

E-024-19

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JUN 11 2019

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MetroSouth Medical Center			
Street Address: 12935 South Gregory Street			
City and Zip Code: Blue Island 60406			
County: Cook	Health Service Area	HSA 7	Health Planning Area: A-04

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

Exact Legal Name: Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center	
Street Address: 12935 South Gregory Street	
City and Zip Code: Blue Island 60406	
Name of Registered Agent: CT Corporation	
Registered Agent Street Address: 208 S. LaSalle St., Suite 814	
Registered Agent City and Zip Code: Chicago 60604	
Name of Chief Executive Officer: John Walsh	
CEO Street Address: 12935 South Gregory Street	
CEO City and Zip Code: Blue Island	
CEO Telephone Number: 615-221-1400	

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are 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: John Walsh
Title: CEO
Company Name: MetroSouth Medical Center
Address: 12935 South Gregory Street, Blue Island, Illinois 60406
Telephone Number: 708-597-2000 Extension 5201
E-mail Address: John.Walsh@QuorumHealth.com
Fax Number: 615-221-1484

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MetroSouth Medical Center			
Street Address: 12935 South Gregory Street			
City and Zip Code: Blue Island 60406			
County: Cook	Health Service Area	HSA 7	Health Planning Area: A-04

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

Exact Legal Name: Quorum Health Corporation
Street Address: 1573 Mallory Lane Suite 100
City and Zip Code: Brentwood, TN 37027
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: 1209 Orange Street
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: Robert Fish
CEO Street Address: 1573 Mallory Lane Suite
CEO City and Zip Code: Brentwood, TN 37027
CEO Telephone Number: 615-221-1400

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">Corporations and limited liability companies must provide an Illinois certificate of good standing.Partnerships must provide the name of the state in which they are 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: Hal McCard
Title: Senior Vice President, General Counsel, and Secretary
Company Name: Quorum Health Corporation
Address: 1573 Mallory Lane
Telephone Number: 615-221-3507
E-mail Address: Hal_McCard@QuorumHealth.com
Fax Number: 615-221-1484

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg, LLP
Address: Suite 4200, One North Wacker
Telephone Number: 312-214-4861
E-mail Address: dlawler@btlaw.com
Fax Number: 312-357-1313

Post Exemption Contact

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

Name: John Walsh
Title: CEO
Company Name: MetroSouth Medical Center
Address: 12935 South Gregory Street, Blue Island, IL 60406
Telephone Number: 615-221-1400
E-mail Address: John_Walsh@QuorumHealth.com
Fax Number: 615-221-1484

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blue Island Hospital Company, LLC
Address of Site Owner: 1573 Mallory Lane, Brentwood, TN 37027
Street Address or Legal Description of the 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: Blue Island Hospital Company, LLC	
Address: 1573 Mallory Lane, Brentwood, TN 37027	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">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 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.

Narrative Description

In the space below, provide 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.

The project is for the discontinuation of an existing health care facility, MetroSouth Medical Center, 12935 South Gregory Street, Blue Island 60406.

A project to discontinue a health care facility is classified as substantive under 77 Ill. Adm. Code 1110.20(c)(1)(B)(ii).

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☐ No ☒. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): Fourth Quarter of 2019 with an anticipated discontinuation date of November 1, 2019

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 being deemed incomplete.

CERTIFICATION

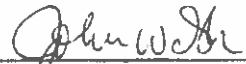
The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of

Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center

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 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 fee required for this application is sent herewith or will be paid upon request.




SIGNATURE

John Walsh

PRINTED NAME

CEO

PRINTED TITLE



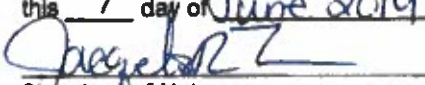
SIGNATURE

MARTIN SMITH

PRINTED NAME

EVP & COO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7 day of June 2019


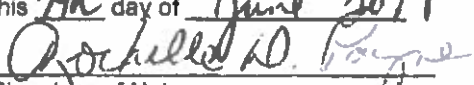
Signature of Notary

Seal



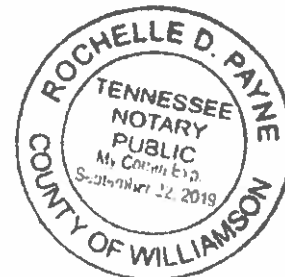
JACQUELINE R. THOMAS
Notary Public, State of Ohio
My Comm. Expires Aug. 1, 2021
Recorded in Trumbull County

*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 7th day of June 2019


Signature of Notary

Seal



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

CERTIFICATION


The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

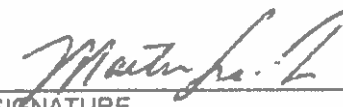
- o In the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of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

This Application is filed on the behalf

Quorum Health Corporation, Inc.

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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE
John Walsh
PRINTED NAME
CFO
PRINTED TITLE


SIGNATURE
MARTIN SMITH
PRINTED NAME
EVP + COO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 7th day of June 2019


Signature of Notary

Seal



JACQUELINE R. THOMAS
Notary Public, State of Ohio
My Comm. Expires Aug. 1, 2021
Recorded in Trumbull County

*Insert the Exemption legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 7th day of June 2019


Signature of Notary

Seal



SECTION II. DISCONTINUATION

Type of Discontinuation

- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | Discontinuation of an Existing Health Care Facility |
| <input type="checkbox"/> | Discontinuation of a category of service |

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (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 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 or exemption, 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 that the information was 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

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 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		16-18
2	Site Ownership		19-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		32-34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		35-36
5	Discontinuation General Information Requirements		37-45
6	Reasons for Discontinuation		46-55
7	Impact on Access		56-119
8	Background of the Applicant		120-122
9	Safety Net Impact Statement		123-130
10	Charity Care Information		131-134

ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

1. The Illinois Certificate of Good Standing for Blue Island Hospital Company, LLC.
2. The Delaware Certificate of Good Standing for Quorum Health Corporation.



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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 6TH
day of JUNE A.D. 2019 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5792308 8300

SR# 20181195758

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202188010

Date: 02-21-18

ATTACHMENT 1

ATTACHMENT 2
SITE OWNERSHIP

Included with this attachment is proof of site ownership consisting of the Special Warranty Deed held by Blue Island Hospital Company, LLC.

This document prepared by:
Sarah M. Lombard, Esq.
Hinckley, Allen & Snyder LLP
20 Church Street, 18th Floor
Hartford, Connecticut 06103



Doc#: 1206222035 Fee: \$86.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/02/2012 11:27 AM Pg: 1 of 12

After recording send to:

Land Services USA, Inc
10 North Church Street, Suite 307
West Chester, PA 19380
610.429.3145

115-512514 29200/1113
SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED is made and entered into as of the 29th day of February, 2012, by and between MSMC REALTY, LLC, a Delaware limited liability company ("Grantor"), and BLUE ISLAND HOSPITAL COMPANY, LLC, a Delaware limited liability company ("Grantee"), having a mailing address of 4000 Meridian Boulevard, Franklin, Tennessee 37067, Attention: President.

WITNESSETH:

That for and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, Grantor does hereby remise, release, alien, convey and, only to the extent hereinafter provided, warrant unto Grantee, its successors and assigns, the following real estate, situated and being in the County of Cook, State of Illinois, described on Exhibit A attached hereto and made a part hereof.

TOGETHER with all buildings, improvements and fixtures located thereupon, and all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of Grantor, either in law or equity, in and to the above-described premises, with the hereditaments and appurtenances (collectively, with the real estate described on Exhibit A, the "Property").

TO HAVE AND TO HOLD THE aforesaid Property, together with all the appurtenances and hereditaments thereunto belonging or in any wise appertaining, unto Grantee, its successors and assigns, in fee simple forever.

Grantor, for itself and its successors and assigns, does hereby covenant with Grantee, and its successors and assigns, that Grantor is the owner of an indefeasible estate in the Property in fee simple, that Grantor has good, right and lawful authority to sell and convey the Property and that Grantor will warrant and forever defend title to the Property against the lawful encumbrances of all persons claiming by, through or under Grantor, but not further or otherwise, subject, however, to all items listed on Exhibit B attached hereto and made a part hereof ("Permitted Exceptions").

12
Y
SC
INT

ATTACHMENT 2

<u>Address of Property</u>	<u>Permanent Real Estate Index Numbers</u>
12831 Gregory	25-31-105-022-0000
12831 Gregory	25-31-105-023-0000
12850 Irving Ave.	25-31-105-030-0000
12850 Irving Ave.	25-31-105-046-0000
12850 Irving Ave.	25-31-105-047-0000
12836 Irving Ave.	25-31-105-052-0000
2250 Irving Road	25-31-105-053-0000
12843 Gregory St.	25-31-105-058-0000
12834 Irving Ave.	25-31-105-061-0000
12843 Gregory St.	25-31-105-062-0000
12829 Gregory St.	25-31-105-064-0000
12921 Western Ave.	25-31-113-001-0000
12921 Western Ave.	25-31-113-002-0000
2329 Union	25-31-113-011-0000
12921 Western Ave.	25-31-113-021-0000
2310 York/12930 S. Gregory St. (Pavilion)	25-31-114-004-0000
12955 Western Ave. (Land Western & York)	25-31-114-005-0000
12955 Western Ave. (Land Western & York)	25-31-114-008-0000
12935 Gregory (Hospital)	25-31-115-001-0000
12935 Gregory (Hospital)	25-31-115-002-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-003-0000
12935 Gregory (Boiler House)	25-31-115-004-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-005-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-006-0000
12909 Irving Ave. (Hospice House)	25-31-116-030-0000
13000 Irving Ave.	25-31-120-003-0000
13001 Irving Ave.	25-31-123-001-0000

THIS IS NOT HOMESTEAD PROPERTY.

Mail Tax Statements to:

Blue Island Hospital Company, LLC
4000 Meridian Boulevard
Franklin, TN 37067
Attention: President

[SIGNATURE PAGE TO FOLLOW]

SIGNATURE PAGE
SPECIAL WARRANTY DEED

WITNESS the signature of Grantor the day and year first above written.

MSMC REALTY, LLC,
a Delaware limited liability company

By: Reis Capital Management, LLC,
Its Manager



By: 
Name: David Reis
Title: Managing Member

STATE OF New York)
COUNTY OF Westchester) ss.

On this 24th day of February, 2012, before me, a Notary Public in and for said state, personally appeared David Reis, being the Managing Member of Reis Capital Management, LLC, the Manager of MSMC Realty, LLC, a Delaware limited liability company, known to me to be the person who executed the within Special Warranty Deed on behalf of said limited liability company, and that said instrument was signed on behalf of said limited liability company by authority of its Manager, and he acknowledged to me that he executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.


Notary Public/Commissioner of the Court
My term expires: May 19, 2012

REAL ESTATE TRANSFER		03/02/2012
	COOK	\$15,013.75
	ILLINOIS:	\$30,027.50
	TOTAL:	\$45,041.25

25-31-105-022-0000 | 20120201602674 | TZ5AFE

TERESA BERNARDI
Notary Public, State of New York
No. 01BE6167460
Qualified in Westchester County
Commission Expires May 19, 2012

EXHIBIT A

Legal Description

TRACT I:

PARCEL 1:

LOTS 5 AND 6 IN UHLICH'S SUBDIVISION OF PART OF BLOCK 7 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-114-008

PARCEL 2:

THAT PART OF BLOCKS 10 AND 12 LYING WEST OF THE WEST LINE OF IRVING STREET IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-002 and 25-31-115-001

PARCEL 3:

THAT PART OF BLOCK 8 LYING WEST OF THE WEST LINE OF IRVING STREET (EXCEPT THE SOUTH 50 FEET OF THE WEST 181.5 FEET) IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-003, 25-31-115-004 and 25-31-115-005

PARCEL 4:

THAT PART OF BLOCK 8 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

- A-1 -

ATTACHMENT 2

COMMENCING AT THE SOUTH WEST CORNER OF SAID BLOCK 8; THENCE RUNNING EAST ON THE SOUTH LINE OF BLOCK 8 181.5 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID BLOCK 50 FEET; THENCE WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 8 181.5 FEET TO THE WEST LINE OF SAID BLOCK; THENCE SOUTH ALONG THE WEST LINE OF SAID BLOCK 8 50 FEET TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-006

TRACT II:

THE NORTH 10 FEET OF LOT 39 AND LOT 40 (EXCEPT THE WEST 200 FEET AND EXCEPT THE NORTH 34 FEET OF SAID LOT 40) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-061 and 25-31-105-062

TRACT III:

PARCEL 1:

LOTS 1, 2, 3 AND THE SOUTH 6 FEET OF LOT 4 IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-046, 25-31-105-047 and 25-31-105-053

PARCEL 2:

THE EAST 105 FEET OF LOT 8 IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-030

PARCEL 3:

THE SOUTH 75 FEET OF LOT 7 (EXCEPT THE WEST 160 FEET THEREOF) IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-064

TRACT IV:

ALL OF LOT 5 AND LOT 4 (EXCEPT THE SOUTH 6 FEET THEREOF) IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-052

TRACT V:

THE SOUTH 31.50 FEET OF THE SOUTH 60 FEET MEASURED ON THE WEST LINE OF THAT PART OF BLOCK 12 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO WIT: COMMENCING AT THE NORTHEAST CORNER OF BLOCK 12; THENCE RUNNING WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 12, 169-1/2 FEET; THENCE RUNNING SOUTH 100 FEET; THENCE RUNNING EAST, PARALLEL WITH THE NORTH LINE OF SAID BLOCK 12, TO ROCK ISLAND DUMMY RAILROAD RIGHT OF WAY; THENCE RUNNING NORTH, ALONG SAID RIGHT OF WAY, TO THE POINT OF BEGINNING, IN SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-116-030

TRACT VI:

Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Blue Island except that part of said Block 7 described and bounded as follows: Commencing at the Southwest corner of said Block 7; thence running East on the South line of said Block 132.4 feet; thence North, parallel with the West line of said block, to a point in

the North line of said Block 132.4 feet East of the Northwest corner of said Block 7; thence West along the North line of said Block 132.4 feet, to the Northwest corner thereof; thence South, along the West line of said Block, to the place of beginning, in Cook County, Illinois.

PIN: 25-31-114-004

TRACT VII:

PARCEL 1:

The North 50 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 50 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-001

PARCEL 2:

The North 39 feet of the South 79 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 39 feet of the South 79 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-002

TRACT VIII:

Lots 9, 8 and the South 22 feet of Lot 7, together with the West half of the vacated alley lying East and adjoining said Lots 9, 8 and the South 22 feet of Lot 7, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-021

TRACT IX:

PARCEL 1:

That part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, described as follows:

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ATTACHMENT 2

Commencing at the Southwest corner of said Block 7; thence East, along the South line of said Block, 116.4 feet; thence North 60 feet; thence West 116.4 feet to the West line of said Block; thence South 60 feet to the place of beginning, in Cook County, Illinois.

PARCEL 2:

Lot 7 in Uhlich's Subdivision of part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South half of the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-114-005

(PIN applies to PARCELS 1 and 2)

TRACT X:

PARCEL 1:

Lots 1, 2, 9, 10 and 3 (except the West 30 feet of said Lot 3) and Lot 8 (except the West 30 feet of said Lot 8) in Block 5 in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-120-003

PARCEL 2:

Block 4 (except part conveyed to railroad) in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-123-001

TRACT XI:

PARCEL 1:

The North 75 feet of the South 89 feet (except the East 214 feet) of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-022

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ATTACHMENT 2

PARCEL 2:

The West 200 feet of Lot 40 and the West 200 feet of the South 14 feet of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

PIN: 25-31-105-023

TRACT XII:

The West 100 feet of the East 208 feet of Lot 40 and the West 100 feet of the East 208 feet of the South 4 feet of Lot 41, all in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-058

TRACT XIII:

The East 100 feet of Lots 1 and 2 in Bourke's Subdivision of Block 11 in Sander's Second Addition to The Town of Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-011

EXHIBIT B

Permitted Exceptions

- a. Grant of Easement recorded October 31, 1966 as document 19982195, as shown in that certain ALTA/ACSM Survey by Zarko Sekerez & Associates, dated December 28, 2011, last revised February 29, 2012 (the "Survey"). (TRACT III, PARCEL 2)
- b. Easement recorded October 31, 1966 as document 19982196 made by Dora Marshall to the Illinois Bell Telephone Company, as shown on the Survey. (TRACT XI)
- c. Grant of Easement recorded October 31, 1966 as document 19982197 in favor of Illinois Bell Telephone Company, as shown on the Survey. (TRACT III, PARCEL 3)
- d. Easement for ingress and egress as created by Declaration of Easement recorded September 4, 1992 as document 92661925, as shown on the Survey. (TRACT XI, PARCEL 2)
- e. Rights of tenants, as tenants only, with no options to purchase the property or rights of first refusal, pursuant to unrecorded leases previously provided to Grantee.
- f. Taxes for the year 2011, final installment, and taxes and assessments for the year 2012 and subsequent years, which are not yet due and payable.
- g. Encroachment of parking spaces located mainly on TRACT X, PARCEL 1, onto public property east and adjoining, as shown on the Survey.
- h. Encroachment of parking spaces onto York Street, North of TRACT X, PARCEL 2, and onto property South and adjoining said TRACT X, PARCEL 2, including over a portion of New Street and Block 3, as shown on the Survey.
- i. Encroachment of parking spaces located on TRACT VII, PARCEL 2 onto property South and encroachment of parking spaces located on TRACT VIII onto property North, as shown on the Survey.
- j. Encroachment of the Irving Avenue roadway improvements over a part of TRACT X, PARCEL 2, as shown on the Survey.
- k. Overhead wires along the west line of TRACT X, as shown on the Survey.
- l. Encroachment of parking, sign, concrete wall and retaining wall on TRACT X over onto Irving Avenue, as shown on the Survey.
- m. Possible encroachment by owners of property lying north of TRACT XI, PARCEL 1, using part of said tract for vehicular ingress and egress to park behind the building located on the parcel to the north.

- n. Rights of the Municipality, the State of Illinois, the Public and adjoining owners in and to those portions of TRACTS VII and VIII lying within the vacated alley.
- o. Rights of the public and quasi-public utilities, if any, in and to those portions of TRACTS VII and VIII lying within the vacated alley for maintenance therein of poles, conduits, sewers and other facilities.
- p. Rights of way for drainage tiles, ditches, feeders and laterals, if any, already existing within the property.

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ATTACHMENT 2

STATE OF ILLINOIS

) SS

COUNTY OF COOK

MSMC Realty, LLC, a Delaware limited liability company, being duly sworn on oath, that the attached deed is not in violation of 765 ILCS 205/1 for one of the following reasons:

1. Said Act is not applicable as the grantors own no adjoining property to the premises described in said deed;
OR
the conveyance falls in one of the following exemptions as shown by Amended Act which became effective July 17, 1959.
2. The division or subdivision of the land into parcels or tracts of five acres or more of size which does not involve any new streets or easements of access.
3. The division of lots or blocks of less than one acre in any recorded subdivision which does not involve any new streets or easements of access.
4. The sale or exchange of parcels of land between owners of adjoining and contiguous land.
5. The conveyance of parcels of land or interests therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easement of access.
6. The conveyance of land owned by a railroad or other public utility which does not involve any new streets or easements of access.
7. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with public use.
8. Conveyances made to correct descriptions in prior conveyances.
9. The sale or exchange of parcels or tracts of land existing on the date of the amendatory Act into no more than two parts and not involving any new streets or easements of access.

CIRCLE NUMBER ABOVE WHICH IS APPLICABLE TO ATTACHED DEED.

Affiant further states that it makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to accept the attached deed for recording.

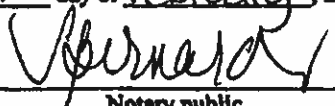
MSMC Realty, LLC,
a Delaware limited liability company

By: Reis Capital Management, LLC,
Its Manager

By: 
David Reis, Managing Member

SUBSCRIBED AND SWORN to before me

this 24th day of February, 2012


Notary public

TERESA BERNARDI
Notary Public, State of New York
No. 01BE6187450
Qualified in Westchester County
Commission Expires May 19, 2012

ATTACHMENT 2

ATTACHMENT 3
OPERATING ENTITY/LICENSEE

The licensee of MetroSouth Medical Center is Blue Island Hospital Company, LLC.
Included with this Attachment are:

1. The Illinois Certificate of Good Standing of Blue Island Hospital Company, LLC.
2. A copy of the facility's current hospital license.



