



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET ITEM: C-05	BOARD MEETING: June 4, 2019	EXEMPTION NUMBER: #E-019-19
EXEMPTION APPLICANT(S): Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health		
FACILITY NAME and LOCATION: Presence Saint Francis Hospital, Evanston		

STATE BOARD STAFF REPORT
DISCONTINUATION OF A CATEGORY SERVICE
EXEMPTION REQUEST

I. The Exemption Application

The Applicants (Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health) propose the discontinuation of an open-heart surgery category of service. There is no cost to this project. The expected completion date is July 5, 2019.

II. Hospital Open Heart Surgery Category of Service

Presence Saint Francis Hospital is located at 355 Ridge Avenue, Evanston Illinois in the HSA VII Open Heart Surgery Planning Area. There is no need formula for the open-heart surgery category of service. The utilization standards for the open-heart surgery category of service are:

Adult: There should be a minimum of 200 open-heart procedures performed annually by each facility within three years after initiation, in any institution in which open heart surgery is performed for adults. Higher caseloads, over 200 per annum, are encouraged.

Pediatric: There should be a minimum of 75 pediatric open-heart operations performed annually by each facility within three years after initiation of the service.

Adult/Pediatric: The defined minimum utilization standards for both adult and pediatric shall apply for programs doing both adult and pediatric open- heart surgery. [77 ILAC 1100.610]

Table One documents the 5-year utilization of Presence Saint Francis Hospital open heart surgery category of service.

TABLE ONE
Presence Saint Francis Hospital
Historical Open Heart Surgery Category of Service ⁽²⁾

<u>Cardiac Surgery</u>	2017	2016	2015	2014	2013
Total	39	51	56	43	99
Pediatric	0	0	0	0	0
Adult	39	51	56	43	99
CABGs ⁽¹⁾	20	42	44	27	42

1. Coronary artery bypass surgery also known as coronary artery bypass graft (CABG, pronounced "cabbage") surgery, and colloquially heart bypass or bypass surgery, is a surgical procedure to restore normal blood flow to an obstructed coronary artery. A normal coronary artery transports blood to and from the heart muscle itself, not through the main circulatory system. There are two main approaches. In one, the left internal thoracic artery, LITA (also called left internal mammary artery, LIMA) is diverted to the left anterior descending branch of the left coronary artery. In this method, the artery is "pedicled" which means it is not detached from the origin. In the other, a great saphenous vein is removed from a leg; one end is attached to the aorta or one of its major branches, and the other end is attached to the obstructed artery immediately after the obstruction to restore blood flow. Source: American Heart Association.
2. CABGs are included in the total number of cardiac surgeries as per annual questionnaire requirements.
3. Source: Annual Hospital Profiles

III. Applicable Rules

A) Section 1130.500 - General Requirements for Exemptions

Only those projects specified in Section 1130.410 are eligible for exemption from permit requirements. Persons that have initiated or completed such projects without obtaining an exemption are in violation of the provisions of the Act and are subject to the penalties and sanctions of the Act and Section 1130.790.

a) Application for Exemption

Any persons proposing a project for an exemption to permit requirements shall submit to HFSRB an application for exemption containing the information required by this Subpart, submit an application fee (if a fee is required), and receive approval from HFSRB.

b) General Information Requirements

The application for exemption shall include the following information and any additional information specified in this Subpart:

- 1) the name and address of the applicant or applicants (see Section 1130.220);*
- 2) the name and address of the health care facility;*
- 3) a description of the project, e.g., change of ownership, discontinuation, increase in dialysis stations;*
- 4) documentation from the Illinois Secretary of State that the applicant is registered to conduct business in Illinois and is in good standing or, if the applicant is not required to*

be registered to conduct business in Illinois, evidence of authorization to conduct business in other states;

- 5) *a description of the applicant's organization structure, including a listing of controlling or subsidiary persons;*
- 6) *the estimated project cost, including the fair market value of any component and the sources and uses of funds;*
- 7) *the anticipated project completion date;*
- 8) *verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFSRB; and*
- 9) *the application-processing fee.*

HFSRB NOTE: If a person or project cannot meet the requirements of exemption, then an application for permit may be filed.

