



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

April 6, 2022

Via Email

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board (“Board”)
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

**Re: Quincy Medical Group Hospital (Proj. No. 20-044)
Blessing Hospital Utilization/Response to Manatt Memorandum**

Dear Ms. Savage and Members of the Board:

On March 29, 2022, a memorandum prepared by Manatt, Phelps & Phillips LLP was submitted to the Board. The memorandum disclosed — for the first time — a recent change in Blessing’s reporting method of inpatient acute mental illness (“AMI”) days, which resulted in a significant increase in the adult and pediatric inpatient and observation total Blessing Hospital (“Blessing”) reported to CMS and which was reflected in Blessing Hospital’s 2020 Medicare Cost Report.¹ The memorandum explained that as of January 3, 2021, Blessing had been approved by CMS to include inpatient AMI days in its Medicare Cost Report line item for adult and pediatric inpatient and observation totals beginning with the 2020 fiscal reporting period and that this reporting change was the reason for the significant increase from prior years and the discrepancy between the volume Blessing reported to the Board compared to CMS for the same year.

The recent change in Blessing’s reporting methodology was not known to QMG nor its consultants prior to the memorandum being posted to the Board’s website, and this recent change was not readily apparent from a review of Blessing’s 2020 Medicare Cost Report. The conclusions reached by QMG were based on a lack of clarity in the Medicare Cost Report, and not an intent to mislead the Board. As the Manatt memorandum acknowledges, the change in reporting methodology was certainly not inconsequential as it resulted in a “*significant increase*” (using Manatt’s words) in the inpatient volume (8,671 days) Blessing reported to CMS compared to prior years and compared to the data it reported to the Board for the same year (even with the slight difference in reporting periods).

When an applicant proposes to establish a new hospital in Illinois, the Board staff, in applying applicable Board review criteria, assesses the current “need” for additional inpatient beds and takes into consideration the utilization of hospitals in the respective Planning Area based on the most

¹ See page 2, March 29, 2022 Manatt Memorandum.

Ms. Debra Savage

April 6, 2022

Page 2

recent years' volumes reported to the Board. As such, the inpatient volume reported by hospitals in a respective Planning Area is highly relevant to the Board staff's analysis, and the accuracy of that information is essential as it can significantly impact the review and approval of a proposed hospital.

Unfortunately, when QMG appeared before the Board in May 2021, Blessing's reported 2020 volume and utilization had not yet been approved by the Board and was not publicly available to QMG, so QMG was left looking to other sources for the most recent data. QMG made efforts to obtain the 2020 volume and utilization information Blessing had reported to the Board in early 2021 from both Blessing (via letter dated July 16, 2021, attached to QMG's July 26, 2021 submission) and the Board (via FOIA requests), but the 2020 data was not provided or available to QMG until it was published by the HFSRB in the fall of 2021. QMG turned to Blessing's 2020 Medicare Cost Report, which, as noted in the Manatt memorandum, reflected a "significant" and unexplained increase in inpatient volume in 2020 from prior years — and, as would be revealed once the Board published Blessing's reported 2020 data in the fall of 2021, revealed an unexplained higher volume reported to CMS than the amount Blessing reported to the Board for the same year (again, a significant discrepancy even acknowledging the slight difference in reporting periods).

These inconsistencies were appropriately noted to the Board during the May 26, 2021 meeting and in subsequent written letters. Blessing did not offer any explanation for the inconsistencies at that time, and, instead, buckled down on its claim that there was no "need" for additional beds in the Planning Area. As a result, QMG prudently inquired further, and it had good reason to do so.

In 2019, when QMG was seeking to establish a competing ASTC in Quincy, the accuracy of Blessing's outpatient and ASTC volume reported to the Board and reflected in the Board's inventory was properly called into question. Blessing had submitted numerous data changes to the Board – before and after QMG filed its ASTC application. Before the application was filed, Blessing had submitted data self-reporting a dramatic increase in outpatient surgeries and procedures. Suddenly, after receiving QMG's application, Blessing submitted new data significantly reducing its outpatient surgeries and procedures. Then, after formally opposing QMG's project, it again submitted new data.² After questions were raised regarding the accuracy of the information and perceived motive behind the updates, *Blessing admitted that there had*

² **Exhibit 1**, Table demonstrating Blessing's 2018 and 2019 data changes.



Ms. Debra Savage
April 6, 2022
Page 3

been “major” reporting errors and inaccuracies in the data it reported to the HFSRB, including a failure to report procedure room data and double-counting procedures.³

As previously articulated in great detail at the May 26, 2021 Board meeting and in written submissions to the Board, there have been incongruities, inconsistencies, and discrepancies regarding Blessing’s bed capacity over the past several years that justify questions regarding the reliability of Blessing’s reported data. To name just a few: (1) Blessing added 20 med-surg beds in November 2018, and then added an additional 20 med-surg beds in May 2021 (several months after QMG filed its application and shortly before it appeared before the Board) despite arguing there was no need for a new hospital or more beds; (2) pre-COVID, doctors regularly received e-mails from Blessing asking that patients be discharged due to insufficient bed capacity; (3) news articles during COVID reflecting Blessing was at capacity; (4) representations by counsel and consultants of Blessing reporting a “justifiable need” for more beds around the time QMG Hospital filed its application while simultaneously arguing there is no need for the proposed hospital; and (5) doctors continuing to report capacity issues at Blessing and other conditions justifying more inpatient beds.⁴

QMG will further address the comments in the Manatt memorandum when it reappears before the Board on April 26, 2022.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Lindstrom". The signature is fluid and cursive, with the first name "Rebecca" and last name "Lindstrom" clearly legible.

³ Exhibit 2, Excerpt of April 30, 2019 Transcript and January 23, 2019 Correspondence from Blessing to the Board.

⁴ Exhibit 3, News articles reflecting capacity issues at Blessing.

