



AT THE FOREFRONT

**UChicago
Medicine****Ingalls Memorial**

July 15, 2019

Richard H. Sewell, Interim Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Re: Ingalls Memorial Hospital ("Ingalls")
Discontinuation of Pediatric Unit (the "Project")
Application for Certificate of Exemption

RECEIVED

JUL 19 2019

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Dear Mr. Sewell:

Ingalls Memorial Hospital ("Ingalls") is proposing to discontinue its 17-bed pediatric category of service (the "Pediatric Service").

This decision was not one we made easily or quickly and follows a rigorous analysis of Ingalls's occupancy and the needs of our community. Ingalls's Pediatric Service is chronically underutilized, caring for only 4.4% of the local population, or an average of two (2) – three (3) patients per day. The current volume and size of the Ingalls's pediatric unit would be insufficient to establish a new pediatric category of service under the Illinois Health Facilities and Services Review Board's (the "Board" or "CON Board") standards and makes it impossible to sustain high-quality pediatric care that Ingalls community deserves.

Through Ingalls's merger with the University of Chicago Medical Center ("UCMC") in September 2016, residents of Harvey gained access to an additional 60 pediatric acute care beds at Comer Children's Hospital. Additionally, upon the closure of the Pediatric Service, Ingalls will continue to care for pediatric patients in its Emergency Department Accredited for Pediatrics in Harvey and its Family Care Centers located in Calumet City, Flossmoor, and Tinley Park, all of which are open 24-hours per day. If pediatric patients presenting to these locations require hospitalization, Comer Children's Hospital has committed to accepting the transfers or referrals without limitation or restriction.

The discontinuation of the Pediatric Service will not impact staffing, and all of the nurses will be utilized elsewhere at Ingalls.

The Discontinuation is Justified and Appropriate under the Rules

Given the low census, Ingalls regularly staffs only seven (7) pediatric beds, but the average daily census patients is insufficient to sustain even this small portion of its bed inventory. In the five-year period leading up to the present, the average daily census peaked at 3.7 patients. The

One Ingalls Drive | Harvey, IL 60426
708-333-2300
ingalls.org



AT THE FOREFRONT

**UChicago
Medicine**
Ingalls Memorial

occupancy rate in 2018 was 15.7%, for which observation days accounted for more than half. Additionally, 98% of the patients were admitted from the Emergency Department, meaning that only 2% of the patients presented for elective admissions last calendar year.

Ingalls has a total of 485 licensed beds, which will remain the same after the proposed discontinuation. Ingalls plans to convert the low-census pediatric beds to medical-surgical beds, for which demand remains robust.

Based upon historic occupancy, the decline of the pediatric population in Metro Chicago projected to continue through 2025, and a national shift in the delivery of health care to the outpatient setting, this project will not have a material impact on essential services in the community. Rather, it is consistent with the Board's charge to avoid unnecessary duplication of services and to direct resources to alleviate unmet needs.

Ingalls's Merger with UCMC Increases the Community's Access to High-Quality Care

Ingalls's merger with UCMC has amplified access to the entire continuum of care for its community, an identified priority in Ingalls's Community Health Needs Assessment ("CHNA") and Implementation Strategy, both on Ingalls's Harvey campus and throughout UCMC's other south side and south suburban locations. While inpatient pediatric care for the health system will move to Comer, UCMC has invested substantial resources in Ingalls's programs in cardiology and neurology, which translates into greater access to high, quality specialty care in two key areas of unmet needs in the community.

UCMC is committed to the long-term future of Ingalls. The resources available to Ingalls's community are now more accurately regarded through the lens of Ingalls's participation in UCMC's health care system, the goal of which is the same as the CON Board's goal – to establish an orderly and comprehensive health care system that will guarantee the availability of high quality patient care to its community.

Ingalls and UCMC aim to be responsible stewards of health care resources. We respectfully request that the Review Board carefully consider our application for a certificate of exemption and look forward to working with you to fulfill our mission.

Very truly yours,

Brian Sinotte, FACHE
President
Ingalls Memorial Hospital

One Ingalls Drive | Harvey, IL 60426

708-333-2300

ingalls.org

35622568.2

THE INGALLS MEMORIAL HOSPITAL
ONE INGALLS DRIVE, HARVEY, IL 60426

2405 IDPH - PLAN REVIEW FUND

Check No	Check Date
687101	6/25/19

Date	Invoice/Credit Memo	Type	Description	Gross Amount	Discount Amount	Net Amount Paid
06/25/19	0 FEE FOR CERT OF EXEMPT			\$2,500.00	\$0.00	\$2,500.00
TOTALS:				\$2,500.00	\$0.00	\$2,500.00

Page 1 of 1
Detach at Perforation Before Depositing Check

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK. 



THE INGALLS MEMORIAL HOSPITAL
ONE INGALLS DRIVE
HARVEY, IL 60426

J P Morgan Chase Bank
Chicago, IL 60603

Check No. 687101

Date 06/25/2019

2-1/710

Two Thousand Five Hundred and 00/100 Dollars

Amount
\$ *****2,500.00

PAY IDPH - PLAN REVIEW FUND
TO THE DESIGN & CONSTRUCTION SECTION
ORDER ILLINOIS DEPT OF PUBLIC HEALTH
OF 525 W JEFFERSON STREET
FOURTH FLOOR
SPRINGFIELD IL 62761
(2405)

⑈00687101⑈ ⑆071000013⑆

215370350⑈

See Reverse Side For Easy Opening Instructions



Ingalls Health System and Affiliates
One Ingalls Drive, Harvey, IL 60426
(708) 333-2300

IDPH - PLAN REVIEW FUND
DESIGN & CONSTRUCTION SECTION
ILLINOIS DEPT OF PUBLIC HEALTH
525 W JEFFERSON STREET
FOURTH FLOOR
SPRINGFIELD IL 62761

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Ingalls Memorial Hospital		
Street Address:	One Ingalls Drive		
City and Zip Code:	Harvey, IL 60426		
County:	Cook	Health Service Area	7 Health Planning Area: A-04

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

Exact Legal Name:	The Ingalls Memorial Hospital
Street Address:	One Ingalls Drive
City and Zip Code:	Harvey, IL 60426
Name of Registered Agent:	John Satalic
Registered Agent Street Address:	5841 S. Maryland Avenue
Registered Agent City and Zip Code:	Chicago, IL 60637
Name of Chief Executive Officer:	Brian Sinotte
CEO Street Address:	One Ingalls Drive
CEO City and Zip Code:	Harvey, IL 60426
CEO Telephone Number:	(708) 333-2300

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which 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 Beberman
Title:	Director, Capital Budget and Control
Company Name:	The University of Chicago Medical Center
Address:	5841 S. Maryland Avenue, Chicago, IL 60637
Telephone Number:	(773) 702-8184
E-mail Address:	john.bebberman@uchospitals.edu
Fax Number:	(773) 702-8184

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

JUL 19 2019

HEALTH FACILITIES &
SERVICES REVIEW BOARD**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****Facility/Project Identification**

Facility Name:	Ingalls Memorial Hospital		
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County:	Cook	Health Service Area	7 Health Planning Area: A-04

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Exact Legal Name:	The University of Chicago Medical Center
Street Address:	5841 S. Maryland Avenue
City and Zip Code:	Chicago, IL 60637
Name of Registered Agent:	John Satalic
Registered Agent Street Address:	5841 S. Maryland Avenue
Registered Agent City and Zip Code:	Chicago, IL 60637
Name of Chief Executive Officer:	Sharon O'Keefe
CEO Street Address:	5841 S. Maryland Avenue
CEO City and Zip Code:	Chicago, IL 60637
CEO Telephone Number:	(773) 702-6240

Type of Ownership of Applicants

- | | |
|--|---|
| ☒ Non-profit Corporation | ☐ Partnership |
| ☐ For-profit Corporation | ☐ Governmental |
| ☐ Limited Liability Company | ☐ Sole Proprietorship ☐ Other |
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Fax Number:	(773) 702-8184

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

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

Name:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 N. Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number:	(312) 876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	(312) 876-6215

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 Beberman
Title:	Director, Capital Budget and Control
Company Name:	The University of Chicago Medical Center
Address:	5841 S. Maryland Avenue, Chicago, IL 60637
Telephone Number:	(773) 702-8184
E-mail Address:	john.beberman@uchospitals.edu
Fax Number:	(773) 702-8184

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner:
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:	The Ingalls Memorial Hospital	
Address:	One Ingalls Drive, Harvey, IL 60426	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o 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. - o 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.		

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

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.

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

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.

Ingalls Memorial Hospital ("Ingalls") proposes to discontinue its 17-bed pediatric category of service (the "Pediatric Service"). The discontinuation will take effect soon after Review Board approval. Ingalls is located at One Ingalls Drive, Harvey, IL 60426.

Upon the closure of the Pediatric Service, Ingalls will continue to care for pediatric patients in its hospital Emergency Department Accredited for Pediatrics in Harvey, its Family Care Centers located in Calumet City, Flossmoor, and Tinley Park, all of which are open 24-hour per day, and its pediatric Acute Mental Illness beds.

The daily census average is 2.7 patients for Ingalls's 17 pediatric beds. In the five-year period leading up to the present, the average daily census peaked at 3.7 patients. The occupancy rate in 2018 was 15.7%, for which observation days accounted for more than half. As of June 5, 2019, there was a calculated excess of 483 medical-surgical and pediatric beds in Health Planning Area A-04 where Ingalls is located.

No adverse impact is expected upon the closure of the Pediatric Services. The University of Chicago Medical Center ("UCMC"), parent of Ingalls and Co-Applicant, has committed to care for these patients at its Comer Children's hospital. Similarly, Advocate Christ Medical Center has provided a letter agreeing to care for these patients at its dedicated children's hospital in Health Planning Area A-04 and indicating that it could accommodate pediatric transfers or referrals from Ingalls.

Ingalls has a total of 485 licensed beds, which would remain the same after the proposed discontinuation. After the proposed discontinuation, Ingalls plans to convert the pediatric beds to medical-surgical beds, which is permissible pursuant to Section 1130.240 of the Illinois Administrative Code.

This project does not include the construction, demolition or modernization of any existing buildings, and there are no project costs.

