

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Javon Bea Hospital - Rockton Avenue Campus (Discontinuation of AMI Category)		
Street Address:	2400 North Rockton Avenue		
City and Zip Code:	Rockford, IL 61103		
County:	Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name:	Javon Bea Hospital
Street Address:	2400 North Rockton Avenue
City and Zip Code:	Rockford, IL 61103
Name of Registered Agent:	Paul Van Den Heuvel
Registered Agent Street Address:	2400 North Rockton Avenue
Registered Agent City and Zip Code:	Rockford, IL 61103
Name of Chief Executive Officer:	Javon R. Bea
CEO Street Address:	2400 North Rockton Avenue
CEO City and Zip Code:	Rockford, IL 61103
CEO Telephone Number:	815-971-1060

Type of Ownership of Applicants

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

- 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 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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

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

Name:	Juan Morado Jr. and Mark J. Silberman
Title:	Partner
Company Name:	Benesch, Friedlander, Coplan & Aronoff, LLP
Address:	71 South Wacker Drive., 16th Floor, Chicago IL 60606
Telephone Number:	312-212-4949
E-mail Address:	jmorado@beneschlaw.com ; msilberman@beneschlaw.com
Fax Number:	312-767-9192

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Javon Bea Hospital - Rockton Avenue Campus (Discontinuation of AMI Category)		
Street Address:	2400 North Rockton Avenue		
City and Zip Code:	Rockford, IL 61103		
County:	Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name:	Mercy Health Corporation
Street Address:	2400 North Rockton Avenue
City and Zip Code:	Rockford, IL 61103
Name of Registered Agent:	Paul Van Den Heuvel
Registered Agent Street Address:	2400 North Rockton Avenue
Registered Agent City and Zip Code:	Rockford, IL 61103
Name of Chief Executive Officer:	Javon R. Bea
CEO Street Address:	2400 North Rockton Avenue
CEO City and Zip Code:	Rockford, IL 61103
CEO Telephone Number:	815-971-1060

Type of Ownership of Applicants

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

- 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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

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

Name:	Juan Morado Jr. and Mark J. Silberman
Title:	Partner
Company Name:	Benesch, Friedlander, Coplan & Aronoff, LLP
Address:	71 South Wacker Drive., 16th Floor, Chicago IL 60606
Telephone Number:	312-212-4967; 312-212-4952
E-mail Address:	jmorado@beneschlaw.com ; msilberman@beneschlaw.com
Fax Number:	312-767-9192

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:	Amy Bradshaw
Title:	Manager of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Javon Bea Hospital
Address of Site Owner:	2400 North Rockton Avenue, Rockford, IL 61103
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 <u>ATTACHMENT 2</u>, 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:	Javon Bea Hospital
Address:	2400 North Rockton Avenue, Rockford, IL 61103
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Narrative Description

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

The applicants propose the discontinuation of 20 bed Acute Mental Illness inpatient unit at Rockton Avenue Campus of the of Javon Bea Hospital. The facility is located at 2400 North Rockton Avenue, Rockford, Illinois 61103. As the proposed project involves the discontinuation of the Acute Mental Illinois category of service within an existing healthcare facility it is classified as substantive.

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 X No . If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

- **JBH – Rockton Ave. Campus (Permit #15-38).** The project will be complete when the exemption that is the subject of this application is complete and the preparation of a final cost report will be underway.
- **Mercyhealth Hospital and Medical Center – Medical Office Building (Permit #17-001).** The project will not be complete when the exemption that is the subject of this application is complete.
- **Mercyhealth Hospital and Medical Center – Hospital (Permit #17-002).** The project will not be complete when the exemption that is the subject of this application is complete.
- **JBH- Rockton Avenue Campus (Project # 19-056).** The project will not be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): August 11, 2020 or immediately after approval if after that date.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

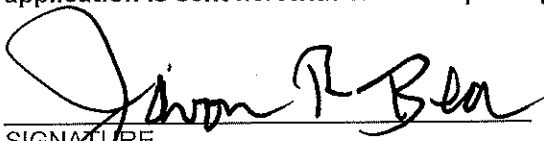
CERTIFICATION

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

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

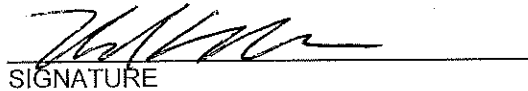
This Application is filed on the behalf of Javon Bea Hospital.

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

Javon R. Bea
PRINTED NAME

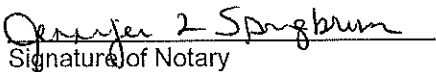
Chief Executive Officer
PRINTED TITLE


SIGNATURE

Todd Anderson
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020


Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

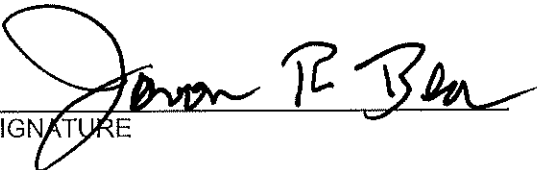
CERTIFICATION

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

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

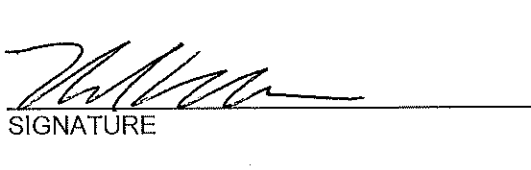
This Application is filed on the behalf of Mercy Health Corporation.

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

Javon R. Bea
PRINTED NAME

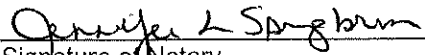
Chief Executive Officer
PRINTED TITLE


SIGNATURE

Todd Anderson
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

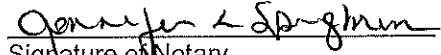
Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020


Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 1 day of July, 2020


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

Discontinuation of a single 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 category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A 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 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)	2016	2017	2018
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	2033	2033	2310
Charity (cost In dollars)			
Inpatient	\$731,425	\$447,125	\$493,290
Outpatient	\$591,477	\$651,124	\$1,245,389
Total	\$1,322,902	\$1,104,249	\$1,738,679
Medicaid (# of patients)	2016	2017	2018
Inpatient	3911	4770	4490
Outpatient	43081	46362	49411
Total	46992	51132	53901

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Medicaid (revenue)				
Inpatient	\$63,808,298	\$77,974,985	\$72,895,865	
Outpatient	\$21,971,736	\$24,450,551	\$24,740,328	
Total	\$85,780,034	\$102,425,536	\$97,636,193	

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

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	2033	2033	2310
Charity (cost In dollars)			
Inpatient	\$731,425	\$447,125	\$493,290
Outpatient	\$591,477	\$651,124	\$1,245,389
Total	\$1,322,902	\$1,104,249	\$1,738,679

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-18
2	Site Ownership	19-20
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
5	Discontinuation General Information Requirements	23-25
6	Reasons for Discontinuation	26-34
7	Impact on Access	35-64
8	Background of the Applicant	65-69
9	Safety Net Impact Statement	70-73
10	Charity Care Information	74

ATTACHMENT 1- CERTIFICATE OF GOOD STANDING

Included with this attachment are the following documents:

1. The Illinois Certificate of Good Standing for Javon Bea Hospital.
2. The Illinois Certificate of Good Standing for Mercy Health Corporation.

File Number 0215-546-0



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

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, 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.



Authentication #: 1927502006 verifiable until 10/02/2020
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of OCTOBER A.D. 2019 .

Jesse White

SECRETARY OF STATE ATTACHMENT 1

File Number

6975-235-7



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

MERCY HEALTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 24, 2014, 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.



Authentication #: 1931200680 verifiable until 11/08/2020
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2019 .

Jesse White

SECRETARY OF STATE ATTACHMENT 1

ATTACHMENT 2- SITE OWNERSHIP

Included with this attachment is proof of site ownership consisting of letter signed by Chief Financial Officer Todd Anderson attesting to site ownership of Javon Bea Hospital.

ATTACHMENT 2- LETTER ATTESTING TO OWNERSHIP



Mercyhealth Rockton Ave. Campus
2400 N. Rockton Ave.
Rockford, IL 61103
MercyHealthSystem.org

June 29, 2020

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

Re: Attestation of Site Ownership

Dear Ms. Avery,
As representative of Javon R. Bea Hospital, I, Todd Anderson, hereby attest that the site of Javon Bea Hospital-Rockton Avenue Campus, located at 2400 North Rockton Avenue, Rockford, Illinois, is owned by Javon Bea Hospital.

Furthermore, I attest that the Javon Bea Hospital-Rockton Avenue Campus, located at 2400 North Rockton Avenue, Rockford, Illinois, is not located in a flood zone.

Sincerely,

Todd Anderson
Chief Financial Officer
Mercyhealth Corporation

Subscribed and sworn to before me this

29th day of June, 2020.

Notary Public



ATTACHMENT 3- LICENSEE CERTIFICATE OF GOOD STANDING

File Number

0215-546-0



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

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, 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.