Table in Support of Quincy Medical Group Surgery Center, Project 18-042

Table: Utilization data provided by Blessing Hospital, hours of utilization in the hospital and ASTC. The four sections indicate: a) data provided in March, 2017 for year 2016; b) 2017 data submitted in March, 2018, published in November, 2018; c) Blessing's 2017 data revised in November, 2018 and accepted by the Board on December 4, 2018; d) Blessing's 2017 data revised in January 2019 (not official)

Source: HFSRB Profiles and Blessing reported data

Cells highlighted in beige include data reported at December 4, 2018 HFSRB meeting

	Blessing Hospital (hrs)		Blessing ASTC (hrs)		Blessing (hours)		
	ORs (outpt)	Procedure Rms (outpt)	ORs	Procedure Rooms	Total Hrs Outpatient	Total Hrs Inpatient	Total Hours (Inpt + Outpt)
a) Permit Application submitted Oct, 2018							
2013	3310	683	3568	2423	9984		
2014	3781	2343	3666	2491	12281		
2015	4027	2103	3752	2641	12523		
2016	4527	NA 2103e	4283	2875	NA 13788e		
2017 (est)	4527	2103	4283	2857	13788		
b) Original 2017 data published Nov 2018							
2013	3310	683	3568	2423	9984	5085	15069
2014	3781	2343	3666	2491	12281	4425	16706
2015	4027	2103	3752	2641	12523	4612	17135
2016	4527	0	4283	2875	11685	4590	16275
2017	5886	0	9622	2940	18448	5384	23832
c) Revised 2017 data 4-Dec-18							
2013	3310	683	3568	2423	9984	5085	15069
2014	3781	2343	3666	2491	12281	4425	16706
2015	4027	2103	3752	2641	12523	4612	17135
2016	4527	0	4472	2875	11874	4590	16464
2017	5886	0	4810	2940	13636	5384	19020
d) Revised 2017 data submitted Jan, 2019							
2013	3310	683	3568	2423	9984	5085	15069
2014	3781	309	3666	2231	9987	4188	14175
2015	4027	234	3752	2350	10363	4423	14786
2016	4527	286	4472	2501	11786	4590	16376
2017	5886	310	4810	2567	13573	5384	18957



18-042

P.O. Box 7005 Quincy, IL
217-223-8400
www.blessinghealthsystem.org

January 23, 2019

Mr. Mike Constantino
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

RECEIVED

JAN 24 2019

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Dear Mike:

I am attaching the final numbers in response to your inquiry on missing procedure room items on 2016/2017 at Blessing. Blessing did not report any procedure room data for 2016/2017 at 11th Street. It was also found the OP portion has been reported under the ASTC stats for those years. Consequently, ASTC stats went down and 11th street OP stats went up. We also failed to report inpatient stats for either year so those have been corrected as well. Staff also over reported the prep/clean up time as the same rate as the surgery suite.

It also became clear in 2014/2015 outpatient stats were double reported for both the ASTC and the 11th Street location. Accordingly, the attached printouts reflect a significant reduction in 11th Street OP values. Similar to 2016/2017 the prep/clean up time was also corrected.

Mike, I am attaching the data for each year with an explanation at the bottom of the sheet as to the impact of the correction.

I truly apologize for the misreporting and appreciated your help in getting the file corrected.

Sincerely

Betty Kasparie
Vice President
Audit, Risk & Compliance

BJK/elc

Exhibit 1

Blessing Hospital • Illini Community Hospital • Blessing Physician Services • Blessing-Rieman College of Nursing
The Blessing Foundation • Denman Services • Blessing Corporate Services

Exhibit 2

Exhibit 1-A

2017 Blessing Hospital

ASTC Operating Room Utilization For Reporting Year

Rooms	IP Cases	Op Cases	IP Surgery Time	OP Surgery Time	Prep and Clean Up	Total Hours	IP Avg Case Time	OP Avg Case Time
ASTC Cardiovascular		2		1		1		0.50
ASTC Dermatology								
ASTC Gastroenterology		347		220	116	336		0.97
ASTC General		623		534	208	742		1.19
ASTC Laser Eye Surgery								
ASTC Neurology								
ASTC OB/Gynecology		236		165	78	243		1.03
ASTC Ophthalmology		2,557		847	852	1,699		0.66
ASTC Oral/Maxillofacial		149		163	50	213		1.43
ASTC Orthopedic		806		569	268	837		1.04
ASTC Otolaryngology		401		252	134	386		0.96
ASTC Pain Management								
ASTC Plastic Surgery		63		61	22	83		1.32
ASTC Podiatry		265		177	88	265		1.00
ASTC Thoracic								
ASTC Urology		3		3	2	5		1.67
Total		5,452		2,992	1,818	4,810		0.88

Blessing at 11th Operating Room Utilization

11th Cardiovascular	367	262	679	334		1,013	1.85	1.27
11th Dermatology								
11th General	10	754	1,363	1,465	1,860	3,325	1.94	1.36
11th Gastroenterology		33	50	24	27	51	0.73	0.54
11th Neurology		169	164	653	438	1,091	3.86	2.67
11th OB/Gynecology		47	429	75	705	780	1.60	1.64
11th Oral/Maxillofacial		6	55	4	69	73	0.67	1.25
11th Ophthalmology			3		5	5		1.67
11th Orthopedic		801	610	1,851	835	2,686	2.31	1.37
11th Otolaryngology		31	133	48	130	178	1.55	0.98
11th Plastic Surgery		5	67	12	189	201	2.40	2.82
11th Podiatry		41	23	33	25	58	0.80	1.09
11th Thoracic		59	12	143	16	159	2.42	1.33
11th Urology		257	1,338	397	1,253	1,650	1.54	0.94
Total	10	2,570	4,509	5,384	5,886	11,270	2.09	1.31

ASTC Procedure Room Utilization For Reporting Year

Original Blessing Hospital ASTC Procedure Room	4	-	5,352	-	2,316	624	2,940
Revised Blessing Hospital ASTC Procedure Room	3	-	5,231	-	2,262	305	2,567
Change	(1)	-	(121)	-	(54)	(319)	(373)

Stats should have been reported on Blessing at 11th
Prep/Cleanup on Proc Rooms Recorded at higher Surg Room rate

Blessing at 11th Procedure Room Utilization

Original Blessing Hospital at 11th Procedure Rooms
Revised Blessing Hospital at 11th Procedure Rooms
Change

1	440	121	256	54	-	310
1	440	121	256	54	-	310
From ASTC	Missed on Original Report	From ASTC	Missed on Original Report	From ASTC		New Total