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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 6TH
day of JUNE A.D. 2019 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

COPY



**Illinois Department of
PUBLIC HEALTH**

HF117370

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	ID NUMBER
2/28/2020		0005835
General Hospital		
Effective: 03/01/2019		

Blue Island Hospital Company, LLC
dba MetroSouth Medical Center
12935 South Gregory Street

Blue Island, IL 60406

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

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 2/28/2020

Lic Number 0005835

Date Printed 1/14/2019

Blue Island Hospital Company, LLC
dba MetroSouth Medical Center
12935 South Gregory Street
Blue Island, IL 60406

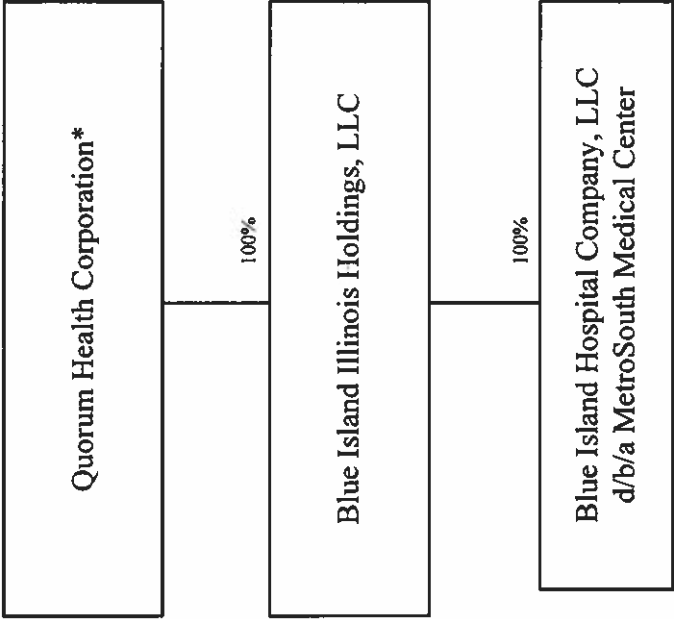
FEE RECEIPT NO.

ATTACHMENT 3

ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

The Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center is wholly owned by a holding company (Blue Island Illinois Holdings, LLC) which is wholly owned by the applicant Quorum Health Corporation, a publicly traded company. The applicants' organizational chart is included with this Attachment.

Blue Island Hospital Company, LLC Ownership Chart



**Quorum Health Corporation is a publicly traded company*

ATTACHMENT 5
GENERAL INFORMATION REQUIREMENTS
Criterion 1110.290(a)

1. **Identify the categories of service and the number of beds, if any, that are to be discontinued.**

Category of Service	Number
Medical/Surgical	242 Beds
Intensive Care	28 Beds
Obstetric	30 Beds
Acute Mental Illness	14 Beds
Cardiac Catheterization	3 Labs
Open Heart Surgery	N/A

2. **Identify all of the other clinical services that are to be discontinued.**

Clinical Service	Number
Operating Rooms	10
Stage 1 Recovery Stations	12
Stage 2 Recovery Stations	28
Procedure Rooms	5
Emergency Room Stations	27

In addition to the above, the following diagnostic/interventional equipment services will be discontinued: General Radiography/Fluoroscopy; Nuclear Medicine; Mammography; Ultrasound; Angiography; Computerized Axial Tomography (CAT); and Magnetic Resonance Imaging (MRI).

MetroSouth's 2017 Hospital Profile is included with this Attachment.

3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**

The anticipated dated of discontinuation is the fourth quarter of 2019 with a target date of November 1, 2019.

4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**

The applicants are pursuing discussions for possible reuse of the facility for outpatient health care services center and possibly a freestanding emergency department. To the extent necessary, physical assets and equipment will be liquidated.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**

The medical records of MetroSouth Medical Center are maintained in an electronic health records information system that Quorum Health Corporation utilizes for all eight of its Illinois facilities, and that system will continue to be maintained by Quorum following the discontinuation of MetroSouth. The medical records of MetroSouth's patients will be maintained in compliance with all State and Federal laws pertaining to medical record storage, including Section 6.17 of the Illinois Hospital Licensing Act which generally requires every hospital to preserve its medical records for not less than 10 years.

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.**

The applicant's certification that questionnaires and data required by HFSRB and IDPH will be provided by through the date of discontinuation is included with this Attachment.

7. **Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.**

The applicant's attestation and supporting documentation of the required notice of facility closure to local media are included with this Attachment.



June 7, 2019

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and 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.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer

Quorum Health Corporation

Notary:

Subscribed and sworn to me this 7th day of June, 2019

Notary Public

Seal:



PRESS RELEASE

FOR IMMEDIATE RELEASE

June 11, 2019

METROSOUTH MEDICAL CENTER PURSUES POSSIBLE NEW OWNER FOR HOSPITAL FACILITIES

Hospital notifies State of plans to cease operations as it pursues new owner and reuse

(BLUE ISLAND, Ill.) – MetroSouth Medical Center has filed an application with the Illinois Health Facilities and Service Review Board to discontinue hospital operations as it continues to search for a new operator to provide health care services on the MetroSouth campus.

The MetroSouth filing details the hospital's efforts over the last two years to identify a potential buyer to operate the hospital as financial, operational and competitive challenges have become increasingly difficult. Representatives for the hospital reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital, but discussions continue with other organizations for possible reuse of the facility as a freestanding emergency department and outpatient services center.

"Closing the hospital is an immensely difficult and emotional decision, but the data is clear that patient needs have changed – here and across the country. Enormous half-empty hospitals are not what the future of health care looks like," said John Walsh, CEO of MetroSouth Medical Center. "Reuse of this campus as an outpatient center would be a benefit for the community. We are diligently pursuing such an opportunity, but we know the facility will not be able to operate into 2020 as a full-service community hospital."

Years of decreasing patient volumes, increasing market saturation, reduced reimbursement from government and commercial payers, and ongoing operational losses contributed to the hospital's decision. Declining patient volumes since 2014 have resulted in exceptionally low utilization of MetroSouth's inpatient services. The hospital has 314 licensed beds but serves fewer than 100 patients a day, on average; those dynamics mean the hospital is running at only one third of its total capacity. The hospital's pre-tax losses in 2018 totaled \$8.4 million and are projected to exceed \$10 million this year.

If negotiations with a potential new operator fail, the hospital will begin to reduce admissions and wind down operations by the end of the year.

Continued Access to Nearby Care

In the event that health care services on the MetroSouth campus end completely, Blue Island residents will have continued, convenient access to care. Emergency, inpatient and outpatient services are available at nearby hospitals within 3.5 to 10 miles including Ingalls Memorial Hospital in Harvey, Roseland Community Hospital in Chicago, Little Company of Mary Hospital in Evergreen Park, Advocate Christ Medical Center in Oak Lawn, South Shore Hospital in Chicago, Palos Community Hospital in Palos Heights, Advocate South Suburban Hospital in Hazel Crest, or Advocate Trinity Hospital in Chicago.

The hospital will work with referring physicians to ensure patients – particularly expectant mothers – have time to make arrangements for their care. Most physicians on staff at MetroSouth also maintain privileges at other local hospitals.

ATTACHMENT 5

For Patients

If you are or have been a patient at MetroSouth Medical Center, are receiving treatment from one of MetroSouth's network of six health clinics have questions about obtaining your medical records, please call (708) 597-2000.

For Employees

Hospital leadership will meet this week with all MetroSouth employees to discuss possible transition plans. In the event the hospital is forced to close, MetroSouth will continue to compensate employees who complete their employment term, and assistance will be provided to help employees connect with other employers.

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NOTICE OF PROSPECTIVE PUBLICATION

STATE OF ILLINOIS COUNTY OF COOK

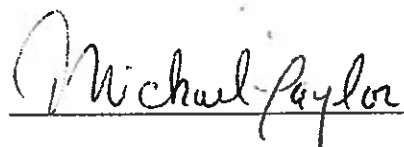
The South Suburban News ("SSN"), a secular newspaper with a weekly circulation of approximately 224,000, has been continuously published weekly for more than fifty (50) weeks prior to the first publication of the attached notice, scheduled for Friday, June 14, 2019. SSN is published in the City of Richton Park, County of Cook, State of Illinois; is of general circulation throughout that county and surrounding areas; and is a newspaper as defined by 715 ILCS 5/5.

The attached notice will be published in the SSN a single time, in the classified ad section of SSN, on June 14, 2019. All fees necessary for publication of this notice have been paid. A formal Certificate of Publication will be provided immediately after publication.

The first publication of the attached notice will be made in the SSN newspaper, dated and published on June 14, 2019. The notice will also be placed on a statewide public notice website as required by 715 ILCS 5/2.1.

In witness, South Suburban News has signed this "notice of prospective publication" by its registered agent.

The South Suburban News, by:



Registered Agent

Pending approval of the Illinois Health Facilities and Services Review Board, MetroSouth Medical Center (MetroSouth) located at 12935 South Gregory Street, Blue Island, Illinois will discontinue services in the fourth quarter of 2019 with an anticipated closure date by November 1, 2019. The hospital will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at MetroSouth or have questions about obtaining your medical records, please call (708) 597-2000. MetroSouth's leadership is meeting with employees to discuss possible transition plans.

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John Baird			White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-597-2000 Ext. 5201			Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:				Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:						HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

<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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,080

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%			565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136		
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%			
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655		0.4%

Birth DataNewborn Nursery UtilizationOrgan Transplantation

Number of Total Births:	1,384			Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	1,399			Beds	10	8	Heart:	0
Birth Rooms:	0			Patient Days	292	1,571	Lung:	0
Labor Rooms:	5			Total Newborn Patient Days	1,881		Heart/Lung:	0
Delivery Rooms:	0						Pancreas:	0
Labor-Delivery-Recovery Rooms:	13						Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0			Inpatient Studies		9,178	Total:	0
C-Section Rooms:	2			Outpatient Studies		29,965		
CSections Performed:	449			Studies Performed Under Contract		2,158		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523
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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+NonDedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract	Contract	
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrpy			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0
Interventional Angiography			293	120	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

ATTACHMENT 6
REASONS FOR DISCONTINUATION

Criterion 1110.290(b)

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.

There is insufficient volume and demand for the services at MetroSouth Medical Center. After years of declining patient volumes, increasing market saturation, reduced reimbursement from government and commercial payors, and on-going operational losses, MetroSouth Medical Center has made the difficult decision to close. As reflected in the tables below, the utilization of the hospital's Medical/Surgical, ICU and OB/GYN departments of all been below 30% for each year beginning in 2016. Though 2018 Hospital Profiles have not yet been posted, MetroSouth's utilization declined further in 2018. The Acute Mental Illness (AMI) service has been historically underutilized as well. Though utilization of AMI has increased, it still has remained well below the State's target utilization of 85%.

Low Utilization at MetroSouth Medical Center 2015-2018

SERVICE	2015	2016	2017
Med/Surg	30.6%	29.9%	29.7%
ICU	30.4%	27.9%	27.2%
OB/GYN	31.4%	28.6%	29.5%
AMI	33.5%	56.3%	73.2%

Source: Hospital Profiles 2015-2017, included with Attachment 7

Underutilization exists in all categories of service throughout the entire A-04 Hospital Planning Area. There are currently excess beds in all services. The underutilization is so significant that excess beds will remain in all categories of service even after the discontinuation of MetroSouth Medical Center. The 2017 Hospital Profiles of the all hospitals within the A-04 Hospital Planning Area are included with Attachment 6.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess without MetroSouth
Med/Surg	2,040	1,557	483	242	241
ICU	366	322	44	28	16
OB/GYN	180	128	52	30	22
AMI	195	130	65	14	51

Source: IHFRB Update to Inventory June 5, 2019, included with this Attachment

2) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability.

The above factors, combined with a significant loss of Medicaid supplemental funding following redesign of the state's Hospital Assessment program, make it financially impossible to continue operating the hospital. MetroSouth has been particularly and negatively impacted by the redesign of the state's Hospital Assessment Program. In 2018 the hospital experienced a reduction of more than \$4.6 million in supplemental Medicaid funding. The hospital's pre-tax losses in 2018 totaled \$8.4 million and are projected to exceed \$10 million this year.

The lack of financial viability of the facility is further demonstrated by the fact that over the last two years representatives for the hospital have reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital. None of these efforts have been successful, and the applicants can no longer operate the hospital at such a significant financial loss.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
6/5/2019

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,123	1,118	0	1,005	449	358	0	91	239	121	0	118
A-002	1,580	867	0	713	384	378	0	6	237	89	0	148
A-003	1,791	1,116	0	675	262	220	0	42	154	84	0	70
A-004	2,040	1,557	0	483	366	322	0	44	180	128	0	52
A-005	1,065	891	0	174	244	237	0	7	184	97	0	87
A-006	1,012	655	0	357	209	229	20	0	75	62	0	13
A-007	1,191	854	0	337	192	168	0	24	172	104	0	68
A-008	614	448	0	166	94	94	0	0	70	46	0	24
A-009	770	715	0	55	108	110	2	0	112	68	0	44
A-010	227	233	6	0	33	35	2	0	43	24	0	19
A-011	296	296	0	0	45	53	8	0	28	39	11	0
A-012	409	347	0	62	58	67	9	0	68	35	0	33
A-013	690	759	69	0	113	124	11	0	91	65	0	26
A-014	264	142	0	122	57	49	0	8	42	15	0	27
B-001	599	437	0	162	98	102	4	0	67	38	0	29
B-002	103	71	0	32	8	7	0	1	14	5	0	9
B-003	158	111	0	47	14	15	1	0	17	10	0	7
B-004	97	111	14	0	20	7	0	13	22	14	0	8
C-001	884	527	0	357	146	141	0	5	86	38	0	48
C-002	178	145	0	33	22	18	0	4	19	19	0	0
C-003	193	79	0	114	21	14	0	7	17	9	0	8
C-004	69	60	0	9	12	6	0	6	16	7	0	9
C-005	402	218	0	184	34	28	0	6	39	19	0	20
D-001	454	283	0	171	66	50	0	16	64	28	0	36
D-002	289	181	0	108	31	23	0	8	46	25	0	21
D-003	186	125	0	61	20	10	0	10	17	11	0	6
D-004	397	189	0	208	48	46	0	2	44	21	0	23
D-005	124	93	0	31	9	11	2	0	19	11	0	8
E-001	705	446	0	259	103	127	24	0	62	35	0	27
E-002	93	61	0	32	4	2	0	2	3	6	3	0
E-003	64	29	0	35	4	3	0	1	0	2	2	0
E-004	122	55	0	67	13	5	0	8	11	6	0	5
E-005	193	129	0	64	26	21	0	5	27	13	0	14
F-001	1,001	494	0	507	109	105	0	4	156	50	0	106
F-002	157	81	0	76	12	8	0	4	21	10	0	11
F-003	178	78	0	100	12	5	0	7	14	7	0	7
F-004	263	159	0	104	38	29	0	9	18	14	0	4
F-005	121	52	0	69	0	0	0	0	0	3	3	0
F-006	194	148	0	46	26	22	0	4	12	13	1	0
F-007	278	142	0	136	23	19	0	4	28	13	0	15
Totals	21,574	14,502	89	7,161	3,533	3,268	83	348	2,534	1,404	20	1,150

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE SUMMARY
REVISED BED NEED DETERMINATIONS
6/5/2019

ACUTE MENTAL ILLNESS PLANNING AREAS	ACUTE MENTAL ILLNESS			
	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	76	78	2	0
PLANNING AREA 2	140	107	0	33
PLANNING AREA 3	242	168	0	74
PLANNING AREA 4	215	158	0	57
PLANNING AREA 5	65	62	0	3
PLANNING AREAS 6 & 7				
6 A-1	457	330	0	127
6 A-2	713	503	0	210
6 A-3	254	87	0	167
6 & 7 A-4	195	130	0	65
7 A-5	275	241	0	34
7 A-6	290	211	0	79
7 A-7	589	411	0	178
7 A-8	21	50	29	0
AREA 6 & 7 TOTALS	2,794	1,963	29	860
PLANNING AREA				
8 A-9	159	84	0	75
8 A-10	34	38	4	0
8 A-11	30	49	19	0
8 A-12	95	57	0	38
AREA 8 TOTALS	318	228	23	113
PLANNING AREA				
9 A-13	155	94	0	61
9 A-14	89	57	0	32
AREA 9 TOTALS	244	151	0	93
PLANNING AREA 10	54	44	0	10
PLANNING AREA 11	150	102	0	48
ILLINOIS AMI TOTALS	4,298	3,061	54	1,291

Patients by Ethnicity

ADMINISTRATOR NAME: John Baird		White 25.7%		Hispanic or Latino: 9.6%	
ADMINSTRATOR PHONE 708-597-2000 Ext. 5201		Black 65.7%		Not Hispanic or Latino: 86.8%	
OWNERSHIP: Blue Island Hospital Company LLC		American Indian 0.0%		Unknown: 3.6%	
OPERATOR: Blue Island Hospital Company LLC		Asian 0.2%			
MANAGEMENT: Limited Liability Company		Hawaiian/ Pacific 0.2%		IDPH Number: 5835	
CERTIFICATION:		Unknown 8.3%		HPA A-04	
FACILITY DESIGNATION:				HSA 7	
ADDRESS 12935 South Gregory Street		CITY: Blue Island		COUNTY: Suburban Cook County	

Facility Utilization Data by Category of Service

Clinical Service	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported:

1/1/2017 to 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Care Expense
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%		565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	0.4%

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Perinatal Data		Laboratory Studies			Organ Systems	
		Level I	Level II	Level II+		
Number of Total Births:	1,384				Kidney:	0
Number of Live Births:	1,399				Heart:	0
Birthing Rooms:	0	Beds 10	10	8	Lung:	0
Labor Rooms:	5	Patient Days 282	18	1,571	Heart/Lung:	0
Delivery Rooms:	0	Total Newborn Patient Days		1,881	Pancreas:	0
Labor-Delivery-Recovery Rooms:	13	<u>Laboratory Studies</u>			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies		9,178	Total:	0
C-Section Rooms:	2	Outpatient Studies		29,965		
CSections Performed:	449	Studies Performed Under Contract		2,158		

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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

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

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	6	0	6,389	26,180	0		0	0	0
Nuclear Medicine	5	0	902	410	0		0	0	0
Mammography	3	0	2	5,478	0				0
Ultrasound	5	0	2,676	7,338	0				0
Angiography	1	0							
Diagnostic Angiography			136	17	0		0	0	0
Interventional Angiography			293	120	0		0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0		0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				
Lithotripsy							0	0	0
Linear Accelerator							0	0	0
Image Guided Rad Therapy									0
Intensity Modulated Rad Thrpy									0
High Dose Brachytherapy							0	0	0
Proton Beam Therapy							0	0	0
Gamma Knife							0	0	0
Cyber knife							0	0	0

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John Baird			White	25.6%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE:	708-597-2000 EXT 5201			Black	65.9%	Not Hispanic or Latino:	86.7%
OWNERSHIP:	BLUE ISLAND HOSPITAL COMPANY LLC			American Indian	0.0%	Unknown:	3.7%
OPERATOR:	BLUE ISLAND HOSPITAL COMPANY LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.8%	IDPH Number:	5835
CERTIFICATION:	(Not Answered)			Unknown	7.5%	HPA	A-04
FACILITY DESIGNATION:	(Not Answered)					HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY: Suburban Cook County				

