Net asset transfers	3,581	—	—	—	—	(3,581)	—	—
Net assets released from restriction for land, building, and equipment acquisitions financed by temporarily restricted net assets	—	—	2,008	—	—	—	—	2,008
Increase (decrease) in unrestricted net assets	$ 4,794	(2,068)	34,923	3	(1,228)	(3,581)	—	32,843

See accompanying independent auditors' report

SILVER CROSS HEALTH SYSTEM AND AFFILIATES

Consolidating Schedule – Changes in Net Assets Information

Year ended September 30, 2017

(Amounts in thousands)

	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Eliminations	Consolidated
Unrestricted net assets:								
Revenue and gains in excess (deficient) of expenses	$ 1,213	(2,068)	32,915	3	(1,228)	—	—	30,835
Other changes in unrestricted net assets:								
Net asset transfers	3,581	—	—	—	—	(3,581)	—	—
Net assets released from restriction for land, building, and equipment acquisitions financed by temporarily restricted net assets	—	—	2,008	—	—	—	—	2,008
Increase (decrease) in unrestricted net assets	4,794	(2,068)	34,923	3	(1,228)	(3,581)	—	32,843
Temporarily restricted net assets:								
Contributions for specific purposes	—	—	1,294	—	—	—	—	1,294
Net realized and unrealized gains and losses on temporarily restricted investments	—	—	86	—	—	—	—	86
Net assets released from restriction for operating purposes	—	—	(488)	—	—	—	—	(488)
Net assets released from restriction for land, building, and equipment acquisitions	—	—	(2,008)	—	—	—	—	(2,008)
Decrease in temporarily restricted net assets	—	—	(1,116)	—	—	—	—	(1,116)
Permanently restricted net assets:								
Permanently restricted contributions	—	—	20	—	—	—	—	20
Net realized and unrealized gains and losses on permanently restricted investments	—	—	343	—	—	—	—	343
Increase in permanently restricted net assets	—	—	363	—	—	—	—	363
Change in net assets	4,794	(2,068)	34,170	3	(1,228)	(3,581)	—	32,090
Net assets (deficit) at beginning of year	12,233	(9,263)	233,479	561	(7,793)	3,581	(22,650)	210,148
Net assets (deficit) at end of year	$ 17,027	(11,331)	267,649	564	(9,021)	—	(22,650)	242,238

See accompanying independent auditors' report.

Section VIII
Attachment 35
Financial Feasibility
Financial Viability
Criterion 1120.130

Silver Cross will be funding its obligations under the Project from internal sources – specifically cash and cash equivalents. Thus, Silver Cross is entitled to a financial viability waiver pursuant to Criterion 1120.130(a)(1). Mr. Pryor's Financial Viability Waiver Certification in support of this Criterion is attached at ATTACHMENT 35.

#18-020

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

June 28, 2018

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1120.130(a) Financial Viability Waiver Certification

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.130(a), that Silver Cross Hospital and Medical Centers ("Silver Cross") will fund the obligations of Silver Cross set forth in the Certificate of Need Application for the "Silver Cross Structural Heart Program" Project from internal sources – specifically, cash and cash equivalents.

Sincerely,

Vincent Pryor
Senior Vice President
Chief Financial Officer

SUBSCRIBED AND SWORN
to before me this 28 day
of June, 2018.

Denise L Tatgenhorst
Notary Public

DENISE L TATGENHORST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 15, 2018

Section X
Attachment 37
Economic Feasibility
Criterion 1120.140

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Silver Cross has satisfied this Criterion because Silver Cross will be funding the Project with cash and cash equivalents. Mr. Pryor's Affidavit of Available Funds in support of this Criterion is attached at ATTACHMENT 34.

Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The construction cost per gross square foot for the clinical portions of the Project is $468.39. The construction and contingency cost per gross square foot for the clinical portions of the Project is $515.23. The clinical portions of the Project encompass 8,605 gross square feet. The construction costs for the clinical portions of the Project total $4,030,537. The construction and contingency costs for the clinical portions of the Project total $4,433,591.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE (CLINICAL PORTIONS OF PROJECT PLUS PRORATA SHARE OF CIRCULATION)

Department (list below)	A Cost/Square Foot	B	C Gross Sq. Ft. (Clinical Portions Only)	D	E Gross Sq. Ft.	F	G Const. $ (Clinical Portions Only)	H Mod. $	Total Cost (Clinical Portions Only)
	NEW	MOD	NEW	CIRC	MOD	CIRC	(A x C)	(B x E)	(G + H)
Open Heart Surgical Suite	$515.23	---	8,605		---	---	$4,433,591	---	$4,433,591
Construction Total	$468.39	---	8,605		---	---	$4,030,537	---	$4,030,537
Contingencies	$46.84	---	8,605		---	---	$403,054	---	$403,054
Construction & Contingencies Total	**$515.23**	**---**	**8,605**		**---**	**---**	**$4,433,591**	**---**	**$4,433,591**

2. The Applicants will incur the following costs in completing this Project.

Project Costs			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$53,748	$146,252	$200,000
Site Survey and Soil Investigation	$4,031	$10,969	$15,000
Site Preparation	$26,874	$73,126	$100,000
Off Site Work			
New Construction Contracts	$4,030,537	$10,967,463	$14,998,000
Modernization Contracts			
Contingencies	$403,054	$1,096,746	$1,499,800
Architectural/Engineering Fees	$203,972	$555,028	$759,000
Consulting and Other Fees	$37,623	$102,377	$140,000
Movable or Other Equipment (not in construction contracts)	$4,334,500	$100,000	$4,434,500
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$9,094,339**	**$13,051,961**	**$22,146,300**

As set forth below, the Applicants are in compliance with the Section 1120 norms.

Project Item	Project Cost (Clinical Parts Only)	Section 1120 Norm	Project Cost Compared to Section 1120 Norm
Preplanning Costs	$53,748	1.8% * (Construction Costs + Contingencies + Equipment) = 1.8%* $8,768,091 = $157,826	Below Section 1120 Norm.
Site Survey, Soil Investigation and Site Preparation	$30,905	5% * (Construction Costs + Contingencies) = 5%*$4,433,591 = $221,680	Below Section 1120 Norm.
Construction Contracts and Contingencies The midpoint of construction will occur in 2021	$4,433,591/8,605 GSF = $515.23 per GSF	$543 per gross square foot inflated at 3% per year through 2021 = $593.35 per gross square foot	Below Section 1120 Norm.
Contingencies	$403,054	10% * (Construction Costs) = 10% * $4,030,537 = $403,054	At Section 1120 Norm. Contingencies are 10% of Construction Costs.
Architectural and Engineering Fees	$203,972	5.64% to 8.48% * (Construction Costs + Contingencies) = 5.64% to 8.48% * $4,433,591 = $250,055 to $375,968	Below Section 1120 Norm.
Consulting and Other Fees	$37,623	No Section 1120 Norm	Reasonable as compared to other approved projects.
Equipment	$4,334,500	No Section 1120 Norm	Reasonable as compared to other approved projects.

Criterion 1120.140(d), Projected Operating Costs

The projected operating costs for the proposed Open Heart Program in 2022 are as follows:

Total Operating Expenses:	$11,724,925
Depreciation Expense:	$1,501,150
Bad Debt Expense:	$412,666
Estimated Number of Cardiac Surgeries:	240

$$\text{Proj. Operating Costs} = \frac{\text{Total Operating Expenses} - \text{Depreciation Expense} - \text{Bad Debt Expense}}{\text{Estimated Number of Open Heart Surgeries}}$$

Projected Operating Costs:	$9,811,109
Proj. Operating Costs per Cardiac Surgery:	$40,879.62

The remaining parts of this Project are not subject to this Criterion.