Exhibit 1

Reason for Change

Exhibit 2

Exhibit 1-A

2016 Blessing Hospital

ASTC Operating Room Utilization For Reporting Year

Rooms	IP Cases	Op Cases	IP Surgery Time	OP Surgery Time	Prep and Clean Up	Total Hours	IP Avg Case Time	OP Avg Case Time
ASTC Cardiovascular	-	-	-	-	-	-	-	-
ASTC Dermatology	-	-	-	-	-	-	-	-
ASTC Gastroenterology	-	294	-	135	54	189	-	0.64
ASTC General	-	669	-	565	224	789	-	1.18
ASTC Laser Eye Surgery	-	-	-	-	-	-	-	-
ASTC Neurology	-	-	-	-	-	-	-	-
ASTC OB/Gynecology	-	319	-	229	106	335	-	1.05
ASTC Ophthalmology	-	2,366	-	729	788	1,517	-	0.64
ASTC Oral/Maxillofacial	-	101	-	120	34	154	-	1.52
ASTC Orthopedic	-	635	-	485	212	697	-	1.10
ASTC Otolaryngology	-	417	-	219	140	359	-	0.86
ASTC Pain Manangement	-	-	-	-	-	-	-	-
ASTC Plastic Surgery	-	60	-	65	20	85	-	1.42
ASTC Podiatry	-	260	-	255	86	341	-	1.31
ASTC Thoracic	-	-	-	-	-	-	-	-
ASTC Urology	-	3	-	4	2	6	-	2.00
Total	-	5,124	-	2,806	1,666	4,472	-	0.87

Blessing at 11th Operating Room Utilization

11th Cardiovascular	222	116	400	160	560	1.80	1.38
11th Dermatology	-	-	-	-	-	-	-
11th General	9	742	1,148	1,236	1,302	2,538	1.67
11th Gastroenterology	63	90	43	54	97	0.68	0.60
11th Neurology	221	190	847	469	1,316	3.83	2.47
11th OB/Gynecology	66	385	110	624	734	1.67	1.62
11th Oral/Maxillofacial	7	36	6	50	56	0.86	1.39
11th Ophthalmology	2	-	7	-	7	-	#DIV/0!
11th Orthopedic	639	571	1,516	841	2,357	2.37	1.47
11th Otolaryngology	21	181	22	137	159	1.05	0.76
11th Plastic Surgery	-	17	-	48	48	-	2.82
11th Podiatry	25	25	24	26	50	0.96	1.04
11th Thoracic	29	14	78	21	99	2.69	1.50
11th Urology	209	863	301	795	1,096	1.44	0.92
Total	9	2,246	3,636	4,590	4,527	9,117	2.04

ASTC Procedure Room Utilization For Reporting Year

Original Blessing Hospital ASTC Procedure Room	4	-	5,415	-	2,243	632	2,875
Revised Blessing Hospital ASTC Procedure Room	3	-	5,299	-	2,192	309	2,501
Change	(1)	-	(116)	-	(51)	(323)	(374)

Stats should have been reported on Blessing at 11th

Prep/Cleanup on Proc Rooms Recorded at higher Surg Room rate

Blessing at 11th Procedure Room Utilization

Original Blessing Hospital at 11th Procedure Rooms	1	433	116	235	51	286
Revised Blessing Hospital at 11th Procedure Rooms	1	433	116	235	51	286
Change	-	-	-	-	-	-
Reason for Change	From ASTC	Missed on Report	From ASTC	Missed on Report	From ASTC	New Total

Exhibit 1

2015 Blessing Hospital

ASTC Operating Room Utilization For Reporting Year

Rooms	IP Cases	Op Cases	IP Surgery Time	OP Surgery Time	Prep and Clean Up	Total Hours	IP Avg Case Time	OP Avg Case Time
ASTC Cardiovascular		3		3		3		
ASTC Dermatology								
ASTC Gastroenterology		236		113	60	173		
ASTC General		555		473	138	611		1.10
ASTC Laser Eye Surgery		708		196	178	374		
ASTC Neurology		2		3		3		
ASTC OB/Gynecology		314		212	78	290		0.92
ASTC Ophthalmology		1,783		547	446	993		0.56
ASTC Oral/Maxillofacial		127		145	32	177		1.39
ASTC Orthopedic		490		389	122	511		1.04
ASTC Otolaryngology		331		181	82	263		0.79
ASTC Pain Management								
ASTC Plastic Surgery		43		44	10	54		1.26
ASTC Podiatry		229		240	58	298		1.30
ASTC Thoracic								
ASTC Urology		3		2		2		0.67
Total		4,824		2,548	1,204	3,752		0.78

Blessing at 11th Operating Room Utilization

11th Cardiovascular	213	74	400	100	500	1.88	1.35
11th Dermatology							
11th General	8	641	1,076	1,035	1,204	2,239	1.61
11th Gastroenterology		65	91	46	57	103	0.71
11th Neurology		337	97	1,108	230	1,338	3.29
11th OB/Gynecology		72	391	126	552	678	1.75
11th Oral/Maxillofacial		7	43	7	65	72	1.00
11th Ophthalmology		1	6	1	5	6	0.83
11th Orthopedic		575	671	1,326	893	2,219	2.31
11th Otolaryngology		31	193	24	143	167	0.77
11th Plastic Surgery		3	11	4	16	20	1.45
11th Podiatry		19	23	15	23	38	0.79
11th Thoracic		35	8	105	14	119	3.00
11th Urology		170	799	226	725	951	1.33
Total	8	2,169	3,483	4,423	4,027	8,450	2.04

ASTC Procedure Room Utilization For Reporting Year

Original Blessing Hospital ASTC Procedure Room	3	4,999	2,057	584	2,641
Revised Blessing Hospital ASTC Procedure Room	3	4,999	2,057	293	2,350
Change				(291)	(291)
Reason for Change					

Prep/Cleanup on Proc Rooms Recorded at higher Surg Room rate

Blessing at 11th Procedure Room Utilization

Original Blessing Hospital at 11th Procedure Rooms	4	391	5,100	189	2,103	2,292
Revised Blessing Hospital at 11th Procedure Rooms	1	391	101	189	45	234
Change	(3)	(4,999)	(2,058)		(2,058)	
Reason for Change	Double Reported	Double Reported	Double Reported			New Total