Pursuant to Section 1110.40 of the Illinois Administrative Code, this project is classified as substantive because it is discontinuing a category of service.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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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 X. 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): September 18, 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:

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

This Application is filed on the behalf of The Ingalls Memorial Hospital

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

PRINTED NAME

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of July 2019

Signature of Notary

Seal

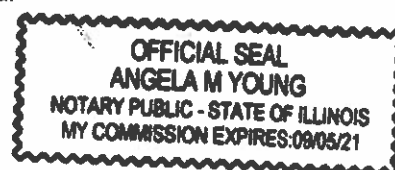


Notarization:

Subscribed and sworn to before me
this 17th day of July 2019

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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- 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);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

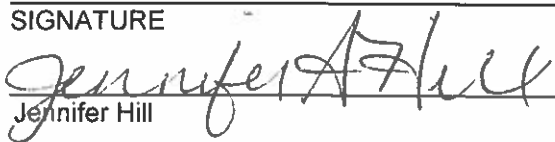
This Application is filed on the behalf of The University of Chicago Medical Center (UCMC).

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SIGNATURE

Sharon O'Keefe

UCMC President

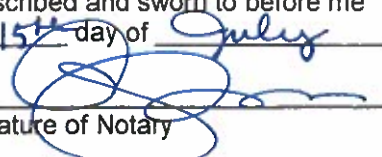

SIGNATURE

Jennifer Hill

UCMC Secretary

Notarization:

Subscribed and sworn to before me
this 15th day of July

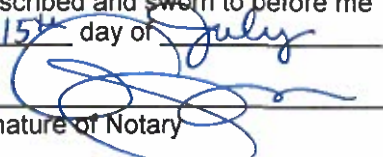

Signature of Notary

Seal

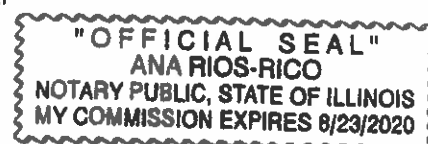


Notarization:

Subscribed and sworn to before me
this 15th day of July


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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

SECTION II. DISCONTINUATION

Type of Discontinuation

- ☐ Discontinuation of an Existing Health Care Facility
- ☒ 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.

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

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.

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

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.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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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			

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

	Total				
--	-------	--	--	--	--

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

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

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.

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
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2	Site Ownership		19 - 20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		21 -
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22 - 23
5	Discontinuation General Information Requirements		24 - 26
6	Reasons for Discontinuation		27 - 41
7	Impact on Access		42 - 54
8	Background of the Applicant		55 - 65
9	Safety Net Impact Statement		66 - 68
10	Charity Care Information		69

Identification, General Information and Certification**Attachment 1, Type of Ownership of Applicants**

An organizational chart showing the current ownership structure of Ingalls Memorial Hospital ("Ingalls") is included in Attachment 4. Good standing certificates for the necessary co-applicants are also attached:

1. The Ingalls Memorial Hospital ("Ingalls"): Ingalls is an Illinois not-for-profit organization owned by UCMC. A copy of Ingalls's Illinois Good Standing Certificate is attached.
2. The University of Chicago Medical Center ("UCMC"): UCMC is an Illinois non-for-profit corporation. A copy of UCMC's Good Standing Certificate is attached.

File Number

1671-114-4



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

THE INGALLS MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 13, 1922, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of JULY A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1919302066 verifiable until 07/12/2020

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

ATTACHMENT 1

File Number

5439-757-7



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

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of JULY A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1919302078 verifiable until 07/12/2020

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

ATTACHMENT 1

Identification, General Information and Certification

Attachment 2, Site Ownership

Attached is a notarized Site Ownership Statement from the President of Ingalls attesting the site ownership.

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Identification, General Information and Certification

Attachment 3, Operating Identity/Licensee

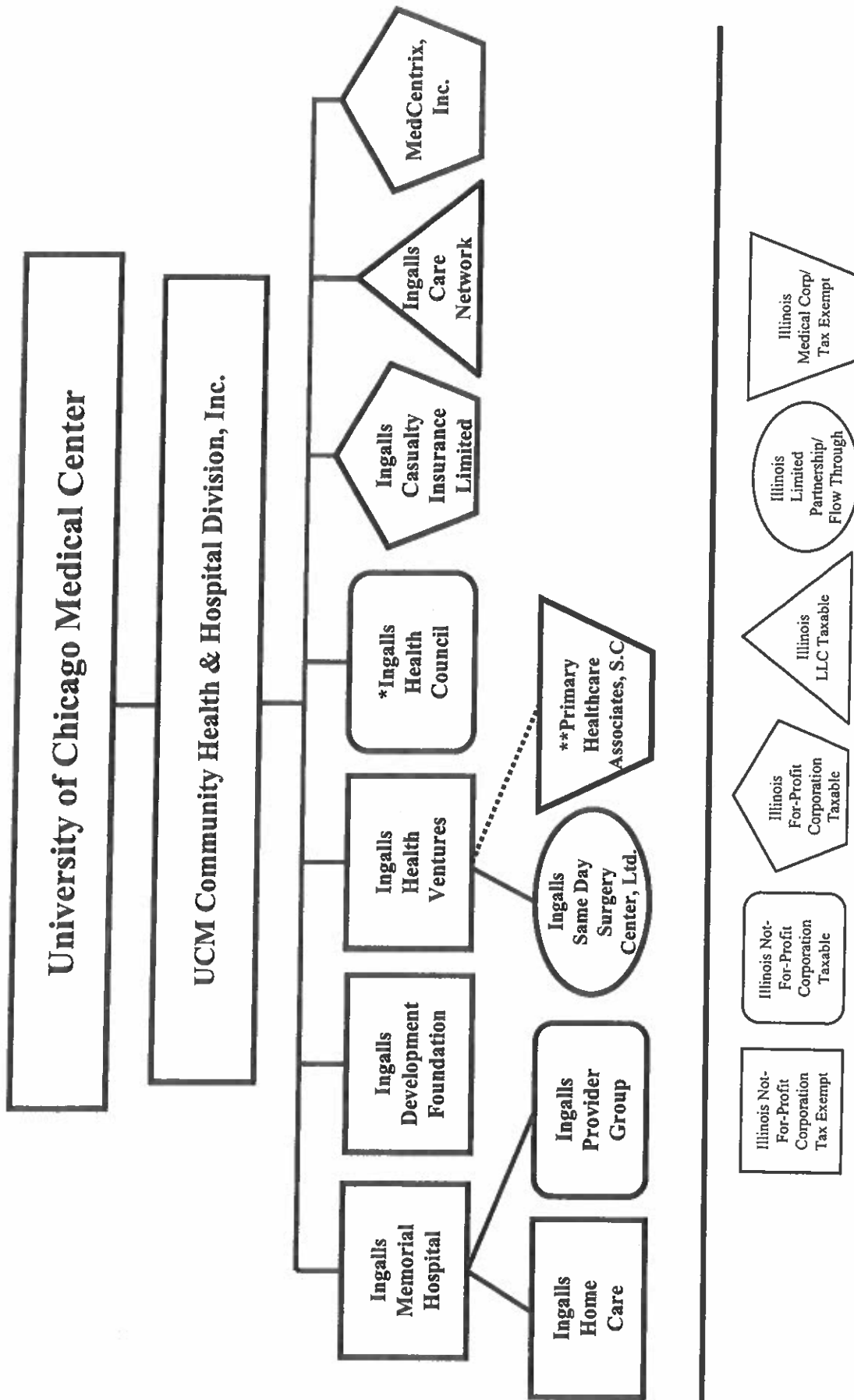
The Ingalls Memorial Hospital (“Ingalls”) is the licensed entity operating the facility. Ingalls is not-for-profit organization.

An organizational chart showing the ownership structure of Ingalls is included in Attachment 4.

Organizational Relationships

Attachment 4, Organization Relationships

Organizational charts showing the present ownership structure of Ingalls Memorial Hospital (“Ingalls”) and University of Chicago Medical Center (“UCMC”) are attached.



*Purchasing Group and Master Policyholder for Ingalls Casualty Insurance Limited
s:\corpafr\Corporate Structure

**Shareholder Control Agreement
Revised: 10/1/2016

Discontinuation – General Background Requirements

Attachment 5

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

The Ingalls Memorial Hospital (“Ingalls”) proposes to discontinue its 17-bed pediatric category of service.

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

None.

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

The discontinuation will take effect on September 18, 2019 or soon after Review Board approval.

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

Ingalls has a total of 485 licensed beds, which would remain the same after the proposed discontinuation. After the proposed discontinuation, Ingalls plans to convert the pediatric beds to medical-surgical beds, which is permissible pursuant to Section 1130.240 of the Illinois Administrative Code.

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 will continue to be managed by Ingalls in the ordinary course of business.

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.

Not Applicable. This application is for the discontinuation of a category of service only.

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.,

ATTACHMENT 5

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 legal notice of the proposed closure was published in the Sun Times on July 13, 2019. A copy of the Chicago Sun-Times Certificate of Publication and the legal notice is included.

UNIVERSITY OF CHICAGO MEDICINE

Ingalls Memorial Hospital in Harvey, Illinois, intends to discontinue

ADORDERNUMBER: 0001089218-01

PO NUMBER: Ingalls Memorial Hosp

AMOUNT: 400.00

NO OF AFFIDAVITS: 1

Ingalls Memorial Hospital in Harvey, Illinois, intends to discontinue the licensed bed category of service for its 17-Bed Pediatric Unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board ("HFSRB"). Pediatric patients will continue to be cared for at Ingalls in its Emergency Department Accredited for Pediatrics and its Family Care Centers in Calumet City, Flossmoor and Tinley Park, which are open 24 hours a day. Ingalls intends to submit the required Certificate of Exemption Application to the HFSRB on or around July 16, 2019, and a copy of it can be found on the HFSRB website at www2.illinois.gov/sites/hfsrb after the application is deemed complete.

The anticipated date of discontinuation is on or around September 18, 2019, or when approval is granted by the HFSRB. For additional information, please contact Media Relations at 773-702-0025.
7/13/19 #1089218

Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PI.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 07/13/2019

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized,
has caused this Certificate to be signed

by



Pamela D. Henson
Account Manager - Public Legal Notices

This 13th Day of July 2019 A.D.