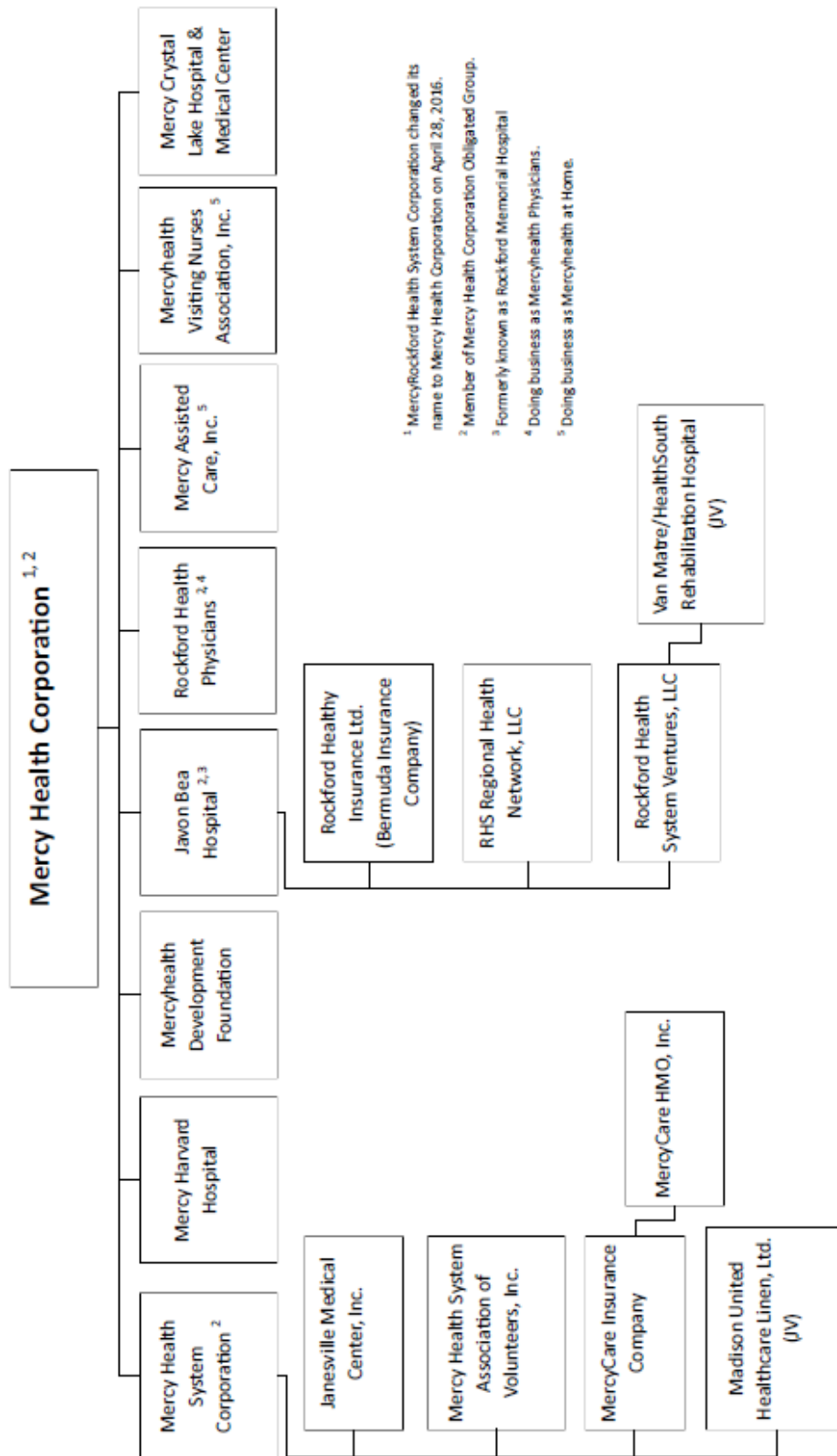
Authentication #: 1927502006 verifiable until 10/02/2020
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of OCTOBER A.D. 2019 .***

Jesse White

SECRETARY OF STATE ATTACHMENT 3

ATTACHMENT 4- ORGANIZATIONAL CHART



¹ MercyRockford Health System Corporation changed its name to Mercy Health Corporation on April 28, 2016.
² Member of Mercy Health Corporation Obligated Group.
³ Formerly known as Rockford Memorial Hospital
⁴ Doing business as Mercyhealth Physicians.
⁵ Doing business as Mercyhealth at Home.

ATTACHMENT 5 CRITERION 1130.525 AND 1110.290 DISCONTINUATION OF A CATEGORY OF SERVICE

The applicant proposes to discontinue the Acute Mental Illness category of service currently offered in its 20 bed unit at the Javon Bea Hospital- Rockton Avenue Campus. There will be no other clinical services that are to be discontinued related to this project.

Javon Bea Hospital will maintain its robust outpatient services for patients diagnosed with an acute mental illness. Additionally, the facility will be transitioning their Licensed Clinical Social Workers (LCSW) and Licensed Social Workers (LSW) from the inpatient program to support its Emergency Departments. These LCSWs will work in collaboration with the Emergency Department physicians to assess and provide recommendations for the appropriate disposition of patients. They will assist with referrals for or transfers of patients requiring continuing behavioral care, whether it be on an inpatient, partial hospitalization or outpatient basis. In addition, they will provide discharge planning assistance for the medically complex inpatient population that may require ongoing behavioral health treatment once they are medically stable and ready for discharge.

Behavioral Health Patients in the Rockford area will continue to have outpatient options through the Mercyhealth system. The Glenwood Clinic located near the Rockton Avenue Campus has a thriving Psychiatric practice that offers child, adolescent, and adult programs and services. Mercyhealth Social Workers will also continue to collaborate with payers in order to refer patients to agencies contracted to provide mental health services within the Rockford area. Finally, Mercyhealth will continue to invest in tele-health based psychiatric services to ensure that patients continue to have access to mental health care wherever they may be located.

The applicant proposes to discontinue the category of service by August 11, 2020 or immediately following the approval of this application. The applicant is undergoing an evaluation on the future use of the physical space occupied by the unit and equipment following the discontinuation. The applicant does propose to re-purpose these beds and will comply with the requirement of the Illinois Health Facilities Planning Act governing this issue (20 ILCS 3960/5(c)).

The medical records of acute mental illness patients are maintained in an electronic health records information system that Javon Bea Hospital utilizes. The records will be maintained in compliance with all applicable State and Federal laws pertaining to medical record storage, including the Illinois Hospital Licensing Act (210 ILCS 85/6.17) which generally requires licensed hospitals to preserve medical records for not less than 10 years.

Included with this application is an attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. A copy of that notice is included.

ATTACHMENT 5- ATTESTATION OF NOTICE COMPLIANCE



**Javon Bea Hospital and
Physician Clinic-Rockton**
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

June 30, 2020

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

Re: Attestation of Notice Compliance

Dear Ms. Avery,

As representative of Javon R. Bea Hospital, I, Amy Bradshaw, hereby attest that the facility provided the required notice of the acute mental illness category of service closure to local media that routinely notifies the public about hospital events. A copy of the notice is included in the Certificate of Exemption application.

Sincerely,

A handwritten signature in blue ink that reads "Amy Bradshaw".

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosure

ATTACHMENT 5- COPY OF NOTICE PROVIDED TO LOCAL NEWS OUTLETS

The applicants will publish the notice below in the Rockford Register Star, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on Thursday, July 2, 2020. The Rockford Register Star has a print circulation of 14,505 and an online presence. The Rockford Register Star is a newspaper is of general circulation throughout the Winnebago County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

“Mercy Health Corporation has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board to discontinue inpatient acute mental illness services at the Javon Bea Hospital- Rockton Avenue Campus located at 2400 North Rockton Avenue, Rockford, Illinois in the third quarter of 2020 with anticipated closure date by August 11, 2020. The hospital will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at Javon Bea Hospital-Rockton Avenue Campus or have question about obtaining your medical records, please call 888-396-3729.”

ATTACHMENT 6- REASON FOR DISCONTINUATION

There is an insufficient patient census for the continued operation of an inpatient acute mental illness category of service at the Javon Bea Hospital. This is evidenced by graph below which shows the historical utilization data of the unit since 2015 thorough 2018 (the most recently available published utilization data). Utilization at the facility has steadily declined and utilization for 2019 continued to decline with a projected utilization of 45.1%, well below the state's target utilization rate. We are not seeing a shift in that trend this year, thus necessitating this discontinuation.

Mercyhealth's inpatient behavioral health census continues to average 2-3 patients per day. Because of the low census of AMI patients we have not been able to retain psychiatric physician coverage for the inpatient unit. Mercyhealth's only full-time psychiatrist is separating his employment effective July 19, 2020. This will leave the facility with insufficient staff to adequately provide the service.

Mercyhealth will be continue to invest resources and provide outpatient behavioral healthcare services through their Glenwood Clinic. There has been an increased shift in the surrounding community to utilize outpatient mental health programming and services. The Glenwood Clinic offers a variety of child, adolescent, and adult programming and services geared toward treating mental health conditions.

Utilization by Year of AMI Category of Service

	2015	2016	2017	2018
Javon Bea Hospital- Rockton Avenue Campus	53.2%	51%	47.2%	48.2%

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2015 Rockford Memorial Hospital Rockford Page 1

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Sue Ripsch	White	75.8%	Hispanic or Latino:	5.8%
ADMINISTRATOR PHONE	815-971-6767	Black	16.4%	Not Hispanic or Latino:	85.0%
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	9.2%
OPERATOR:	Rockford Memorial Hospital	Asian	0.4%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.1%	IDPH Number:	2048
CERTIFICATION:	(Not Answered)	Unknown	7.3%	HPA	B-01
FACILITY DESIGNATION:	General Hospital			HSA	1
ADDRESS	2400 North Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	148	7,770	35,138	1,485	4.7	100.3	65.2	63.9
0-14 Years				0	0					
15-44 Years				1,428	5,359					
45-64 Years				2,622	11,173					
65-74 Years				1,618	7,839					
75 Years +				2,102	10,767					
Pediatric	12	20	14	944	2,557	797	3.6	9.2	76.6	45.9
Intensive Care	30	29	28	2,273	5,884	22	2.6	16.2	53.9	55.8
Direct Admission				1,881	4,473					
Transfers				392	1,411					
Obstetric/Gynecology	20	35	30	1,724	5,085	124	3.0	14.3	71.4	40.8
Maternity				1,651	4,912					
Clean Gynecology				73	173					
Neonatal	46	46	46	475	13,319	0	28.0	36.5	79.3	79.3
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	20	14	14	570	3,883	0	6.8	10.6	53.2	76.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1824				
Facility Utilization	282			13,364	65,866	4,252	5.2	192.1	68.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	32.8%	30.6%	9.1%	24.3%	0.5%	2.6%	13,362
	4384	4093	1215	3245	72	353	
Outpatients	18.7%	41.1%	8.0%	27.0%	3.5%	1.7%	100,379
	18758	41257	8046	27136	3522	1660	