Exhibit 1

Exhibit 2

Exhibit 1-A

2014 Blessing Hospital

ASTC Operating Room Utilization For Reporting Year

	Rooms	IP Cases	Op Cases	IP Surgery Time	OP Surgery Time	Prep and Clean Up	Total Hours	IP Avg Case Time	OP Avg Case Time
ASTC Cardiovascular			3		3		3		
ASTC Dermatology			-		-		-		
ASTC Gastroenterology			233		129	58	187		
ASTC General			543		475	136	611		1.13
ASTC Laser Eye Surgery			364		103	92	195		
ASTC Neurology			-		-		-		
ASTC OB/Gynecology			262		188	66	234		0.89
ASTC Ophthalmology			2,015		631	504	1,135		0.56
ASTC Oral/Maxillofacial			108		129	28	157		1.45
ASTC Orthopedic			446		417	112	529		1.19
ASTC Otolaryngology			371		178	92	270		0.73
ASTC Pain Management			-		-		-		
ASTC Plastic Surgery			58		82	14	96		1.66
ASTC Podiatry			198		198	50	248		1.25
ASTC Thoracic			-		-		-		
ASTC Urology			1		1	-	1		1.00
Total			4,602		2,514	1,152	3,666		0.80

Blessing at 11th Operating Room Utilization

11th Cardiovascular	1	224	105	437	148	585	1.95	1.41
11th Dermatology		-	-	-	-	-	-	-
11th General	8	713	1,107	1,112	1,180	2,292	1.56	1.07
11th Gastroenterology		50	64	38	44	82	0.76	0.69
11th Neurology		273	69	898	162	1,060	3.29	2.35
11th OB/Gynecology		67	283	102	415	517	1.52	1.47
11th Oral/Maxillofacial		6	50	7	80	87	1.17	1.60
11th Ophthalmology		-	2	-	4	4	-	2.00
11th Orthopedic		542	653	1,238	855	2,093	2.28	1.31
11th Otolaryngology		37	191	46	171	217	1.24	0.90
11th Plastic Surgery		8	35	10	56	66	-	1.60
11th Podiatry		17	19	15	18	33	0.88	0.95
11th Thoracic		33	1	93	3	96	2.82	3.00
11th Urology		163	672	192	645	837	1.18	0.96
Total	9	2,133	3,251	4,188	3,781	7,969	1.96	1.16

ASTC Procedure Room Utilization For Reporting Year

Original Blessing Hospital ASTC Procedure Room	3	-	4,452	-	1,971	520	2,491
Revised Blessing Hospital ASTC Procedure Room	3	-	4,452	-	1,971	260	2,231
Change						(260)	(260)
Reason for Change							

Prep/Cleanup on Proc Rooms Recorded at higher Surg Room rate

Blessing at 11th Procedure Room Utilization

Original Blessing Hospital at 11th Procedure Rooms	4	428	4,615	233	2,047	-	2,280
Revised Blessing Hospital at 11th Procedure Rooms	1	428	163	233	76	-	309
Change	(3)	-	(4,452)	-	(1,971)	-	(1,971)
Reason for Change	Double Reported		Double Reported		Double Reported		New Total

Exhibit 1

1 (Laughter.)

2 MEMBER DEMUZIO: Anything you want.

3 MR. KNIERY: I was sworn in already.

4 CHAIRMAN SEWELL: So can I entertain a
5 motion to adjourn now?

6 MS. MITCHELL: No.

7 CHAIRMAN SEWELL: What do we have now?

8 MS. MITCHELL: Blessing. Blessing.

9 CHAIRMAN SEWELL: Oh, Blessing. Okay.
10 Who's going to talk about that?

11 MS. AVERY: Melanie, one second. Wait a
12 minute.

13 (An off-the-record discussion was held.)

14 CHAIRMAN SEWELL: So Blessing.

15 MR. CONSTANTINO: Yes. They're coming
16 right to the table right now. Yes.

17 CHAIRMAN SEWELL: All right. Here we are.
18 Good.

19 MS. MITCHELL: We'll get it together.
20 It's late.

21 CHAIRMAN SEWELL: Why am I standing up?

22 (An off-the-record discussion was held.)

23 THE COURT REPORTER: Would you raise your
24 right hands, please.

1 (Two witnesses sworn.)

2 THE COURT REPORTER: Thank you.

3 CHAIRMAN SEWELL: So what are we doing?

4 You-all have something to say; right?

5 MS. AVERY: Mike.

6 MS. MITCHELL: Mike has something to say.

7 CHAIRMAN SEWELL: Oh, Mike has something
8 to say.

9 MR. CONSTANTINO: I would like to get on
10 the record why their profile information changed,
11 what was the reason for it.

12 If you guys could do that for me, I'd
13 appreciate it.

14 MS. KASPARIE: I'll start.

15 MS. AVERY: Can I -- excuse me. Can I add
16 to it?

17 And a plan going forth of how we want to
18 have this to happen in the future.

19 MS. KASPARIE: First of all, my name is
20 Betty Kasparie.

21 MS. MITCHELL: You have to move the
22 microphone closer to you.

23 MS. KASPARIE: Gotcha.

24 My name is Betty Kasparie, and I do

1 apologize for the incorrect numbers, just
2 up-front, go ahead and say that.

3 The numbers were submitted to you
4 originally for '14, '15, '16, and '17. Each year
5 that we have submitted those numbers, there was
6 never any identification by the State or us that
7 there was any error.

8 It came to our attention by Mike, who
9 suggested there was a question about our numbers,
10 so we went back and looked at those numbers, and
11 when you look at the 2017 numbers, it was 9,622
12 for the ASTC that got doubled. They were reported
13 in error, so we reported that, fixed that number.

14 Then what happened was a question came
15 back about the numbers related to the outpatient
16 hours for '16 and '17, and there was just -- very
17 honestly, there was a major error. I don't have
18 an excuse for it. There was a major error in the
19 reporting, and we did some cleanup. So
20 I apologize for that.

21 Then the question came back in terms of
22 some additional cleanup, and what we have done is
23 that when you looked at the '14 and '15 hours,
24 those were double-counted. We do a report for the

1 ASTC, and we do a report for outpatient surgery.

2 Those numbers were double-counted.

3 So the ASTC numbers were counted -- was it
4 twice? -- were double-counted for the ASTC; is
5 that correct?

6 I'm not sure I've got that right.

7 They were double-counted for the ASTC.

8 There were a few that were missed, so we went back
9 and we made sure that we had the corrections.

10 All I can say is I apologize for the
11 errors. As Mike asked us, we went back and
12 relooked at the numbers. In hindsight, we should
13 have looked at all the numbers the first time he
14 asked, but we didn't know there was a project at
15 that time when we were looking at the numbers. So
16 I apologize.

17 MS. KAHN: Justin, could you explain how
18 these errors are not going to happen in the
19 future, the process that will be put in place.