UNIVERSITY OF CHICAGO MEDICINE
950 E 61 ST WSSC 309
CHICAGO, IL 60637

ATTACHMENT 5

Attachment 6

Section 1110.130(b) Reasons for Discontinuation

The decision to close the 17-bed Pediatric inpatient service came after careful consideration. Over time the hospitals in the Health Planning Area A-04, where Ingalls is located, have reduced their Pediatric acute care beds. In 2002, seven of the eight hospitals located in the Health Planning Area A-04 had Pediatric units, ranging in size from 10 beds at Franciscan St. James – Chicago Heights to 49 beds at Ingalls. Since then, all but Ingalls, Palos Community Hospital, and Advocate Christ Medical Center have discontinued their Pediatric inpatient service, leaving just the 17 beds at Ingalls, 15 beds at Palos, and 45 at Advocate Christ. In just the last year and a half, this service was closed at two other A-04 hospitals, Advocate South Suburban and Little Company of Mary. This change over 17 years is remarkable and deserves a thorough examination.

Table I in this section lists all hospitals with Pediatric acute care beds in Metropolitan Chicago in 2002. Also presented are data in connection with discharges, patient days, occupancy, and average length of stay. Metropolitan Chicago is defined as planning areas A-01, A-02, A-04, A-05, A-06, A-07, A-08, A-09, A-11, A-12, and A-13. Based on the data presented, Pediatric acute care beds totaled 1,534, discharges 45,515, days 160,931, with an occupancy rate overall of 28.7%. Looking at the most recent reported data in the IHFSRB Inventory of Health Care Facilities for 2015, Pediatric acute care beds have been reduced by 37% to 968, admissions are down 27%, Pediatric days are down 15%. Despite the reduction of Pediatric acute care beds, occupancy is slightly less at 27%. Since 2015, Pediatric acute care beds have continued to be reduced, now at 789 as of this writing, which is a 49% reduction in 17 years.

In talking to pediatricians and other colleagues in the same or similar medical field, both within Ingalls and beyond, this phenomenon has become common in many areas of the country. For Metro Chicago, some of the change might be attributable to declining population. Table II compares the population in 2002 by age range with 2015. The population in the age range of 0-14 is 10.7% lower in 2015 than in 2002. A-04 has also shown a drop of 17.4% for this age range. So, clearly fewer children required fewer Pediatric beds in 2015.

With respect to population forecasts, Table III shows actual population for Metro Chicago for 1990, 2000, and 2010 (U.S. Census Bureau). Future population projections between 2015 and 2025 projections have been made by the IDPH in conjunction with the IHFSRB. For the five counties comprising Metro Chicago, populations of the age range between 0 to 19 are expected to shrink by 5.5% between 2000 and 2025. Cook and DuPage counties are expected to decline by 9.7% and 19.5% respectively for these years. The historical trend downward from 2002 to 2015 is expected to continue.

The American Academy of Pediatrics, in its journal *Pediatrics*, published a study in January, 2018 titled National Pediatric Bed Occupancy (attached in this section) by authors Manaswitha Khare, Anthony Goudie, and Daniel A. Rauch. One observation pertinent to this Application is that, in the United States there are losses in pediatric beds from small- and medium-sized hospitals and non-freestanding children's hospitals, while there are gains in beds

in both large and free standing children's hospitals. The authors termed this trend the regionalization of pediatric care.

Table IV of this section confirms this sort of regionalization for Metro Chicago. In 2002, the top ten largest hospital Pediatrics services as measured by licensed beds totaled 604 beds or 39.4% of the total Pediatrics beds. In 2019, however, the top ten hospitals by this same measure totaled 488 beds, or 63% of all licensed Pediatric beds in Metro Chicago. That is a 60% increase in concentration of these beds, which is a remarkable change in 17 years.

People within Ingalls and its parent hospital - the University of Chicago Medical Center (UCMC) have been discussing these trends are in agreement regarding both the regionalization of the pediatric services and the impact of shrinking pediatric age population in the Ingalls and UCMC service areas. Further changes reducing bed demand are the expanding capability of caring for Pediatric patients in outpatient settings, both with physical technology and drug therapy. This leaves fewer and for the most part more seriously ill children to be cared for as inpatients. All of which has seriously impacted the number of patients obtaining care in community hospitals that lack the concentration of staff and technology resources, especially the ready availability of pediatric specialists and their support nursing and technical staff.

During the past five years, Ingalls has witnessed a sharp decline in admissions to the acute care Pediatric beds from a high of 308 to 179 in 2018. Patient days have dropped from a high of 803 to 471 in 2018. Average daily census is now an anemic 2.7 patients for Ingalls' 17 Pediatric beds. In the five-year period it was never substantial, at 3.7 patients at its peak. The occupancy in 2018 was 15.7%. Most of the Metro Hospitals that have closed since 2002, 21 in total number (from 57 in 2002 to 36 presently), did so as a result similarly low occupancy rates. Table V summarizes the Ingalls Pediatric statistics since 2014.

Taking stock of the changes observed since 2002 and more particularly the low volume Pediatric inpatient service at Ingalls, the foremost consideration is the welfare of the patients. It is a concern about how children can receive the best care. The 972 days of care, of which more than half were observation days represents 15.7% occupancy of Ingalls' 17 Pediatric beds. There are simply not enough patients for the nursing staff to maintain the best skills in caring for children. Moreover, nurses are highly trained and committed professionals and, as such, are most energized and engaged at work, considering that since this is the average, there are days when it is lower. It has been a challenge retaining pediatric nurses given the low number of pediatric patients.

The merger of Ingalls into UCMC in September, 2016 affords a ready comparison with its Comer Children's Hospital. For 2018, this specialty hospital with 60 Pediatric acute care beds, 30 Pediatric ICU beds, and 53 Level III NICU beds is well utilized for all categories. The acute care beds achieved an occupancy rate of 78% for 2018 – busy enough to maintain expert care, yet still have additional capacity to care for more children. The patients are cared for at Comer Children's Hospital by a group of busy and engaged nurses, residents, fellows, and the board certified physicians representing all pediatric specialties who provide 24-hour care. This concentration of talented caregivers and dedicated pediatric facilities equipped for the special needs of children assures the highest level of care for this vulnerable population. The scale at

which these hospitals with large numbers of Pediatric beds operate provide many advantages, including periodic validation of nursing skills, ongoing training in honing skills, and occasional, unannounced training exercises in handling emergencies. In teaching hospitals, such as Comer Children's Hospital, patients are cared for by experts in their field; many of whom are national and internationally renowned experts in the diseases conditions they treat. With the addition of residents, fellows, and nurses, patients receive more frequent assessments and can recognize and respond to changes in the patient condition more readily; thereby, reducing adverse events and outcomes. It is simply impossible to provide this deep level of care in a small Pediatric units that was once so numerous in Metro Chicago. Twenty-six of the 48 hospitals in 2015 with 15 or fewer beds had an overall occupancy of 19 percent. Acknowledging this reality, UCMC commits to providing care to the residents of Ingalls' service area at Comer Children's Hospital or a hospital of the patient/family choice once the Pediatric beds are discontinued.

In considering the impact of Ingalls' Pediatric services closure, Ingalls has analyzed where pediatric residents living within a 10-mile drive of Ingalls obtained inpatient care. While being aware that the numbers of Ingalls pediatric inpatients was low, it was startling to see that just 4.4% of this area's pediatric patients in 2018 were cared for at Ingalls. This is despite the fact that since November, 2017 two area A-04 hospitals had closed their pediatric inpatient service, eliminating 30 beds. A basic tenet of health planning methodology is that patients seek care within some desirable proximity of their residence for convenience. And yet despite these closures, leaving just Ingalls, Palos Community Hospital, and Advocate Christ Medical Center in A-04 with Pediatric beds, utilization of Ingalls Pediatric beds continued to be low and declining.

Table VI displays the analysis of where pediatric residents living near Ingalls obtained inpatient care. The largest number (43.6%) were cared for at Advocate Christ, with a driving distance of 11.7 miles. The next largest group (24.5%) was seen at Comer, a distance of 16.9 miles, followed by Lurie Children's Hospital (10.2%) which is 24.2 miles from the immediate Ingalls area. On average, 90.2% of the pediatric inpatients drove 15 miles or more for their care. This compares to the IHFSRB's standard of 10 miles driving distance. Although Section 1110.290 c)1) states that exceeding 10 miles is indicative of an adverse impact on the Chicago Metro population of a service closure. As is demonstrated by patient choice, in the data above, the 10-mile standard for Metro Chicago perhaps is no longer appropriate for Metro Chicago in light of the clearly demonstrated regionalization of pediatric inpatient services. Be it from referrals by their primary physicians or the parents' own determination that better care for their children is provided at hospitals such as Advocate Christ, Comer, and Lurie Children's, the patients have demonstrated that they will travel the extra distance to receive specialized pediatric care.

A more focused view of where patients in Ingalls' primary service area (PSA) (as defined by a 10 mile radius) travel for pediatric inpatient service is seen in Table VII. The first grouping shows the hospitals within 10 miles of Ingalls. None except Ingalls have licensed Pediatric patient beds. The other four hospitals cared for 2.2% of all patients living within 10 miles of Ingalls in 2018. The grouping of the next closest hospitals outside of 10 miles travel distance to Ingalls are the remaining A-04 hospitals. Only Advocate Christ has significantly active Pediatric beds and accounts for 43.6% of the patients discharged from Pediatric beds in 2018.

The last section of Table VII shows the hospitals with large percentages of the Ingalls PSA patients. These represent in total 42.2% of the these patients. These hospitals are primarily academic medical centers, along with LaRabida Children's Hospitals which is affiliated with UCMC. The salient point is that nearly 86% of the pediatric patient discharges of residents within the Ingalls PSA occurred at teaching hospitals, most with large pediatric services. This is consistent with the fact that in Metro Chicago the pediatric inpatient service is now much more concentrated within regional centers. One could conclude that referring physicians and parents of these patients recognize where excellent care can be found. While the travel distance is greater, the families of these patients are choosing the hospitals with more robust pediatric services.

The discontinuation of Ingalls' pediatric service is supported by other hospitals. A copy of Letter in Support of Application for Certificate of Exemption from the Advocate Children's Hospital is attached under this Attachment.