Criterion 1120.140(e), Total Effect of the Project On Capital Costs

Total Projected Annual Capital Costs in 2022 = $150,000

Total Projected Annual Capital Costs Per Cardiac Surgery = $625

Section XI
Attachment 38
Safety Net Impact Statement

1. The proposed Open Heart Program will have no negative impact on essential safety net services. Indeed, the proposed Open Heart Program will improve essential safety net services in Open Heart Surgery Planning Area HSA-09 by providing needed advanced cardiac care on the Silver Cross Hospital campus and decreasing travel and transfer times for Silver Cross Hospital's cardiac catheterization patients. Indeed, the main goal of this Project is to allow patients to stay at Silver Cross Hospital for their cardiac surgery (and thus, stay in Open Heart Surgery Planning Area HSA-09) and stop the outmigration of cardiac surgery patients to hospitals outside of Open Heart Surgery Planning Area HSA-09. By establishing a robust cardiac surgery program at Silver Cross Hospital, the residents of Open Heart Surgery Planning Area HSA-09 will be able to stay in Open Heart Surgery Planning Area HSA-09 for cardiac surgery. The State of Illinois cardiac catheterization to cardiac surgery conversion rate of 10.77% (if applied to the number of past and projected cardiac catheterizations at Silver Cross Hospital) indicates that hundreds of additional cardiac surgeries could be performed in Open Heart Surgery Planning Area HSA-09. See Criteria 1110.110(b) and 1110.220(b)(3) for further support for this Criterion.

2. The following chart sets forth the amount of charity care provided by Silver Cross Hospital in the last three fiscal years (as reported by Silver Cross Hospital on its Annual Hospital Questionnaires.)

Silver Cross Hospital			
	FY 2015	FY 2016	FY 2017
Number of Inpatient Charity Care Patients	1,063	971	1,113
Number of Outpatient Charity Care Patients	3,826	3,584	3,658
Total Number of Charity Care Patients	4,889	4,555	4,771
Inpatient Charity Care Charges	$11,984,000	$10,806,000	$7,962,000
Outpatient Charity Care Charges	$7,663,000	$6,909,000	$10,073,000
Total Charity Care Charges	$19,647,000	$17,715,000	$17,765,000
Inpatient Cost of Charity Care	$3,419,000	$3,065,000	$2,251,000
Outpatient Cost of Charity Care	$2,186,000	$1,959,000	$2,865,000
Total Cost of Charity Care	$5,605,000	$5,024,000	$5,116,000

3. The following chart sets forth the amount of care provided to Medicaid patients by Silver Cross Hospital in the last three fiscal years (as reported by Silver Cross Hospital on its Annual Hospital Questionnaires).

	FY 2015	FY 2016	FY 2016
Number of Inpatient Medicaid Patients	2,997	2,948	2,479
Number of Outpatient Medicaid Patients	32,024	32,400	26,480
Total Number of Medicaid Patients	35,021	35,348	28,959
Net Inpatient Medicaid Revenues	$12,190,000	$20,015,000	$19,854,000
Net Outpatient Medicaid Revenues	$26,560,000	$24,553,000	$24,027,000
Total Net Medicaid Revenues	$38,750,000	$44,568,000	$43,881,000

4. The following chart sets forth the amount of care provided to self-pay patients by Silver Cross Hospital in the last three fiscal years.