20 CHAIRMAN SEWELL: Before we do that, is
21 anyone from Blessing Hospital able to assure this
22 Board that these numbers were not changed in
23 anticipation of this project that we just heard
24 for the last hour or so?

1 MS. KAHN: Two hours.

2 CHAIRMAN SEWELL: Two hours.

3 MS. KAHN: Absolutely. I -- I swore to
4 tell the truth.

5 We got a call -- Betty got notified that
6 there was a question about our numbers. We did
7 not know we had an error in our numbers until we
8 were called --

9 CHAIRMAN SEWELL: Right.

10 MS. KAHN: -- and notified. And so we
11 went back in. Because, as you know, we're
12 correcting numbers that are going back to 2014.

13 CHAIRMAN SEWELL: Okay.

14 MS. KAHN: We did not know we had an error
15 at the time.

16 CHAIRMAN SEWELL: Okay. Now go ahead with
17 what you were saying.

18 MR. CONSTANTINO: Mr. Sewell, I want to
19 point out, though, once these -- if you correct
20 these numbers, they will be used in another report
21 we submit to you.

22 MS. MITCHELL: For the -- after the intent
23 to deny?

24 MR. CONSTANTINO: Yes. Because we'll use

1 the approved numbers.

2 MS. MITCHELL: When the project comes up
3 again?

4 MR. CONSTANTINO: When the project comes
5 up again, yes.

6 So you will see different numbers in the
7 report that we submit to you when this project,
8 18-042, comes back.

9 I didn't want you to get the mistaken
10 impression those numbers wouldn't change.

11 CHAIRMAN SEWELL: Do you need time to
12 analyze the corrections?

13 MS. AVERY: Yes.

14 MR. CONSTANTINO: Yes. We're going to
15 take a look at it, yes. I haven't used them
16 because you haven't approved it yet.

17 CHAIRMAN SEWELL: Should we table it until
18 you've had a chance to do that?

19 MR. CONSTANTINO: Oh, no, no. You have to
20 approve it so I can take a look at it.

21 CHAIRMAN SEWELL: I see.

22 MS. AVERY: But what would -- are you
23 saying that it would drastically change --

24 MR. CONSTANTINO: I don't believe it's

1 going to drastically change those numbers, but it
2 will change them.

3 (An off-the-record discussion was held.)

4 CHAIRMAN SEWELL: well, you know, the
5 numbers are what they are. And if Blessing is
6 affirming that they are corrected, we have to deal
7 with that regardless of what the consequences are.

8 MEMBER MC NEIL: Absolutely.

9 CHAIRMAN SEWELL: I mean, that's pretty
10 straightforward, yeah.

11 MS. MITCHELL: Okay.

12 MR. CONSTANTINO: I didn't want you to
13 think there was --

14 CHAIRMAN SEWELL: No. Not -- now, what
15 action do we need to take?

16 MR. CONSTANTINO: You just have to take a
17 vote, approval -- a vote of approval.

18 CHAIRMAN SEWELL: Are we ready to vote?
19 Do you have more to say about that?

20 MS. KAHN: I think Justin was going to let
21 you know that we have --

22 CHAIRMAN SEWELL: I'm sorry. I
23 interrupted.

24 MS. KAHN: -- put a process in place.

1 MR. HALE: My name is Justin Hale. And
2 I'm -- we have to be more diligent to make sure
3 the source systems data is accurate and there is
4 no double-counting.

5 We do -- will try to be more diligent
6 about the prior-year comparisons that would have
7 caught one of the anomalies that would have
8 been -- obviously -- would have been, you know, a
9 hundred percent increase or whatever.

10 So we just have to make sure that we're
11 double-checking and doing check totals and all the
12 kind of usual audits in that process.

13 I apologize that we didn't catch those in
14 the process, but we will going forward.

15 MS. MITCHELL: Okay.

16 MS. KAHN: And if I could just add one
17 thing, Mr. McNeil, Senator, your comments -- and
18 Chairman Sewell -- your comments today after a
19 long, long day -- I have certainly heard your
20 comments. I take them extremely serious. I've
21 heard all the Board members' comments.

22 I need to go back to my community. I will
23 work with the CEO. Regardless of what the outcome
24 is, the community needs to heal.

1 And I thank you for those comments. So
2 I just want you to know I heard that --

3 CHAIRMAN SEWELL: All right.

4 MS. KAHN: -- and regardless of the
5 outcome --

6 MS. AVERY: Wait. We're going to have to
7 stop you. I'm sorry.

8 MS. MITCHELL: Technically --

9 MS. AVERY: We have to get to the profile.

10 MS. KAHN: Right. I'm sorry. I just want
11 you to know --

12 MS. AVERY: We hear it. Sorry about that.

13 MS. KAHN: That's okay.

14 CHAIRMAN SEWELL: Is there any more on the
15 profile?

16 And what are we doing now? Voting?

17 MS. MITCHELL: Yes.

18 MEMBER MC NEIL: Call the question.

19 MS. AVERY: Do you have a motion?

20 MS. MITCHELL: Do you have a motion?

21 CHAIRMAN SEWELL: Is there a motion on the
22 floor?

23 MS. MITCHELL: No.

24 CHAIRMAN SEWELL: Not about Blessing.

1 MS. MITCHELL: Not about Blessing.

2 MEMBER MC GLASSON: So we're voting to
3 accept the --

4 MS. MITCHELL: -- the profile changes.

5 CHAIRMAN SEWELL: -- the corrected profile
6 changes.

7 MEMBER MC GLASSON: I'll make that motion.

8 CHAIRMAN SEWELL: Okay. Is there a
9 second?

10 MEMBER MC NEIL: I'll second.

11 MEMBER DEMUZIO: Second.

12 MS. MITCHELL: There were like three.

13 CHAIRMAN SEWELL: All in favor, aye.

14 (Ayes heard.)

15 CHAIRMAN SEWELL: Opposed?

16 (No response.)

17 CHAIRMAN SEWELL: Now can we entertain a
18 motion to adjourn?

19 MEMBER MC GLASSON: Made.

20 MEMBER MC NEIL: Seconded, third, fourth.

21 MS. MITCHELL: I get no vote, but
22 I fourth it.

23 (Ayes heard.)

24 (Off the record at 6:18 p.m.)