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	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	242	82	82	5,497	24,279	2,165	4.8	72.3	29.9	88.1
0-14 Years				307	1,107					
15-44 Years				741	2,461					
45-64 Years				1,744	7,488					
65-74 Years				1,104	5,092					
75 Years +				1,601	8,131					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,090	2,858	0	2.6	7.8	27.9	65.1
Direct Admission				839	2,315					
Transfers - Not Included in Facility Admissions				251	543					
Obstetric/Gynecology	30	18	18	1,413	2,897	245	2.2	8.6	28.6	47.7
Maternity				39	102					
Clean Gynecology				1,374	2,795					
Neonatal	0	0	0	157	1,182	0	7.5	3.2	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	14			278	2,883	0	10.4	7.9	56.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		13	22	278	2,883	0	10.4	7.9		60.6
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	314			8,184	34,099	2,410	4.5	99.8	31.8	

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	31.8%	37.9%	0.5%	27.7%	1.6%	0.5%	
	2602	3103	40	2265	131	43	8,184
Outpatients	13.5%	41.7%	1.6%	22.0%	20.7%	0.6%	
	11313	35031	1310	18458	17414	472	83,998

<u>Financial Year Reported:</u>	1/1/2016 to	12/31/2016	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense 364,838
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	29.4%	36.5%	1.2%	26.0%	6.9%	100.0%			
	27,612,800	34,323,681	1,106,662	24,452,154	6,507,951	94,003,248	147,424		Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	21.0%	11.7%	6.7%	40.2%	20.4%	100.0%			
	7,665,537	4,279,057	2,450,001	14,675,788	7,446,437	36,516,820	217,414		0.3%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>	
Number of Total Births:	1,312		Level I	Level II	Level II+		Kidney:	
Number of Live Births:	1,302		Beds	10	10	8	Heart:	
Birthing Rooms:	0		Patient Days	303	189	1,631	Lung:	
Labor Rooms:	5		Total Newborn Patient Days			2,123	Heart/Lung:	
Delivery Rooms:	0						Pancreas:	
Labor-Delivery-Recovery Rooms:	13		<u>Laboratory Studies</u>				Liver:	
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies			9,056	Total:	
C-Section Rooms:	2		Outpatient Studies			29,567		
CSections Performed:	0		Studies Performed Under Contract			2,130		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	100	72	396	179	575	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	438	543	885	805	1690	2.0	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	22	12	62	28	90	2.8	2.3
OB/Gynecology	0	0	0	0	495	253	529	451	980	1.1	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	504	0	725	725	0.0	1.4
Orthopedic	0	0	1	1	332	323	1145	700	1845	3.4	2.2
Otolaryngology	0	0	0	0	3	5	5	8	13	1.7	1.6
Plastic Surgery	0	0	0	0	15	8	25	14	39	1.7	1.8
Podiatry	0	0	0	0	37	71	57	159	216	1.5	2.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	79	110	144	203	347	1.8	1.8
Totals	0	0	10	10	1521	1901	3248	3272	6520	2.1	1.7

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	879	2160	1212	3032	4244	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	29	0	8	8	0.0	0.3
Cystoscopy	0	0	1	1	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	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	44,529
Patients Admitted from Emergency:	5,284
Total ED Visits (Emergency+Trauma):	44,529

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	83,998
Outpatient Visits at the Hospital/ Campus:	83,998
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+NonDedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,745
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,007
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	450
EP Catheterizations (15+)	288

Cardiac Surgery Data

Total Cardiac Surgery Cases:	25
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	25
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

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

	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract	
General Radiography/Fluoroscopy	6	0	6,608	22,488	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	987	361	0	Linear Accelerator	0	0	0
Mammography	3	0	0	5,365	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,701	7,003	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			96	9	0	Proton Beam Therapy	0	0	0
Interventional Angiography			235	312	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,264	10,348	0				
Magnetic Resonance Imaging	1	0	1,190	1,001	0				

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John Baird			White	28.0%	Hispanic or Latino:	10.3%
ADMINISTRATOR PHONE	708-597-2000 x5201			Black	63.4%	Not Hispanic or Latino:	86.7%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.0%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.1%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.3%	IDPH Number:	5835
CERTIFICATION:	(Not Answered)			Unknown	8.2%	HPA	A-04
FACILITY DESIGNATION:	(Not Answered)					HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY: Suburban Cook County				

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2015	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	242	86	86	5,677	24,663	2,336	4.8	74.0	30.6	86.0
0-14 Years				422	2,131					
15-44 Years				726	2,503					
45-64 Years				1,794	7,426					
65-74 Years				1,196	5,294					
75 Years +				1,539	7,309					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	14	14	990	3,105	0	3.1	8.5	30.4	60.8
Direct Admission				765	2,310					
Transfers				225	795					
Obstetric/Gynecology	30	19	19	1,439	3,237	199	2.4	9.4	31.4	49.5
Maternity				1,415	3,183					
Clean Gynecology				24	54					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	14	12	12	165	1,710	0	10.4	4.7	33.5	39.0
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	314			8,046	32,715	2,535	4.4	96.6	30.8	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	34.5%	34.4%	0.8%	28.1%	1.8%	0.4%	
	2775	2764	68	2282	142	35	8,046
Outpatients	16.0%	38.3%	1.3%	21.7%	22.7%	0.1%	
	14220	34047	1118	19317	20155	106	88,963

<u>Financial Year Reported:</u>	1/1/2015 to	12/31/2015	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	30.4%	34.3%	1.5%	28.8%	5.0%	100.0%			
	27,491,029	31,013,796	1,350,675	26,070,781	4,540,999	90,467,280	3,126,762		5,030,362
Outpatient Revenue (\$)	24.3%	8.1%	7.3%	45.3%	15.0%	100.0%			
	11,450,032	3,815,200	3,415,741	21,326,040	7,060,415	47,067,428	1,903,600		3.7%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>	
Number of Total Births:	1,299		Level I	Level II	Level II+		Kidney:	0
Number of Live Births:	1,289		Beds	10	10	0	Heart:	0
Birthing Rooms:	0		Patient Days	1,726	606	1,404	Lung:	0
Labor Rooms:	5		Total Newborn Patient Days			3,736	Heart/Lung:	0
Delivery Rooms:	0						Pancreas:	0
Labor-Delivery-Recovery Rooms:	13						Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies			8,977	Total:	0
C-Section Rooms:	2		Outpatient Studies			33,271		
CSections Performed:	406		Studies Performed Under Contract			481		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	66	81	760	247	1007	11.5	4.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	439	651	1217	1568	2785	2.8	2.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	6	4	55	36	91	9.2	9.0
OB/Gynecology	0	0	0	0	108	238	310	422	732	2.9	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	519	0	733	733	0.0	1.4
Orthopedic	0	0	1	1	355	351	608	462	1070	1.7	1.3
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	9	6	24	16	40	2.7	2.7
Podiatry	0	0	0	0	42	90	71	176	247	1.7	2.0
Thoracic	0	0	0	0	120	12	165	17	182	1.4	1.4
Urology	0	0	1	1	4	8	10	14	24	2.5	1.8
Totals	0	0	10	10	1149	1940	3220	3691	6911	2.8	1.9
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	853	2161	1168	2645	3813	1.4	1.2
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	13	305	13	277	290	1.0	0.9
Cystoscopy	0	0	1	1	80	156	181	261	442	2.3	1.7
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	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	47,051
Patients Admitted from Emergency:	5,112
Total ED Visits (Emergency+Trauma):	47,051

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	88,963
Outpatient Visits at the Hospital/ Campus:	88,963
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,923
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,146
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	472
EP Catheterizations (15+)	305

Cardiac Surgery Data

Total Cardiac Surgery Cases:	14
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	14
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	11

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

	Owned		Contract			Owned		Contract		
General Radiography/Fluoroscopy	6	0	7,006	21,231	0	0	0	0	0	0
Nuclear Medicine	5	0	1,151	491	0	0	0	0	0	0
Mammography	3	0	0	5,091	0					0
Ultrasound	5	0	2,854	6,415	0					0
Angiography	1	0								0
Diagnostic Angiography			104	7	0					0
Interventional Angiography			260	245	0					0
Positron Emission Tomography (PET)	0	0	0	0	0					0
Computerized Axial Tomography (CAT)	2	0	2,546	9,408	0					0
Magnetic Resonance Imaging	1	0	1,304	1,035	0					0
						Lithotripsy	0	0		0
						Linear Accelerator	0	0		0
						Image Guided Rad Therapy				0
						Intensity Modulated Rad Thrpy				0
						High Dose Brachytherapy	0	0		0
						Proton Beam Therapy	0	0		0
						Gamma Knife	0	0		0
						Cyber knife	0	0		0

ATTACHMENT 7
IMPACT ON ACCESS

Criterion 1110.290(c)

c) 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*

A. All Categories of Service will Continue to Exist in the Market Area

The project will not have an adverse impact on access to care for the residents as all categories of service provided by MetroSouth are provided by multiple other providers in the market area.

MetroSouth is located in Cook County which has a 10-mile market area under Section 1100.510(d)(1). There are eight other hospitals within the area that will continue to provide the services being discontinued at MetroSouth as reflected in the tables below.

Eight Hospitals within 10 miles of MetroSouth Medical Center

Facility	Driving Distance (miles)	Driving Time (minutes)
Ingalls Memorial Hospital	4.5	12
Roseland Community Hospital	4.9	14
Little Company of Mary Hospital	5.1	17
Advocate Christ Medical Center	7.1	20
South Shore Hospital	7.6	17
Palos Community Hospital	8.0	23
Advocate South Suburban Hospital	9.9	18
Advocate Trinity Hospital	10.0	16

Source: Google Maps, included with this Attachment

The above eight hospitals provide Medical/Surgical, Intensive Care Unit, Obstetrics and Acute Mental Illness services. Most of these services are underutilized indicating there is excess capacity in the area that is available to treat the MetroSouth market area.

Medical/Surgical Services in the Area

Facility	Med/Surg Beds	Utilization
Ingalls Memorial Hospital	298	41.8%
Roseland Community Hospital	77	49.9%
Little Company of Mary Hospital	208	64.2%
Advocate Christ Medical Center	394	96.3%
South Shore Hospital	114	57.3%
Palos Community Hospital	306	69.1%
Advocate South Suburban Hospital	197	60.8%
Advocate Trinity Hospital	158	53.4%

Source: 2017 Hospital Profiles, included with this Attachment

ICU Services in the Area

Facility	ICU Beds	Utilization
Ingalls Memorial Hospital	25	43.7%
Roseland Community Hospital	10	56.9%
Little Company of Mary Hospital	29	40.6%
Advocate Christ Medical Center	153	68.3%
South Shore Hospital	8	66.7%
Palos Community Hospital	36	57.8%
Advocate South Suburban Hospital	20	76.7%
Advocate Trinity Hospital	24	33.1%

Source: 2017 Hospital Profiles, included with this Attachment

OB Services in the Area

Facility	OB Beds	Utilization
Ingalls Memorial Hospital	21	46.4%
Roseland Community Hospital	17	8.0%
Little Company of Mary Hospital	17	52.5%
Advocate Christ Medical Center	56	70.5%
Palos Community Hospital	28	20.3%
Advocate South Suburban Hospital	16	35.7%
Advocate Trinity Hospital	23	23.5%

Source: 2017 Hospital Profiles, included with this Attachment

AMI Services in the Area

Facility	AMI Beds	Utilization
Ingalls Memorial Hospital	78	57.0%
Roseland Community Hospital	30	16.6%
Little Company of Mary Hospital	24	35.5%
Advocate Christ Medical Center	39	67.6%
Palos Community Hospital	40	40.3%

Source: 2017 Hospital Profiles, included with this Attachment

Also, the planning area for Cardiac Catheterization, HSA 7, currently has 26 providers of that service, and the planning area for Open Heart, also HSA 7, currently has 20 providers of cardiac surgery. *See* Inventory of Hospital Services for HSA 7 and June 5, 2019 Update to Inventory, included with this Attachment. The smaller 10-mile market area surrounding MetroSouth, which is within HSA 7, itself has six cardiac cath programs in addition to MetroSouth, and three other Open Heart programs in addition to MetroSouth. These two cardiac services are plentiful throughout HSA 7 with a total of nine cardiac programs (cath and open heart combined) located within 10 miles of MetroSouth.

B. There will be No Shortage of Beds in Any Category of Service

The project will not have an adverse impact on access to care for the area residents because there is excess capacity in every category of service as calculated in the Inventory of Health Care Facilities, and based on those calculations there will continue to be excess beds in every category of service after the discontinuation of MetroSouth. There will be no bed need in any category of service.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess after MetroSouth Discontinuation
Med/Surg	2,040	1,557	483	242	241
ICU	366	322	44	28	16
OB/GYN	180	128	52	30	22
AMI	195	130	65	14	51

Source: IHFRB Update to Inventory June 5, 2019, included with Attachment 6.

C. There will be No Shortage of Facilities or Services as Determined by Parts 1100 or 1110

The project will not have an adverse impact on access to care for the area residents because the discontinuation of MetroSouth will not create a shortage of facilities as determined by Part 1100 or Part 1110 of the Review Board's regulations. As addressed above, the bed need calculations established under Part 1100 show that there is no bed need and significant bed excesses in all four bed categories of service provided. Bed excesses will remain in all four categories of service following the proposed discontinuation.

Also, there is significant underutilization of beds in the planning area. As reflected in the tables above, all bed categories of service in the planning area A-04 are below full utilization and most of the bed units are significantly below the target utilization rates established in Part 1100.

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Richard Heim			White	53.0%	Hispanic or Latino:	12.0%
ADMINISTRATOR PHONE	708-684-5010			Black	35.6%	Not Hispanic or Latino:	81.0%
OWNERSHIP:	Advocate Health Care			American Indian	0.6%	Unknown:	6.9%
OPERATOR:	Advocate Health Care			Asian	0.7%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.1%	IDPH Number:	0315
CERTIFICATION:				Unknown	9.9%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	4440 West 95th Street	CITY: Oak Lawn	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

Clinical Service	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	394	394	394	25,483	136,234	2,316	5.4	379.6	96.3	96.3
0-14 Years				0	0					
15-44 Years				3,907	19,783					
45-64 Years				8,270	44,974					
65-74 Years				5,926	32,927					
75 Years +				7,380	38,550					
Pediatric	45	45	45	3,467	11,500	1,356	3.7	35.2	78.3	78.3
Intensive Care	153	153	153	9,707	38,139	27	3.9	104.6	68.3	68.3
Direct Admission				6,266	24,619					
Transfers				3,441	13,520					
Obstetric/Gynecology	56	56	56	5,164	14,352	61	2.8	39.5	70.5	70.5
Maternity				4,677	12,915					
Clean Gynecology				487	1,437					
Neonatal	64	58	58	1,528	17,555	0	11.5	48.1	75.1	82.9
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	39			1,459	9,616	0	6.6	26.3	67.6	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		35	35	1,459	9,616	0	6.6	26.3		75.3
Rehabilitation	37	37	37	912	11,610	0	12.7	31.8	86.0	86.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	35					5282				
Facility Utilization	788			44,279	239,006	9,042	5.6	679.6	86.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	42.0%	23.5%	0.0%	30.0%	3.4%	1.1%	
	18597	10406	0	13284	1517	475	44,279
Outpatients	27.8%	27.5%	0.0%	41.4%	2.6%	0.7%	
	101471	100376	0	151112	9487	2558	365,004

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	38.5%	16.1%	0.0%	41.5%	3.9%	100.0%		8,948,000
	303,900,360	127,282,313	0	328,125,661	30,808,978	790,117,312	6,039,000	
Outpatient Revenue (\$)	22.1%	9.5%	0.0%	62.7%	5.7%	100.0%		Total Charity Care as % of Net Revenue
	72,736,952	31,164,152	0	206,130,438	18,588,183	328,619,725	2,909,000	0.8%

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Number of Total Births:	4,300		Level I	Level II	Level II+	Kidney:	19
Number of Live Births:	4,276	Beds	16	0	0	Heart:	23
Birthing Rooms:	0	Patient Days	7,971	0	0	Lung:	10
Labor Rooms:	0	Total Newborn Patient Days			7,971	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	15					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies			1,514,554	Total:	52
C-Section Rooms:	4	Outpatient Studies			536,083		
CSections Performed:	1,495	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	6	6	2740	538	12494	1354	13848	4.6	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	10	6	16	2909	2759	8308	5612	13920	2.9	2.0
Gastroenterology	0	0	0	0	0	1	0	2	2	0.0	2.0
Neurology	0	0	1	1	1382	107	6110	283	6393	4.4	2.6
OB/Gynecology	0	0	2	2	648	1510	2128	3168	5296	3.3	2.1
Oral/Maxillofacial	0	0	0	0	40	110	117	328	445	2.9	3.0
Ophthalmology	0	2	1	3	32	1301	75	2096	2171	2.3	1.6
Orthopedic	0	0	5	5	3348	2683	10341	5618	15959	3.1	2.1
Otolaryngology	0	0	1	1	299	1513	808	2580	3388	2.7	1.7
Plastic Surgery	0	0	2	2	359	1213	927	2283	3210	2.6	1.9
Podiatry	0	0	0	0	194	219	443	484	927	2.3	2.2
Thoracic	0	0	2	2	689	235	2415	441	2856	3.5	1.9
Urology	0	0	2	2	448	1022	1174	2076	3250	2.6	2.0
Totals	0	12	28	40	13088	13211	45340	26325	71665	3.5	2.0
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		30	Stage 2 Recovery Stations		80		

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	3	7	0	10	4073	9493	4686	8002	12688	1.2	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	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

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Adult & Child
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	4,211
Patients Admitted from Trauma	2,394
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	63
Persons Treated by Emergency Services:	104,922
Patients Admitted from Emergency:	22,274
Total ED Visits (Emergency+Trauma):	109,133
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	365,004
Outpatient Visits at the Hospital/ Campus:	336,852
Outpatient Visits Offsite/off campus	28,152

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	6
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	2

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	6,284
Diagnostic Catheterizations (0-14)	149
Diagnostic Catheterizations (15+)	3,887
Interventional Catheterizations (0-14):	231
Interventional Catheterization (15+)	1,090
EP Catheterizations (15+)	927

Cardiac Surgery Data

Total Cardiac Surgery Cases:	1,754
Pediatric (0 - 14 Years):	179
Adult (15 Years and Older):	1,575
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	471

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

	<u>Owned</u>		<u>Contract</u>		<u>Inpatient</u>		<u>Outpt</u>		<u>Contract</u>		<u>Owned</u>		<u>Contract</u>		
General Radiography/Fluoroscopy	15	0	#####	62,813	0						0	1			119
Nuclear Medicine	6	0	2,966	3,445	0						2	0			11,922
Mammography	6	0	0	22,103	0										3,825
Ultrasound	15	0	17,751	25,829	0										4,267
Angiography	4	0													
Diagnostic Angiography			7,464	3,864	0						1	0			255
Interventional Angiography			1,642	577	0						0	0			0
Positron Emission Tomography (PET)	1	0	0	1,344	0						0	0			0
Computerized Axial Tomography (CAT)	7	0	35,027	29,702	0						0	0			0
Magnetic Resonance Imaging	8	0	7,673	10,068	0						1	0			108

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Terika Richardson			White	32.2%	Hispanic or Latino:	#Div/01
ADMINSTRATOR PHONE	708-213-3000			Black	62.4%	Not Hispanic or Latino:	#Div/01
OWNERSHIP:	Advocate Health and Hospitals Corporation			American Indian	3.5%	Unknown:	#Div/01
OPERATOR:	Advocate Health and Hospitals Corporation			Asian	0.5%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.2%	IDPH Number:	4697
CERTIFICATION:				Unknown	1.2%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	17800 South Kedzie Ave	CITY: Hazel Crest	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

Clinical Service	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	197	156	99	7,599	36,173	7,534	5.8	119.7	60.8	76.8
0-14 Years				0	0					
15-44 Years				905	3,098					
45-64 Years				2,366	10,647					
65-74 Years				1,781	9,022					
75 Years +				2,547	13,406					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	15	2,033	5,519	82	2.8	15.3	76.7	76.7
Direct Admission				1,382	5,519					
Transfers				651	0					
Obstetric/Gynecology	16	16	6	889	2,036	49	2.3	5.7	35.7	35.7
Maternity				889	2,036					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	37	34	474	5,703	0	12.0	15.6	0.0	42.2
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	233			10,344	49,431	7,665	5.5	156.4	67.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	55.0%	21.2%	0.0%	22.0%	0.8%	1.0%	
	5692	2196	0	2272	85	99	10,344
Outpatients	34.5%	23.7%	0.0%	36.0%	5.0%	0.9%	
	48499	33326	0	50653	7009	1209	140,696