B) Section 1130.525 - Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service

- a) *Submission of Application for Exemption*
Prior to any person discontinuing a health care facility or category of service, the person shall submit an application for exemption to the HFSRB, submit the required application-processing fee (see Section 1130.230), and receive approval from HFSRB.
- b) *Application for Exemption*
The application for exemption is subject to approval under Section 1130.560 and shall include a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.130. The application shall be available for review on the premises of the health care facility.
- c) *Opportunity for Public Hearing*
Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. [20 ILCS 3960/8.5(a-3)]

C) Section 1110.290 - Discontinuation – Review Criteria

These criteria pertain to the discontinuation of categories of service and health care facilities.

- a) *Information Requirements – Review Criterion*
The applicant shall provide at least the following information:
 - 1) *Identification of the categories of service and the number of beds, if any, that are to be discontinued;*
 - 2) *Identification of all other clinical services that are to be discontinued;*
 - 3) *The anticipated date of discontinuation for each identified service or for the entire facility;*
 - 4) *The anticipated use of the physical plant and equipment after discontinuation occurs;*
 - 5) *The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;*
 - 6) *For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.*
- b) *Reasons for Discontinuation – Review Criterion*

The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;*
 - 2) Lack of sufficient staff to adequately provide the service;*
 - 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;*
 - 4) The facility or the service is not in compliance with licensing or certification standards.*
- c) Impact on Access – Review Criterion*
The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:
- 1) The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;*
 - 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;*
 - 3) Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.*
- d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or*

III. State Board Staff Analysis

Presence Saint Francis Hospital proposes to discontinue an open-heart surgery category of service. According to the Applicants the proposed discontinuation is the result of low and steadily decreasing utilization at the hospital. The operating room currently designated for cardiac procedures will be used for general surgery and the equipment will be utilized by other AMITA facilities. The medical records will be maintained in accordance with all federal and state legal requirements.

The Applicants sent impact letters to the hospitals listed below with open heart surgery category of service. (See Table Two below). No replies were received from these hospitals by the State Board Staff.

TABLE TWO
Hospitals sent impact Letters with Open Heart Surgery Category of Service

Hospital	City	Cardiac Surgery			
		Patients 0-14 Yrs	Patients 15+ Yrs	Total Cardiac Surgeries	Coronary Artery Bypass Grafts
Highland Park Hospital	Highland Park	0	130	0	84
Evanston Hospital	Evanston	0	195	195	94
Advocate Lutheran General Hospital	Park Ridge	0	220	220	159
Illinois Masonic Medical Center	Chicago	0	131	131	98
Children's Memorial Hospital	Chicago	237	29	266	0
Weiss Memorial Hospital	Chicago	0	10	10	10
Northwestern Memorial Hospital	Chicago	0	782	782	132
AMITA Presence Resurrection Hospital	Chicago	0	219	219	165
AMITA Presence Mary of Nazareth	Chicago	0	43	43	29
Swedish Covenant Hospital	Chicago	0	131	131	120

IV. Safety Net Impact

The Applicants stated:

“Presence Saint Francis Hospital has a long history of being a safety net provider, both in terms of its role in the community, as well as services provided directly at or by the hospital, including being designated as a Level I Trauma Center. The proposed discontinuation of open-heart surgery services will have no impact on that commitment, nor will it have any impact on any other providers of safety net services.”