21°



37°



24°

ADVERTISEMENT

**40,000 of the
best kids' books!****Start Today**

Central Illinois hospitals respond to Pritzker's request to halt non-emergency surgeries

by Jakob Emerson

Monday, January 3rd 2022



Search Site

(Screenshot from video 1/3/22)



SPRINGFIELD, Ill. (WICS/WRSP) — Amid the recent surge of the omicron variant, Gov. JB Pritzker, D-Illinois is urging Illinois hospitals to halt non-emergency surgeries and procedures statewide in order to maintain and create more bed space.

Exhibit 3



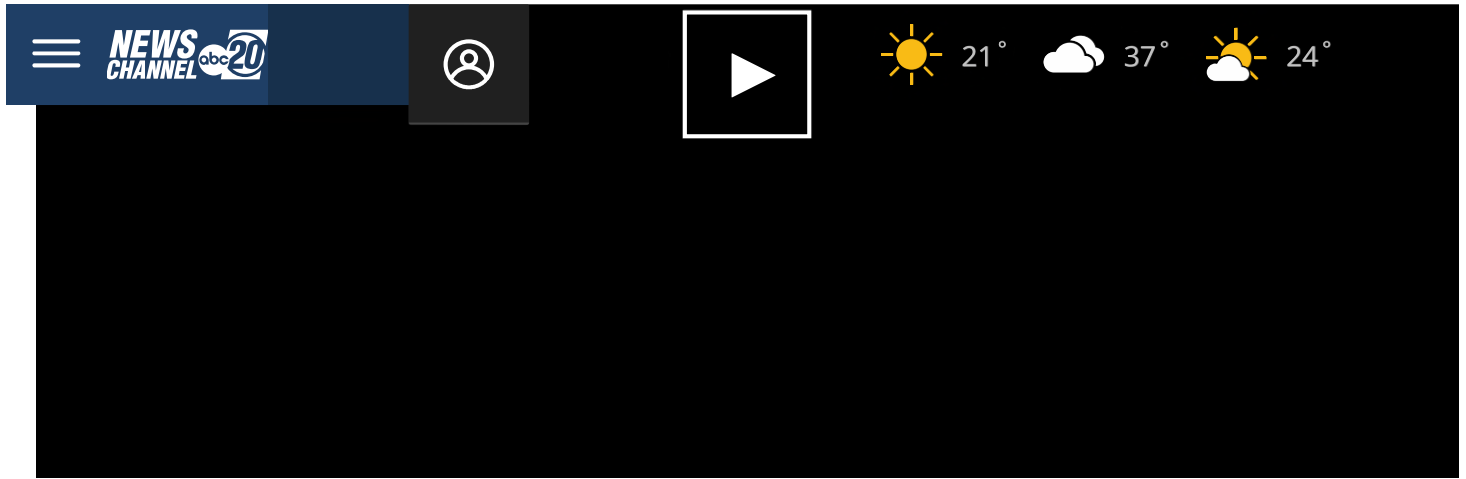
ing post-holiday surge, and with hospital staff already working
hospital leadership is doing to assure capacity, including
postponing non-emergency surgeries and procedures to ensure their ability to handle serious
COVID cases and other emergencies without putting patients at risk," Pritzker said on Thursday,
Dec. 30, 2021.

On Sunday, Jan. 2, 2022, Illinois recorded the highest number of people ever hospitalized with
COVID-19 at 6,294. On Monday, Jan. 3, 2022, Pritzker reiterated his message to the state's
healthcare community and requested a pause on non-emergency procedures.

"The ER's are full, the hospitals are full, the urgent care and physician offices are full, the testing
lines are full," Memorial Hospital Group President Charles Callahan. "We have five hospitals
across central Illinois, Springfield Memorial being the biggest. We are full. It's a serious situation
for all the people who want to come forward for care."



Ad removed. [Details](#)



(Screenshot from video 1/3/22)

In a statement a Memorial Health spokesperson said:

“As we have consistently done throughout the pandemic, we will continue to perform procedures that cannot safely be delayed. We will continue to evaluate available resources in the case of other elective procedures that could be delayed without compromising care. Springfield Memorial Hospital, like most hospitals in the region, has been on peak census most days over the past two weeks. The hospital is experiencing its highest inpatient and emergency room volumes since the start of the pandemic, due to the latest COVID surge as well as patients needing treatment for other reasons. Our urgent care clinics also are seeing very high volumes. Currently, approximately 80 percent of patients hospitalized for COVID-19 are unvaccinated. We urge the public to become vaccinated and to get a booster shot if they have been vaccinated. We also urge the public to wear masks, maintain social distancing and wash their hands.”

Memorial Health says they'll continue to perform procedures that cannot be safely delayed, and evaluate available resources for everything else. It's largely the same strategy for Hospital Sisters Health System (HSHS), who operate 15 hospitals across Illinois and Wisconsin, including St. John's in Springfield.

"We're doing to the best we can to assess the relative importance of some of the things that could potentially be put off versus some of the things that maybe should not be put off," HSHS Senior Vice President and Chief Clinical Officer Dr. Marc Shelton said.

Shelton stresses that vaccinations are the best tool to help end the pandemic and avoid the hospital entirely. He says unvaccinated people at HSHS facilities are hospitalized on average for 15 days, compared to only five days on average for those with breakthrough COVID-19 infections.



% of the 244 people currently hospitalized for COVID-19 are
 morial, unvaccinated individuals make up 80% of COVID-19
 hospitalizations.

According to the Illinois Department of Public Health (IDPH), region 3 of the state (Springfield to Quincy) has 9 total ICU beds available, and region 6 (Decatur to Urbana-Champaign) has 16.

In a statement, a spokesperson for Carle Health in Urbana said:

“For the past several weeks, care teams have been reviewing elective surgeries that can be safely rescheduled to reduce the strain on the hospital. While some procedures will be rescheduled, some appointments, where appropriate, are being transferred to our outpatient procedural team to reduce additional post-operative hospitalization.”

In an email on Thursday, Dec. 30, a spokesperson for Blessing Health in Quincy said:

“Headed into the holiday weekend, we have very limited capacity and we are not able to accept patients in transfer from other hospitals at this time. We have discharging patients leaving throughout the day, and we clean those rooms to turn them over as quickly as possible to make room for the next patient, but sometimes patients do need to wait for an available room. We currently have 44 Covid positive patients hospitalized, 7 of those in ICU. For the past few weeks around 18% of our admissions coming through the ER have been Covid patients. This is the highest percent we have seen since January. People with life threatening illnesses and injuries, or those who are not sure if their condition is life threatening or not, should continue to come to the Blessing Hospital Emergency Center for care. Those with non-life threatening illnesses are encouraged to either call their primary care provider, or use the Blessing Hospital Walk-In Clinic, rather than the Emergency Center.”