Financial Year Report: 1/1/2015 to 12/31/2015 Inpatient and Outpatient Net Revenue by Payer Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	22.7%	27.8%	6.6%	42.3%	0.6%	100.0%	1,633,503
	50,175,337	61,385,905	14,681,002	93,408,453	1,232,449	220,883,146	913,147
Outpatient Revenue (\$)	12.8%	17.9%	5.6%	60.8%	3.0%	100.0%	0.5%
	17,524,221	24,538,106	7,690,969	83,432,460	4,151,293	137,337,049	720,356

Birthing Data		Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	1,505	Level I	Level II	Level III+	Kidney:	0
Number of Live Births:	1,482	Level I	26	0	Heart:	0
Birthing Rooms:	0	Level II	2,577	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		2,577	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	12	Laboratory Studies			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies		544,913	Total:	0
C-Section Rooms:	2	Outpatient Studies		253,977		
CSections Performed:	580	Studies Performed Under Contract		731,929		

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	60	0	397	0	397	6.6	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	1374	1829	2762	3692	6454	2.0	2.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	513	216	1921	506	2427	3.7	2.3
OB/Gynecology	0	0	1	1	116	626	231	1113	1344	2.0	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	2072	5	1986	1991	5.0	1.0
Orthopedic	0	0	2	2	1071	770	3239	2031	5270	3.0	2.6
Otolaryngology	0	0	1	1	49	601	71	847	918	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	140	276	400	558	958	2.9	2.0
Totals	0	0	14	14	3324	6390	9026	10733	19759	2.7	1.7
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations			14	Stage 2 Recovery Stations			18	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	6	6	806	1836	605	1651	2256	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	29	3815	29	3815	3844	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	38	373	37	461	498	1.0	1.2
Bronchoscopy	0	0	1	1	626	407	939	269	1208	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1	Level 2	Not Answered	Cath Labs used for Angiography procedures			0
	Adult and Peds			Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care			1	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:			10,650	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma			1,064	Cardiac Catheterization Utilization			
Emergency Service Type:			Comprehensive	Total Cardiac Cath Procedures:			2,081
Number of Emergency Room Stations			29	Diagnostic Catheterizations (0-14)			0
Persons Treated by Emergency Services:			41,525	Diagnostic Catheterizations (15+)			780
Patients Admitted from Emergency:			7,930	Interventional Catheterizations (0-14):			0
Total ED Visits (Emergency+Trauma):			52,175	Interventional Catheterization (15+)			442
Free-Standing Emergency Center				EP Catheterizations (15+)			859
Beds in Free-Standing Centers			0	Cardiac Surgery Data			
Patient Visits in Free-Standing Centers			0	Total Cardiac Surgery Cases:			60
Hospital Admissions from Free-Standing Center			0	Pediatric (0 - 14 Years):			0
Outpatient Service Data				Adult (15 Years and Older):			60
Total Outpatient Visits			289,813	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			41
Outpatient Visits at the Hospital/ Campus:			285,466				
Outpatient Visits Offsite/off campus			4,347				

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	13	0	22,920	20,250	0	Lithotripsy	0	1	13
Nuclear Medicine	3	0	458	1,183	283	Linear Accelerator	1	0	2,017
Mammography	4	0	0	12,289	0	Image Guided Rad Therapy			676
Ultrasound	3	0	3,015	7,629	0	Intensity Modulated Rad Thrp			645
Angiography	2	0				High Dose Brachytherapy	1	0	3
Diagnostic Angiography			3,832	1,969	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	283	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,494	11,077	7				
Magnetic Resonance Imaging	3	0	1,729	5,300	9				

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016		Rockford Memorial Hospital		Rockford		Page 1				
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>				
ADMINISTRATOR NAME:	Sue Ripsch	White	73.8%	Hispanic or Latino:	7.6%					
ADMINISTRATOR PHONE:	815-971-7202	Black	17.9%	Not Hispanic or Latino:	90.5%					
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	1.8%					
OPERATOR:	Rockford Memorial Hospital	Asian	0.5%							
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.1%	IDPH Number:	2048					
CERTIFICATION:	(Not Answered)	Unknown	7.7%	HPA	B-01					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	2400 North Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County					
<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	157	7,533	34,370	2,508	4.9	100.8	65.4	64.2
0-14 Years				0	0					
15-44 Years				1,408	5,424					
45-64 Years				2,417	10,634					
65-74 Years				1,654	7,898					
75 Years +				2,054	10,414					
Pediatric	12	20	13	865	2,199	736	3.4	8.0	66.8	40.1
Intensive Care	30	28	26	1,905	5,353	28	2.8	14.7	49.0	52.5
Direct Admission				1,525	3,481					
Transfers - Not included in Facility Admissions				380	1,872					
Obstetric/Gynecology	20	35	31	1,715	5,122	120	3.1	14.3	71.6	40.9
Maternity				1,621	4,954					
Clean Gynecology				94	168					
Neonatal	52	52	52	458	13,833	0	30.2	37.8	72.7	72.7
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			579	3,733	0	6.4	10.2	51.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	579	3,733	0	6.4	10.2		72.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation						2244				
Facility Utilization	288			12,675	64,610	5,636	5.5	191.9	66.6	
<u>Inpatients and Outpatients Served by Payer Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	31.6%	30.9%	10.9%	23.6%	0.6%	2.5%				
	4000	3911	1379	2990	82	313	12,675			
Outpatients	19.3%	41.0%	8.7%	26.2%	3.2%	1.6%				
	20262	43081	9086	27491	3340	1720	104,980			
<u>Financial Year Reported:</u>	7/1/2015 to	6/30/2016	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	22.0%	28.3%	7.2%	42.1%	0.3%	100.0%	731,425	1,322,902		
	49,691,470	63,808,298	16,261,332	95,015,434	684,660	225,461,194				
Outpatient Revenue (\$)	13.6%	15.3%	5.9%	62.2%	3.0%	100.0%	591,477	Total Charity Care as % of Net Revenue		
	19,481,889	21,971,736	8,423,384	89,389,155	4,362,294	143,628,458		0.4%		
<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>				
Number of Total Births:	1,487		Level I	Level II	Level II+	Kidney:				
Number of Live Births:	1,480		Beds	26	0	Heart:				
Birthing Rooms:	0		Patient Days	2,596	0	Lung:				
Labor Rooms:	0		Total Newborn Patient Days			Heart/Lung:				
Delivery Rooms:	0					Pancreas:				
Labor-Delivery-Recovery Rooms:	12		<u>Laboratory Studies</u>			Liver:				
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies		530,829	Total				
C-Section Rooms:	2		Outpatient Studies		285,412					
CSections Performed:	587		Studies Performed Under Contract		730,035					

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 2

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	112	0	673	0	673	6.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1468	1963	3910	4061	7971	2.7	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	467	180	1602	440	2042	3.4	2.4
OB/Gynecology	0	0	1	1	125	562	286	900	1186	2.3	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	3	2059	7	2007	2014	2.3	1.0
Orthopedic	0	0	2	2	1071	798	3227	2034	5261	3.0	2.5
Otolaryngology	0	0	1	1	50	574	85	799	884	1.7	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	146	179	339	558	897	2.3	3.1
Totals	0	0	14	14	3442	6315	10129	10799	20928	2.9	1.7
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		14		Stage 2 Recovery Stations		18		

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	753	2129	564	3777	4341	0.7	1.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	22	8125	22	8125	8147	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	28	306	27	378	405	1.0	1.2
Bronoscopy	0	0	1	1	627	312	941	206	1147	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center				Yes	Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1	Level 2			Cath Labs used for Angiography procedures			0
	Adult and Peds	Not Answered			Dedicated Diagnostic Catheterization Labs			0
Operating Rooms Dedicated for Trauma Care				1	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:				9,222	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma				1,130				
Emergency Service Type:				Comprehensive	Cardiac Catheterization Utilization			
Number of Emergency Room Stations				29	Total Cardiac Cath Procedures:			2,119
Persons Treated by Emergency Services:				41,520	Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:				7,440	Diagnostic Catheterizations (15+)			807
Total ED Visits (Emergency+Trauma):				50,742	Interventional Catheterizations (0-14):			0
					Interventional Catheterization (15+)			543
					EP Catheterizations (15+)			769
Free-Standing Emergency Center								
Beds in Free-Standing Centers					Cardiac Surgery Data			
Patient Visits in Free-Standing Centers					Total Cardiac Surgery Cases:			112
Hospital Admissions from Free-Standing Center					Pediatric (0 - 14 Years):			0
					Adult (15 Years and Older):			112
					Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			76