**Pediatric Beds and Utilization
Chicago Metropolitan Area
2015 Versus 2002**

Health Service Area	Hospital Name	City/Town	Pediatric				Pediatric				Occup.	Beds	Admits.	Days	2015	Occup.	% ALOS	Discontinued
			Beds	Disch.	Days	%	ALOS	Beds	Admits.	Days								
A-01	Lurie Children's Memorial	Chicago	155	5,816	29,460	52%	5.1	124	6,950	31,236	69%	0	0	0	0	69%	4.5	Discontinued 20 Peds beds 6/16/14
A-01	Grant Hospital	Chicago	21		2	0%		0	0	0	0%	0	0	0	0	0%		
A-01	Advocate Illinois Masonic Medical Ctr.	Chicago	30	781	2,073	19%	2.7	14	200	832	16%	0	0	0	0	16%	4.2	Discontinued service 1/15/19
A-01	Resurrection Medical Center	Chicago	17	470	1,024	17%	2.2	17	51	95	2%	0	0	0	0	2%	1.9	
A-01	Saint Joseph Hospital	Chicago	16	299	703	12%	2.4	11	118	442	11%	0	0	0	0	11%	3.7	
A-01	Swedish Covenant Hospital	Chicago	6	192	509	23%	2.7	6	124	430	20%	0	0	0	0	20%	3.5	
A-01	Shriners Hospital for Children - Chicago	Chicago	40	1,462	6,081	42%	4.2	26	406	1,169	7%	0	0	0	0	7%	2.9	
A-02	Cook County Hospital	Chicago	10	38	76	2%	2.0	0	0	0	0%	0	0	0	0	0%	4.9	Discontinued service 4/21/15
A-02	Loretto Hospital	Chicago	31	1,456	4,092	36%	2.8	31	931	2,820	25%	0	0	0	0	25%	3.0	
A-02	Mount Sinai Hospital	Chicago	33	708	1,560	13%	2.2	5	43	143	8%	0	0	0	0	8%	3.3	Discontinued service 3/21/18
A-02	Norwegian American Hospital	Chicago	70	1,779	7,670	30%	4.3	20	840	4,447	61%	0	0	0	0	61%	5.3	
A-02	Rush-Presbyterian-St. Luke's Med. Ctr.	Chicago	12	828	1,855	42%	2.2	12	576	1,775	41%	0	0	0	0	41%	3.1	Added 6 beds from M/S 3/1/18
A-02	Saint Anthony's Hospital	Chicago	30	631	1,477	13%	2.3	14	283	779	15%	0	0	0	0	15%		
A-02	Saint Mary of Nazareth Hospital	Chicago	19	834	1,734	25%	2.1	0	0	0	0	0	0	0	0	0	0.0	
A-02	St. Elizabeth's Hospital	Chicago	44	1,852	7,732	48%	4.2	44	880	3,762	23%	0	0	0	0	23%	4.3	Discontinued 12 beds 2/28/18
A-02	University of Illinois Hospital	Chicago	15	38	163	3%	4.3	1	0	0	0%	0	0	0	0	0%		
A-03	Jackson Park Hospital Foundation	Chicago	37	716	1,662	12%	2.3	37	161	375	3%	0	0	0	0	3%	2.3	
A-03	Mercy Hospital and Medical Center	Chicago	50	299	970	5%	3.2	0	0	0	0	0	0	0	0	0		
A-03	Michael Reese Hospital & Medical Ctr.	Chicago	0	0	0	0		0	0	0	0	0	0	0	0	0		
A-03	Roseland Community Hospital	Chicago	0	0	0	0		0	0	0	0	0	0	0	0	0		
A-03	Saint Bernard Hospital	Chicago	28	501	2,138	21%	4.3	12	36	74	2%	0	0	0	0	2%	2.1	Converted 6 Peds to M/S 7/22/13
A-03	South Shore Hospital	Chicago	6	132	341	16%	2.6	0	0	0	0	0	0	0	0	0		Discontinued service 4/21/15
A-03	Advocate Trinity Hospital	Chicago	13	427	977	21%	2.3	0	0	0	0	0	0	0	0	0		
A-03	University of Chicago Medical Center	Chicago	64	2,507	17,900	77%	7.1	60	3,434	16,664	76%	0	0	0	0	76%	4.9	
A-03	La Rabida Children's Hospital	Chicago	49	872	1,895	11%	2.2	49	457	7,567	42%	0	0	0	0	42%	16.6	
A-04	Ingalls Memorial Hospital	Harvey	0	0	0	0		17	308	1,178	19%	0	0	0	0	19%	3.8	
A-04	Advocate South Suburban Hospital	Hazel Crest	0	0	0	0		10	99	423	12%	0	0	0	0	12%	4.3	Discontinued service 11/7/17
A-04	MetroSouth Medical Center	Blue Island	33	352	1,062	9%	3.0	0	0	0	0	0	0	0	0	0		
A-04	Franciscan St. James - Olympia Fields	Olympia Fields	18	430	991	15%	2.3	0	0	0	NA	0	0	0	0	NA		
A-04	Franciscan St. James - Chicago Heights	Chicago Heights	10	737	1,978	54%	2.7	10	77	521	14%	0	0	0	0	14%	6.8	
A-04	Little Company of Mary Hospital	Evergreen Park	37	779	1,710	13%	2.2	20	179	680	9%	0	0	0	0	9%	3.8	Discontinued service 10/30/18
A-04	Advocate Christ Medical Center	Oak Lawn	45	2,931	11,390	69%	3.9	45	3,690	13,448	82%	0	0	0	0	82%	3.6	
A-04	Palos Community Hospital	Palos Heights	17	579	1,102	18%	1.9	15	172	468	9%	0	0	0	0	9%	2.7	Discontinued service 11/21/17
A-05	Good Samaritan Hospital - Advocate	Downers Grove	16	1,603	5,583	96%	3.5	7	92	328	13%	0	0	0	0	13%	3.6	Discontinued service 1/15/19
A-05	Elmhurst Memorial Hospital	Elmhurst	26	369	989	10%	2.7	6	92	409	19%	0	0	0	0	19%	4.4	
A-05	Hinsdale Hospital	Hinsdale	24	608	1,403	16%	2.3	18	315	1,371	21%	0	0	0	0	21%	4.4	Discontinued 1 bed 10/7/14
A-05	Edward Hospital	Naperville	7	690	1,912	75%	2.8	7	740	1,751	69%	0	0	0	0	69%	2.4	
A-05	Central DuPage Hospital	Winfield	10	654	1,680	46%	2.6	22	1,585	6,584	82%	0	0	0	0	82%	4.2	Disc. 12 4/4/02, Added 12 12/16/14
A-06	MacNeal Memorial Hospital	Berwyn	10	669	1,486	41%	2.2	10	244	1,018	28%	0	0	0	0	28%	4.2	
A-06	Foster G. McGaw Loyola Medical Ctr.	Maywood	32	1,362	6,972	60%	5.1	34	3,580	7,969	64%	0	0	0	0	64%	2.2	
A-06	Gottlieb Memorial Hospital	Melrose Park	12	177	328	7%	1.9	4	33	66	5%	0	0	0	0	5%	2.0	
A-06	Westlake Community Hospital	Melrose Park	5	17	264	14%	15.5	5	42	100	5%	0	0	0	0	5%	2.4	Facility discontinued 4/30/19
A-06	West Suburban Hospital	Oak Park	29	716	1,589	15%	2.2	5	17	29	2%	0	0	0	0	2%	1.7	
A-07	Northwest Community Hospital	Arlington Heights	34	641	1,536	12%	2.4	16	351	1,646	28%	0	0	0	0	28%	4.7	

**Pediatric Beds and Utilization
Chicago Metropolitan Area
2015 Versus 2002**

Health Service Area	Hospital Name	City/Town	Pediatric 2002					Pediatric 2015					
			Beds	Disch.	Days	Occup.	ALOS	Beds	Admits.	Days	Occup.	ALOS	
A-07	Alexian Brothers Medical Center	Elk Grove Village	16	505	1,288	22%	2.6	16	180	612	10%	3.4	Discontinued service 1/22/18
A-07	St. Alexius Medical Center	Hoffman Estates	35	1,457	4,373	34%	3.0	17	1,042	5,559	90%	5.3	
A-07	Lutheran General Hospital	Park Ridge	48	1,865	8,345	48%	4.5	48	1,964	9,545	54%	4.9	
A-08	Evanston Hospital	Evanston	15	749	1,825	33%	2.4	15	366	1,596	29%	4.4	Discontinued service 3/26/13
A-08	St. Francis Hospital	Evanston	20	537	1,119	15%	2.1	0	0	0	0		
A-08	Glenbrook Hospital	Glenview	0	234	549		2.3	0	0	0	0		
A-08	Rush North Shore Medical Center	Skokie	2	10	25	3%	2.5	0	0	0	0		Discontinued service 4/21/15
A-09	Advocate Good Shepherd Hospital	Barrington	14	281	519	10%	1.8	8	122	210	7%	1.7	
A-09	Highland Park Hospital	Highland Park	6	255	531	24%	2.1	6	286	562	26%	2.0	
A-09	Lake Forest Hospital	Lake Forest	10	202	484	13%	2.4	0	0	0	0		Discontinued service 6/26/13
A-09	Advocate Condell Medical Center	Libertyville	18	402	1,057	16%	2.6	16	335	1,251	21%	3.7	
A-09	Provena Saint Therese Medical Ctr.	Waukegan	30	431	952	9%	2.2	0	0	0	0		
A-09	Victory Memorial Hospital	Waukegan	35	323	759	6%	2.3	0	0	0	0		Discontinued 10 beds 6/26/13
A-09	Vista Medical Center East	Waukegan						11	425	1,189	30%	2.8	
A-11	Provena Saint Joseph Hospital - Elgin	Elgin	10	312	957	26%	3.1	0	0	0	0		
A-11	Advocate Sherman Hospital	Elgin	18	383	865	13%	2.3	8	196	696	24%	3.6	
A-12	Provena Mercy Center	Aurora	28	285	601	6%	2.1	16	179	892	15%	5.0	
A-13	Morris Hospital and Health Care Center	Morris						4	58	171	12%	2.9	
A-13	Provena Saint Joseph Medical Center	Joliet	29	723	1,361	13%	1.9	13	401	1,357	29%	3.4	
A-13	Provena Saint Joseph Medical Center	Joliet	39	609	1,252	9%	2.1	8	242	821	28%	3.4	
A-13	Silver Cross Hospital	Joliet	1,534	45,515	160,931	28.7%	3.5	968	33,343	137,221	36.4%	4.1	
			Change in Beds, Days, Occupancy					-37%	-27%	-15%	27%	16%	
			Peds Beds in Metro Chicago as of June, 2019 =					774					
Chicago Metro Area is defined as Cook, DuPage, Lake, Will, and Kane counties.													
Source: IHFSRB Inventory of Health Care Facilities													