TABLE THREE
Safety Net Information
Presence Saint Francis Hospital

	2016	2017	2018 ⁽¹⁾
Net Revenue	\$167,195,901	\$174,967,222	\$162,236,422
<u>Charity Care</u>			
Inpatient	628	71	184
Outpatient	6,885	1,212	1,633
Total	7,513	1,283	1,817
Charity			
Inpatient	\$1,652,766	\$540,676	\$912,745
Outpatient	\$2,390,180	\$901,814	\$1,069,994
Total	\$4,042,946	\$1,442,490	\$1,982,739
	2.42%	0.82%	1.22%

TABLE THREE
Safety Net Information
Presence Saint Francis Hospital

	2016	2017	2018
<u>Medicaid</u>			
Inpatient	621	630	960
Outpatient	7,080	19,965	7,814
Total	7,701	20,595	8,774
Inpatient	\$12,338,025	\$31,418,703	\$16,870,955
Outpatient	\$7,584,914	\$25,782,125	\$3,290,891
Total	\$19,922,939	\$57,200,828	\$20,161,846
	11.92%	32.69%	12.43%

1. 2018 information six months only

The Illinois Health Facilities Planning Act (20 ILCS 3960/6) requires that
“An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility, discontinuation of a category of service, and discontinuation of a health care facility, other than a health care facility maintained by the State or any agency or department thereof or a nursing home maintained by a county.”

The Applicants have provided the required information for this exemption application.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH DISCONTINUATION OF A CATEGORY OF SERVICE OR HEALTH CARE FACILITY (77 ILAC 1130.500, 77 ILAC 1130.520 AND 77 ILAC 1110.290)

TABLE FOUR
Presence Saint Francis Hospital - Evanston

<u>2017</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>		<u>2016</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>		<u>2015</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>
Medical Surgical	162	5.3	77.8	48.02%		Medical Surgical	162	5.5	79.4	49.01%		Medical Surgical	162	5.1	78.4	48.40%
Pediatric	0	0	0	0.00%		Pediatric	0	0	0	0.00%		Pediatric	0	0	0	0.00%
Intensive Care	35	3.1	13.9	39.71%		Intensive Care	35	3	16.3	46.57%		Intensive Care	35	3.1	18.3	52.29%
OB/GYN	18	2.7	5.7	31.67%		OB/GYN	18	2.7	5.6	31.11%		OB/GYN	18	2.7	5.9	32.78%
AMI	0	0	0	0.00%		AMI	0	0	0	0.00%		AMI	0	0	0	0.00%
Total	215	4.7	97.3	45.26%		Total	215	4.8	101.3	47.12%		Total	215	4.5	102.7	47.77%
<u>Cardiac Surgery</u>	<u>39</u>					<u>Cardiac Surgery</u>						<u>Cardiac Surgery</u>				
Pediatric	0					Pediatric	0					Pediatric	0			
Adult	39					Adult	51					Adult	56			
CABGs	20					CABGs	42					CABGs	44			
Total Revenue	\$172,097,411	100.00%				Total Revenue	\$173,155,570	100.00%				Total Revenue	\$164,750,923	100.00%		
Medicare	\$21,770,179	12.65%				Medicare	\$51,721,287	29.87%				Medicare	\$55,098,013	33.44%		
Medicaid	\$57,200,828	33.24%				Medicaid	\$19,922,939	11.51%				Medicaid	\$20,854,436	12.66%		
Other Public	\$0	0.00%				Other Public	\$0	0.00%				Other Public	\$0	0.00%		
Private Insurance	\$89,303,028	51.89%				Private Insurance	\$96,090,716	55.49%				Private Insurance	\$82,418,264	50.03%		
Private Pay	\$3,823,376	2.22%				Private Pay	\$5,420,628	3.13%				Private Pay	\$6,380,210	3.87%		
Charity Care	\$1,442,490	0.84%				Charity Care	\$4,042,946	2.33%				Charity Care	\$4,631,770	2.81%		