Diagnostic/Interventional Equipment	Examinations			Therapeutic Equipment			Therapies/Treatments
	Owned	Contract		Owned	Contract		
General Radiography/Fluoroscopy	19	0	21,833	Lithotripsy	0	5	5
Nuclear Medicine	3	0	394	Linear Accelerator	1	0	2,143
Mammography	1	0	0	Image Guided Rad Therapy			135
Ultrasound	3	0	3,102	Intensity Modulated Rad Thrp			1,360
Angiography	2	0		High Dose Brachytherapy	0	0	0
Diagnostic Angiography			3,890	Proton Beam Therapy	0	0	0
Interventional Angiography			0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,614				
Magnetic Resonance Imaging	3	0	1,751				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017		Mercyhealth Hospital - Rockton Avenue		Rockford		Page 1				
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>				
ADMINISTRATOR NAME:	Sue Ripsch	White	66.6%	Hispanic or Latino:	11.3%					
ADMINISTRATOR PHONE	815-971-7202	Black	19.9%	Not Hispanic or Latino:	86.9%					
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	1.9%					
OPERATOR:	Rockford Memorial Hospital	Asian	0.8%							
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.1%	IDPH Number:	2048					
CERTIFICATION:		Unknown	12.4%	HPA	B-01					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	2400 N. Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County					
<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	156	6,755	32,923	2,845	5.3	98.0	63.6	62.4
0-14 Years				0	0					
15-44 Years				1,199	5,211					
45-64 Years				2,222	10,339					
65-74 Years				1,427	7,287					
75 Years +				1,907	10,086					
Pediatric	12	20	12	760	2,059	792	3.8	7.8	65.1	39.1
Intensive Care	30	28	26	2,172	4,960	27	2.3	13.7	45.5	48.8
Direct Admission				1,683	3,138					
Transfers				489	1,822					
Obstetric/Gynecology	20	35	35	2,531	6,597	140	2.7	18.5	92.3	52.7
Maternity				2,447	6,366					
Clean Gynecology				84	231					
Neonatal	52	52	52	548	14,855	0	27.1	40.7	78.3	78.3
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			596	3,447	0	5.8	9.4	47.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	596	3,447	0	5.8	9.4		67.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1955				
Facility Utilization	288			12,873	64,841	5,759	5.5	193.4	67.2	
(Includes ICU Direct Admissions Only)										
<u>Inpatients and Outpatients Served by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care		Totals	
Inpatients	28.6%	37.1%	11.0%	20.1%	0.6%		2.6%		12,873	
	3684	4770	1411	2593	83		332			
Outpatients	18.0%	43.1%	9.5%	24.7%	2.8%		1.9%		107,688	
	19416	46362	10235	26643	2994		2038			
<u>Financial Year Reported: 7/1/2016 to 6/30/2017 Inpatient and Outpatient Net Revenue by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense		Total Charity Care Expense	
Inpatient Revenue (\$)	22.0%	33.3%	7.7%	36.7%	0.3%	100.0%			1,104,249	
	51,664,637	77,974,985	17,974,872	85,989,796	720,705	234,324,995	447,125			
Outpatient Revenue (\$)	13.5%	16.0%	6.4%	62.1%	2.0%	100.0%			Total Charity Care as % of Net Revenue	0.3%
	20,628,592	24,450,651	9,778,602	95,075,389	3,105,673	153,038,907	657,124			
<u>Birth Data</u>										
Number of Total Births:		2,321		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>			
Number of Live Births:		2,304		Level I	Level II	Level II+	Kidney:	0		
Birthing Rooms:	0		Beds	26	0	0	Heart:	0		
Labor Rooms:	0		Patient Days	3,701	0	0	Lung:	0		
Delivery Rooms:	12		Total Newborn Patient Days			3,701	Heart/Lung:	0		
Labor-Delivery-Recovery Rooms:	0			<u>Laboratory Studies</u>			Pancreas:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0			Inpatient Studies		524,310	Liver:	0		
C-Section Rooms:	2			Outpatient Studies		290,644	Total:	0		
CSsections Performed:	806			Studies Performed Under Contract		709,569				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 Mercyhealth Hospital - Rockton Avenue Rockford Page 2

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	62	0	378	0	378	6.1	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	376	148	1226	364	1590	3.3	2.5
OB/Gynecology	0	0	1	1	139	774	369	1181	1550	2.7	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	4	1860	7	1787	1794	1.8	1.0
Orthopedic	0	0	2	2	951	1017	2778	2337	5115	2.9	2.3
Otolaryngology	0	0	1	1	31	437	44	633	677	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	130	143	342	554	896	2.6	3.9
Totals	0	0	14	14	2933	6159	8286	10602	18888	2.8	1.7
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14		Stage 2 Recovery Stations		18	

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	1315	3418	986	3072	4058	0.7	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	13	9648	13	9648	9661	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pediatric Gastro-Int					21	308	20	380	400	1.0	1.2
Bronchoscopy					305	283	458	187	645	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):				2
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures				0
	Adult & Child			Dedicated Diagnostic Catheterization Lab				0
Operating Rooms Dedicated for Trauma Care			1	Dedicated Interventional Catheterization Labs				0
Number of Trauma Visits:			10,147	Dedicated EP Catheterization Labs				0
Patients Admitted from Trauma			984	Cardiac Catheterization Utilization				4,831
Emergency Service Type:		Comprehensive						
Number of Emergency Room Stations			29	Total Cardiac Cath Procedures:				0
Persons Treated by Emergency Services:			49,788	Diagnostic Catheterizations (0-14)				0
Patients Admitted from Emergency:			7,174	Diagnostic Catheterizations (15+)				3,412
Total ED Visits (Emergency+Trauma):			59,935	Interventional Catheterizations (0-14):				0
				Interventional Catheterization (15+)				687
				EP Catheterizations (15+)				732
Free-Standing Emergency Center				Cardiac Surgery Data				
Beds in Free-Standing Centers			0	Total Cardiac Surgery Cases:				62
Patient Visits in Free-Standing Centers			0	Pediatric (0 - 14 Years):				0
Hospital Admissions from Free-Standing Center			0	Adult (15 Years and Older):				62
				Coronary Artery Bypass Grafts (CABGs)				
				performed of total Cardiac Cases :				54

Diagnostic/Interventional Equipment	Examinations			Therapeutic Equipment			Therapies/Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	
General Radiography/Fluoroscopy	20	0	21,072	21,836	0	Lithotripsy	0 1 8
Nuclear Medicine	3	0	452	1,340	0	Linear Accelerator	1 0 3,327
Mammography	1	0	0	11,128	0	Image Guided Rad Therapy	0 0 817
Ultrasound	4	0	3,239	9,339	0	Intensity Modulated Rad Thrp	0 0 1,374
Angiography	2	0				High Dose Brachytherapy	0 0 0
Diagnostic Angiography			6,069	4,367	0	Proton Beam Therapy	0 0 0
Interventional Angiography			0	0	0	Gamma Knife	0 0 0
Positron Emission Tomography (PET)	0	1	0	0	268	Cyber knife	0 0 0
Computerized Axial Tomography (CAT)	3	0	7,811	14,848	0		
Magnetic Resonance Imagng	3	0	1,477	5,202	0		

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018		Javon Bea Hospital		Rockford		Page 1				
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>				
ADMINISTRATOR NAME:	Sue Ripsch	White	66.5%	Hispanic or Latino:	11.6%					
ADMINISTRATOR PHONE:	815-971-7202	Black	21.4%	Not Hispanic or Latino:	86.2%					
OWNERSHIP:	Javon Bea Hospital	American Indian	0.3%	Unknown:	2.2%					
OPERATOR:	Javon Bea Hospital	Asian	0.9%							
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.1%	IDPH Number:	2048					
CERTIFICATION:		Unknown	10.9%	HPA	B-01					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	2400 N. Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County					
<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				0	0					
15-44 Years				1,150	5,114					
45-64 Years				2,134	10,921					
65-74 Years				1,382	7,065					
75 Years +				1,841	9,706					
Pediatric	12	20	14	803	2,168	975	3.9	8.6	71.8	43.1
Intensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				1,737	3,377					
Transfers				894	1,740					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				2,422	6,594					
Clean Gynecology				63	181					
Neonatal	52	52	52	577	15,159	0	26.3	41.5	79.9	79.9
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			593	3,521	0	5.9	9.6	48.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	593	3,521	0	5.9	9.6		68.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1773				
Facility Utilization	288			12,702	65,546	6,262	5.7	196.7	68.3	
(Includes ICU Direct Admissions Only)										
<u>Inpatients and Outpatients Served by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	28.1%	35.3%	12.3%	21.7%	1.9%		0.6%	12,702		
	3571	4490	1567	2757	235		82			
Outpatients	21.9%	37.2%	13.0%	23.6%	3.9%		0.3%	132,670		
	29121	49411	17265	31372	5123		378			
<u>Financial Year Reported:</u>	7/1/2017 to	6/30/2018	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	493,290	1,738,679		
Inpatient Revenue (\$)	19.3%	33.6%	8.5%	38.4%	0.1%	100.0%				
	41,785,393	72,895,865	18,517,089	83,339,031	305,417	216,842,795				
Outpatient Revenue (\$)	13.2%	17.5%	7.6%	61.2%	0.5%	100.0%	1,245,389	0.5%		
	18,564,989	24,740,328	10,866,702	86,339,324	769,483	141,080,826				
<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>				
Number of Total Births:		2,274		Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:		2,257	Beds	26	0	0	Heart:	0		
Birthing Rooms:	0		Patient Days	3,549	0	0	Lung:	0		
Labor Rooms:	0		Total Newborn Patient Days				Heart/Lung:	0		
Delivery Rooms:	12						Pancreas:	0		
Labor-Delivery-Recovery Rooms:	0						Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0						Total:	0		
C-Section Rooms:	2		Inpatient Studies			536,175				
CSectioans Performed:	859		Outpatient Studies			386,143				
			Studies Performed Under Contract			474,066				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 2

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	56	0	410	0	410	7.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1271	1669	3228	3531	6759	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	325	194	1078	464	1542	3.3	2.4
OB/Gynecology	0	0	1	1	138	892	304	1450	1754	2.2	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	1573	6	1691	1697	6.0	1.1
Orthopedic	0	0	2	2	883	1068	2682	2542	5224	3.0	2.4
Otolaryngology	0	0	1	1	46	424	82	598	680	1.8	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	107	200	284	558	842	2.7	2.8
Totals	0	0	14	14	2827	6020	8074	10834	18908	2.9	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14		Stage 2 Recovery Stations		22	