Table II

CHICAGO METRO AREA POPULATION

2015 vs 2000

	2000				2015				
	0-14	15-64	65+	Total	0-14	15-64	45-64	65-74	75+
A-01	174,490	744,710	108,600		154,270	534,000	219,100	65,880	46,180
A-02	156,610	414,310	45,880		95,510	308,480	118,920	32,310	21,170
A-03	224,790	547,710	99,000		160,610	343,140	180,760	55,040	42,160
A-04	272,630	746,040	158,540		225,300	443,220	328,840	100,780	81,390
A-05	203,050	614,240	89,310		176,400	349,690	274,810	76,740	53,630
A-06	119,590	321,100	57,530		102,350	201,400	125,740	32,700	27,740
A-07	124,910	414,880	88,600		108,820	235,460	178,710	55,320	49,550
A-08	93,500	285,660	69,370		81,800	170,070	124,850	39,350	37,050
A-09	161,800	431,060	55,340		146,650	264,260	199,640	51,760	36,790
A-11	79,560	220,250	26,440		102,260	164,490	113,280	44,470	24,550
A-12	63,190	159,720	20,110		91,560	171,200	107,820	28,620	17,390
A-13	137,320	361,910	46,680		171,260	296,520	190,730	50,980	30,260
Total	1,811,440	5,261,590	865,400	7,938,430	1,616,790	3,481,930	2,163,200	633,950	467,860
Metro Chicago	0-14	15-64	65+	Total					
Total 2015	1,616,790	5,645,130	1,101,810	8,363,730					
Change	-10.7%	7.3%	27.3%	5.4%					
A-4 Only	0-14	15-64	65+	Total					
2000	272,630	746,040	158,540	1,177,210					
2015	225,300	772,060	182,170	1,179,530					
Change	-17.4%	3.5%	14.9%	0.2%					

Source: IHFSRB Inventory of Health Care Facilities and Services Need Determination

Table II
CHICAGO METRO AREA POPULATION
2015 VS 2000

	2000					2015				
	0-14	15-64	65+	Total		0-14	15-64	65-74	75+	Total
A-01	174,490	744,710	108,600			154,270	534,000	219,100	65,880	46,180
A-02	156,610	414,310	45,880			95,510	308,480	118,920	32,310	21,170
A-03	224,790	547,710	99,000			160,610	343,140	180,760	55,040	42,160
A-04	272,630	746,040	158,540			225,300	443,220	328,840	100,780	81,390
A-05	203,050	614,240	89,310			176,400	349,690	274,810	76,740	53,630
A-06	119,590	321,100	57,530			102,350	201,400	125,740	32,700	27,740
A-07	124,910	414,880	88,600			108,820	235,460	178,710	55,320	49,550
A-08	93,500	285,660	69,370			81,800	170,070	124,850	39,350	37,050
A-09	161,800	431,060	55,340			146,650	264,260	199,640	51,760	36,790
A-11	79,560	220,250	26,440			102,260	164,490	113,280	44,470	24,550
A-12	63,190	159,720	20,110			91,560	171,200	107,820	28,620	17,390
A-13	137,320	361,910	46,680			171,260	296,520	190,730	50,980	30,260
Total	1,811,440	5,261,590	865,400	7,938,430		1,616,790	3,481,930	2,163,200	633,950	467,860
										8,363,730
Metro Chicago	0-14	15-64	65+	Total						
Total 2015	1,616,790	5,645,130	1,101,810	8,363,730						
Change	-10.7%	7.3%	27.3%	5.4%						
A-4 Only	0-14	15-64	65+	Total						
2000	272,630	746,040	158,540	1,177,210						
2015	225,300	772,060	182,170	1,179,530						
Change	-17.4%	3.5%	14.9%	0.2%						

Source: IHFSRB Inventory of Health Care Facilities and Services Need Determination

Table III

Pediatric Population Trends in Metropolitan Chicago

County	Age	1990	2000	2010	2015	2020	2025	Change 2000 to 2020	Change 2020 to 2025	Change 2000 to 2025
Cook	0-4	391,385	388,201	342,421	435,549	383,666	349,521	-1.2%	-8.9%	-10.0%
Cook	5-9	356,367	406,508	331,492	315,240	412,285	364,359	1.4%	-11.6%	-10.4%
Cook	10-14	336,626	380,589	339,501	310,452	297,855	397,463	-21.7%	33.4%	4.4%
Cook	15-19	353,527	368,175	358,417	317,390	292,195	282,555	-20.6%	-3.3%	-23.3%
DuPage	0-4	64,687	65,849	56,901	53,715	53,299	53,744	-19.1%	0.8%	-18.4%
DuPage	5-9	59,170	69,061	62,358	55,383	52,672	52,614	-23.7%	-0.1%	-23.8%
DuPage	10-14	52,771	67,632	65,857	61,732	55,126	52,651	-18.5%	-4.5%	-22.2%
DuPage	15-19	50,703	61,139	65,008	62,642	59,232	53,140	-3.1%	-10.3%	-13.1%
Kane	0-4	28,312	35,249	39,893	36,965	43,593	46,931	23.7%	7.7%	33.1%
Kane	5-9	27,421	35,117	42,926	41,016	37,958	44,611	8.1%	17.5%	27.0%
Kane	10-14	25,010	32,490	41,743	43,697	41,713	38,610	28.4%	-7.4%	18.8%
Kane	15-19	23,561	30,478	38,178	42,111	44,077	42,106	44.6%	-4.5%	38.2%
Lake	0-4	44,691	52,978	47,112	42,154	47,817	46,745	-9.7%	-2.2%	-11.8%
Lake	5-9	41,039	55,785	53,585	48,632	43,606	49,347	-21.8%	13.2%	-11.5%
Lake	10-14	36,777	51,861	56,722	54,514	49,583	44,665	-4.4%	-9.9%	-13.9%
Lake	15-19	39,857	48,500	55,954	57,351	55,213	50,456	13.8%	-8.6%	4.0%
Will	0-4	29,972	42,028	49,046	42,808	47,792	54,341	13.7%	13.7%	29.3%
Will	5-9	30,509	44,189	56,040	54,131	47,494	52,042	7.5%	9.6%	17.8%
Will	10-14	29,641	41,355	57,488	59,557	57,514	50,499	39.1%	-12.2%	22.1%
Will	15-19	27,825	36,271	52,409	58,628	60,880	58,799	67.8%	-3.4%	62.1%
5 County	0-4	559,047	584,305	535,373	611,191	576,166	551,282	-1.4%	-4.3%	-5.7%
5 County	5-9	514,506	610,660	546,401	514,402	594,014	562,972	-2.7%	-5.2%	-7.8%
5 County	10-14	480,825	573,927	561,311	529,952	501,792	583,888	-12.6%	16.4%	1.7%
5 County	15-19	495,473	544,563	569,966	538,122	511,597	487,056	-6.1%	-4.8%	-10.6%
5 County	0-19	2,049,851	2,313,455	2,213,051	2,193,667	2,183,568	2,185,199	-5.6%	0.1%	-5.5%
Cook	0-19	1,437,905	1,543,473	1,371,831	1,378,631	1,386,000	1,393,898	-10.2%	0.6%	-9.7%
DuPage	0-19	227,331	263,681	250,124	233,472	220,329	212,149	-16.4%	-3.7%	-19.5%
Kane	0-19	104,304	133,334	162,740	163,788	167,341	172,258	25.5%	2.9%	29.2%
Lake	0-19	162,364	209,124	213,373	202,651	196,218	191,212	-6.2%	-2.6%	-8.6%
Will	0-19	117,947	163,843	214,983	215,124	213,680	215,681	30.4%	0.9%	31.6%

Sources: US Census Bureau for 1990, 2000, and 2010. 2015 to 2025 are IDPH Projections in Conjunction with IHFSRB.

Table IV

TOP TEN METRO CHICAGO HOSPITALS BY PEDS BEDS 2002 VERSUS 2019

2002		Beds
Lurie Children's Hospital		155
Rush University Medical Center		70
UCMC Children's Hospital		64
Michael Reese Medical Center		50
Ingalls Hospital		49
Lutheran General Hospital - Advocate		48
Advocate Christ Hospital & Medical Center		45
University of Illinois Hospital at Chicago		44
John H. Stroger Jr. Hosp. of Cook County		40
Silver Cross Hospital		39
Top Ten Peds Bed Hospitals		604
Metro Chicago Pediatric Beds		1,534
Percent of Peds Beds in Top 10 Hospitals		39.4%
2019		
Lurie Children's Hospital		124
Comer Children's Hospital		60
LaRabida Children's Hospital		49
Shriners Hospital for Children - Chicago		48
Lutheran General Hospital - Advocate		48
Advocate Christ Hospital & Medical Center		45
Loyola University Medical Center		34
University of Illinois Hospital at Chicago		32
John H. Stroger Jr. Hosp. of Cook County		26
Central DuPage Hospital		22
Top Ten Peds Bed Hospitals		488
Metro Chicago Pediatric Beds		774
Percent of Peds Beds in Top 10 Hospitals		63.0%

Table V
Ingalls Pediatric Admissions and Days
CY2014 - CY2018

	<u>Admissions</u>	<u>Days</u>	<u>Obs. Days</u>	<u>Total Days</u>	<u>ADC</u>	<u>Occupancy*</u>
2014	247	623	500	1,123	3.1	18.1%
2015	308	803	539	1,342	3.7	21.6%
2016	243	634	450	1,084	3.0	17.5%
2017	268	628	550	1,178	3.2	19.0%
2018	179	471	501	972	2.7	15.7%

* There are 17 Peds beds.