MORE TO EXPLORE

Teen shot in the head dies at hospital

'Home Alone' co-star accused of strangling girlfriend

https://www.whig.com/lifestyles/health/public-health/health-department-asks-residents-to-be-cautious-as-covid-cases-rise/article_dc60724e-5942-11ec-a853-f34f2ec663d4.html

Health Department asks residents to be cautious as COVID cases rise

STAFF REPORT

Dec 9, 2021



The Adams County Health Department hosted a COVID-19 vaccination clinic on April 13 at Quincy University.
H-W File Photo/Mike Sorensen

QUINCY — The Adams County Health Department is encouraging residents to keep health and safety in mind as COVID-19 cases throughout the country and around the region continue to increase.

Exhibit 3

In the latest daily report from Blessing Hospital in Quincy, there were 44 patients admitted to the hospital that are COVID-positive. Eight of those patients are currently being treated in the ICU.

There were 408 cases reported in Adams County over the previous seven days as of Wednesday, according to the Centers for Disease Control and Prevention. More than 10% of the COVID tests during those seven days were positive.

Dr. Mary Barthel, chief quality and safety officer at Blessing Hospital, said the patients coming in to Blessing are those that are still showing serious symptoms from the virus. She said that about two-thirds of those admitted for COVID symptoms are unvaccinated.

“We have no extra capacity,” Barthel said. “We’re currently closed to direct admits and transfers, and we have patients being boarded in the ER. Our resources are definitely being stretched thin between staffing issues and COVID admissions.”

Barthel said Blessing is currently offering positions and per diem assignments for nurses that may be interested in helping to take some of the weight off of the current staff.

“We want to make sure people that need the emergency room can get, and we want to offer the best care possible to all of our patients,” she said.









The Health Department said residents experiencing COVID-like symptoms should have testing done through a medical professional so that they can receive medical information related to possible treatments to reduce the impact of a COVID infection.

For those needing a test for reasons other than illness, ACHD advises to use a non-medical provider to ease the strain on the healthcare system. Both Hy-Vee locations in Quincy as well as Walgreens drug store have testing available by appointment.

The Health Department reminds the community that COVID-19 vaccination has been proven exceptionally effective in reducing severe illness and risk of hospitalization from a COVID-19 infection, as well as reducing community-level spread throughout the population. The Health Department has COVID-19 vaccines available for all residents 5 and older, with its immunization clinic open 8 a.m. to 4:15 p.m. Monday through Friday.





22°38°24°

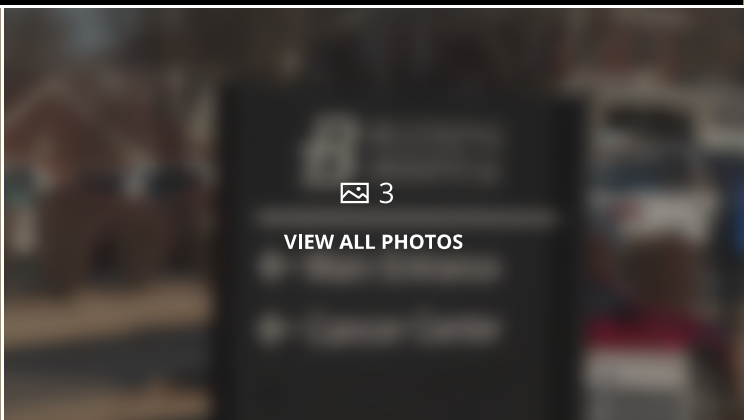
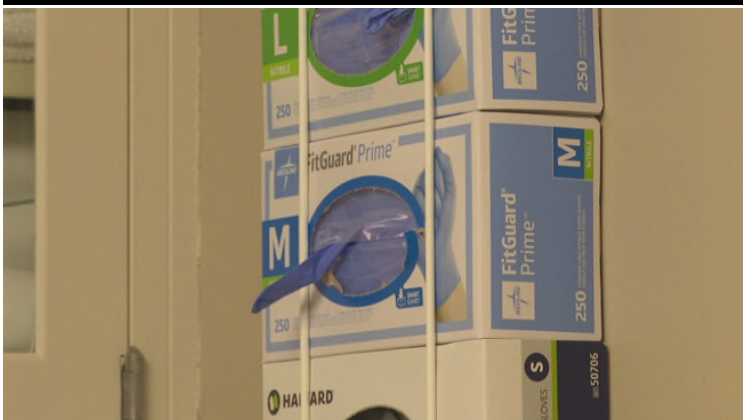
ADVERTISEMENT

Blessing seeing slight rise in COVID-19 cases in last week

by Cayson Frerichs
Thursday, December 2nd 2021



Search Site





ses (KHQA)

 22° 38° 24°



QUINCY, Ill. (KHQA) — As world health officials learn more about the Omicron variant of COVID-19, local officials are keeping a close eye of case counts across the area.

Over the past week, Blessing Health has seen a slight increase in COVID-19 cases.

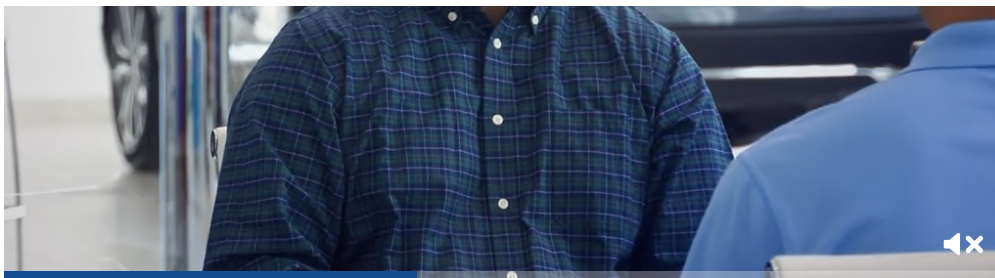
Right now, the hospital has 34 positive COVID-19 cases with 6 of those cases requiring the patient to be on a ventilator.