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	880	3181	660	2859	3519	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	9	9035	9	9035	9044	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Ped GI				1	22	298	23	293	316	1.0	1.0
Bronchoscopy				1	324	274	486	180	666	1.5	0.7
					0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):				2
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures				0
	Adult/Child			Dedicated Diagnostic Catheterization Labs				0
Operating Rooms Dedicated for Trauma Care			1	Dedicated Interventional Catheterization Labs				0
Number of Trauma Visits:			9,756	Dedicated EP Catheterization Labs				0
Patients Admitted from Trauma			1,063					
Emergency Service Type:			Comprehensive					
Number of Emergency Room Stations			29	Cardiac Catheterization Utilization				
Persons Treated by Emergency Services:			47,206	Total Cardiac Cath Procedures:				1,541
Patients Admitted from Emergency:			7,033	Diagnostic Catheterizations (0-14)				0
Total ED Visits (Emergency+Trauma):			56,962	Diagnostic Catheterizations (15+)				658
Free-Standing Emergency Center				Interventional Catheterizations (0-14):				0
Beds in Free-Standing Centers			0	Interventional Catheterization (15+)				299
Patient Visits in Free-Standing Centers			0	EP Catheterizations (15+)				584
Hospital Admissions from Free-Standing Center			0	Cardiac Surgery Data				
Outpatient Service Data				Total Cardiac Surgery Cases:				58
Total Outpatient Visits			315,970	Pediatric (0 - 14 Years):				0
Outpatient Visits at the Hospital/ Campus:			313,443	Adult (15 Years and Older):				58
Outpatient Visits Offsite/off campus			2,527	Coronary Artery Bypass Grafts (CABGs) performed off total Cardiac Cases :				47

Diagnostic/Interventional Equipment	Examinations			Therapeutic Equipment			Therapies/Treatments		
	Owned	Contract	Inpatient	Outpt	Contract	Owned		Contract	
General Radiography/Fluoroscopy	20	0	21,262	21,340	0	Lithotripsy	0	1	14
Nuclear Medicine	3	0	377	1,368	0	Linear Accelerator	1	0	1,280
Mammography	1	0	0	10,978	0	Image Guided Rad Therapy			863
Ultrasound	4	0	3,276	8,563	0	Intensity Modulated Rad Thrp			722
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			6,422	4,911	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	335	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	8,398	15,189	0				
Magnetic Resonance Imagng	3	0	1,418	5,159	0				

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- IMPACT ON ACCESS

The discontinuation of the acute mental illness (“AMI”) category of service will not have an adverse effect upon access to care for residents of the facility’s market area. There are currently two other facilities that provide inpatient AMI services to the facility market area and each inpatient unit is operating below state target utilization for the category. Thus, capacity exists within the marketplace to accommodate any gap in care created by the discontinuation.

Javon Bea Hospital-Rockton Avenue Campus is located within Health Service Area (“HSA”) 1 in Rockford, Illinois. Under 77 Illinois Admin. Code Section 1100.510(d)(1) the market area is 10 miles surrounding the facility. Within the market area, Swedish American Hospital operates a 42 bed inpatient AMI unit (including a 12 bed unit dedicated to adolescent inpatient AMI care), and Katherine Shaw Bethea Hospital located in HSA 1 operates a 14 bed inpatient AMI unit.

As reflected below, the inpatient AMI units at both Swedish American Hospital and Kathryn Shaw Bethea Hospital are both underutilized and should be able to accommodate referrals following the closure of the inpatient unit at Javon Bea Hospital- Rockton Avenue Campus. The AMI unit at Swedish American Hospital, which is located 3.1 miles from Javon Bea Hospital- Rockton Avenue Campus has seen steady decreases in utilization, and the most recently available data reflects a 43.5% utilization or 18 available beds. The most recently available historical data for the AMI unit at Javon Bea Hospital-Rockton Avenue Campus was 48.2%, or only 9 beds being utilized on average. In 2019 the utilization percentage is estimated to be 45.1%, and with impending losses in staff, the facility is unable to provide full coverage for even 9 beds. This presents an ample opportunity to better utilize the unit at Swedish American Hospital while the applicant evaluates a more strategic use of the space to improve healthcare delivery to the community. Additionally, Katherine Shaw Bethea Hospital has on average 8 available beds in its inpatient AMI unit.

Utilization by Year of Hospitals in Market Area and HSA 1

	2015	2016	2017	2018
Swedish American Hospital	72.8%	72.6%	62.3%	43.5%
Katherine Shaw Bethea Hospital	62.0%	55.0%	46.0%	39.4%
Javon Bea Hospital- Rockton Avenue Campus	53.20%	51%	47.20%	48.20%

Included with this attachment are notification letters to the other health care facilities that provide the same acute mental illness inpatient services as those proposed for discontinuation. The letters include the anticipated date of discontinuation and the total number of patients that received care during the latest 24 months of reportable data.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2015		Katherine Shaw Bethea Hospital		Dixon		Page 1					
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity					
ADMINISTRATOR NAME:	David L. Schreiner, FACHE	White	96.5%	Hispanic or Latino:	97.9%						
ADMINISTRATOR PHONE	(815)285-5501	Black	2.3%	Not Hispanic or Latino:	2.1%						
OWNERSHIP:	Katherine Shaw Bethea Hospital	American Indian	0.1%	Unknown:	0.0%						
OPERATOR:	Katherine Shaw Bethea Hospital	Asian	0.2%								
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.0%	IDPH Number:	0497						
CERTIFICATION:	(Not Answered)	Unknown	0.9%	HPA	B-03						
FACILITY DESIGNATION:	General Hospital			HSA	1						
ADDRESS	403 East First Street	CITY: Dixon		COUNTY: Lee County							
Facility Utilization Data by Category of Service											
Clinical Service	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	43	43	33	1,556	6,129	2,339	5.4	23.2	54.0	54.0	
0-14 Years				0	0						
15-44 Years				200	651						
45-64 Years				442	1,843						
65-74 Years				200	1,280						
75 Years +				615	2,355						
Pediatric	10	10	3	27	45	96	5.2	0.4	3.9	3.9	
Intensive Care	6	6	6	630	1,235	75	2.1	3.6	59.8	59.8	
Direct Admission				445	860						
Transfers				185	375						
Obstetric/Gynecology	7	7	7	382	798	56	2.2	2.3	33.4	33.4	
Maternity				207	545						
Clean Gynecology				115	253						
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds			0	0	0	0	0.0	0.0			
Acute Mental Illness	14	14	13	485	3,166	0	6.5	8.7	62.0	62.0	
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Dedicated Observation	0					0					
Facility Utilization	80			2,895	11,373	2,566	4.8	38.2	47.7		
<i>(Includes ICU Direct Admissions Only)</i>											
Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals				
Inpatients	38.7%	17.5%	0.0%	21.1%	1.4%	21.2%	3,676				
	1424	643	0	776	52	781					
Outpatients	37.3%	18.2%	0.0%	39.1%	2.8%	2.7%	264,067				
	98381	48008	0	103192	7310	7176					
Financial Year Reported: 1/1/2015 to 12/31/2015											
Inpatient and Outpatient Net Revenue by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense			
Inpatient Revenue (\$)	22.4%	4.8%	0.0%	72.8%	0.0%	100.0%	391,070	2,063,714			
	10,543,688	2,242,191	0	34,216,246	13,139	47,015,264					
Outpatient Revenue (\$)	19.4%	7.0%	0.0%	73.0%	0.6%	100.0%	1,672,644	1.7%			
	15,048,130	5,411,840	0	56,573,574	479,246	77,512,790					
Birth Data											
Number of Total Births:	288			Newborn Nursery Utilization			Organ Transplantation				
Number of Live Births:	279	Beds	10	Level I	Level II	Level III+	Kidney:	0			
Birthing Rooms:	0	Patient Days	389		201	0	Heart:	0			
Labor Rooms:	0	Total Newborn Patient Days	590				Lung:	0			
Delivery Rooms:	1							Heart/Lung:	0		
Labor-Delivery-Recovery Rooms:	0							Pancreas:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	4							Liver:	0		
C-Section Rooms:	0							Total:	0		
CSections Performed:	78										
Laboratory Studies											
				Inpatient Studies				45,606			
				Outpatient Studies				192,419			
				Studies Performed Under Contract				14,380			

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Surgical Specialty	Surgery and Operating Room Utilization												
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case			
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient		
Cardiovascular	0	0	0	0	30	8	119	25	144	4.0	3.1		
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0		
General	0	0	5	5	137	448	402	768	1170	2.9	1.7		
Gastroenterology	0	0	0	0	27	5	101	6	107	3.7	1.2		
Neurology	0	0	0	0	0	131	0	154	154	0.0	1.2		
OB/Gynecology	0	0	0	0	140	374	322	670	992	2.3	1.8		
Oral/Maxillofacial	0	0	0	0	1	53	1	69	70	1.0	1.3		
Ophthalmology	0	0	0	0	0	333	0	339	339	0.0	1.0		
Orthopedic	0	0	0	0	160	309	410	484	894	2.6	1.6		
Otolaryngology	0	0	0	0	9	265	19	393	412	2.1	1.5		
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0		
Podiatry	0	0	0	0	14	237	32	445	477	2.3	1.9		
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0		
Urology	0	0	0	0	5	197	6	209	215	1.2	1.1		
Totals	0	0	5	5	523	2360	1412	3562	4974	2.7	1.5		
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations			6			Stage 2 Recovery Stations			23	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	9	0	26	0	26	2.9	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center			No	Total Cath Labs (Dedicated+Nondedicated labs):				1
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures				1
	(Not Answered)		Not Answered	Dedicated Diagnostic Catheterization Lab				0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Interventional Catheterization Labs				0
Number of Trauma Visits:			0	Dedicated EP Catheterization Labs				0
Patients Admitted from Trauma			0	Cardiac Catheterization Utilization				
Emergency Service Type:			Basic	Total Cardiac Cath Procedures:				646
Number of Emergency Room Stations			0	Diagnostic Catheterizations (0-14)				0
Persons Treated by Emergency Services:			19,170	Diagnostic Catheterizations (15+)				414
Patients Admitted from Emergency:			2,138	Interventional Catheterizations (0-14):				0
Total ED Visits (Emergency+Trauma):			19,170	Interventional Catheterization (15+)				232
Free-Standing Emergency Center				EP Catheterizations (15+)				0
Beds in Free-Standing Centers			0	Cardiac Surgery Data				
Patient Visits in Free-Standing Centers			0	Total Cardiac Surgery Cases:				0
Hospital Admissions from Free-Standing Center			0	Pediatric (0 - 14 Years):				0
Outpatient Service Data				Adult (15 Years and Older):				0
Total Outpatient Visits			256,891	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :				0
Outpatient Visits at the Hospital/ Campus:			103,457					
Outpatient Visits Offsite/off campus			153,434					