Sources: IHFSRB Facility Profiles, 2018 Annual Hospital Questionnaire

Table VI

Ingalls PSA (10 mi. driving radius)
Market Share 2018 Peds-Age Discharges Non-Psych, Non-NICU/Newborn

	TRAUMA	EMERGENCY	OTHER	Total	TRAUMA	EMERGENCY	OTHER	Total	OTHER	Cumulative	Driving Distance
17241301 ADVOCATE CHRIST MEDICAL CENTER	34	835	628	1,497	44.7%	45.6%	41.2%	43.6%	43.6%	11.7	510.12
17121001 UNIVERSITY OF CHICAGO MEDICAL CENTER	36	389	415	840	47.4%	21.3%	27.2%	24.5%	68.1%	16.9	414.05
17056001 ANN & ROBT LURIE CHILDREN'S HOSP CHGO	1	192	157	350	1.3%	10.3%	10.3%	10.2%	78.3%	24.2	246.84
17186001 INGALLS MEMORIAL HOSPITAL	0	146	4	150	0.0%	8.0%	0.3%	4.4%	82.7%	-	0
17098501 RUSH UNIVERSITY MEDICAL CENTER	0	58	57	115	0.0%	0.0%	3.7%	3.4%	86.1%	23.2	85.84
17055301 UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SVS	0	27	44	71	0.0%	0.0%	1.5%	2.9%	3.7%	22.8	66.12
17080001 LA RABIDA CHILDREN'S HOSPITAL	0	14	56	70	0.0%	0.8%	3.7%	2.0%	88.1%	17.2	34.4
17084101 LOYOLA UNIVERSITY MEDICAL CENTER	2	18	48	68	2.6%	1.0%	3.1%	2.0%	90.2%	Avg. = 15.0 miles	90.2
17250501 ADVOCATE LUTHERAN GENERAL HOSPITAL	3	8	51	62	3.9%	0.4%	3.3%	1.8%	1.8%	-	-
17130001 FRANCISCAN HEALTH CHICAGO HEIGHTS	0	40	2	42	0.0%	2.2%	0.1%	1.2%	1.2%	-	-
17060001 JOHN H STROGER JR HOSPITAL OF COOK COUNTY	0	28	6	34	0.0%	1.5%	0.4%	1.0%	1.0%	-	-
17081101 FRANCISCAN HEALTH OLYMPIA FIELDS	0	27	1	28	0.0%	1.5%	0.1%	0.8%	0.8%	-	-
17169001 LITTLE COMPANY OF MARY HOSPITAL & HEALTHCARE CTRS	0	17	6	23	0.0%	0.9%	0.4%	0.7%	0.7%	-	-
17200001 SILVER CROSS HOSPITAL	0	10	3	13	0.0%	0.5%	0.2%	0.4%	0.4%	-	-
17101201 SHIRLEY RYAN ABILITY LAB	0	0	12	12	0.0%	0.0%	0.8%	0.3%	0.3%	-	-
17114001 SHRINERS HOSPITALS FOR CHILDREN - CHICAGO	0	0	9	9	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
17107001 PRESENCE SAINT JOSEPH HOSPITAL - CHICAGO	0	0	5	5	0.0%	0.0%	0.3%	0.1%	0.1%	-	-
17202501 RIVERSIDE MEDICAL CENTER - KANKAKEE	0	0	4	4	0.0%	0.0%	0.3%	0.1%	0.1%	-	-
17192601 AMITA HEALTH ST. ALEXIUS MEDICAL CENTER, HOFFMAN EST	0	0	4	4	0.0%	0.0%	0.3%	0.1%	0.1%	-	-
17199001 PRESENCE SAINT JOSEPH MEDICAL CENTER - JOLIET	0	3	0	3	0.0%	0.2%	0.0%	0.1%	0.1%	-	-
17192001 AMITA HEALTH ADVENTIST MEDICAL CENTER, HINSDALE	0	3	0	3	0.0%	0.2%	0.0%	0.1%	0.1%	-	-
17106001 PALOS COMMUNITY HOSPITAL	0	2	1	3	0.0%	0.1%	0.1%	0.1%	0.1%	-	-
17054501 NORTHWESTERN MEMORIAL HOSPITAL	0	1	2	3	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17171301 RIVEREDGE HOSPITAL	0	0	2	2	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17064001 CHICAGO LAKESHORE HOSPITAL-CHICAGO	0	0	2	2	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17103001 ROSELAND COMMUNITY HOSPITAL	0	0	2	2	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17319101 NORTHWESTERN MEDICINE CENTRAL DUPAGE HOSPITAL	0	2	1	3	0.0%	0.1%	0.1%	0.1%	0.1%	-	-
17087001 MERCY HOSPITAL & MEDICAL CENTER - CHICAGO	0	2	0	2	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17186501 ADVOCATE SOUTH SUBURBAN HOSPITAL	0	0	2	2	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17262001 OSF SAINT FRANCIS MEDICAL CENTER	0	2	0	2	0.0%	0.1%	0.1%	0.1%	0.1%	-	-
17071001 SAINT ANTHONY HOSPITAL - CHICAGO	0	1	1	2	0.0%	0.1%	0.1%	0.1%	0.1%	-	-
17208001 ADVOCATE CONDELL MEDICAL CENTER	0	2	0	2	0.0%	0.1%	0.0%	0.1%	0.1%	-	-
17101501 SCHWAB REHABILITATION HOSPITAL	0	1	0	1	0.0%	0.1%	0.0%	0.0%	0.0%	-	-
17147501 ADVOCATE GOOD SAMARITAN HOSPITAL - DOWNERS GROVE	0	0	1	1	0.0%	0.0%	0.1%	0.1%	0.1%	-	-
17235001 EDWARD HOSPITAL	0	1	0	1	0.0%	0.1%	0.0%	0.0%	0.0%	-	-
17203001 PRESENCE ST MARY'S HOSPITAL	0	1	0	1	0.0%	0.1%	0.0%	0.0%	0.0%	-	-
Total	76	1,830	1,524	3,430							
For Pediatric age patients living within 10 miles of Ingalls, in 2018 90% drove an average of 15 miles for inpatient services.											
Source: COMPData Illinois Hospital Association											

**Hospital Pediatric IP Care
for
Patients Within 10 Mile Drive of Ingalls Hospital**

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advocatechildrenshospital.com

July 10, 2019

Richard H. Sewell, Acting Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson, 2nd Floor
 Springfield, Illinois 62761

Re: Ingalls Memorial Hospital ("Ingalls")
 Discontinuation of Pediatric Unit (the "Project")
 Letter in Support of Application for Certificate of Exemption

Dear Chairperson:

We write this letter in full support of Ingalls's decision to discontinue its 17-bed Pediatric Unit following approval from the Illinois Health Facilities and Services Planning Board.

For decades, Advocate Children's Hospital ("Advocate") and Ingalls have worked alongside each other in the same planning area for the delivery of high-quality care for pediatric patients. In 2002, our pediatric units were roughly the same size, with Ingalls's slightly bigger at 49 beds and Advocate's at 45 beds. Since 2002, Advocate's utilization has grown to 78% (approximately 10% growth) while Ingalls's utilization remains well under 20% despite reducing its number of pediatric beds by 32. The decline experienced at Ingalls is especially striking given that it is the only hospital other than Advocate within the A-04 planning area to maintain a pediatric service. In fact, Ingalls's commitment to its youngest patients is evidenced by the fact that it has continued its pediatric service despite years of extremely low occupancy and long after its peer community hospitals exited the market.

The paradigm for the delivery of general pediatric health care has also shifted, with a focus on preventative care in the outpatient, community setting and with hospitalizations used more sparingly, most often in tertiary care centers with an array of specialty care. Advocate currently provides care to 44% of the pediatric patients living within a 10-mile radius of Ingalls compared to Ingalls, which only provides care to 4.4% of this population (or approximately two (2) patients per day). This demonstrates that while people may continue to seek routine medical care in their communities, it is commonplace for families to seek specialty and subspecialty care for their children even when it means traveling slightly greater distances. Advocate has 735 board certified pediatricians, specialists and subspecialists and has the capacity to provide the highest level of specialized, inpatient pediatric critical care in a child-focused environment.

We at Advocate have great respect for the medical care that Ingalls provides and know that the decision for this discontinuation was made with the integrity and patient focus to which we are accustomed from Ingalls.

Page 2

Advocate will be able to accommodate all of Ingalls's inpatient pediatric volumes without restriction or limitation and is supportive and otherwise available to help Ingalls with this transition.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mike Farrell", with a stylized flourish extending from the end.

Mike Farrell
President, AdvocateAurora Children's Health
President, Advocate NorthShore Pediatric Partners

Access

Attachment 7, 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.

The discontinuation of the Pediatric Service will not have an adverse effect upon access to care for the residents of Harvey, Illinois or the broader community, the majority of whom are already seeking care for their children elsewhere. In fact, the discontinuation is a direct response to trends in the residents' utilization over the past several years, who have demonstrated a willingness to travel farther to receive care at dedicated children's hospitals located both inside and outside of the planning area.

Advocate South Suburban, and Little Company of Mary, the two hospitals in planning area A-04 that most recently discontinued their pediatric beds, last reported extremely low occupancy rates. Their occupancy rates for the previous full calendar year prior to discontinuation were 3% and 9%, respectively, which warranted the closure of 30 beds since November 2017. Despite this fact, the total inpatient days and admissions at Ingalls in 2018 were the lowest in the past five years, with an average daily census of approximately 2.7 patients.

In 2018, 93.4% of pediatric patients living within 10 miles of Ingalls travelled outside of the area for inpatient care. The other 6.6% received care at Ingalls (4.4%), Franciscan St. James – Chicago Heights (1.2%), Franciscan St. James – Olympia Fields (0.8%), Advocate South Suburban (0.1%) and Roseland Community (0.1%).

The top three destinations, accounting for 78.3% of the patients occurred at Advocate Children's (43.6%), Comer Children's (24.5%), and Lurie Children's (10.2%). The average driving distance from Ingalls to these three hospitals is 14.9 miles.¹

	<u>% of Peds pop w/in 10 miles</u>	<u>Driving Distance</u>
Advocate Children's	43.6%	11.7 miles
Comer Children's	24.5%	16.7 miles
Lurie Children's	<u>10.2%</u>	<u>24.2 miles</u>
Subtotal	78.3%	14.9 average
Ingalls	4.4%	

¹ Of the existing Ingalls patients, 178 of the 181 pediatric patients in the past year were admitted through the Emergency Department, half for observation status only. 65% of pediatric patients that did seek care at Ingalls had a discharge diagnosis of respiratory illness.