<u>Ownership, Management and General Information</u>			<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Kenneth Jones		White	46.7%	Hispanic or Latino:	#Div/0!
ADMINSTRATOR PHONE	847-316-2352		Black	25.7%	Not Hispanic or Latino:	#Div/0!
OWNERSHIP:	Presence Chicago Hospitals Network		American Indian	0.1%	Unknown:	#Div/0!
OPERATOR:	Presence Chicago Hospitals Network		Asian	6.1%		
MANAGEMENT:	Church-Related		Hawaiian/ Pacific	0.1%	IDPH Number:	5991
CERTIFICATION:			Unknown	21.3%	HPA	A-08
FACILITY DESIGNATION:	General Hospital				HSA	7
ADDRESS	355 Ridge Avenue	CITY: Evanston	COUNTY:	Suburban Cook County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	162	140	88	5,364	24,030	4,353	5.3	77.8	48.0	55.5
0-14 Years				0	0					
15-44 Years				728	2,677					
45-64 Years				1,639	7,326					
65-74 Years				1,168	5,353					
75 Years +				1,829	8,674					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	35	35	22	1,639	5,009	56	3.1	13.9	39.6	39.6
Direct Admission				1,351	4,178					
Transfers				288	831					
Obstetric/Gynecology	18	14	13	766	2,022	54	2.7	5.7	31.6	40.6
Maternity				675	1,781					
Clean Gynecology				91	241					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	215			7,481	31,061	4,463	4.7	97.3	45.3	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	41.6%	8.4%	0.0%	47.3%	1.7%	0.9%	
	3115	630	0	3537	128	71	7,481
Outpatients	33.0%	22.2%	0.0%	39.8%	3.6%	1.3%	
	29660	19965	0	35745	3240	1212	89,822

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	12.6%	33.2%	0.0%	51.9%	2.2%	100.0%		1,442,490
	11,957,708	31,418,703	0	49,051,481	2,100,066	94,527,958	540,676	
Outpatient Revenue (\$)	12.6%	33.2%	0.0%	51.9%	2.2%	100.0%		Total Charity Care as % of Net Revenue
	9,812,471	25,782,125	0	40,251,547	1,723,310	77,569,453	901,814	0.8%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	586		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	585		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	951	8	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		2,039	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	12		Inpatient Studies		361,728	Total:	0
C-Section Rooms:	2		Outpatient Studies		193,030		
CSections Performed:	62		Studies Performed Under Contract		0		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	123	72	434	109	543	3.5	1.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	593	715	1106	1040	2146	1.9	1.5
Gastroenterology	0	0	1	1	1	0	0.06	0	0.06	0.1	0.0
Neurology	0	0	0	0	114	6	504	8	512	4.4	1.3
OB/Gynecology	0	0	1	1	96	361	299	731	1030	3.1	2.0
Oral/Maxillofacial	0	0	0	0	7	1	16	3	19	2.3	3.0
Ophthalmology	0	0	2	2	16	697	33	554	587	2.1	0.8
Orthopedic	0	0	2	2	473	807	1168	1249	2417	2.5	1.5
Otolaryngology	0	0	0	0	8	141	14	177	191	1.8	1.3
Plastic Surgery	0	0	0	0	1	19	2	65	67	2.0	3.4
Podiatry	0	0	0	0	17	189	18	244	262	1.1	1.3
Thoracic	0	0	0	0	17	0	34	0	34	2.0	0.0
Urology	0	0	1	1	135	216	237	221	458	1.8	1.0
Totals	0	0	14	14	1601	3224	3865.06	4401	8266.06	2.4	1.4

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

11

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	511	2085	269	1458	1727	0.5	0.7
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Adult & Child
Operating Rooms Dedicated for Trauma Care	2
Number of Trauma Visits:	329
Patients Admitted from Trauma	168
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	26
Persons Treated by Emergency Services:	35,206
Patients Admitted from Emergency:	5,803
Total ED Visits (Emergency+Trauma):	35,535

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	89,822
Outpatient Visits at the Hospital/ Campus:	89,822
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	636
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	416
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	197
EP Catheterizations (15+)	23