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment				Therapies/Treatments
	Owned	Contract	Inpatient	Outpr	Contract	Owned	Contract	Owned	Contract	
General Radiography/Fluoroscopy	7	0	1,475	20,260	0	Lithotripsy	0	1	21	
Nuclear Medicine	2	0	99	1,100	0	Linear Accelerator	0	0	0	
Mammography	2	0	0	3,914	0	Image Guided Rad Therapy			0	
Ultrasound	3	0	400	7,125	0	Intensity Modulated Rad Thrp			0	
Angiography	0	0				High Dose Brachytherapy	0	0	0	
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0	
Interventional Angiography			0	0	0	Gamma Knife	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	
Computerized Axial Tomography (CAT)	1	0	309	6,576	0					
Magnetic Resonance Imaging	1	0	89	2,474	0					

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016		Katherine Shaw Bethea Hospital		Dixon		Page 1				
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>				
ADMINISTRATOR NAME:	David L. Schreiner, FACHE	White	95.6%	Hispanic or Latino:	2.5%					
ADMINISTRATOR PHONE:	(815)285-5501	Black	2.6%	Not Hispanic or Latino:	97.5%					
OWNERSHIP:	Katherine Shaw Bethea Hospital	American Indian	0.0%	Unknown:	0.0%					
OPERATOR:	Katherine Shaw Bethea Hospital	Asian	0.2%							
MANAGEMENT:	Not for Profit Corporation (Not Church-Related)	Hawaiian/ Pacific	0.0%	IDPH Number:	0497					
CERTIFICATION:	(Not Answered)	Unknown	1.5%	HPA	B-03					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	403 East First Street	CITY:	Dixon	COUNTY:	Lee County					
<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	43	43	43	1,431	5,486	2,366	5.5	21.5	49.9	49.9
0-14 Years				0	0					
15-44 Years				174	509					
45-64 Years				409	1,017					
65-74 Years				290	1,100					
75 Years +				558	2,134					
Pediatric	10	10	3	38	73	96	4.4	0.5	4.6	4.6
Intensive Care	6	6	6	453	1,357	94	3.2	4.0	66.1	66.1
Direct Admission				297	953					
Transfers - Not Included in Facility Admissions				156	404					
Obstetric/Gynecology	7	7	7	393	856	45	2.3	2.5	35.2	35.2
Maternity				270	578					
Clean Gynecology				123	278					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			564	2,699	121	5.0	7.7	55.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	13	564	2,699	121	5.0	7.7		55.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	80			2,723	10,471	2,722	4.8	36.0	45.1	
<u>Inpatients and Outpatients Served by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	30.1%	14.1%	0.0%	17.2%	1.6%	37.0%				
	819	384	0	469	44	1007				2,723
Outpatients	36.9%	18.0%	0.0%	38.5%	2.8%	3.8%				
	100589	49188	0	105028	7595	10323				272,723
<u>Financial Year Reported: 1/1/2016 to 12/31/2016</u>										
<u>Inpatient and Outpatient Net Revenue by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	10.0%	27.0%	0.0%	50.0%	13.0%	100.0%		3,542,270		
	3,711,587	10,021,285	0	18,557,935	4,825,063	37,115,870	719,198			Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	10.0%	27.0%	0.0%	50.0%	13.0%	100.0%				2.8%
	8,898,017	24,024,646	0	44,490,085	11,567,422	88,980,170	2,823,072			
<u>Birth Data</u>										
Number of Total Births:		316		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>			
Number of Live Births:		309	Beds	Level I	Level II	Level II+	Kidney:			
0				10	4	0	Heart:			
0			Patient Days	406	209	0	Lung:			
0			Total Newborn Patient Days			615	Heart/Lung:			
1							Pancreas:			
0				<u>Laboratory Studies</u>			Liver:			
4				Inpatient Studies		43,496	Total:			
0				Outpatient Studies		194,119				
57				Studies Performed Under Contract		0				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016 Katherine Shaw Bethea Hospital Dixon Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	10	1	48	6	54	4,8	6,0
Dermatology	0	0	0	0	4	2	8	3	11	2,0	1,5
General	0	0	5	5	62	4	128	3	131	2,1	0,8
Gastroenterology	0	0	0	0	83	9	218	21	239	2,6	2,3
Neurology	0	0	0	0	0	0	0	0	0	0,0	0,0
OB/Gynecology	0	0	0	0	151	2	288	4	292	1,9	2,0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0,0	0,0
Ophthalmology	0	0	0	0	0	0	0	0	0	0,0	0,0
Orthopedic	0	0	0	0	197	4	392	7	399	2,0	1,8
Otolaryngology	0	0	0	0	2	0	2	0	2	1,0	0,0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0,0	0,0
Podiatry	0	0	0	0	19	2	26	6	32	1,4	3,0
Thoracic	0	0	0	0	0	0	0	0	0	0,0	0,0
Urology	0	0	0	0	10	1	13	1	14	1,3	1,0
Totals	0	0	5	5	538	25	1123	51	1174	2,1	2,0
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	6	Stage 2 Recovery Stations	23				

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	204	1971	385	2795	3180	1,9	1,4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
Pain Management	0	0	0	0	0	0	0	0	0	0,0	0,0
Cystoscopy	0	0	1	1	50	224	79	224	303	1,6	1,0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0,0	0,0
	0	0	0	0	0	0	0	0	0	0,0	0,0
	0	0	0	0	0	0	0	0	0	0,0	0,0

Emergency/Trauma Care				Cardiac Catheterization Labs					
Certified Trauma Center	Level 1			Level 2			Total Cath Labs (Dedicated+Nondedicated labs):	0	
Level of Trauma Service	(Not Answered)			Not Answered			Cath Labs used for Angiography procedures	0	
Operating Rooms Dedicated for Trauma Care				0			Dedicated Diagnostic Catheterization Labs	0	
Number of Trauma Visits:				0			Dedicated [Interventional] Catheterization Labs	0	
Patients Admitted from Trauma				0			Dedicated EP Catheterization Labs	0	
Emergency Service Type:				Basic			Cardiac Catheterization Utilization		
Number of Emergency Room Stations				0			Total Cardiac Cath Procedures:	0	
Persons Treated by Emergency Services:				19,217			Diagnostic Catheterizations (0-14)	0	
Patients Admitted from Emergency:				2,169			Diagnostic Catheterizations (15+)	0	
Total ED Visits (Emergency+Trauma):				19,217			Interventional Catheterizations (0-14):	0	
Free-Standing Emergency Center								Interventional Catheterization (15+)	0
Beds in Free-Standing Centers							EP Catheterizations (15+)	0	
Patient Visits in Free-Standing Centers							Cardiac Surgery Data		
Hospital Admissions from Free-Standing Center							Total Cardiac Surgery Cases:	0	
Outpatient Service Data								Pediatric (0 - 14 Years):	0
Total Outpatient Visits				262,400			Adult (15 Years and Older):	0	
Outpatient Visits at the Hospital/ Campus:				97,648			Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0	
Outpatient Visits Offsite/off campus				164,752					

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	10	0	1,381	19,868	0	Lithotripsy	0	1	31
Nuclear Medicine	2	0	57	1,174	0	Linear Accelerator	0	0	0
Mammography	2	0	0	4,078	0	Image Guided Rad Therapy			0
Ultrasound	1	2	296	7,668	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	296	6,837	0				
Magnetic Resonance Imaging	1	0	59	2,328	0				

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 **Katherine Shaw Bethea Hospital** **Dixon** Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	David L. Schreiner	White	95,9%	Hispanic or Latino:	3,1%
ADMINISTRATOR PHONE:	815-285-6501	Black	3,1%	Not Hispanic or Latino:	96,9%
OWNERSHIP:	Katherine Shaw Bethea Hospital	American Indian	0,1%	Unknown:	0,0%
OPERATOR:	Katherine Shaw Bethea Hospital	Asian	0,2%		
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0,0%	IDPH Number:	0497
CERTIFICATION:		Unknown	0,8%	HPA	B-03
FACILITY DESIGNATION:	General Hospital			HSA	1
ADDRESS:	403 E. First Street	CITY:	Dixon	COUNTY:	Lee County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	43	43	26	1,607	5,815	2,167	5,0	21,9	50,9	50,9
0-14 Years				0	0					
15-44 Years				182	510					
45-64 Years				417	1,559					
65-74 Years				372	1,388					
75 Years +				636	2,358					
Pediatric	10	10	4	29	43	0	1,5	0,1	1,2	1,2
Intensive Care	6	6	6	639	1,381	64	2,3	4,0	66,0	66,0
Direct Admission				475	935					
Transfers				164	446					
Obstetric/Gynecology	7	7	6	356	839	35	2,5	2,4	34,2	34,2
Maternity				244	517					
Clean Gynecology				112	322					
Neonatal	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Long Term Care	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Swing Beds			0	0	0		0,0	0,0		
Total AMI	14			686	2,350	0	3,4	6,4	46,0	
Adolescent AMI		0	0	0	0	0	0,0	0,0		0,0
Adult AMI		14	13	686	2,350	0	3,4	6,4		46,0
Rehabilitation	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Long-Term Acute Care	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Dedicated Observation	0					0				
Facility Utilization	80			3,153	10,428	2,266	4,0	34,8	43,5	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	37,8%	21,4%	0,0%	32,4%	2,2%	6,2%	
	1192	676	0	1022	70	194	3,154
Outpatients	32,1%	17,7%	0,0%	45,0%	2,8%	2,4%	
	82822	45586	0	116266	7308	6150	256,132