This same trend has replicated itself in planning areas across the Metro Chicago area and nationwide. As of May 2019, pediatric beds in Metro Chicago totaled 789, which was 49% less than in 2002 when pediatric beds totaled 1534. Pediatric beds have become more concentrated in fewer hospitals. The top 10 in Metro Chicago as measured by pediatric beds have 63% of the total in 2019 versus 39% in 2002. The number of pediatric days has also declined. Some of this decrease may be attributable to declining population, seen within planning area A-04 and throughout the Metro Chicago. A-04 had a drop of 17.4% in its population ages 0-14 from 2002 until 2015. This downward trend is expected to continue within Metro Chicago with a 5.5% decline in population between 2000 and 2025. The decrease can also be attributed to a shift in the model of health care delivery, which has progressively moved away from inpatient hospitalization to the outpatient setting, where more advanced care can now be safely delivered, as well as the concentration of inpatient beds at sophisticated tertiary and quaternary care centers.

Upon the closure of the Pediatric Service, Ingalls will continue to care for pediatric patients in its Emergency Department Accredited for Pediatrics, its Family Care Centers located in Calumet City, Flossmoor, and Tinley Park, all of which are open 24-hours per day, and on an outpatient basis. Ingalls is also one of the few facilities to have adolescent Acute Mental Illness beds.

As part of UCMC's health system, Ingalls's patients already have access to a broad spectrum of services for both children and adults, from routine preventative checkups to complex, life sustaining treatment. Comer Children's Hospital has 60 pediatric beds, 30 Pediatric ICU beds and 53 level III NICU beds and an array of attending physicians from all specialties. UCMC commits to providing care to the residents of Ingalls's service area at Comer Children's Hospital once the pediatric beds at Ingalls are discontinued.

Through the September 2016 merger, UCMC also committed to the long-term future of Ingalls. As a result, the resources available to Ingalls's community are now more accurately regarded through the lens of Ingalls's participation in UCMC's health care system, the goal of which is consistent with the CON Board's goal – to establish an orderly and comprehensive health care system that will guarantee the availability of high quality patient care to its community.

Ingalls's merger with UCMC has amplified access to the entire continuum of care for its community, an identified priority in Ingalls's Community Health Needs Assessment ("CHNA") and Implementation Strategy, both on Ingalls's Harvey campus and throughout UCMC's other south side and south suburban locations. The CHNA and Implementation strategy also identified heart disease and stroke as priority areas of care, noting that the service area compared unfavorably to the region, state and country as it relates to these diseases. In response, UCMC has invested significant resources in augmenting cardiology and neurology care at Ingalls, in the form of more expansive preventative care in the community and new equipment and patient care services in the hospital.

The discontinuation of the pediatric service will not result in creating or increasing a shortage of pediatric beds in the planning area. To the contrary, according to the Inventory of Health Care Facilities on HFSRB's web site, the planning area already has an excess of 483 medical-surgical and pediatric beds. This, coupled with the declining pediatric population and increased delivery of care in the outpatient setting, indicate that discontinuation of the pediatric services is consistent with the Board's charge to avoid unnecessary duplication of services and to direct resources to health care services that will alleviate unmet needs.

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.

Impact statements were sent to area facilities from Ingalls Memorial Hospital on July 15, 2019. The letters and proof of mailing are included in this Attachment.



July 12, 2019

John Walsh
Chief Executive Officer
MetroSouth Medical Center
12935 S. Gregory Street
Blue Island, IL 60406

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Walsh:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President



July 12, 2019

Terrance Moison, M.D.
President and Chief Executive Officer
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Dr. Moison:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300

ingalls.org



July 12, 2019

Tim Egan
President and Chief Executive Officer
Roseland Community Hospital
45 West 111th Street
Chicago, IL 60628

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Egan:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

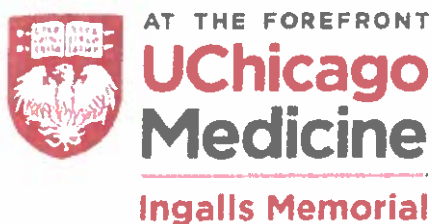
Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300

Ingalls.org



July 12, 2019

Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL 60453-2699

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Primack:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

Does Advocate Christ Medical Center have available capacity to accommodate some or all of the activity experienced in the last two years? Are there any restrictions or limitations that preclude providing this service to the residents of Ingalls Memorial Hospital's market area? We note with appreciation that your hospital is the major provider of this service to patients residing within a 10 mile driving radius of our hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300
Ingalls.org



July 12, 2019

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

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Johnson:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

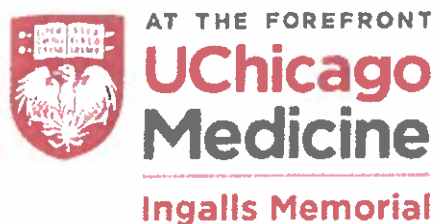
Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300

ingalls.org



July 12, 2019

Michael Murrill
President and Chief Executive Officer
AMITA Health Adventist Medical Center LaGrange
5101 Willow Springs Road
LaGrange, IL 60525

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Murrill:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300

Ingalls.org



July 12, 2019

Allan M. Spooner
President and Chief Executive Officer
Franciscan Health – Olympia Fields
20201 South Crawford Avenue
Olympia Fields, IL 60461

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Spooner:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President



July 12, 2019

John P. Hanlon
President and Chief Executive Officer
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, IL 60805

In Re: Notification of Planned Discontinuation of Pediatric Inpatient Service at Ingalls Memorial Hospital

Dear Mr. Hanlon:

This is to inform you that Ingalls Memorial Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service and 17 licensed Pediatric acute care beds. The expected date of the discontinuation is September 18, 2019.

In the year ending April 30, 2018 the Pediatric service had 230 admissions and 484 patient days. In the year ending April 30, 2019 there were 171 admissions and 458 patient days.

We know that your hospital does not have licensed Pediatric acute care beds, but send this notice as a courtesy and to inform you of this change in Ingalls' Pediatric service capability.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Sinotte".

Brian Sinotte
President

One Ingalls Drive | Harvey, IL 60426
708-333-2300

ingalls.org

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Terrance Maison, M.D.
President & Chief Executive Officer
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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John Walsh
Chief Executive Officer
MetroSouth Medical Center
12935 S. Gregory Street
Blue Island, IL 60406

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL 60453-2699

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Tim Egan
President and Chief Executive Officer
Roseland Community Hospital
45 West 111th Street
Chicago, IL 60628

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Michael Murrill
President and Chief Executive Officer
AMITA Health Adventist Medical
Center LaGrange
5101 Willlow Springs Road
LaGrange, IL 60525

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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John P. Hanlon
President and Chief Executive Officer
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, IL 60805

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Allan M. Spooner
President and Chief Executive Officer
Franciscan Health - Olympia Fields
20201 South Crawford Avenue
Olympia Fields, IL 60461

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Background

Attachment 8, Background of Applicant

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

UCMC's full general hospital license #003897, effectively July 1, 2019, issued by the Illinois Department of Public Health ("IDPH"), is attached. UCMC's most recent accreditation letter from the Joint Commission, dated May 12, 2016, is attached.

UCMC also owns Ingalls Memorial Hospital ("Ingalls") and Ingalls Same Day Surgery Center, an ambulatory surgery treatment center ("Ingalls ASTC").

A copy of Ingalls's full general hospital license #0001099, effective January 1, 2019, issued by the IDPH, is attached. Ingalls's most recent accreditation letter from the Centers for Medicare & Medical Services, dated April 17, 2018, is attached.

A copy of Ingalls ASTC's full general hospital license #7001043, effective June 18, 2019, issued by the IDPH, is attached. Ingalls ASTC's most recent accreditation letter from the Joint Commission, dated June 28, 2018, is attached.

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.

By their signatures on the Certification pages to this application, each of the applicants attest that no adverse action has been taken against any facility owned and/or operated by them during the three (3) years prior to the filing of this 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.

By their signatures on the Certification pages to this application, each of the applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

 Illinois Department of PUBLIC HEALTH		HF116911	
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes, 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	LIC. NUMBER	
12/31/2019		0001099	
General Hospital Effective: 01/01/2019			
Ingalls Memorial Hospital 1 Ingalls Drive Harvey, IL 60426			
The face of this license has a colored background. Printed by Authority of the State of Illinois • PC: 440240 SM 5/16			

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp Date 12/31/2019
 Lic Number 0001099

 Date Printed 11/14/2018

Ingalls Memorial Hospital
 1 Ingalls Drive
 Harvey, IL 60426

FEE RECEIPT NO.

**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 06/30/2020	CATEGORY General Hospital	LD NUMBER 0003897
--------------------------------------	-------------------------------------	-----------------------------

Effective: 07/01/2019

The University of Chicago Medical Center
5841 S Maryland Ave MC 1000
Chicago, IL 60637

HF 118457

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 06/30/2020
Lic Number 0003897
Date Printed 06/25/2019
Validation Num

The University of Chicago Medical Cen
5841 S Maryland Ave MC 1000
Chicago, IL 60637

FEE RECEIPT NO.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

 Illinois Department of PUBLIC HEALTH		HF 118272	
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.			
Ngozi O. Ezike, M.D. Director		Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE 6/17/2020	CATEGORY Ambulatory Surgery Treatment Center	I.D. NUMBER 7001043	Effective: 06/18/2019
Ingalls Same Day Surgery 6701 W 159th St Tinley Park, IL 60477			
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18			

Exp. Date 6/17/2020
 Lic Number 7001043
 Date Printed 5/17/2019

Ingalls Same Day Surgery
 6701 W 159th St
 Tinley Park, IL 60477-1758

FEE RECEIPT NO.

DNV GL

CERTIFICATE OF ACCREDITATION

Certificate No.:
180222-2018-AHC-USA-NIAHO

Initial date:
4/17/2018

Valid until:
4/17/2021

This is to certify that:

Ingalls Memorial Hospital

One Ingalls Drive, Harvey, IL 60426

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX



Patrick Norine
Chief Executive Officer



Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL Healthcare, 400 Te-Jine Center Drive, Suite 100, Milford CT 06455 Tel: 860-947-8343

www.dnvglobalhealthcare.com

University of Chicago Medical Center

Chicago, IL

has been Accredited by

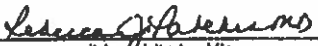


The Joint Commission

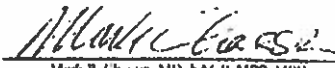
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 12, 2016

Accreditation is customarily valid for up to 36 months.