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	60.7%	8.4%	0.0%	30.8%	0.1%	100.0%		2,016,000
	70,641,856	9,808,226	0	35,839,971	129,822	116,419,875	812,000	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	28.2%	7.7%	0.0%	64.0%	0.1%	100.0%		0.9%
	30,440,451	8,272,534	0	68,991,116	63,942	107,768,043	1,204,000	

Birthing Data

Number of Total Births:	818
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	16
C-Section Rooms:	2
CSections Performed:	222

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	18	18	0
Patient Days	1,440	169	8
Total Newborn Patient Days			1,617
Laboratory Studies			
Inpatient Studies			331,481
Outpatient Studies			186,629
Studies Performed Under Contract			0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	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	0	0	180	167	526	424	950	2.9	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	903	1429	1763	2831	4594	2.0	2.0
Gastroenterology	0	0	0	0	0	4	0	7	7	0.0	1.8
Neurology	0	0	0	0	0	2	0	6	6	0.0	3.0
OB/Gynecology	0	0			117	521	330	982	1312	2.8	1.9
Oral/Maxillofacial	0	0	0	0	0	1	0	1	1	0.0	1.0
Ophthalmology	0	0	0	0		674	0	243	243	0.0	0.4
Orthopedic	0	0	0	0	713	622	2095	1096	3191	2.9	1.8
Otolaryngology	0	0	0	0	17	85	24	133	157	1.4	1.6
Plastic Surgery	0	0	0	0	18	74	53	152	205	2.9	2.1
Podiatry	0	0	0	0	80	112	123	233	356	1.5	2.1
Thoracic	0	0	0	0	23	4	71	6	77	3.1	1.5
Urology	0	0	0	0	192	450	525	716	1241	2.7	1.6
Totals	0	0				4145	5510	6830	12340	0.0	1.6
SURGICAL RECOVERY STATIONS					Stage 1 Recovery Stations		Stage 2 Recovery Stations			3	

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	4	4	959	4364	1726	5555	7281	1.8	1.3
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	25
Persons Treated by Emergency Services:	44,539
Patients Admitted from Emergency:	7,795
Total ED Visits (Emergency+Trauma):	44,539

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	140,696
Outpatient Visits at the Hospital/ Campus:	140,696
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:	1,026
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	684
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	227
EP Catheterizations (15+)	115

Cardiac Surgery Data

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

Diagnostic/Interventional EquipmentExaminationsTherapeutic EquipmentTherapies/

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		<u>Treatments</u>
General Radiography/Fluoroscopy	14	0	16,387	34,323	0		0	0	0
Nuclear Medicine	2	0	1,134	1,851	0		0	0	0
Mammography	3	0	4	12,430	0				0
Ultrasound	5	0	2,115	12,962	0				0
Angiography	4	0					0	0	0
Diagnostic Angiography			362	337	0		0	0	0
Interventional Angiography			227	249	0		0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0		0	0	0
Computerized Axial Tomography (CAT)	2	0	8,164	15,986	0				0
Magnetic Resonance Imaging	2	0	1,538	4,044	0				0
Lithotripsy							0	0	0
Linear Accelerator							0	0	0
Image Guided Rad Therapy									0
Intensity Modulated Rad Thrpy									0
High Dose Brachytherapy							0	0	0
Proton Beam Therapy							0	0	0
Gamma Knife							0	0	0
Cyber knife							0	0	0

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Michael Murrill			White	85.6%	Hispanic or Latino:	6.9%
ADMINISTRATOR PHONE	708-245-6047			Black	5.7%	Not Hispanic or Latino:	93.0%
OWNERSHIP:	Adventist Health System dba La Grange Memorial Hos			American Indian	0.0%	Unknown:	0.1%
OPERATOR:	Adventist Health System dba La Grange Memorial Hos			Asian	0.8%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.0%	IDPH Number:	5967
CERTIFICATION:				Unknown	7.8%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	5101 S. Willow Springs Road	CITY: La Grange	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

Clinical Service	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	141	141	95	6,185	39,569	615	6.5	110.1	78.1	78.1
0-14 Years				98	375					
15-44 Years				921	3,890					
45-64 Years				1,447	9,143					
65-74 Years				1,293	8,855					
75 Years +				2,426	17,306					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	27	27	25	1,343	9,095	14	6.8	25.0	92.4	92.4
Direct Admission				1,343	9,095					
Transfers				0	0					
Obstetric/Gynecology	12	12	10	452	1,000	47	2.3	2.9	23.9	23.9
Maternity				424	951					
Clean Gynecology				28	49					
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	16	16	16	501	4,990	0	10.0	13.7	85.4	85.4
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	24					3815				
Facility Utilization	196			8,481	54,654	4,491	7.0	162.0	82.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	61.6%	10.4%	0.3%	26.5%	0.1%	1.0%	
	5227	885	28	2245	7	89	8,481
Outpatients	36.5%	15.0%	1.0%	45.0%	1.4%	1.1%	
	39055	16073	1059	48185	1530	1160	107,082

Financial Year Reported:	7/1/2016 to	6/30/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	58.1%	7.2%	4.8%	26.4%	3.5%	100.0%		1,676,302
	55,608,693	6,888,007	4,608,549	25,324,222	3,326,046	95,755,517	546,642	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	32.6%	10.0%	1.2%	47.8%	8.5%	100.0%		
	20,535,547	6,323,812	767,825	30,219,991	5,369,205	63,216,380	1,129,660	1.1%

Birth DataNewborn Nursery UtilizationOrgan Transplantation

Number of Total Births:	389		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	388	Beds	10	2	0	Heart:	0
Birthing Rooms:	0	Patient Days	766	13	106	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			885	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	5					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	1	Inpatient Studies			220,708		
CSections Performed:	171	Outpatient Studies			151,940		
		Studies Performed Under Contract			12,000		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	1	0	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	3596	3.1	2.3
Gastroenterology	0	0	0	0	67	7	105	10	115	1.6	1.4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	0	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	0	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	0	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	0	0	1	1	136	325	207	548	755	1.5	1.7
Totals	1	0	10	11	1566	2970	4997	6374	11371	3.2	2.1
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		9	Stage 2 Recovery Stations		30		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	0	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	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
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	548
Patients Admitted from Trauma	422
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	24
Persons Treated by Emergency Services:	28,888
Patients Admitted from Emergency:	5,990
Total ED Visits (Emergency+Trauma):	29,436

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	107,062
Outpatient Visits at the Hospital/ Campus:	89,215
Outpatient Visits Offsite/off campus	17,847

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	617
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	418
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	153
EP Catheterizations (15+)	46

Cardiac Surgery Data

Total Cardiac Surgery Cases:	28
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	28
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

Diagnostic/Interventional EquipmentExaminationsTherapeutic EquipmentTherapies/

	Owned		Contract		Owned		Contract		Treatments
General Radiography/Fluoroscopy	5	0	7,494	29,157	0	0	0	0	0
Nuclear Medicine	2	0	873	748	0	0	0	0	0
Mammography	4	0	6	8,783	0	0	0	0	0
Ultrasound	5	0	3,051	8,088	0	0	0	0	0
Angiography	1	0							
Diagnostic Angiography			1,540	1,722	0	0	0	0	0
Interventional Angiography			0	0	0	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,172	15,414	0	0	0	0	0
Magnetic Resonance Imaging	1	0	1,745	3,057	0	0	0	0	0
Lithotripsy									
Linear Accelerator									
Image Guided Rad Therapy									
Intensity Modulated Rad Thrpy									
High Dose Brachytherapy									
Proton Beam Therapy									
Gamma Knife									
Cyber knife									

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

<u>Surgery and Operating Room Utilization</u>											
<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	1	0	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	3596	3.1	2.3
Gastroenterology	0	0	0	0	67	7	105	10	115	1.6	1.4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	0	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	0	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	0	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	0	0	1	1	136	325	207	548	755	1.5	1.7
Totals	1	0	10	11	1566	2970	4997	6374	11371	3.2	2.1
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		9	Stage 2 Recovery Stations		30		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	0	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
					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

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+NonDedicated labs):			2
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			2
			Adult	Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:			548	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma			422				
Emergency Service Type:			Comprehensive	<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations			24	Total Cardiac Cath Procedures:			617
Persons Treated by Emergency Services:			28,888	Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:			5,990	Diagnostic Catheterizations (15+)			418
Total ED Visits (Emergency+Trauma):			29,436	Interventional Catheterizations (0-14):			0
				Interventional Catheterization (15+)			153
<u>Free-Standing Emergency Center</u>				EP Catheterizations (15+)			46
Beds in Free-Standing Centers			0	<u>Cardiac Surgery Data</u>			
Patient Visits in Free-Standing Centers			0	Total Cardiac Surgery Cases:			28
Hospital Admissions from Free-Standing Center			0	Pediatric (0 - 14 Years):			0
				Adult (15 Years and Older):			28
<u>Outpatient Service Data</u>				Coronary Artery Bypass Grafts (CABGs)			
Total Outpatient Visits			107,062	performed of total Cardiac Cases :			21
Outpatient Visits at the Hospital/ Campus:			89,215				
Outpatient Visits Offsite/off campus			17,847				

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	5	0	7,494	29,157	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	873	748	0	Linear Accelerator	0	0	0
Mammography	4	0	6	8,783	0	Image Guided Rad Therapy			0
Ultrasound	5	0	3,051	8,088	0	Intensity Modulated Rad Thrpy			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			1,540	1,722	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,172	15,414	0				
Magnetic Resonance Imaging	1	0	1,745	3,057	0				

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Allan Spooner	White	45.0%	Hispanic or Latino:	4.0%
ADMINISTRATOR PHONE	708-756-1000	Black	54.3%	Not Hispanic or Latino:	95.8%
OWNERSHIP:	Franciscan Alliance, LLC	American Indian	0.1%	Unknown:	0.3%
OPERATOR:	Franciscan Alliance, LLC	Asian	0.5%		
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.0%	IDPH Number:	5074
CERTIFICATION:		Unknown	0.1%	HPA	A-04
FACILITY DESIGNATION:	General Hospital			HSA	7
ADDRESS	20201 South Crawford	CITY:	Olympia Fields	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	157	88	74	6,006	20,686	9,029	4.9	81.4	51.9	92.5
0-14 Years				41	93					
15-44 Years				864	2,055					
45-64 Years				1,869	6,431					
65-74 Years				1,413	5,281					
75 Years +				1,819	6,826					
Pediatric	0	0	0	41	93	0	2.3	0.3	0.0	0.0
Intensive Care	31	25	21	971	5,030	2	5.2	13.8	44.5	55.1
Direct Admission				206	1,067					
Transfers				765	3,963					
Obstetric/Gynecology	12	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
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	14	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	214			6,253	25,809	9,031	5.6	95.5	44.6	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	52.1%	3.3%	0.2%	27.8%	0.6%	16.1%	6,253
	3255	204	13	1737	37	1007	
Outpatients	30.4%	2.8%	0.7%	53.8%	0.1%	12.2%	92,723
	28216	2555	630	49867	108	11347	

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	48.7%	24.9%	1.6%	23.7%	1.2%	100.0%			3,308,945
	39,968,108	20,447,577	1,302,284	19,451,742	970,672	82,140,383	904,630		
Outpatient Revenue (\$)	25.4%	16.2%	1.7%	50.6%	6.2%	100.0%			
	21,471,238	13,748,973	1,403,387	42,825,027	5,237,590	84,686,215	2,404,315		2.0%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0	Beds	0	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	0	0	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	0						
CSections Performed:	0						
			Inpatient Studies		289,920		
			Outpatient Studies		280,477		
			Studies Performed Under Contract		3,744		

<u>Surgery and Operating Room Utilization</u>											
<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	2	2	116	23	646	27	673	5.6	1.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	128	198	280	281	561	2.2	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	1	1	2	2	4	2.0	2.0
Oral/Maxillofacial	0	0	0	0	1	0	2	0	2	2.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	3	0	5	0	5	1.7	0.0
Otolaryngology	0	0	0	0	20	0	29	0	29	1.5	0.0
Plastic Surgery	0	0	0	0	1	2	3	8	11	3.0	4.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	30	1	97	3	100	3.2	3.0
Urology	0	0	0	0	2	1	2	2	4	1.0	2.0
Totals	0	0	7	7	302	226	1066	323	1389	3.5	1.4
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		18		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	573	3901	438	2280	2718	0.8	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>					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

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center		No		Total Cath Labs (Dedicated+Nondedicated labs):			3
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures			1
Operating Rooms Dedicated for Trauma Care		0		Dedicated Diagnostic Catheterization Lab			0
Number of Trauma Visits:		0		Dedicated Interventional Catheterization Labs			0
Patients Admitted from Trauma		0		Dedicated EP Catheterization Labs			0
Emergency Service Type:	Comprehensive			<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations	22			Total Cardiac Cath Procedures:			1,679
Persons Treated by Emergency Services:	39,559			Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:	9,790			Diagnostic Catheterizations (15+)			1,112
Total ED Visits (Emergency+Trauma):	39,559			Interventional Catheterizations (0-14):			0
<u>Free-Standing Emergency Center</u>				Interventional Catheterization (15+)			321
Beds in Free-Standing Centers	0			EP Catheterizations (15+)			246
Patient Visits in Free-Standing Centers	0			<u>Cardiac Surgery Data</u>			
Hospital Admissions from Free-Standing Center	0			Total Cardiac Surgery Cases:			90
<u>Outpatient Service Data</u>				Pediatric (0 - 14 Years):			0
Total Outpatient Visits	92,723			Adult (15 Years and Older):			90
Outpatient Visits at the Hospital/ Campus:	92,723			Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus	0			performed of total Cardiac Cases :			0

<u>Diagnostic/Interventional Equipment</u>				<u>Examinations</u>				<u>Therapeutic Equipment</u>				<u>Therapies/ Treatments</u>	
	Owned	Contract		Inpatient	Outpt	Contract		Owned	Contract				
General Radiography/Fluoroscopy	5	0		14,587	20,127	0		Lithotripsy	0	0			0
Nuclear Medicine	4	0		555	2,507	0		Linear Accelerator	2	0			1,722
Mammography	0	0		0	0	0		Image Guided Rad Therapy					0
Ultrasound	5	0		1,815	5,540	0		Intensity Modulated Rad Thrpy					2,219
Angiography	1	0						High Dose Brachytherapy	1	0			30
Diagnostic Angiography				708	631	0		Proton Beam Therapy	0	0			0
Interventional Angiography				121	199	0		Gamma Knife	0	0			0
Positron Emission Tomography (PET)	1	0		0	264	0		Cyber knife	0	0			0
Computerized Axial Tomography (CAT)	2	0		5,324	13,733	0							
Magnetic Resonance Imaging	3	0		1,260	4,573	0							

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Kurt Johnson			White	30.8%	Hispanic or Latino:	4.5%
ADMINISTRATOR PHONE	708-915-6101			Black	65.6%	Not Hispanic or Latino:	92.2%
OWNERSHIP:	Ingalls Memorial Hospital			American Indian	0.1%	Unknown:	3.2%
OPERATOR:	Ingalls Memorial Hospital			Asian	0.2%		
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	IDPH Number:	1099
CERTIFICATION:				Unknown	3.2%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	One Ingalls Drive	CITY: Harvey	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	298	195	195	7,478	36,415	9,058	6.1	124.6	41.8	63.9
0-14 Years				0	0					
15-44 Years				1,103	4,079					
45-64 Years				2,626	12,021					
65-74 Years				1,743	9,502					
75 Years +				2,006	10,813					
Pediatric	17	12	12	268	628	550	4.4	3.2	19.0	26.9
Intensive Care	25	17	17	1,295	3,913	76	3.1	10.9	43.7	64.3
Direct Admission				1,036	3,201					
Transfers				259	712					
Obstetric/Gynecology	21	21	19	1,314	3,454	101	2.7	9.7	46.4	46.4
Maternity				984	2,473					
Clean Gynecology				330	981					
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	78			2,637	16,236	0	6.2	44.5	57.0	
Adolescent AMI		12	12	554	2,916	0	5.3	8.0		66.6
Adult AMI		51	51	2,083	13,320	0	6.4	36.5		71.6
Rehabilitation	46	40	30	580	7,673	0	13.2	21.0	45.7	52.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	485			13,313	68,319	9,785	5.9	214.0	44.1	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.0%	33.2%	0.2%	17.2%	1.1%	4.3%	
	5860	4415	28	2288	149	573	13,313
Outpatients	33.8%	21.7%	1.4%	37.1%	3.4%	2.6%	
	119586	76848	4850	131146	11950	9023	353,403

<u>Financial Year Reported:</u>	10/1/2016 to	6/30/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
Inpatient Revenue (\$)	58.9%	14.7%	0.2%	23.9%	2.3%	100.0%		5,324,766	
	48,043,423	12,032,729	164,667	19,524,002	1,853,658	81,618,479	906,411	<u>Total Charity Care as % of Net Revenue</u>	
Outpatient Revenue (\$)	28.8%	7.8%	0.3%	62.5%	0.7%	100.0%		2.5%	
	38,078,552	10,264,025	350,620	82,785,486	910,974	132,389,657	4,418,345		

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	954		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	947	Beds	7	1	3	Heart:	0
Birthing Rooms:	0	Patient Days	1,761	754	993	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			3,608	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	23	Inpatient Studies			391,716	Total:	0
C-Section Rooms:	2	Outpatient Studies			842,129		
CSections Performed:	228	Studies Performed Under Contract			17,282		

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	14	11	104	17	121	7.4	1.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	468	1246	1199	2180	3379	2.6	1.7
Gastroenterology	0	0	0	0	24	9	46	17	63	1.9	1.9
Neurology	0	0	0	0	113	26	774	78	852	6.8	3.0
OB/Gynecology	0	0	0	0	55	400	133	614	747	2.4	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	8	263	21	462	483	2.6	1.8
Orthopedic	0	0	0	0	667	1014	2166	1614	3780	3.2	1.6
Otolaryngology	0	0	0	0	14	182	29	363	392	2.1	2.0
Plastic Surgery	0	0	0	0	0	1	0	4	4	0.0	4.0
Podiatry	0	0	0	0	67	177	119	315	434	1.8	1.8
Thoracic	0	0	0	0	40	35	93	19	112	2.3	0.5
Urology	0	0	1	1	87	422	175	537	712	2.0	1.3
Totals	0	0	9	9	1557	3786	4859	6220	11079	3.1	1.6
SURGICAL RECOVERY STATIONS <div> Stage 1 Recovery Stations 9 Stage 2 Recovery Stations 36 </div>											

[illegible]

Multipurpose Non-Dedicated Rooms

[illegible]

Emergency/Trauma Care

Certified Trauma Center	Level 1	Level 2	No
Level of Trauma Service			
Operating Rooms Dedicated for Trauma Care			0
Number of Trauma Visits:			0
Patients Admitted from Trauma			0
Emergency Service Type:		Comprehensive	
Number of Emergency Room Stations			30
Persons Treated by Emergency Services:			48,968
Patients Admitted from Emergency:			8,157
Total ED Visits (Emergency+Trauma):			48,968

Free-Standing Emergency Center

Beds in Free-Standing Centers	36
Patient Visits in Free-Standing Centers	69,708
Hospital Admissions from Free-Standing Center	4

Outpatient Service Data

Total Outpatient Visits	353,403
Outpatient Visits at the Hospital/ Campus:	162,020
Outpatient Visits Offsite/off campus	191,383

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:	1,114
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	761
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	208
EP Catheterizations (15+)	147

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs)	
performed of total Cardiac Cases :	8