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	21,0%	13,0%	0,0%	54,0%	12,0%	100,0%		3,722,630	
	7,520,410	4,655,492	0	19,338,197	4,297,377	35,811,476	912,412		
Outpatient Revenue (\$)	21,0%	13,0%	0,0%	54,0%	12,0%	100,0%		Total Charity Care as % of Net Revenue	
	20,773,243	12,859,627	0	53,416,911	11,870,425	98,920,206	2,810,218	2,8%	

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	343	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	338	Beds	10	4	Heart:	0
Birthing Rooms:	0	Patient Days	554	38	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		592	Heart/Lung:	0
Delivery Rooms:	1				Pancreas:	0
Labor-Delivery-Recovery Rooms:	0				Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4	<u>Laboratory Studies</u>			Total:	0
C-Section Rooms:	0	Inpatient Studies		45,053		
CSections Performed:	117	Outpatient Studies		191,871		
		Studies Performed Under Contract		16,000		

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 Katherine Shaw Bethea Hospital Dixon Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	6	7	20	14	34	3.3	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	292	479	295	710	1005	1.0	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	144	525	204	620	824	1.4	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	150	0	75	75	0.0	0.5
Orthopedic	0	0	0	0	228	453	256	647	903	1.1	1.4
Otolaryngology	0	0	0	0	0	124	0	70	70	0.0	0.6
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	29	223	187	406	593	6.4	1.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	157	0	50	50	0.0	0.3
Totals	0	0	5	5	699	2118	962	2592	3554	1.4	1.2
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	6		Stage 2 Recovery Stations			23	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	161	1862	170	2141	2311	1.1	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	100	0	50	50	0.0	0.5
Cystoscopy	0	0	1	1	22	200	11	100	111	0.5	0.5
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center			No	Total Cath Labs (Dedicated+Nondedicated labs):				1
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures				0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Diagnostic Catheterization Lab				0
Number of Trauma Visits:			0	Dedicated [Interventional] Catheterization Labs				0
Patients Admitted from Trauma			0	Dedicated EP Catheterization Labs				0
Emergency Service Type:			Basic	Cardiac Catheterization Utilization				
Number of Emergency Room Stations			13	Total Cardiac Cath Procedures:				743
Persons Treated by Emergency Services:			19,652	Diagnostic Catheterizations (0-14):				0
Patients Admitted from Emergency:			1,799	Diagnostic Catheterizations (15+):				390
Total ED Visits (Emergency+Trauma):			19,652	Interventional Catheterizations (0-14):				0
				Interventional Catheterization (15+):				325
				EP Catheterizations (15+):				28
Free-Standing Emergency Center				Cardiac Surgery Data				
Beds in Free-Standing Centers			0	Total Cardiac Surgery Cases:				0
Patient Visits in Free-Standing Centers			0	Pediatric (0 - 14 Years):				0
Hospital Admissions from Free-Standing Center			0	Adult (15 Years and Older):				0
Outpatient Service Data				Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :				0
Total Outpatient Visits			258,132					
Outpatient Visits at the Hospital/ Campus:			97,748					
Outpatient Visits Offsite/off campus			160,384					

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpr	Contract	Owned	Contract		
General Radiography/Fluoroscopy	1	0	1,360	19,907	0	Lithotripsy	0	1	35
Nuclear Medicine	1	0	0	1,205	0	Linear Accelerator	0	0	0
Mammography	2	0	0	5,099	0	Image Guided Rad Therapy			0
Ultrasound	1	2	355	7,788	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	284	7,126	0				
Magnetic Resonance Imaging	1	0	67	2,400	0				

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018		Katherine Shaw Bethea Hospital		Dixon		Page 1				
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>				
ADMINISTRATOR NAME:	David L. Schreiner	White	95.6%	Hispanic or Latino:	2.0%					
ADMINISTRATOR PHONE:	815-285-6501	Black	2.6%	Not Hispanic or Latino:	98.0%					
OWNERSHIP:	Katherine Shaw Bethea Hospital	American Indian	0.0%	Unknown:	0.0%					
OPERATOR:	Katherine Shaw Bethea Hospital	Asian	0.2%							
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	IDPH Number:	0497					
CERTIFICATION:		Unknown	1.5%	HPA	B-03					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	403 E First Street	CITY: Dixon		COUNTY: Lee County						
<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	43	43	26	1,626	5,569	1,774	4.5	20.1	46.8	46.8
0-14 Years				0	0					
15-44 Years				103	450					
45-64 Years				420	1,470					
65-74 Years				383	1,288					
75 Years +				654	2,340					
Pediatric	10	10	5	19	33	0	1.7	0.1	0.9	0.9
Intensive Care	6	6	6	760	1,508	86	2.1	4.4	72.8	72.8
Direct Admission				563	1,020					
Transfers				197	482					
Obstetric/Gynecology	7	7	5	385	790	73	2.2	2.4	33.8	33.8
Maternity				324	648					
Clean Gynecology				61	142					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			597	2,015	0	3.4	5.5	39.4	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	13	597	2,015	0	3.4	5.5		39.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	80			3,190	9,915	1,933	3.7	32.5	40.6	
(Includes ICU Direct Admissions Only)										
<u>Inpatients and Outpatients Served by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care		Totals	
Inpatients	23.2%	25.8%	0.0%	0.0%	36.9%		14.1%		7,041	
	1632	1814	0	0	2600		995			
Outpatients	27.0%	30.0%	0.0%	0.0%	41.8%		1.2%		271,948	
	73426	81584	0	0	113605		3333			
<u>Financial Year Reported: 1/1/2018 to 12/31/2018</u>										
<u>Inpatient and Outpatient Net Revenue by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense	Total Charity Care as % of Net Revenue	
Inpatient Revenue (\$)	27.0%	30.0%	0.0%	43.0%	0.0%	100.0%		2,711,802		
	8,142,568	9,047,298	0	12,967,793	0	30,157,659	623,714			
Outpatient Revenue (\$)	27.0%	30.0%	0.0%	43.0%	0.0%	100.0%			2.1%	
	27,259,901	30,288,779	0	43,413,917	0	100,962,597	2,088,088			
<u>Birth Data</u>										
Number of Total Births:		322		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>			
Number of Live Births:		322		Level I	Level II	Level II+	Kidney:	0		
Birthing Rooms:	0		Beds	10	0	0	Heart:	0		
Labor Rooms:	0		Patient Days	557	0	0	Lung:	0		
Delivery Rooms:	1		Total Newborn Patient Days			557	Heart/Lung:	0		
Labor-Delivery-Recovery Rooms:	0			<u>Laboratory Studies</u>			Pancreas:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	4		Inpatient Studies			39,645	Liver:	0		
C-Section Rooms:	0		Outpatient Studies			200,955	Total:	0		
CSections Performed:	111		Studies Performed Under Contract			32,608				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018 Katherine Shaw Bethea Hospital Dixon Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0,0	0,0
Dermatology	0	0	0	0	0	0	0	0	0	0,0	0,0
General	0	0	5	5	132	337	260	479	739	2,0	1,4
Gastroenterology	0	0	0	0	0	0	0	0	0	0,0	0,0
Neurology	0	0	0	0	0	0	0	0	0	0,0	0,0
OB/Gynecology	0	0	0	0	170	554	321	781	1102	1,9	1,4
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0,0	0,0
Ophthalmology	0	0	0	0	0	428	0	241	241	0,0	0,6
Orthopedic	0	0	0	0	145	456	256	511	767	1,8	1,1
Otolaryngology	0	0	0	0	1	89	1	62	63	1,0	0,7
Plastic Surgery	0	0	0	0	0	0	0	0	0	0,0	0,0
Podiatry	0	0	0	0	32	145	50	235	285	1,6	1,6
Thoracic	0	0	0	0	1	0	1	0	1	1,0	0,0
Urology	0	0	0	0	1	40	1	20	21	1,0	0,5
Totals	0	0	5	5	482	2049	890	2329	3219	1,8	1,1
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	6			Stage 2 Recovery Stations	23		