"Our hospital is fairly full, so med search and the ICU are pretty full," said Dr. Mary Frances Barthel, Blessing's Chief Quality and Safety Officer

Sponsored Links



Search Site



Dr. Barthel said some of that is attributed to the increase in COVID numbers, but Blessing is also seeing a lot of seasonal illnesses at this time.

And now a lot of the focus regarding the coronavirus is shifting to the new variant Omicron.



The first confirmed case of the variant in the U.S.



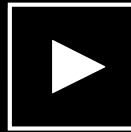
22°



38°



24°



Blessing monitoring Omicron variant and current COVID-19 cases (KHQA)

Dr. Barthel said at this time there isn't a whole lot of information about the Omicron variant, but the Illinois Department of Public Health (IDPH) is monitoring for any possible cases

Search Site

"We don't test for genetic sequencing of the virus here," Dr. Barthel said. "So we can't tell you for sure if the variant is here."

Variant testing usually isn't done on a case-by-case basis.

Dr. Barthel said the test will only tell you if you test positive for COVID-19 and not a specific variant.

And as more people continue to gather inside due to the colder weather and holiday season, Dr. Barthel said it's important for people to be cautious when gathering in large groups.

"Certainly if you are feeling ill at all, you should either not go or you should be tested before you go," she said. "Just to make sure you are not taking the virus with you to family gatherings."



positive for the virus is able to get the coronavirus
out of the isolation phase.

The exception though is if a patient has received the monoclonal antibody treatment while having COVID.

If a patient has received this treatment, they should wait 90 days to get their vaccine so it will be more effective.

MORE TO EXPLORE

Catalytic converter thief dies in the act, crushed under car

Four dead, three children seriously injured after head-on crash

Northeast Missouri man kneeling in highway struck, killed by semi

Search Site

SPONSORED CONTENT

by Taboola

Amazon Has Millions of Prime Subscribers — But Few Know About This Savings Trick

Capital One Shopping | **SPONSORED**

[Learn More](#)

Michael Oher Tells A Whole Different Story About 'The Blind Side'

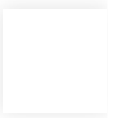
Gameday News | **SPONSORED**

The US States People Are Fleeing And The Ones They Are Moving To

Forbes | **SPONSORED**

ADVERTISEMENT





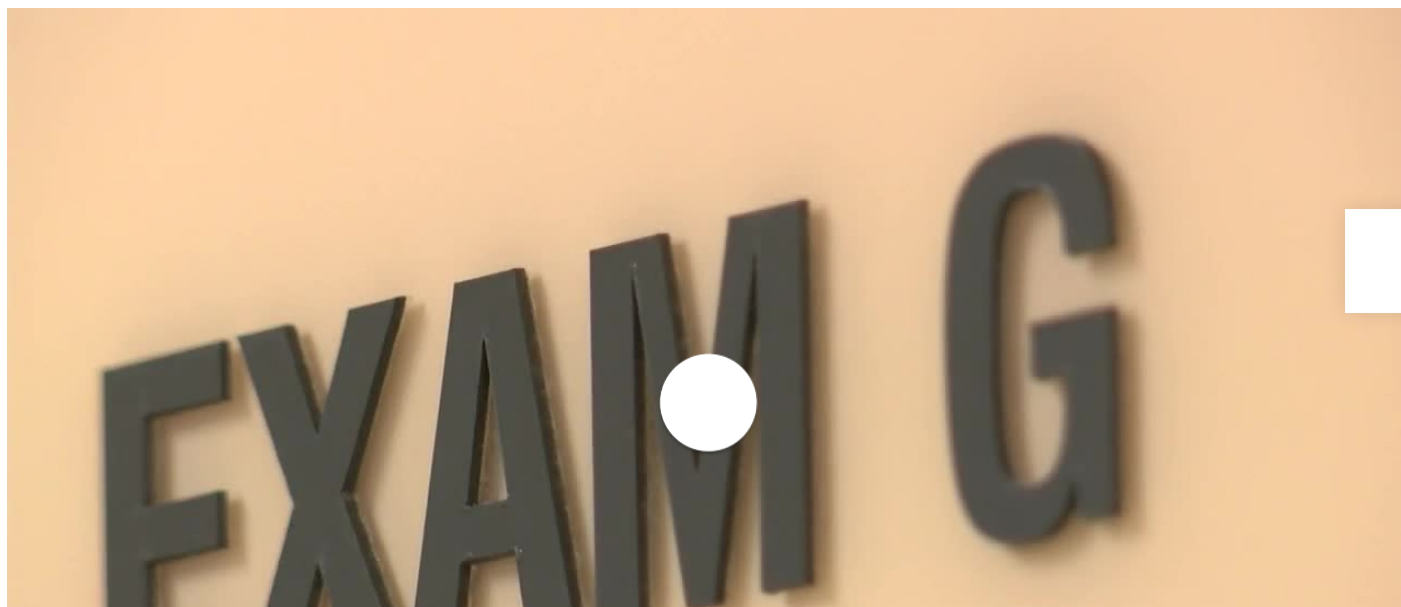
E.R. waits could be extended, due to uptick in COVID-19 patients



00:00

02:53





00:00



00:56



July 14, 2021



10:05 pm

WGEM

CORONAVIRUS, CORONAVIRUS ILLINOIS, NEWS, TOP STORIES

6

QUINCY (WGEM) --

Blessing hospital reports 24 people in the hospital with COVID-19.

Dr. Mary Frances Barthel is the Chief Quality and Safety Officer for Blessing Health System. She said the numbers have been trending up daily.

"Over the past few days, the number of COVID-19 patients that need to be hospitalized has gone up considerably," she said.

Dr. Barthel said they aren't sure which COVID-19 variant the admitted patients have.

"We think that they're probably delta because they are younger people. It looks like transmission occurs more easily so it's more contagious. People are sick enough to come to the hospital but it's not causing an increase in our intensive care unit numbers."

Exhibit 3

Adams County Health Department's Infectious Disease Supervisor, Jon Campos said he's seeing a surge all across the County. Following outbreak at local daycares and nursing homes.

"These are some of the areas that we're most concerned with and they've been given the latest guidance as soon as it comes out," Campos said. "We monitor them and positive that comes through there we monitor closely to find outbreaks."

Dr. Barthel said they can expand if they need be for more but the hospital is filling up with all patients.

"We're actually experiencing a relatively high hospital census for July with all patients so COVID and non-COVID. So right now we're seeing most of our beds full, at any given point," Barthel said.



WGEM

MORE STORIES