	FY 2015	FY 2016	FY 2017
Number of Inpatient Self-Pay Patients	348	358	220
Number of Outpatient Self-Pay Patients	8,188	6,789	6,013
Total Number of Self-Pay Patients	8,536	7,147	6,223
Inpatient Self-Pay Revenues	$600,000	$573,000	$632,000
Outpatient Self-Pay Revenues	$1,140,000	$2,439,000	$1,028,000
Total Self-Pay Revenues	$1,740,000	$3,012,000	$1,660,000

Section XII
Attachment 39
Charity Care Information

Silver Cross Hospital's charity care for the last three audited fiscal years is set forth below:

Silver Cross Hospital Charity Care			
	FY 2015	FY 2016	FY 2017
Total Net Patient Revenue	$323,175,000	$351,053,000	$367,152,051
Amount of Charity Care (Charges)	$19,647,000	$17,715,000	$17,765,000
Cost of Charity Care	$5,605,000	$5,024,000	$5,116,000
Cost of Charity Care/Total Net Patient Ratio	1.73%	1.43%	1.39%

In total, Silver Cross Hospital provided over $39 million in charity care and other community benefits in FY 2017. Relevant pages from Silver Cross Hospital's Community Benefit Report for FY 2017 are attached at ATTACHMENT 39.

Silver Cross Hospital

Community Benefit Report

FY2017: October 1, 2016 to September 30, 2017

1900 Silver Cross Boulevard
New Lenox, IL 60451

www.silvercross.org

SILVER CROSS HOSPITAL
The way you *should* be treated.

Defining How Much We Provide

Community Benefits Data Summary

Silver Cross Hospital is dedicated to caring and serving our community that extends beyond our walls.

In 2017, Silver Cross provided over **$39** million in charity care and other community benefits. The numbers reported below are all reported at cost.

Charity Care (at cost)	$5,116,000
Gov't sponsored Indigent Healthcare (unreimbursed Medicaid at cost)	$4,129,000
Subtotal Uncompensated Care (Charity Care & Medicaid)	**$9,245,000**
Additional Community Benefit:	
Language Assistance	$86,000
Donations	$259,000
Volunteer Services	$3,409,000
Education	$1,801,000
Government-sponsored program services (unreimbursed Medicare at cost)	$20,693,000
Subsidized Health Services	$852,000
**Bad Debts (at cost)	$3,441,000
Other Community Benefits	$49,000
Total Community Benefit	**$39,835,000**

Items to Note:

****40%** of bad debt patients are uninsured = **$1,376,000** (at cost)

Reporting at cost gives a more accurate picture of true community benefit. Therefore, Silver Cross Hospital has chosen to present the data in this fashion.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

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7	Project and Sources of Funds Itemization	49
8	Financial Commitment Document if required	N/A
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11	Background of the Applicant	50-55
12	Purpose of the Project	56-130
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15	Project Service Utilization	137-139
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
20	Comprehensive Physical Rehabilitation	N/A
21	Acute Mental Illness	N/A
22	Open Heart Surgery	140-165
23	Cardiac Catheterization	N/A
24	In-Center Hemodialysis	N/A
25	Non-Hospital Based Ambulatory Surgery	N/A
26	Selected Organ Transplantation	N/A
27	Kidney Transplantation	N/A
28	Subacute Care Hospital Model	N/A
29	Community-Based Residential Rehabilitation Center	N/A
30	Long Term Acute Care Hospital	N/A
31	Clinical Service Areas Other than Categories of Service	N/A
32	Freestanding Emergency Center Medical Services	N/A
33	Birth Center	N/A
	Financial and Economic Feasibility:	
34	Availability of Funds	166-199
35	Financial Waiver	200-201
36	Financial Viability	N/A
37	Economic Feasibility	202-206
38	Safety Net Impact Statement	207-208
39	Charity Care Information	209-211

#18-020

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CLIENT/MATTER NUMBER
026141-0148

July 18, 2018

Via FedEx

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761-0001

Re: Certificate of Need
Applicant: Silver Cross Hospital and Medical Centers
Project: Silver Cross Structural Heart Program

Dear Mr. Constantino:

Enclosed please find an original and one copy of the Certificate of Need Application filed on behalf of Silver Cross Hospital and Medical Centers. Also enclosed is a check in the amount of $2,500 to cover the application processing fee.

Please feel free to contact me if you have any questions.

Sincerely,

Edward J. Green

EJGR:sc
Encls.