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>	<u>Contract</u>	
General Radiography/Fluoroscopy	14	0	29,462	71,849	0	Lithotripsy	0	0	0
Nuclear Medicine	6	0	977	1,872	0	Linear Accelerator	2	0	4,576
Mammography	6	0	0	12,393	0	Image Guided Rad Therapy			372
Ultrasound	13	0	3,985	15,682	0	Intensity Modulated Rad Thrapy			780
Angiography	2	0				High Dose Brachytherapy	1	0	7
Diagnostic Angiography			252	832	0	Proton Beam Therapy	0	0	0
Interventional Angiography			3,271	3,904	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	438	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	5	0	10,894	24,216	0				
Magnetic Resonance Imaging	5	0	2,038	6,538	0				

Hospital Profile - CY 2017

Little Company of Mary Hospital

Evergreen Park

Page 1

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Dennis A. Reilly			White	37.2%	Hispanic or Latino:	5.5%
ADMINSTRATOR PHONE	708 229-5004			Black	60.4%	Not Hispanic or Latino:	92.4%
OWNERSHIP:	American Province of the Little Company of Mary Si			American Indian	0.0%	Unknown:	2.1%
OPERATOR:	American Province of the Little Company of Mary Si			Asian	0.3%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.0%	IDPH Number:	1271
CERTIFICATION:				Unknown	2.1%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	2800 W 95th St.	CITY: Evergreen Park	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

Clinical Service	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	208	167	167	8,013	40,767	7,988	6.1	133.6	64.2	80.0
0-14 Years				0	0					
15-44 Years				833	3,560					
45-64 Years				2,501	11,882					
65-74 Years				1,673	8,846					
75 Years +				3,006	16,479					
Pediatric	20	10	8	159	408	272	4.3	1.9	9.3	18.6
Intensive Care	29	26	26	1,521	4,299	0	2.8	11.8	40.6	45.3
Direct Admission				1,126	3,069					
Transfers				395	1,230					
Obstetric/Gynecology	17	17	17	1,195	2,980	277	2.7	8.9	52.5	52.5
Maternity				1,087	2,712					
Clean Gynecology				108	268					
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	24			602	3,082	26	5.2	8.5	35.5	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		24	22	602	3,082	26	5.2	8.5		35.5
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	298			11,095	51,536	8,583	5.4	164.7	65.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	54.5%	19.1%	0.0%	23.2%	2.5%	0.7%	11,095
	6045	2119	0	2574	281	76	
Outpatients	27.0%	15.2%	0.0%	54.6%	1.8%	1.4%	195,653
	52886	29646	0	106913	3520	2688	

Financial Year Reported: 7/1/2016 to 6/30/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	51.5%	19.2%	0.0%	28.4%	0.9%	100.0%		5,568,952
	44,855,487	16,703,450	0	24,693,722	774,191	87,026,850	1,870,496	
Outpatient Revenue (\$)	27.2%	29.0%	0.0%	41.6%	2.1%	100.0%		
	28,708,017	30,591,995	0	43,838,290	2,212,726	105,351,028	3,696,456	Total Charity Care as % of Net Revenue 2.9%

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Number of Total Births:	1,034	Level I	Level II	Level II+	Kidney:	0	
Number of Live Births:	1,031	Beds	39	6	10	Heart:	0
Birthing Rooms:	0	Patient Days	1,799	85	1,173	Lung:	0
Labor Rooms:	5	Total Newborn Patient Days			3,057	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	5					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	2						
CSections Performed:	319						

ATTACHMENT 7

<u>Surgery and Operating Room Utilization</u>											
<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	0	0	157	395	441	758	1199	2.8	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	519	405	989	516	1505	1.9	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	38	11	89	20	109	2.3	1.8
OB/Gynecology	0	0	0	0	151	352	385	334	719	2.5	0.9
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	4	675	5	458	463	1.3	0.7
Orthopedic	0	0	0	0	378	170	903	271	1174	2.4	1.6
Otolaryngology	0	0	0	0	53	211	66	203	269	1.2	1.0
Plastic Surgery	0	0	0	0	7	51	16	120	136	2.3	2.4
Podiatry	0	0	0	0	87	70	100	106	206	1.1	1.5
Thoracic	0	0	0	0	1	1	1	2	3	1.0	2.0
Urology	0	0	1	1	296	220	611	264	875	2.1	1.2
Totals	0	0	9	9	1689	2561	3606	3052	6658	2.1	1.2
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		6		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	5	5	1480	4167	806	2095	2901	0.5	0.5
Laser Eye Procedures	0	0	1	1	0	10	0	3	3	0.0	0.3
Pain Management	0	0	1	1	31	277	12	78	90	0.4	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

<u>Multipurpose Non-Dedicated Rooms</u>											
BRONCHOSCOPY					50	26	50	30	80	1.0	1.2
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center		No		Total Cath Labs (Dedicated+NonDedicated labs):			2
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures			2
Operating Rooms Dedicated for Trauma Care		0		Dedicated Diagnostic Catheterization Lab			0
Number of Trauma Visits:		0		Dedicated Interventional Catheterization Labs			0
Patients Admitted from Trauma		0		Dedicated EP Catheterization Labs			0
Emergency Service Type:	Comprehensive			<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations	30			Total Cardiac Cath Procedures:			676
Persons Treated by Emergency Services:	48,017			Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:	8,855			Diagnostic Catheterizations (15+)			435
Total ED Visits (Emergency+Trauma):	48,017			Interventional Catheterizations (0-14):			0
				Interventional Catheterization (15+)			241
				EP Catheterizations (15+)			0
<u>Free-Standing Emergency Center</u>				<u>Cardiac Surgery Data</u>			
Beds in Free-Standing Centers		0		Total Cardiac Surgery Cases:			0
Patient Visits in Free-Standing Centers		0		Pediatric (0 - 14 Years):			0
Hospital Admissions from Free-Standing Center		0		Adult (15 Years and Older):			0
				Coronary Artery Bypass Grafts (CABGs)			
				performed of total Cardiac Cases :			0
<u>Outpatient Service Data</u>							
Total Outpatient Visits		242,801					
Outpatient Visits at the Hospital/ Campus:		185,447					
Outpatient Visits Offsite/off campus		57,354					

<u>Diagnostic/Interventional Equipment</u>				<u>Examinations</u>		<u>Therapeutic Equipment</u>		<u>Therapies/ Treatments</u>	
	Owned	Contract		Inpatient	Outpt	Owned	Contract		
General Radiography/Fluoroscopy	20	0	15,604	44,100	0	Lithotripsy	0	0	0
Nuclear Medicine	3	0	917	1,539	0	Linear Accelerator	2	0	3,003
Mammography	4	0	19	11,040	0	Image Guided Rad Therapy			1,904
Ultrasound	13	0	4,691	15,760	0	Intensity Modulated Rad Thrpy			1,074
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			313	416	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,435	1,902	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	654	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,593	16,264	0				
Magnetic Resonance Imaging	2	0	1,848	3,863	0				

Ownership, Management and General Information

ADMINISTRATOR NAME: John Baird
ADMINISTRATOR PHONE: 708-597-2000 Ext. 5201
OWNERSHIP: Blue Island Hospital Company LLC
OPERATOR: Blue Island Hospital Company LLC
MANAGEMENT: Limited Liability Company
CERTIFICATION:
FACILITY DESIGNATION:
ADDRESS: 12935 South Gregory Street

CITY: Blue Island**Patients by Race**

White 25.7%
 Black 85.7%
 American Indian 0.0%
 Asian 0.2%
 Hawaiian/ Pacific 0.2%
 Unknown 8.3%

Patients by Ethnicity

Hispanic or Latino: 9.6%
 Not Hispanic or Latino: 86.8%
 Unknown: 3.6%
 IDPH Number: 5835
 HPA A-04
 HSA 7

COUNTY: Suburban Cook County**Facility Utilization Data by Category of Service**

Clinical Service	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%		585,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	0.4%

Birth Data

Number of Total Births: 1,384
 Number of Live Births: 1,399
 Birthing Rooms: 0
 Labor Rooms: 5
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 13
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 2
 CSections Performed: 449

Newborn Nursery Utilization

Level I 10
 Level II 10
 Level II+ 8
 Beds 292
 Patient Days 18
 Total Newborn Patient Days 1,881

Laboratory Studies

Inpatient Studies 9,178
 Outpatient Studies 29,985
 Studies Performed Under Contract 2,158

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

<u>Surgery and Operating Room Utilization</u>											
<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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1638	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
					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

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center			No	Total Cath Labs (Dedicated+Nondedicated labs):			3
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Diagnostic Catheterization Lab			0
Number of Trauma Visits:			0	Dedicated Interventional Catheterization Labs			2
Patients Admitted from Trauma			0	Dedicated EP Catheterization Labs			1
Emergency Service Type:			Comprehensive	<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations			27	Total Cardiac Cath Procedures:			1,522
Persons Treated by Emergency Services:			45,523	Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:			5,954	Diagnostic Catheterizations (15+)			898
Total ED Visits (Emergency+Trauma):			45,523	Interventional Catheterizations (0-14):			0
<u>Free-Standing Emergency Center</u>				Interventional Catheterization (15+)			317
Beds in Free-Standing Centers			0	EP Catheterizations (15+)			307
Patient Visits in Free-Standing Centers			0	<u>Cardiac Surgery Data</u>			
Hospital Admissions from Free-Standing Center			0	Total Cardiac Surgery Cases:			13
<u>Outpatient Service Data</u>				Pediatric (0 - 14 Years):			0
Total Outpatient Visits			83,381	Adult (15 Years and Older):			13
Outpatient Visits at the Hospital/ Campus:			83,381	Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus			0	performed of total Cardiac Cases :			13

<u>Diagnostic/Interventional Equipment</u>				<u>Examinations</u>				<u>Therapeutic Equipment</u>				<u>Therapies/ Treatments</u>
	Owned	Contract		Inpatient	Outpt	Contract		Owned	Contract			
General Radiography/Fluoroscopy	6	0	6,389	26,180	0		Lithotripsy	0	0		0	
Nuclear Medicine	5	0	902	410	0		Linear Accelerator	0	0		0	
Mammography	3	0	2	5,478	0		Image Guided Rad Therapy				0	
Ultrasound	5	0	2,676	7,338	0		Intensity Modulated Rad Thrpy				0	
Angiography	1	0					High Dose Brachytherapy	0	0		0	
Diagnostic Angiography			136	17	0		Proton Beam Therapy	0	0		0	
Interventional Angiography			293	120	0		Gamma Knife	0	0		0	
Positron Emission Tomography (PET)	0	0	0	0	0		Cyber knife	0	0		0	
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0							
Magnetic Resonance Imaging	1	0	1,375	980	0							

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Terence Molsan, MD			White	80.3%	Hispanic or Latino:	2.9%
ADMINISTRATOR PHONE	708-923-5000			Black	5.1%	Not Hispanic or Latino:	92.2%
OWNERSHIP:	Palos Community Hospital			American Indian	0.0%	Unknown:	4.8%
OPERATOR:	Palos Community Hospital			Asian	0.4%		
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	IDPH Number:	3210
CERTIFICATION:				Unknown	14.1%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	12251 South 80th Avenue	CITY: Palos Heights	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service										
Clinical Service	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	306	268	231	15,764	70,629	6,574	4.9	211.5	68.1	78.9
0-14 Years				0	0					
15-44 Years				1,257	3,805					
45-64 Years				3,606	13,981					
65-74 Years				3,465	15,541					
75 Years +				7,436	37,302					
Pediatric	0	8	2	11	12	31	3.9	0.1	0.0	1.5
Intensive Care	36	24	24	2,993	7,586	6	2.5	20.8	57.8	86.7
Direct Admission				2,022	4,725					
Transfers				971	2,861					
Obstetric/Gynecology	28	26	13	730	1,712	367	2.8	5.7	20.3	21.9
Maternity				730	1,712					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	40			1,374	5,886	0	4.3	16.1	40.3	
Adolescent AMI		0	0	1	21	0	21.0	0.1		0.0
Adult AMI		34	28	1,373	5,865	0	4.3	16.1		47.3
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	24					3421				
Facility Utilization	410			19,901	85,825	10,399	4.8	263.6	64.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source						
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Inpatients	62.8%	6.7%	0.0%	27.9%	0.7%	2.0%
	12491	1327	0	5547	130	406
Outpatients	42.2%	8.3%	0.0%	46.1%	2.2%	1.1%
	88266	17363	0	96526	4655	2402

Financial Year Reported:	to	Inpatient and Outpatient Net Revenue by Payer Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	57.4%	4.2%	0.0%	35.6%	2.8%	100.0%		2,151,441
	113,166,000	8,350,000	0	70,278,000	5,486,000	197,280,000	663,062	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	31.7%	2.7%	0.0%	58.3%	7.3%	100.0%		0.6%
	54,966,000	4,676,000	0	101,274,000	12,660,000	173,576,000	1,488,379	

Birthing Data			Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	624		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	624		Beds	16	6	Heart:	0
Birthing Rooms:	0		Patient Days	1,260	190	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		1,450	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	28		Inpatient Studies		904,433	Total:	0
C-Section Rooms:	2		Outpatient Studies		606,601		
CSections Performed:	204		Studies Performed Under Contract		75,017		

<u>Surgery and Operating Room Utilization</u>											
<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	2	2	315	0	1343	0	1343	4.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1235	1559	3783	3128	6909	3.1	2.0
Gastroenterology	0	0	0	0	7	3	11	5	16	1.6	1.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	105	677	305	1197	1502	2.9	1.8
Oral/Maxillofacial	0	0	0	0	8	42	30	93	123	3.8	2.2
Ophthalmology	0	0	0	0	4	883	5	1150	1155	1.3	1.3
Orthopedic	0	0	0	0	1614	996	4493	2217	6710	2.8	2.2
Otolaryngology	0	0	0	0	33	119	46	231	277	1.4	1.9
Plastic Surgery	0	0	0	0	156	381	249	640	889	1.6	1.7
Podiatry	0	0	0	0	98	106	145	248	393	1.5	2.3
Thoracic	0	0	0	0	205	76	488	127	615	2.4	1.7
Urology	0	0	0	0	376	672	764	1158	1922	2.0	1.7
Totals	0	0	14	14	4156	5514	11662	10192	21854	2.8	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		15	Stage 2 Recovery Stations		55		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	4	4	2723	5102	2261	3996	6257	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
Multipurpose Room=1					32	548	41	507	548	1.3	0.9
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center	No			Total Cath Labs (Dedicated+Nondedicated labs):			
Level of Trauma Service	Level 1			Cath Labs used for Angiography procedures			
	Level 2			Dedicated Diagnostic Catheterization Lab			
Operating Rooms Dedicated for Trauma Care	0			Dedicated Interventional Catheterization Labs			
Number of Trauma Visits:	0			Dedicated EP Catheterization Labs			
Patients Admitted from Trauma	0						
Emergency Service Type:	Comprehensive			<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations	34			Total Cardiac Cath Procedures:			
Persons Treated by Emergency Services:	63,059			Diagnostic Catheterizations (0-14)			
Patients Admitted from Emergency:	16,580			Diagnostic Catheterizations (15+)			
Total ED Visits (Emergency+Trauma):	63,059			Interventional Catheterizations (0-14):			
<u>Free-Standing Emergency Center</u>				Interventional Catheterization (15+)			
Beds in Free-Standing Centers	0			EP Catheterizations (15+)			
Patient Visits in Free-Standing Centers	0			<u>Cardiac Surgery Data</u>			
Hospital Admissions from Free-Standing Center	0			Total Cardiac Surgery Cases:			
<u>Outpatient Service Data</u>				Pediatric (0 - 14 Years):			
Total Outpatient Visits	209,212			Adult (15 Years and Older):			
Outpatient Visits at the Hospital/ Campus:	139,052			Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus	70,160			performed of total Cardiac Cases :			

<u>Diagnostic/Interventional Equipment</u>				<u>Examinations</u>				<u>Therapeutic Equipment</u>				<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>		<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>	<u>Contract</u>			
General Radiography/Fluoroscopy	11	0	24,872	51,311	0		Lithotripsy	0	0		0	
Nuclear Medicine	4	0	1,725	3,627	0		Linear Accelerator	0	0		0	
Mammography	3	0	47	11,026	0		Image Guided Rad Therapy				0	
Ultrasound	10	0	7,356	12,611	0		Intensity Modulated Rad Thrpy				0	
Angiography	1	0					High Dose Brachytherapy	0	0		0	
Diagnostic Angiography			353	311	0		Proton Beam Therapy	0	0		0	
Interventional Angiography			487	378	0		Gamma Knife	0	0		0	
Positron Emission Tomography (PET)	0	0	0	0	0		Cyber knife	0	0		0	
Computerized Axial Tomography (CAT)	4	0	8,129	31,968	0							
Magnetic Resonance Imaging	1	0	2,194	3,298	0							

<u>Ownership, Management and General Information</u>			<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Tim Egan		White	3.5%	Hispanic or Latino:	2.4%
ADMINISTRATOR PHONE	773-995-3012		Black	96.2%	Not Hispanic or Latino:	97.6%
OWNERSHIP:			American Indian	0.0%	Unknown:	0.1%
OPERATOR:	Roseland Community Hospital Association		Asian	0.1%		
MANAGEMENT:	Not for Profit Corporation		Hawaiian/ Pacific	0.0%	IDPH Number:	2063
CERTIFICATION:			Unknown	0.2%	HPA	A-03
FACILITY DESIGNATION:	General Hospital				HSA	6
ADDRESS	45W 111th St.	CITY: Chicago	COUNTY:	Suburban Cook (Chicago)		

Facility Utilization Data by Category of Service

<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	77	0	0	3,145	14,036	0	4.5	38.5	49.9	0.0
0-14 Years				202	912					
15-44 Years				864	3,854					
45-64 Years				1,459	6,495					
65-74 Years				316	1,423					
75 Years +				304	1,352					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	10	0	0	786	2,076	0	2.6	5.7	56.9	0.0
Direct Admission				327	2,076					
Transfers				459	0					
Obstetric/Gynecology	17	0	0	214	498	0	2.3	1.4	8.0	0.0
Maternity				214	498					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	30			253	1,817	0	7.2	5.0	16.6	
Adolescent AMI		0	0	253	1,817	0	7.2	5.0		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	134			3,939	18,427	0	4.7	50.5	37.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	23.1%	63.1%	0.0%	7.9%	3.7%	2.2%	
	742	2029	0	255	119	70	3,215
Outpatients	9.2%	72.9%	0.0%	8.3%	9.2%	0.4%	
	2918	23126	0	2631	2934	116	31,725

<u>Financial Year Reported:</u>	4/1/2017 to	3/31/2018	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	17.9%	78.0%	0.0%	4.1%	0.0%	100.0%			
	6,483,195	28,336,830	0	1,483,136	10,459	36,313,620	568,865		669,300
Outpatient Revenue (\$)	20.7%	51.6%	0.0%	26.0%	1.7%	100.0%			
	997,732	2,483,339	0	1,254,002	80,848	4,815,921	100,435		1.6%

Birth Data

Number of Total Births:	153
Number of Live Births:	177
Birthing Rooms:	6
Labor Rooms:	3
Delivery Rooms:	3
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	24

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	6	2	1
Patient Days	380	38	4
Total Newborn Patient Days			422

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Laboratory Studies

Inpatient Studies	83,663
Outpatient Studies	62,990
Studies Performed Under Contract	17,064

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Terika Richardson			White	12.1%	Hispanic or Latino:	10.7%
ADMINISTRATOR PHONE	773-967-5001			Black	83.4%	Not Hispanic or Latino:	89.3%
OWNERSHIP:	Advocate Health and Hospitals Corporation			American Indian	0.9%	Unknown:	0.0%
OPERATOR:	Advocate Health and Hospitals Corporation			Asian	0.1%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.0%	IDPH Number:	4176
CERTIFICATION:				Unknown	3.5%	HPA	A-03
FACILITY DESIGNATION:	General Hospital					HSA	6
ADDRESS	2320 East 93rd Street	CITY: Chicago	COUNTY: Suburban Cook (Chicago)				