Rebecca E. Patchin, MD
Chair, Board of Commissioners

ID #7315
Print Rep. at Date: 03/23/2016


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

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





June 28, 2018

Kurt Johnson
President
Ingalls Same Day Surgery Center
6701 West 159th Street
Tinley Park, Illinois 60477

HCO ID: # 336

Dear Mr. Johnson:

This letter is to confirm that your Ambulatory Health Care Accreditation program accreditation has been extended until the upcoming triennial survey occurs and a new accreditation decision is rendered. The current accreditation decision was effective July 10th, 2015.

Once your triennial survey occurs and all post survey activity is completed successfully, a new award letter will be posted to your secure Joint Commission Extranet site.

We do apologize for any inconvenience that this may have caused.

If you have any questions, please do not hesitate to contact me at (630) 792-5089.

Sincerely,

Angela Malone

Angela Malone, MBA
Senior Account Executive
Accreditation and Certification Operations

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



AT THE FOREFRONT

**UChicago
Medicine**
Ingalls Memorial

July 11, 2019

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

Re: Discontinuation of Ingalls's Pediatric Category of Service
COE Application – No Adverse Action

Dear Ms. Avery:

Please be advised that no disciplinary action relative to "Adverse Action" as defined under Section 1110.230(a)(1) of the Review Board Rules has been adjudicated against Ingalls Memorial Hospital or against any health care facility owned or operated by it, directly or indirectly, within three (3) years preceding the filing of the Certificate of Exemption ("COE") application.

Sincerely,

Ingalls Memorial Hospital

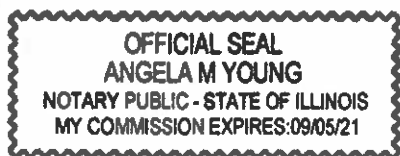
Brian Sinotte, FACHE
President

Notarization:

Subscribed and sworn to before me
this 11th day of July, 2019

Signature of Notary Public

Seal



One Ingalls Drive | Harvey, IL 60426
708-333-2300
ingalls.org



AT THE FOREFRONT

**UChicago
Medicine**
Ingalls Memorial

July 11, 2019

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

Re: Ingalls's Certificate of Exemption Application – Access to Information

Dear Ms. Avery:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this permit application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the application as it pertains to the Review Board Rules relevant to the requirements for a certificate of exemption for the discontinuation of a category of service.

Sincerely,

Ingalls Memorial Hospital

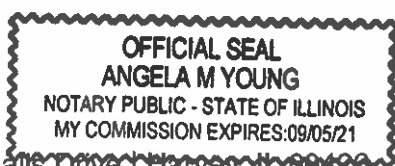
Brian Sinotte, FACHE
President

Notarization:

Subscribed and sworn to before me
this 11th day of July, 2019

Signature of Notary Public

Seal



One Ingalls Drive | Harvey, IL 60420
708-333-2300
ingalls.org



AT THE FOREFRONT
**UChicago
Medicine**

Sharon O'Keefe
President

MC 1000, S-115
5841 South Maryland Avenue
Chicago, Illinois 60637-1470
phone (773) 702-8908
fax (773) 702-1897

July 15, 2019

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

Re: Discontinuation of Ingalls's Pediatric Category of Service
COE Application – No Adverse Action

Dear Ms. Avery:

Please be advised that no disciplinary action relative to "Adverse Action" as defined under Section 1110.230(a)(1) of the Review Board Rules has been adjudicated against the University of Chicago Medical Center or against any health care facility owned or operated by it, directly or indirectly, within three (3) years preceding the filing of the Certificate of Exemption ("COE") application.

Sincerely,

The University of Chicago Medical Center

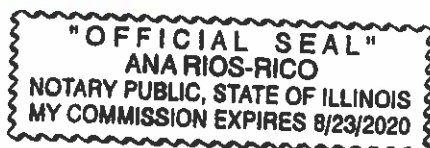
Sharon O'Keefe
President

Notarization:

Subscribed and sworn to before me
this 15th day of July, 2019

Signature of Notary Public

Seal



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Sharon O'Keefe
President

MC 1000, S-115
5841 South Maryland Avenue
Chicago, Illinois 60637-1470
phone (773) 702-8908
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July 15, 2019

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

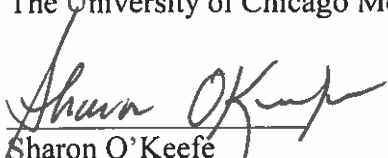
Re: Ingalls's Certificate of Exemption Application – Access to Information

Dear Ms. Avery:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this permit application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the application as it pertains to the Review Board Rules relevant to the requirements for a certificate of exemption for the discontinuation of a category of service.

Sincerely,

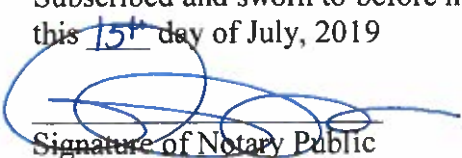
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Sharon O'Keefe
President

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Safety Net Impact

Attachment 9, Safety Net Impact Statement

- 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.**

Based upon historic occupancy, the decline of the pediatric population in Metro Chicago projected to continue through 2025, and a national shift in the delivery of health care to the outpatient setting, the supply of pediatric beds in planning area A-04 appears to be sufficient to ensure that the project will not have a material impact on essential safety net services in the community. Additionally, the hospitals in planning area A-04 have not indicated that the closure of Ingalls's pediatric service will pose a hardship for them.

Through Ingalls's merger with UCMC in September 2016, residents of Harvey essentially gained access to an additional 60 pediatric acute care beds at Comer Children's Hospital. As well as the large number of pediatric beds, specialty physicians, and resources critical for the delivery of high quality pediatric care, Ingalls's patients also have access to the extensive safety net services offered by UCMC. One such example relevant to the majority of Ingalls's pediatric admissions is the South Side Pediatric Asthma Collaborative started by UCMC's Urban Health Initiative. The South Side Pediatric Asthma Center seeks to improve health outcomes for children with asthma by facilitating access to high-quality outpatient care, thereby reducing hospitalizations for asthma, and providing asthma education through community engagement and outreach.

The resources available to Ingalls's community are now more accurately regarded through the lens of Ingalls's participation in UCMC's broader health care system. Ingalls's merger with UCMC has amplified access to the entire continuum of care for its community, an identified priority in Ingalls's Community Health Needs Assessment and Implementation Strategy, both on Ingalls's Harvey campus and throughout UCMC's other south side and south suburban locations.

- 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.**

Given that Ingalls has served only a relatively small number of pediatric inpatients in Harvey and the planning area for the past several years, Ingalls believes that this project will not materially impact the ability of other providers or health systems to subsidize safety net services. Additionally, other providers and health care systems have not expressed any concerns about the proposed closure of Ingalls's pediatric service.

- 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.**

The remaining pediatric providers in A-04 have already experienced any material impact on their admissions. Patients have chosen and are continuing to choose to receive

services in large numbers at Advocate Children's Hospital, which is in the planning area, and at Comer Children's Hospital and Lurie Children's Hospital in nearby planning area A-03. Advocate confirmed it has the capacity and expertise to accept Ingalls's remaining pediatric patients without limitation or restriction. UCMC also remains committed to providing care to the residents of Ingalls' service area at Comer Children's Hospital.

Ingalls Memorial Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE (Ingalls)			
Charity (# of patients)	2016	2017	2018
Inpatient	1,793	573	759
Outpatient	25,590	9,023	12,185
Total	27,383	9,596	12,944
Charity (cost in dollars)			
Inpatient	\$1,531,084	\$906,411	\$729,208
Outpatient	6,401,289	4,418,345	4,378,997
Total	\$7,932,373	\$5,324,756	\$5,108,205
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	3,745	4,415	4,251
Outpatient	82,692	76,848	81,259
Total	86,437	81,263	85,510
Medicaid (revenue)			
Inpatient	\$31,308,502	\$12,032,729	\$17,874,566
Outpatient	22,925,844	10,264,025	13,613,750
Total	\$54,234,346	\$22,296,754	\$31,488,316

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Safety Net Information per PA 96-0031			
CHARITY CARE (UCMC)			
Charity (# of patients)	2016	2017	2018
Inpatient	376	380	363
Outpatient	15,894	16,335	12,050
Total	16,270	16,715	12,413
Charity (cost in dollars)			
Inpatient	\$10,633,000	\$6,657,903	\$9,410,323
Outpatient	11,367,000	10,923,724	8,826,675
Total	\$22,000,000	\$17,581,627	\$18,236,998
MEDICAID			
Medicaid (# of patients)	2016	2017	2018

Inpatient	9,643	10,320	11,757
Outpatient	117,381	131,617	141,252
Total	127,024	141,937	153,009
Medicaid (revenue)			
Inpatient	\$201,530,000	\$252,482,000	\$243,583,000
Outpatient	70,772,000	92,828,000	98,857,000
Total	\$272,302,000	\$345,310,000	\$342,440,000

Charity Care Information**Attachment 10, Charity Care Information****Ingalls Memorial Hospital**

CHARITY CARE (Ingalls)			
	2016	2017	2018
Net Patient Revenue	\$297,288,170	\$214,008,136	\$282,482,068
Amount of Charity Care (charges)	\$32,523,055	\$23,282,711	\$20,909,558
Cost of Charity Care	\$7,932,373	\$5,324,756	\$5,108,205
Ratio of Charity Care Cost to Net Patient Rev.	2.67%	2.49%	1.81%

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CHARITY CARE (UCMC)			
	2016	2017	2018
Net Patient Revenue	\$1,573,952,000	\$1,840,375,000	\$1,824,348,000
Amount of Charity Care (charges)	\$81,946,613	\$84,494,428	\$94,227,662
Cost of Charity Care	\$17,093,196	\$17,581,627	\$18,236,998
Ratio of Charity Care Cost to Net Patient Rev.	1.09%	0.96%	1.00%