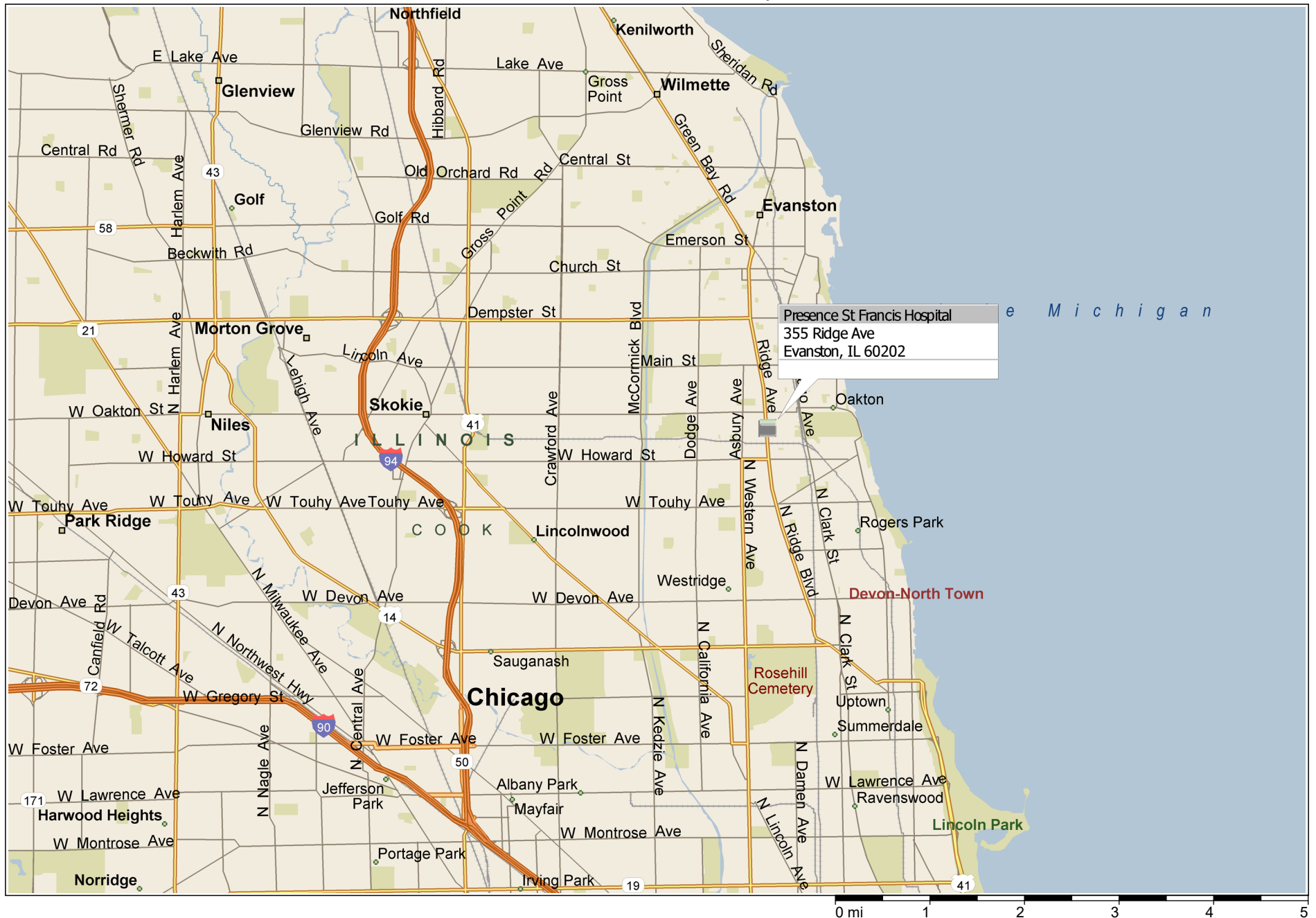
Cardiac Surgery Data

Total Cardiac Surgery Cases:	39
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	39
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	20

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	<u>Owned Contract</u>		<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	4	0	16,307	35,899	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	367	743	0	Linear Accelerator	1	0	1,664
Mammography	3	0	0	10,808	0	Image Guided Rad Therapy			1,226
Ultrasound	4	0	1,632	4,732	0	Intensity Modulated Rad Thrpy			357
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			27	6	0	Proton Beam Therapy	0	0	0
Interventional Angiography			2,178	2,218	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	78	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	6,002	9,081	0				
Magnetic Resonance Imaging	1	0	857	2,393	0				

E-019-19 Presence St Francis Hospital - Evanston



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