Facility Utilization Data by Category of Service

Clinical Service	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	158	156	57	6,211	24,482	6,339	5.0	84.4	53.4	54.1
0-14 Years				1	1					
15-44 Years				862	2,752					
45-64 Years				2,123	8,138					
65-74 Years				1,281	5,245					
75 Years +				1,944	8,346					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	24	17	1,050	2,875	26	2.8	7.9	33.1	33.1
Direct Admission				609	2,875					
Transfers				441	0					
Obstetric/Gynecology	23	21	5	753	1,923	47	2.6	5.4	23.5	25.7
Maternity				753	1,923					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
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	205			7,573	29,280	6,412	4.7	97.8	47.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	48.4%	35.3%	0.0%	13.7%	1.0%	1.6%	
	3668	2674	0	1035	73	123	7,573
Outpatients	29.9%	37.3%	0.0%	25.8%	5.6%	1.5%	
	22487	28097	0	19432	4196	1120	75,332

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	53.9%	26.2%	0.0%	17.9%	2.0%	100.0%			2,480,000
	41,127,850	19,981,293	0	13,695,378	1,511,341	76,315,862	1,383,000		
Outpatient Revenue (\$)	31.5%	15.3%	0.0%	51.9%	1.3%	100.0%			Total Charity Care as % of Net Revenue
	17,607,152	8,543,958	0	29,032,304	744,392	55,927,806	1,097,000	1.9%	

Birthing Data

Newborn Nursery Utilization

Organ Transplantation

Number of Total Births:	714	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0	Beds	19	18	Heart:	0
Birthing Rooms:	0	Patient Days	1,184	263	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		1,852	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	0	<u>Laboratory Studies</u>			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9	Inpatient Studies		271,092	Total:	0
C-Section Rooms:	2	Outpatient Studies		143,596		
CSections Performed:	170	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	0	0	24	40	95	99	194	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	495	588	805	660	1465	1.6	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	2	10	5	23	28	2.5	2.3
OB/Gynecology	0	0	0	0	111	181	252	237	489	2.3	1.3
Oral/Maxillofacial	0	0	0	0	2	3	4	4	8	2.0	1.3
Ophthalmology	0	0	0	0	0	471	0	209	209	0.0	0.4
Orthopedic	0	0	0	0	231	302	491	430	921	2.1	1.4
Otolaryngology	0	0	0	0	16	154	39	239	278	2.4	1.6
Plastic Surgery	0	0	0	0	0	3	0	9	9	0.0	3.0
Podiatry	0	0	0	0	46	169	37	208	245	0.8	1.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	206	167	178	176	354	0.9	1.1
Totals	0	0	6	6	1133	2088	1906	2294	4200	1.7	1.1

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	7	Stage 2 Recovery Stations	7
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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	4	4	534	2920	294	2628	2922	0.6	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	1	933	1	606	607	1.0	0.6
Cystoscopy	0	0	1	1	172	95	119	86	205	0.7	0.9

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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Basic
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	41,908
Patients Admitted from Emergency:	5,988
Total ED Visits (Emergency+Trauma):	41,908

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	75,332
Outpatient Visits at the Hospital/ Campus:	75,332
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:	699
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	485
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	147
EP Catheterizations (15+)	67

Cardiac Surgery Data

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

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

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		<u>Therapies/ Treatments</u>
General Radiography/Fluoroscopy	4	0	10,536	24,887	0		0	0	0
Nuclear Medicine	2	0	835	1,140	0		0	0	0
Mammography	3	0	9	13,412	0				0
Ultrasound	6	0	3,844	14,479	0				0
Angiography	2	0							0
Diagnostic Angiography			432	171	0		0	0	0
Interventional Angiography			332	123	0		0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0		0	0	0
Computerized Axial Tomography (CAT)	1	0	432	171	0		0	0	0
Magnetic Resonance Imaging	1	0	432	171	0		0	0	0
Lithotripsy							0	0	0
Linear Accelerator							0	0	0
Image Guided Rad Therapy									0
Intensity Modulated Rad Thrpy									0
High Dose Brachytherapy							0	0	0
Proton Beam Therapy							0	0	0
Gamma Knife							0	0	0
Cyber knife							0	0	0

ATTACHMENT 7

ATTACHMENT 7
IMPACT ON ACCESS

Criterion 1110.290(d): Notification Letters

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 the number of treatments provided (as applicable) during the latest 24 month period.

Notification letters were sent to the all hospitals within a 10-mile normal travel radius of MetroSouth providing the same services as proposed for discontinuation. Copies of the letters are included with this Attachment. The hospitals are identified in the table below.

Facility	Driving Distance (miles)
Ingalls Memorial Hospital	4.5
Roseland Community Hospital	4.9
Little Company of Mary Hospital	5.1
Advocate Christ Medical Center	7.1
South Shore Hospital	7.6
Palos Community Hospital	8.0
Advocate South Suburban Hospital	9.9
Advocate Trinity Hospital	10.0

Source: Google Maps, included with this Attachment.



Certified Article Number

9414 7266 9904 2133 9670 57

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 95th Street
Oak Lawn, IL 60453

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Primack:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Surgical 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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

12

Stage 2 Recovery Stations

28

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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

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

	<u>Owned</u>		<u>Contract</u>		<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>		<u>Contract</u>		<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0			Lithotripsy	0	0			0
Nuclear Medicine	5	0	902	410	0			Linear Accelerator	0	0			0
Mammography	3	0	2	5,478	0			Image Guided Rad Therapy					0
Ultrasound	5	0	2,676	7,338	0			Intensity Modulated Rad Thrp					0
Angiography	1	0						High Dose Brachytherapy	0	0			0
Diagnostic Angiography			136	17	0			Proton Beam Therapy	0	0			0
Interventional Angiography			293	120	0			Gamma Knife	0	0			0
Positron Emission Tomography (PET)	0	0	0	0	0			Cyber knife	0	0			0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0								
Magnetic Resonance Imaging	1	0	1,375	980	0								

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Sent to:

Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 95th Street

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015



MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number

9414 7266 9904 2133 9670 40

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Rashard Johnson
President
Advocate South Suburban Hospital
17800 Kedzie Avenue
Hazel Crest, IL 60429

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

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Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Hospital Profile - CY 2017

MetroSouth Medical Center

Blue Island

Page 1

Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	John Baird		White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-597-2000 Ext. 5201		Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC		American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC		Asian	0.2%		
MANAGEMENT:	Limited Liability Company		Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:			Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:					HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY:	Suburban Cook County		

Facility Utilization Data by Category of Service										
Clinical Service	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.6	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							Charity Care	Totals
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%		0.7%	
	3435	3314	334	1139	188		63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%		3.1%	
	36398	14045	1274	13365	3758		2220	71,080

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	28.6%	14.9%	100.0%		565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		0.4%
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	

Birthing Data			Newborn Nursery Utilization				Organ Transplantation	
Number of Total Births:		1,384		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:		1,399	Beds	10	10	8	Heart:	0
Birthing Rooms:		0	Patient Days	292	18	1,571	Lung:	0
Labor Rooms:		5	Total Newborn Patient Days			1,881	Heart/Lung:	0
Delivery Rooms:		0					Pancreas:	0
Labor-Delivery-Recovery Rooms:		13					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:		0					Total:	0
C-Section Rooms:		2	Inpatient Studies			9,178		
CSections Performed:		449	Outpatient Studies			29,965		
			Studies Performed Under Contract			2,158		

<u>Surgery and Operating Room Utilization</u>											
<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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	189	97	286	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4188	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrpy			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0
Interventional Angiography			293	120	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

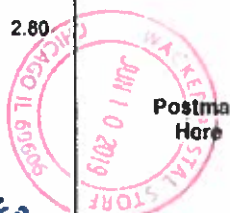
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President
Advocate South Suburban
Hospital
17800 Kedzie Avenue

Reference Information

79146-1 QIICCS

PS Form 3800, Facsimile, July 2015



Certified Article Number

9414 7266 9904 2133 9672 62

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Rashard Johnson
President
Advocate Trinity Hospital
2320 E. 93rd Street
Chicago, IL 60617

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

<u>Surgery and Operating Room Utilization</u>											
<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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	189	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
					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

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center			No	Total Cath Labs (Dedicated+NonDedicated labs):			3
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Diagnostic Catheterization Lab			0
Number of Trauma Visits:			0	Dedicated Interventional Catheterization Labs			2
Patients Admitted from Trauma			0	Dedicated EP Catheterization Labs			1
Emergency Service Type:			Comprehensive	<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations			27	Total Cardiac Cath Procedures:			1,522
Persons Treated by Emergency Services:			45,523	Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:			5,954	Diagnostic Catheterizations (15+)			898
Total ED Visits (Emergency+Trauma):			45,523	Interventional Catheterizations (0-14):			0
<u>Free-Standing Emergency Center</u>				Interventional Catheterization (15+)			317
Beds in Free-Standing Centers			0	EP Catheterizations (15+)			307
Patient Visits in Free-Standing Centers			0	<u>Cardiac Surgery Data</u>			
Hospital Admissions from Free-Standing Center			0	Total Cardiac Surgery Cases:			13
<u>Outpatient Service Data</u>				Pediatric (0 - 14 Years):			0
Total Outpatient Visits			83,381	Adult (15 Years and Older):			13
Outpatient Visits at the Hospital/ Campus:			83,381	Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus			0	performed of total Cardiac Cases :			13

<u>Diagnostic/Interventional Equipment</u>			<u>Examinations</u>			<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>	
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract			
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0		
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0		
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy				
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrapy				
Angiography	1	0				High Dose Brachytherapy	0	0		
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0		
Interventional Angiography			293	120	0	Gamma Knife	0	0		
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0		
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0					
Magnetic Resonance Imaging	1	0	1,375	980	0					

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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President
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June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Brian Sinotte, FACHE
President
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Sinotte:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") for discontinuation of the Hospital and all hospital services. The discontinuation of the Hospital and services is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

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Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John Baird			White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-597-2000 Ext. 5201			Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:				Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:						HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	468					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,840					
75 Years +				1,460	7,487					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.8%	13.4%	2.2%	0.7%	8,473
	3435	3314	334	1139	188	63	
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	71,060
	36398	14045	1274	13365	3758	2220	

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%			565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136		
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%			Total Charity Care as % of Net Revenue
	7,938,516	11,371,194	5,118,005	19,820,863	9,741,210	53,987,788	319,655		0.4%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	1,384		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	1,399		Beds	10	10	Heart:	0
Birth Rooms:	0		Patient Days	292	18	Lung:	0
Labor Rooms:	5		Total Newborn Patient Days		1,881	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	13					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	2						
CSections Performed:	449						
			<u>Laboratory Studies</u>				
			Inpatient Studies		9,178		
			Outpatient Studies		29,985		
			Studies Performed Under Contract		2,158		

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
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Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
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Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

12

Stage 2 Recovery Stations

28

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
					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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307


Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrpy			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0
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 President
 Ingalls Memorial Hospital
 One Ingalls Drive
 Harvey, IL 60426

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PS Form 3800, Facsimile, July 2015



MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number

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SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

John Hanlon, M.D., MMM
President/Chief Executive Officer
Little Company of Mary Hospital
2800 W. 95th Street
Evergreen Park, IL 60805

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Hanlon:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

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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	No
Level of Trauma Service	Level 1
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Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

<u>Diagnostic/Interventional Equipment</u>				<u>Examinations</u>			<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>	
	Owned	Contract		Inpatient	Outpt	Contract	Owned	Contract			
General Radiography/Fluoroscopy	6	0	6,389	26,180	0		Lithotripsy	0	0		
Nuclear Medicine	5	0	902	410	0		Linear Accelerator	0	0		
Mammography	3	0	2	5,478	0		Image Guided Rad Therapy				
Ultrasound	5	0	2,676	7,338	0		Intensity Modulated Rad Thrpy				
Angiography	1	0					High Dose Brachytherapy	0	0		
Diagnostic Angiography			136	17	0		Proton Beam Therapy	0	0		
Interventional Angiography			293	120	0		Gamma Knife	0	0		
Positron Emission Tomography (PET)	0	0	0	0	0		Cyber knife	0	0		
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0						
Magnetic Resonance Imaging	1	0	1,376	980	0						

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Sent to:
John Hanlon, M.D., MMM
President/Chief Executive
Officer
Little Company of Mary Hospital
2800 W. 95th Street

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015



Certified Article Number

9414 7266 9904 2133 9672 31

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Terrence Moisan, M.D.
President/Chief Executive Officer
Palos Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Moisan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the “Hospital”), is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital’s 2017 Annual Hospital Questionnaire Profile (the “Profile”), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	John Baird			White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-597-2000 Ext. 5201			Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:				Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:						HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service										
Clinical Service	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							Totals	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care		
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%		
	3435	3314	334	1139	188	63		8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%		
	36398	14045	1274	13365	3758	2220		71,060

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%			565,791
	24,137,768	28,116,260	1,042,118	24,235,776	13,589,262	91,121,174	246,136		Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%			0.4%
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655		

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	1,384		Level I	Level II	Level II+	Kidney:		0
Number of Live Births:	1,399		Beds	10	10	8	Heart:	0
Birthing Rooms:	0		Patient Days	292	18	1,571	Lung:	0
Labor Rooms:	5		Total Newborn Patient Days			1,881	Heart/Lung:	0
Delivery Rooms:	0						Pancreas:	0
Labor-Delivery-Recovery Rooms:	13						Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0						Total:	0
C-Section Rooms:	2		Laboratory Studies					
CSections Performed:	449		Inpatient Studies			9,178		
			Outpatient Studies			29,965		
			Studies Performed Under Contract			2,158		

<u>Surgery and Operating Room Utilization</u>											
<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	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12		Stage 2 Recovery Stations		28	

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<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	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
					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

<u>Emergency/Trauma Care</u>				<u>Cardiac Catheterization Labs</u>			
Certified Trauma Center			No	Total Cath Labs (Dedicated+NonDedicated labs):			3
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Diagnostic Catheterization Lab			0
Number of Trauma Visits:			0	Dedicated Interventional Catheterization Labs			2
Patients Admitted from Trauma			0	Dedicated EP Catheterization Labs			1
Emergency Service Type:		Comprehensive		<u>Cardiac Catheterization Utilization</u>			
Number of Emergency Room Stations		27		Total Cardiac Cath Procedures:			1,522
Persons Treated by Emergency Services:		45,523		Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:		5,954		Diagnostic Catheterizations (15+)			898
Total ED Visits (Emergency+Trauma):		45,523		Interventional Catheterizations (0-14):			0
<u>Free-Standing Emergency Center</u>				Interventional Catheterization (15+)			317
Beds in Free-Standing Centers		0		EP Catheterizations (15+)			307
Patient Visits in Free-Standing Centers		0		<u>Cardiac Surgery Data</u>			
Hospital Admissions from Free-Standing Center		0		Total Cardiac Surgery Cases:			13
<u>Outpatient Service Data</u>				Pediatric (0 - 14 Years):			0
Total Outpatient Visits		83,381		Adult (15 Years and Older):			13
Outpatient Visits at the Hospital/ Campus:		83,381		Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus		0		performed of total Cardiac Cases :			13

<u>Diagnostic/Interventional Equipment</u>						<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>	
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract			
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0		0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0		0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy				0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrp				0
Angiography	1	0				High Dose Brachytherapy	0	0		0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0		0
Interventional Angiography			293	120	0	Gamma Knife	0	0		0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0		0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0					
Magnetic Resonance Imaging	1	0	1,375	980	0					

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Sent to:
Terrence Moisan, M.D.
President/Chief Executive
Officer
Palos Hospital
12251 S. 80th Avenue

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015



MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number

9414 7266 9904 2133 9672 24

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Tim Egan
President/Chief Executive Officer
Roseland Community Hospital
45 W. 111th Street
Chicago, IL 60628

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Egan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John Baird			White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-597-2000 Ext. 5201			Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:				Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:						HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	468					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,480	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	26.5%	30.8%	1.1%	26.6%	14.9%	100.0%		565,791
	24,137,768	28,118,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	0.4%

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>	
Number of Total Births:	1,384		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	1,399	Beds	10	10	8	Heart:	0
Birthing Rooms:	0	Patient Days	292	18	1,571	Lung:	0
Labor Rooms:	5	Total Newborn Patient Days			1,881	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	13					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies			9,178	Total:	0
C-Section Rooms:	2	Outpatient Studies			29,965		
CSections Performed:	449	Studies Performed Under Contract			2,158		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

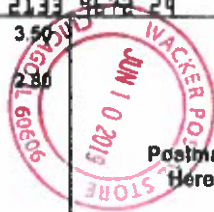
Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment

	Owned		Contract		Examinations		Therapeutic Equipment		Therapies/ Treatments	
			Inpatient	Outpt	Contract		Owned	Contract		
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0	
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0	
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0	
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrp			0	
Angiography	1	0				High Dose Brachytherapy	0	0	0	
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0	
Interventional Angiography			293	120	0	Gamma Knife	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0					
Magnetic Resonance Imaging	1	0	1,375	980	0					

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Tim Egan President/Chief Executive Officer Roseland Community Hospital	
<u>Reference Information</u> 79146-1 QHCCS	
PS Form 3800, Facsimile, July 2015	



MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number

9414 7266 9904 2133 9672 17

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Timothy Caveney
Chief Executive Officer
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Caveney:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	John Baird			White	25.7%	Hispanic or Latino:	9.6%
ADMINISTRATOR PHONE	708-587-2000 Ext. 5201			Black	65.7%	Not Hispanic or Latino:	86.8%
OWNERSHIP:	Blue Island Hospital Company LLC			American Indian	0.0%	Unknown:	3.6%
OPERATOR:	Blue Island Hospital Company LLC			Asian	0.2%		
MANAGEMENT:	Limited Liability Company			Hawaiian/ Pacific	0.2%	IDPH Number:	5835
CERTIFICATION:				Unknown	8.3%	HPA	A-04
FACILITY DESIGNATION:						HSA	7
ADDRESS	12935 South Gregory Street	CITY: Blue Island	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service										
Clinical Service	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	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
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	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
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	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	8,473
	3435	3314	334	1139	188	63	
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	71,060
	36398	14045	1274	13365	3758	2220	

Financial Year Reported:	1/1/2017 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	28.5%	30.9%	1.1%	26.6%	14.9%	100.0%		565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		0.4%
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	

Birth Data			Newborn Nursery Utilization				Organ Transplantation	
Number of Total Births:	1,384		Level I	Level II	Level II+		Kidney:	0
Number of Live Births:	1,399		Beds	10	10	8	Heart:	0
Birth Rooms:	0		Patient Days	292	18	1,571	Lung:	0
Labor Rooms:	5		Total Newborn Patient Days			1,881	Heart/Lung:	0
Delivery Rooms:	0						Pancreas:	0
Labor-Delivery-Recovery Rooms:	13		Laboratory Studies				Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies			9,178	Total:	0
C-Section Rooms:	2		Outpatient Studies			29,965		
CSections Performed:	449		Studies Performed Under Contract			2,158		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

12

Stage 2 Recovery Stations

28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

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	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional EquipmentExaminationsTherapeutic EquipmentTherapies/

	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments
General Radiography/Fluoroscopy	6	0	8,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0
Interventional Angiography			293	120	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Certified Mail Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 6.70



Sent to:

Timothy Caveney
Chief Executive Officer
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

Reference Information

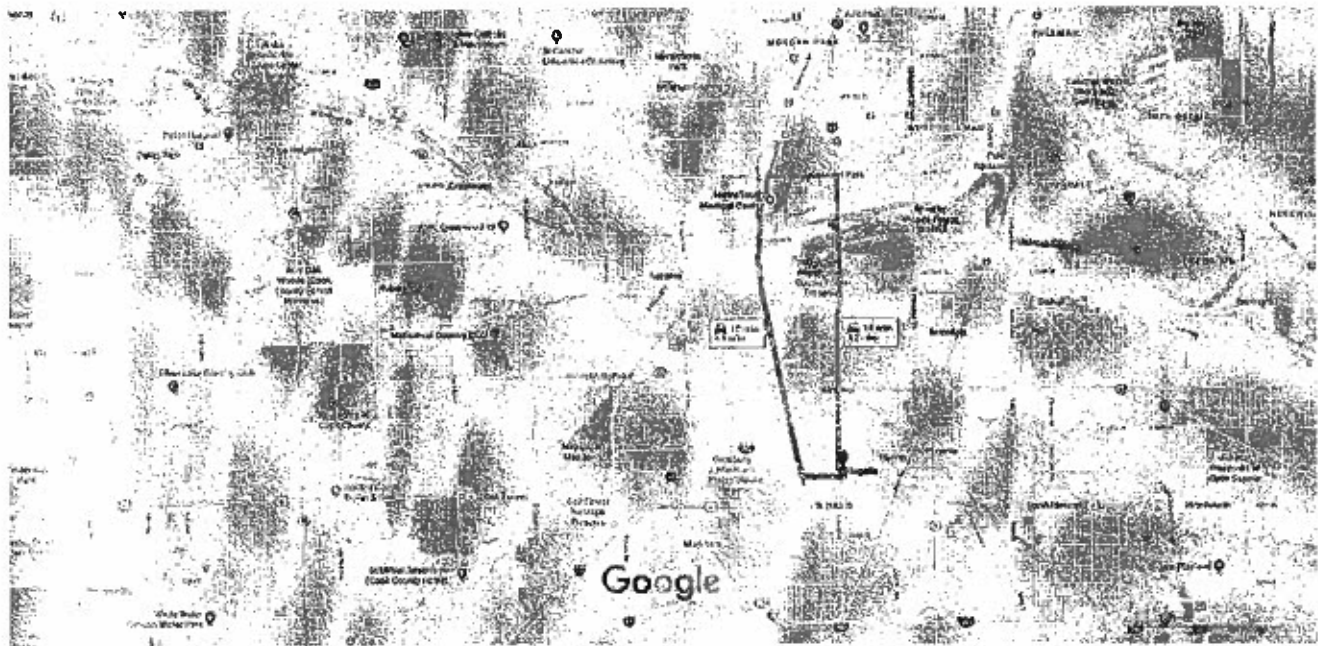
79146-1 QHCCS

PS Form 3800, Facsimile July 2015

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Ingalls, Ingalls Drive, Harvey, IL

Drive 4.5 miles, 12 min



Map data ©2019 1 mi

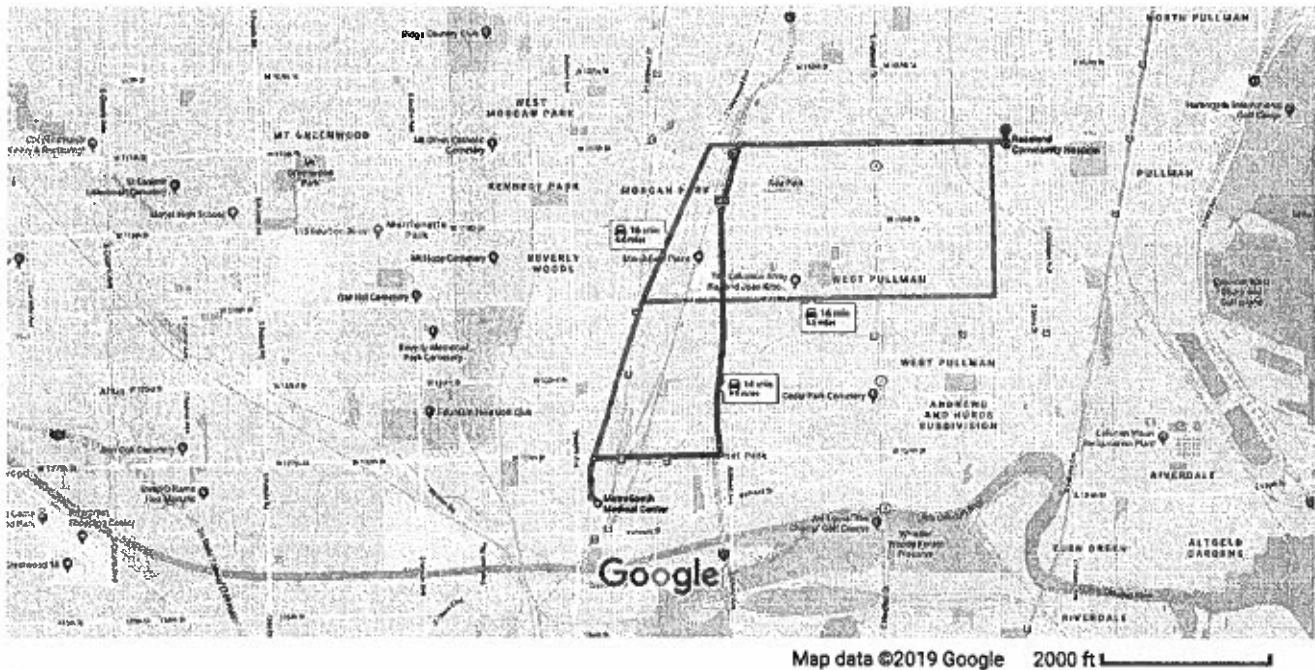
via S Western Ave and Dixie Hwy 12 min
Fastest route, the usual traffic 4.5 miles

via S Ashland Ave and S Wood St 14 min
5.2 miles

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Roseland Community Hospital

Drive 4.9 miles, 14 min



via I-57 N and W 111th St

14 min

Fastest route, the usual traffic

4.9 miles

via Vincennes Rd and W 111th St

16 min

4.4 miles

via W 119th St

16 min

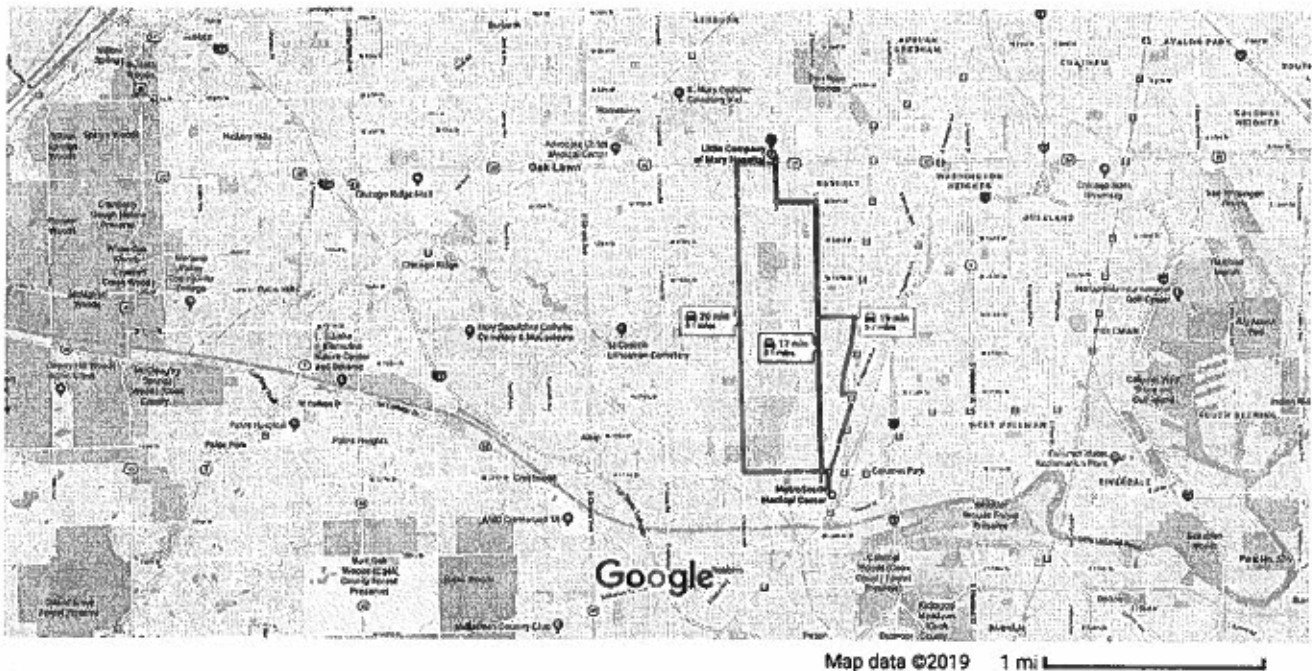
4.8 miles

ATTACHMENT 7

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Little Company of Mary Hospital

Drive 5.1 miles, 17 min



via S Western Ave 17 min
Fastest route, lighter traffic than usual 5.1 miles

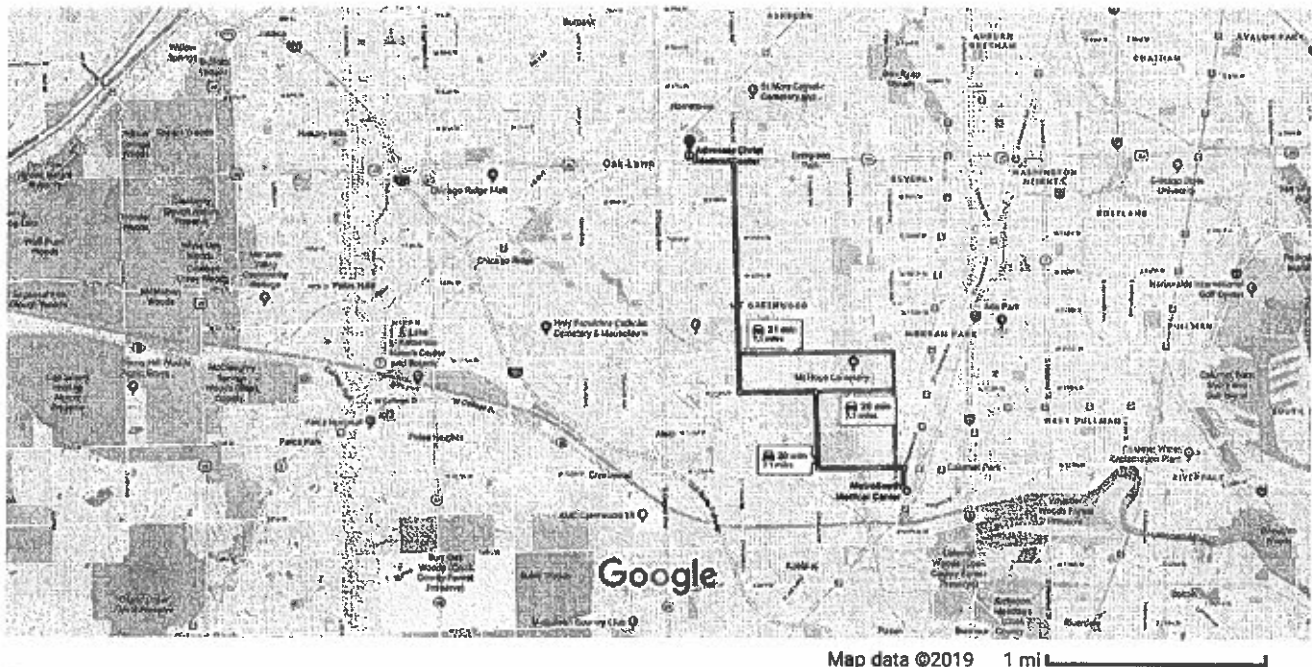
via S Kedzie Ave 20 min
6.1 miles

via Western Ave 19 min
5.7 miles

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Advocate Christ Medical Center

Drive 7.1 miles, 20 min



via S Pulaski Rd 20 min
Fastest route, lighter traffic than usual 7.1 miles

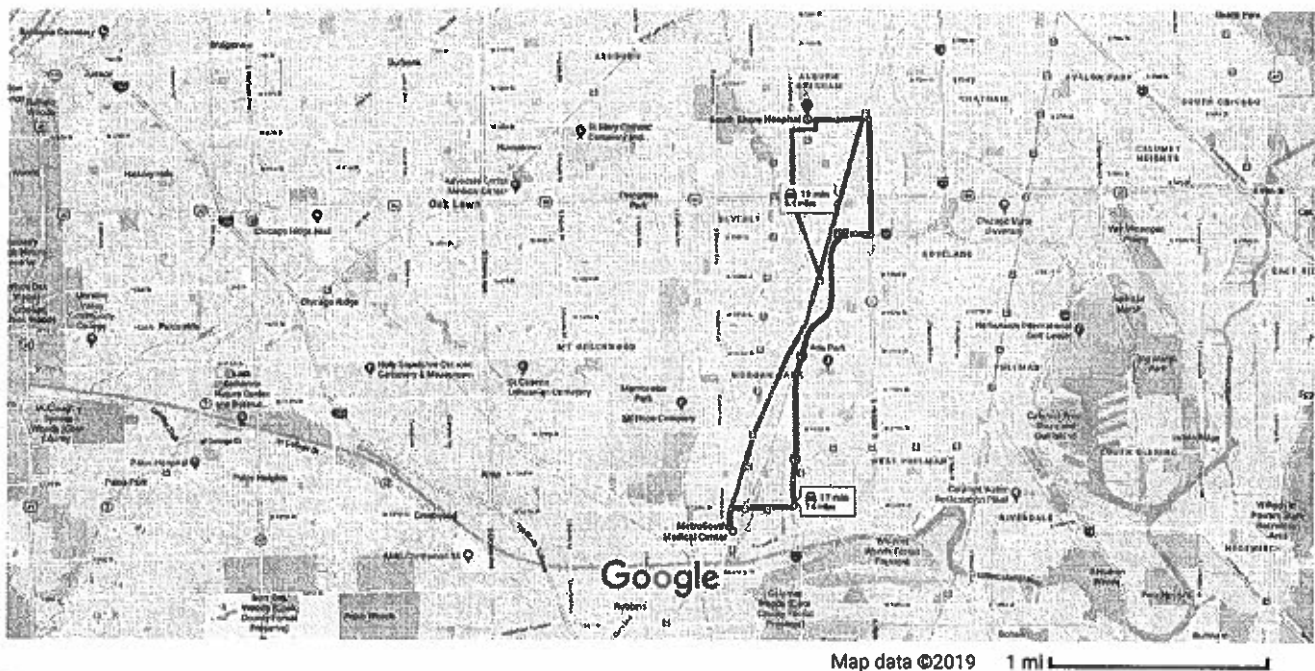
via W 119th St and S Pulaski Rd 20 min
7.1 miles

via W 115th St and S Pulaski Rd 21 min
7.1 miles

Google Maps

MetroSouth Medical Center, Blue Island, IL
to South Shore Hospital

Drive 7.6 miles, 17 min



via I-57 N

17 min

Fastest route, the usual traffic

7.6 miles

via Vincennes Rd

19 min

6.4 miles

via Vincennes Rd and S Beverly Blvd

19 min

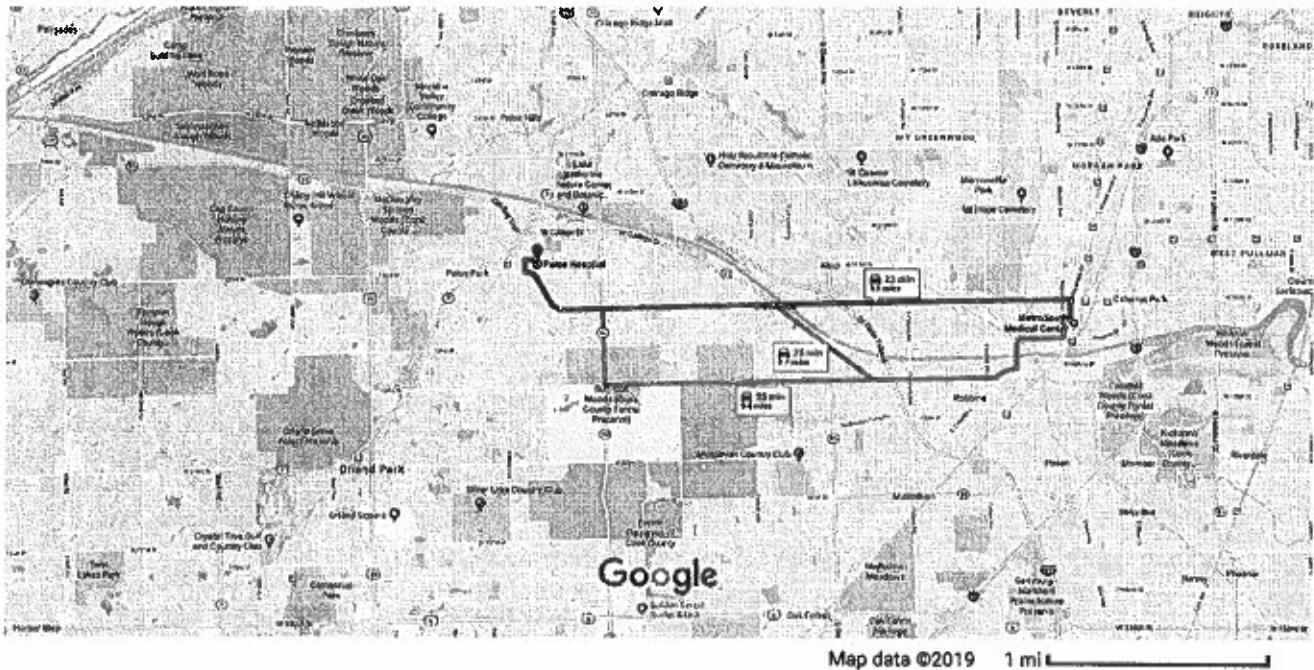
6.1 miles

ATTACHMENT 7

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Palos Hospital

Drive 8.0 miles, 23 min



via W 127th St 23 min
Fastest route, lighter traffic than usual 8.0 miles

via W 135th St 25 min
9.4 miles

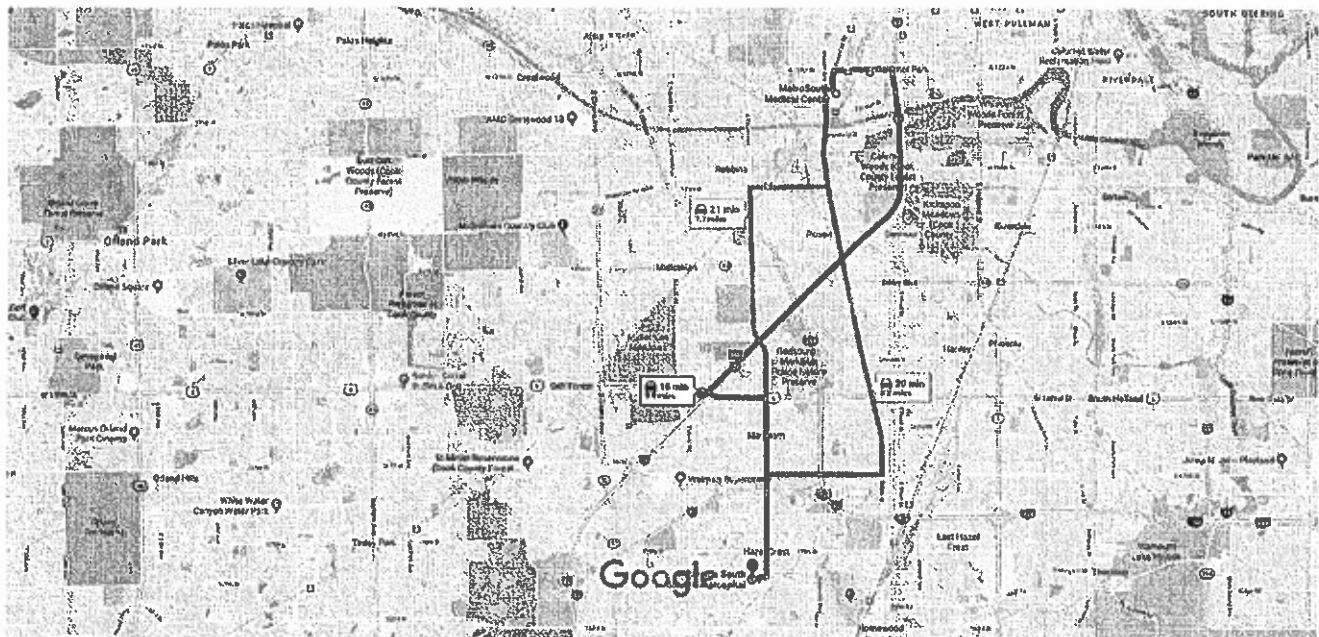
via W Cal Sag Rd and W 127th St 26 min
Some traffic, as usual 8.7 miles

ATTACHMENT 7

Google Maps

MetroSouth Medical Center, Blue Island, IL
to Advocate South Suburban Hospital

Drive 9.9 miles, 18 min



Map data ©2019 1 mi

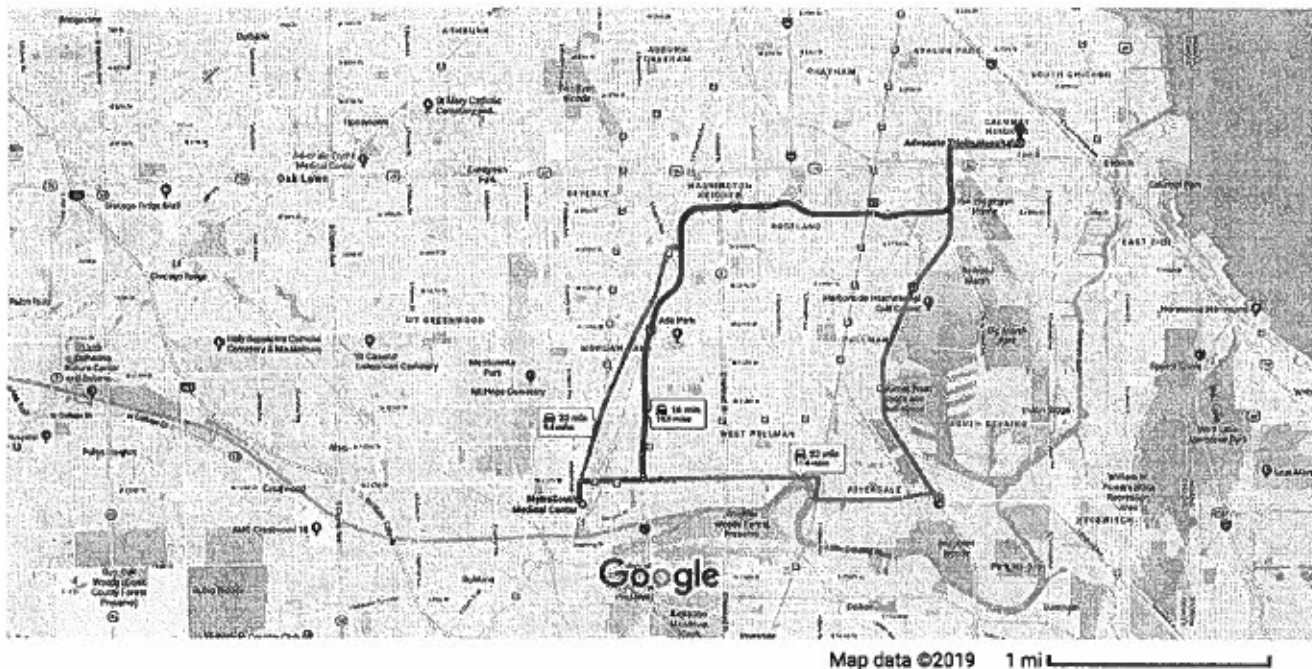
via I-57 S 18 min
Fastest route, the usual traffic 9.9 miles

via S Western Ave and Dixie Hwy 20 min
8.2 miles

via Kedzie Ave 21 min
Some traffic, as usual 7.7 miles

Google Maps

MetroSouth Medical Center, Blue Island, IL Drive 10.0 miles, 16 min
to Advocate Trinity Hospital



via I-57 N 16 min
Fastest route, the usual traffic 10.0 miles

via W 127th St and I-94 W 23 min
11.4 miles

via Vincennes Rd 23 min
9.4 miles

ATTACHMENT 8
BACKGROUND OF THE APPLICANT

This Attachment includes the following:

1. A listing of health care facilities owned and operated by the applicants.
2. The applicants' certification of no adverse action together with the applicants' authorization permitting HFSRB and IDPH access to documents.

ATTACHMENT 8
BACKGROUND OF THE APPLICANT

Listing of Health Care Facilities

Quorum Hospital Corporation's affiliated Illinois hospitals are:

MetroSouth Medical Center
12935 South Gregory Street
Blue Island, Illinois
General Hospital License #0005835

Crossroads Community Hospital
8 Doctors Park Rd
Mt. Vernon, Illinois
General Hospital License #0003947

Galesburg Cottage Hospital
695 N Kellogg St
Galesburg, Illinois
General Hospital License #0005330

Gateway Regional Medical Center
Granite City, Illinois
General Hospital License #0005223

Heartland Regional Medical Center
3333 W DeYoung St
Marion, Illinois
General Hospital License #0005298

Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois
Critical Access Hospital License #0005199

Union County Hospital
517 North Main Street
Anna, Illinois
Critical Access Hospital License #0005421

Vista Medical Center
1324 N Sheridan Rd
Waukegan, Illinois
General Hospital License #0005397



June 7, 2019

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and 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.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer
Quorum Health Corporation

Notary:

Subscribed and sworn to me this 7th day of June, 2019

Notary Public

Seal:



ATTACHMENT 9
SAFETY NET IMPACT STATEMENT
20 ILCS 3960/5.4

A. The Project will not have a Material Impact on Safety Net Services

The applicants have no reason to believe that the discontinuation of MetroSouth will have a material impact on safety net services. There are eight full service hospitals within 10 miles of MetroSouth which are generally under-utilized in the services being discontinued. Consequently, the discontinuation of MetroSouth would be expected to result in higher utilization of the surrounding facilities and reducing their costs per unit of service, which would improve those hospitals' ability to cross-subsidize safety net services.

Also, there are 14 Federally Qualified Health Care Centers (FQHCs) within five miles of Blue Island according to the Health Resources & Services Administration's website. See listing of FQHCs included with this Attachment. The Administrations website describes the services provided at its Health Centers as follows:

What is a Health Center?

Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the Nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation's veterans.

Health Center Program fundamentals:

- Deliver high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care.*
- Provide services regardless of patients' ability to pay and charge for services on a sliding fee scale.*
- Operate under the direction of patient-majority governing boards of autonomous community-based organizations. These include public and private non-profit organizations and tribal and faith-based organizations.*
- Develop systems of patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.*
- Meet requirements regarding administrative, clinical, and financial operations.*

How Health Centers Work

Health centers overcome geographic, cultural, linguistic, and other barriers to care by delivering coordinated and comprehensive primary and preventive services. This care reduces health disparities by emphasizing care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

Most health centers receive Health Center Program federal grant funding to improve the health of underserved and vulnerable populations. Some health centers receive funding to focus on special populations including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing. The majority of health center operating funds come from Medicaid, Medicare, private insurance, patient fees, and other resources. Some health centers that meet all Health Center Program requirements do not receive Federal award funding. These are called Health Center Program look-alikes.

Health centers leverage a variety of other related programs. Health centers that receive federal grant funding may gain access to medical malpractice coverage under Federal Tort Claims Act (FTCA), and some receive federal loan guarantees for capital improvements.

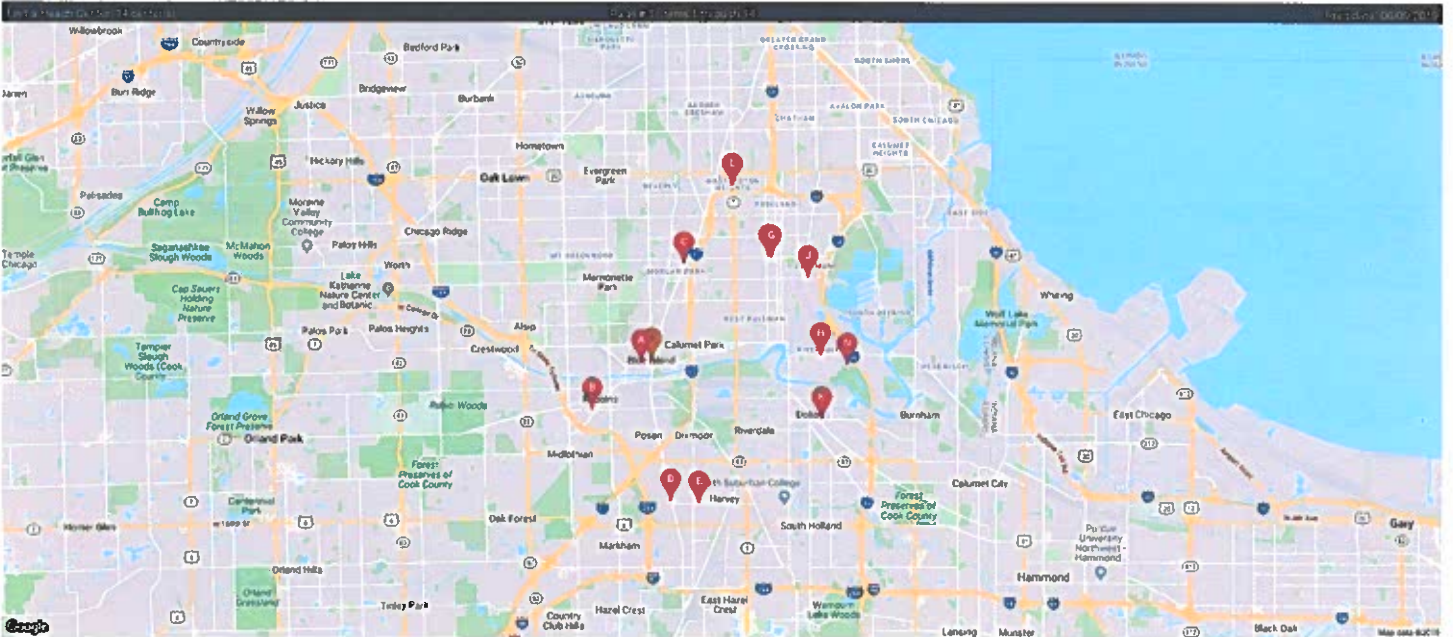
All health centers, including look-alikes, gain access to:

- *Federally Qualified Health Center Prospective Payment System reimbursement for services to Medicare and Medicaid beneficiaries;*
- *340B Drug Pricing Program discounts for pharmaceutical products;*
- *Free vaccines for uninsured and underinsured children through the Vaccines for Children Program; and,*
- *Assistance in the recruitment and retention of primary care providers through the National Health Service Corps.*

Source: <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

B. Charity Care and Medicaid Services

MetroSouth's Charity Care and Medicaid services for the last three years are shown in the table immediately following this page.



A.

ACCESS BLUE ISLAND FAMILY HEALTH CENTER

Operated by Access Community Health Network

Address: 13000 Maple Ave Blue Island, IL 60406-2318

Phone: 708-385-6100

Distance: 0.25 miles

Website: www.accesscommunityhealth.net

Click to get driving directions.

B.

BELOVED COMMUNITY FAMILY WELLNESS CENTER ROBBINS

Operated by BELOVED COMMUNITY FAMILY WELLNESS CENTER

Address: 3518 W 139th St Fl 2 Robbins, IL 60472-2002

Phone: 773-651-3629

Distance: 1.83 miles

[Click to get driving directions.](#)

C.

CLINIC ON MONTEREY

Operated by Christian Community Health Center

Address: 1701 W Monterey Ave Chicago, IL 60643-4257

Phone: 773-233-4100

Distance: 2.4 miles

Website: www.cchc-online.org

[Click to get driving directions.](#)

D.

SOUTH SUBURBAN HOMELESS OUTREACH CENTER

Operated by Aunt Martha's Health And Wellness, Inc.

Address: 15420 Dixie Hwy Unit G Harvey, IL 60426-3479

Phone: 877-692-8686

Distance: 3.37 miles

Website: www.auntmarthas.org

[Click to get driving directions.](#)

E.

FAMILY CHRISTIAN HEALTH CENTER

Operated by Family Christian Health Center
Address: 31 W 155th St Harvey, IL 60426-3556
Phone: 708-596-5177
Distance: 3.58 miles
Website: www.familychristianhealthcenter.org
Click to get driving directions.

F.
CHICAGO FAMILY HEALTH CENTER - ROSELAND
Operated by Chicago Family Health Center, Inc.
Address: 120 W 111th St Chicago, IL 60628-4215
Phone: 773-995-3416
Distance: 3.67 miles
Website: <http://www.chicagofamilyhealth.org>
Click to get driving directions.

G.
AUNT MARTHA'S ROSELAND COMMUNITY HEALTH CENTER
Operated by Aunt Martha's Health And Wellness, Inc.
Address: 45 W 111th St Chicago, IL 60628
Phone: 877-692-8686
Distance: 3.73 miles
Website: www.auntmarthas.org
Click to get driving directions.

H.
TCA HEALTH, INC.
Operated by TCA HEALTH, INC. NFP
Address: 1029 E 130th St Chicago, IL 60628-6908

Phone: 773-995-6300
Distance: 4 miles
[Website: none](#)
[Click to get driving directions.](#)

I.
MOBILE STUDENT HEALTH CLINIC, PARKING LOT B
Operated by TCA HEALTH, INC. NFP
Address: 1029 E 130th St Chicago, IL 60628
Phone: 773-995-6300
Distance: 4 miles
[Website: www.tcahealth.org](#)
[Click to get driving directions.](#)

J.
CHICAGO FAMILY HEALTH CENTER- PULLMAN
Operated by Chicago Family Health Center, Inc.
Address: 570 E 115th St Chicago, IL 60628-5740
Phone: 773-768-5000
Distance: 4.17 miles
[Website: www.chicagofamilyhealth.org](#)
[Click to get driving directions.](#)

K.
FAMILY CHRISTIAN HEALTH CENTER
Operated by Family Christian Health Center
Address: 713 E 142nd St Dolton, IL 60419-1062
Phone: 708-596-5177
Distance: 4.26 miles

[Click to get driving directions.](#)

L.

MOBILE HEALTH VAN

Operated by Christian Community Health Center

Address: 9718 S Halsted St Chicago, IL 60628-1007

Phone: 773-233-4100

Distance: 4.55 miles

Website: www.cchc-online.org

[Click to get driving directions.](#)

M.

CHRISTIAN COMMUNITY HEALTH CENTER

Operated by Christian Community Health Center

Address: 9718 S Halsted St Chicago, IL 60628-1007

Phone: 773-233-4100

Distance: 4.55 miles

Website: www.cchc-online.org

[Click to get driving directions.](#)

N.

CARVER MILITARY ACADEMY/TCA HLTH,INC

Operated by TCA HEALTH, INC. NFP

Address: 13100 S Doty Ave Chicago, IL 60827-1597

Phone: 773-535-5357

Distance: 4.63 miles

Website: none

[Click to get driving directions.](#)

MetroSouth's Charity Care and Medicaid Information

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2015	2016	2017
Inpatient	35	43	63
Outpatient	106	472	2,220
Total	141	515	2,283
Charity (cost in dollars)			
Inpatient	3,126,762	147,424	246,136
Outpatient	1,903,600	217,414	319,655
Total	5,030,362	364,838	565,791
MEDICAID			
Medicaid (# of patients)	2015	2016	2017
Inpatient	2,764	3,103	3,314
Outpatient	34,047	35,031	14,045
Total	36,811	38,134	17,359
Medicaid (revenue)			
Inpatient	31,013,796	34,323,681	28,116,250
Outpatient	3,815,200	4,279,057	11,371,194
Total	34,828,996	38,602,738	39,487,444

ATTACHMENT 10
CHARITY CARE INFORMATION
20 ILCS 3960/5.4

The amount of charity care for the last three years provided by MetroSouth and by each of Quorum Health Corporation's affiliated Illinois hospitals is included in the tables below.

METROSOUTH MEDICAL CENTER, Blue Island			
	2015	2016	2017
Net Patient Revenue (\$)	137,534,708	130,520,068	145,108,962
Amount of Charity Care (charges)	3.7% of net patient revenue	0.3% of net patient revenue	0.4% of net patient revenue
Cost of Charity Care (\$)	5,030,362	364,838	565,791

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2015	2016	2017
Net Patient Revenue (\$)	44,457,722	43,087,842	42,975,140
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care (\$)	749,436	536,244	204,594

GALESBURG COTTAGE HOSPITAL, Galesburg			
	2015	2016	2017
Net Patient Revenue (\$)	66,868,915	64,576,277	63,910,368
Amount of Charity Care (charges)	0.1% of net patient revenue	0.5% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care (\$)	61,902	309,753	38,924

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2015	2016	2017
Net Patient Revenue (\$)	121,817,329	124,186,704	131,930,854
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care (\$)	299,741	743,461	318,364

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2015	2016	2017
Net Patient Revenue (\$)	114,397,296	106,229,851	107,493,477
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	1.1% of net patient revenue
Cost of Charity Care (\$)	1,997,926	1,307,347	1,223,011

RED BUD REGIONAL HOSPITAL, Red Bud			
	2015	2016	2017
Net Patient Revenue (\$)	22,969,325	23,915,249	25,232,661
Amount of Charity Care (charges)	0.1% of net patient revenue	0.9% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	18,451	208,815	80,088

UNION COUNTY HOSPITAL, Anna			
	2015	2016	2017
Net Patient Revenue (\$)	23,594,645	25,484,168	24,855,974
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	39,132	140,648	77,416

VISTA MEDICAL CENTER, Waukegan			
	2015	2016	2017
Net Patient Revenue (\$)	174,722,125	177,771,693	171,104,147
Amount of Charity Care (charges)	0.8% of net patient revenue	0.6% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care (\$)	1,462,486	988,548	886,957

The above charity care information is from the 2015, 2016 and 2017 Hospital Profiles for each hospital. The individual hospital charity care is not separately audited. Quorum Health Corporation's most recent Form 10-K filed with the U.S. Securities and Exchange Commission for the year ended December 31, 2018 contains the following statement on charity care:

Charity Care

In the ordinary course of business, the Company provides services to patients who are financially unable to pay for hospital care. The related charges for those patients who are financially unable to pay that otherwise do not qualify for reimbursement from a governmental program are classified as charity care. The Company determines amounts that qualify for charity care primarily based on the patient's household income relative

to the poverty level guidelines established by the federal government. The Company's policy is to not pursue collections for such amounts; therefore, the related charges are recorded in operating revenues at the standard billing rates and fully offset in contractual allowances. The Company's gross amounts of charity care revenues were \$33.0 million, \$34.0 million and \$34.6 million for the years ended December 31, 2018, 2017 and 2016, respectively.

The Company estimates the cost of providing charity care services utilizing a ratio of cost to gross charges and applying this ratio to the gross charges associated with providing care to charity patients for the period. The estimated costs of providing charity care services was \$5.5 million, \$5.6 million and \$5.7 million for the years ended December 31, 2018, 2017 and 2016, respectively. To the extent the Company receives reimbursement from any of the various governmental assistance programs to subsidize its care of indigent patients, the Company excludes the charges for such patients from the cost of care provided under its charity care program.

Quorum Health Corporation
Revenue by Payor Source

The following table provides a summary of Quorum Health Corporation's net operating revenues for the years ended December 31, 2018, 2017 and 2016, by payor source (dollars in thousands):

	Year Ended December 31,					
	2018		2017		2016	
	\$ Amount	% of Total	\$ Amount	% of Total	\$ Amount	% of Total
Medicare	\$ 532,097	28.3%	\$ 613,846	29.6%	\$ 629,303	29.4%
Medicaid	352,111	18.7%	417,656	20.2%	430,609	20.1%
Managed care and commercial plans	754,572	40.2%	788,943	38.1%	813,565	38.0%
Self-pay and self-pay after insurance	157,435	8.4%	154,402	7.4%	159,914	7.6%
Non-patient	82,374	4.4%	97,323	4.7%	105,076	4.9%
Total net operating revenues	\$1,878,589	100.0%	\$2,072,170	100.0%	\$2,138,467	100.0%

Source: Quorum Health Corporation, Form 10-K filing with U.S. Securities and Exchange Commission for Fiscal Year ended December 31, 2018.