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	108	1881	100	2214	2314	0,9	1,2
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
Pain Management	0	0	0	0	100	0	0	50	50	0,0	0,0
Cystoscopy	0	0	1	1	6	114	6	99	105	1,0	0,9
Multipurpose Non-Dedicated Rooms					0	0	0	0	0	0,0	0,0
					0	0	0	0	0	0,0	0,0
					0	0	0	0	0	0,0	0,0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center			No	Total Cath Labs (Dedicated+Nondedicated labs):			1
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			1
Operating Rooms Dedicated for Trauma Care			0	Dedicated Diagnostic Catheterization Labs			1
Number of Trauma Visits:			0	Dedicated Interventional Catheterization Labs			1
Patients Admitted from Trauma			0	Dedicated EP Catheterization Labs			0
Emergency Service Type:		Comprehensive		Cardiac Catheterization Utilization			
Number of Emergency Room Stations		13		Total Cardiac Cath Procedures:			718
Persons Treated by Emergency Services:		19,608		Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:		1,477		Diagnostic Catheterizations (15+)			385
Total ED Visits (Emergency+Trauma):		19,608		Interventional Catheterizations (0-14):			0
Free-Standing Emergency Center				Interventional Catheterization (15+)			316
Beds in Free-Standing Centers		0		EP Catheterizations (15+)			17
Patient Visits in Free-Standing Centers		0		Cardiac Surgery Data			
Hospital Admissions from Free-Standing Center		0		Total Cardiac Surgery Cases:			0
Outpatient Service Data				Pediatric (0 - 14 Years):			0
Total Outpatient Visits		271,948		Adult (15 Years and Older):			0
Outpatient Visits at the Hospital/ Campus:		97,333		Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			0
Outpatient Visits Offsite/off campus		174,615					

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	2	0	1,471	22,014	0	Lithotripsy	0	1	34
Nuclear Medicine	1	0	37	1,134	0	Linear Accelerator	0	0	0
Mammography	2	0	2	6,570	0	Image Guided Rad Therapy			0
Ultrasound	1	2	287	8,351	0	Intensity Modulated Rad Thryp			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	297	7,540	0				
Magnetic Resonance Imaging	1	0	77	2,234	0				

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2015		Swedish American Hospital		Rockford		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Ann M Gantzer, PhD, RN	White	82.0%	Hispanic or Latino:	8.3%					
ADMINSTRATOR PHONE	779-696-2030 x64004	Black	15.5%	Not Hispanic or Latino:	90.6%					
OWNERSHIP:	SwedishAmerican Hospital	American Indian	0.1%	Unknown:	1.1%					
OPERATOR:	SwedishAmerican Hospital	Asian	1.3%							
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.0%	IDPH Number:	2725					
CERTIFICATION:	(Not Answered)	Unknown	1.1%	HPA	B-01					
FACILITY DESIGNATION:	(Not Answered)			HSA	1					
ADDRESS	1401 E State Street	CITY: Rockford	COUNTY: Winnebago County							
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	209	187	147	9,709	40,681	5,743	4.8	127.2	60.9	68.0
0-14 Years				0	0					
15-44 Years				1,468	5,387					
45-64 Years				3,719	14,890					
65-74 Years				2,112	9,020					
75 Years +				2,410	11,372					
Pediatric	28	17	10	200	574	197	3.9	2.1	7.5	12.4
Intensive Care	30	30	24	1,964	5,570	267	3.0	16.0	53.3	53.3
Direct Admission				580	1,750					
Transfers				1,384	3,814					
Obstetric/Gynecology	34	34	29	2,792	6,746	158	2.5	18.9	55.6	55.6
Maternity				2,060	0,372					
Clean Gynecology				132	374					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0	0	0.0	0.0		
Acute Mental Illness	32	32	29	1,334	8,498	0	6.4	23.3	72.8	72.8
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	333			14,615	62,069	6,365	4.7	187.5	56.3	
<i>(Includes ICU Direct Admissions Only)</i>										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	40.3%	29.6%	1.1%	26.4%	0.3%	2.2%	14,615			
	5883	4327	168	3864	47	326				
Outpatients	33.5%	27.7%	1.2%	30.8%	5.5%	1.2%	224,545			
	75281	62186	2797	69093	12388	2800				
Financial Year Reported: 6/1/2014 to 6/30/2015 Inpatient and Outpatient Net Revenue by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	40.0%	16.4%	2.0%	40.7%	0.9%	100.0%	2,437,654	4,077,946		
	59,383,730	24,282,665	2,907,942	60,420,550	1,281,139	148,276,026				
Outpatient Revenue (\$)	18.4%	15.3%	1.9%	58.7%	5.8%	100.0%	1,640,292	1.1%		
	38,683,157	32,209,142	3,957,240	123,411,127	12,140,572	210,401,238				
Birth Data										
Number of Total Births:	2,528		Newborn Nursery Utilization			Organ Transplantation				
Number of Live Births:	2,518		Level I	Level II	Level III+	Kidney:	0			
Birthing Rooms:	0	Beds	36	0	14	Heart:	0			
Labor Rooms:	0	Patient Days	4,368	0	2,466	Lung:	0			
Delivery Rooms:	0	Total Newborn Patient Days	6,834			Heart/Lung:	0			
Labor-Delivery-Recovery Rooms:	9	Laboratory Studies								
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies	321,605			Pancreas:	0			
C-Section Rooms:	2	Outpatient Studies	964,299			Liver:	0			
CSections Performed:	807	Studies Performed Under Contract	147,309			Total:	0			

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	285	134	1362	230	1592	4.8	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	409	1343	840	2087	2927	2.1	1.6
Gastroenterology	0	0	0	0	293	362	784	582	1366	2.7	1.6
Neurology	0	0	0	0	384	230	1170	432	1602	3.0	1.9
OB/Gynecology	0	0	0	0	178	1179	454	1796	2250	2.6	1.5
Oral/Maxillofacial	0	0	0	0	9	140	17	183	200	1.9	1.3
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	1	1	1151	1063	2674	1406	4080	2.3	1.3
Otolaryngology	0	0	0	0	9	231	11	231	242	1.2	1.0
Plastic Surgery	0	0	0	0	7	181	24	224	248	3.4	1.2
Podiatry	0	0	0	0	25	42	27	47	74	1.1	1.1
Thoracic	0	0	0	0	26	2	80	4	84	3.1	2.0
Urology	0	0	1	1	186	1076	314	1160	1474	1.7	1.1
Totals	0	0	13	13	2962	5983	7757	8382	16139	2.6	1.4
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		14		Stage 2 Recovery Stations		35		

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	6	6	632	1381	253	524	777	0.4	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Minor Procedure Roo	0	0	1	1	2	205	1	127	128	0.5	0.6
CDU Procedure Room	0	0	2	2	0	180	0	343	343	0.0	1.9
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):			4
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			3
	(Not Answered)		Adult	Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:			18,502	Dedicated EP Catheterization Labs			1
Patients Admitted from Trauma			1,982	Cardiac Catheterization Utilization			
Emergency Service Type:			Comprehensive	Total Cardiac Cath Procedures:			2,445
Number of Emergency Room Stations			41	Diagnostic Catheterizations (0-14)			0
Persons Treated by Emergency Services:			52,240	Diagnostic Catheterizations (15+)			1,522
Patients Admitted from Emergency:			7,109	Interventional Catheterizations (0-14):			0
Total ED Visits (Emergency+Trauma):			70,742	Interventional Catheterization (15+)			591
Free-Standing Emergency Center				EP Catheterizations (15+)			332
Beds in Free-Standing Centers			0	Cardiac Surgery Data			
Patient Visits in Free-Standing Centers			0	Total Cardiac Surgery Cases:			168
Hospital Admissions from Free-Standing Center			0	Pediatric (0 - 14 Years):			0
Outpatient Service Data				Adult (15 Years and Older):			168
Total Outpatient Visits			774,970	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			112
Outpatient Visits at the Hospital/ Campus:			233,546				
Outpatient Visits Offsite/off campus			541,424				

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpr	Contract	Owned	Contract		
General Radiography/Fluoroscopy	25	0	19,540	43,285	0	Lithotripsy	0	1	232
Nuclear Medicine	3	0	832	3,505	0	Linear Accelerator	2	0	8,419
Mammography	5	0	5	18,232	0	Image Guided Rad Therapy			0
Ultrasound	24	2	7,680	24,492	0	Intensity Modulated Rad Thrapy			2,031
Angiography	4	0				High Dose Brachytherapy	1	0	30
Diagnostic Angiography			777	745	0	Proton Beam Therapy	0	0	0
Interventional Angiography			347	244	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	397	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	5	0	7,186	26,039	0				
Magnetic Resonance Imaging	2	0	1,505	6,248	0				

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016 **Swedish American Hospital** **Rockford** Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	ANN GANTZER, PHD	White	82,4%	Hispanic or Latino:	8,2%
ADMINISTRATOR PHONE:	815-961-2030	Black	15,1%	Not Hispanic or Latino:	90,7%
OWNERSHIP:	SWEDISHAMERICAN HOSPITAL	American Indian	0,0%	Unknown:	1,1%
OPERATOR:	SWEDISHAMERICAN HOSPITAL	Asian	1,3%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R)	Hawaiian/ Pacific	0,0%	IDPH Number:	2725
CERTIFICATION:	(Not Answered)	Unknown	1,1%	HPA	B-01
FACILITY DESIGNATION:	(Not Answered)			HSA	1
ADDRESS	1401 E State Street	CITY: Rockford	COUNTY: Winnebago County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	209	181	148	9,997	41,232	6,750	4,8	131,1	62,7	72,4
0-14 Years				0	0					
15-44 Years				1,471	5,287					
45-64 Years				3,849	15,487					
65-74 Years				2,200	9,331					
75 Years +				2,417	11,127					
Pediatric	26	16	9	198	462	191	3,3	1,8	6,4	11,2
Intensive Care	30	30	22	2,094	5,976	259	3,0	17,0	56,8	56,8
Direct Admission				612	1,744					
Transfers - Not Included in Facility Admissions				1,482	4,232					
Obstetric/Gynecology	34	34	28	2,807	6,735	109	2,4	18,7	55,0	55,0
Maternity				2,000	6,371					
Clean Gynecology				147	364					
Neonatal	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Long Term Care	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Swing Beds			0	0	0		0,0	0,0		
Total AMI	32			1,449	8,508	0	5,9	23,2	72,6	
Adolescent AMI		12	12	346	2,517	0	7,3	6,9		67,3
Adult AMI		20	20	1,103	5,991	0	5,4	16,4		81,8
Rehabilitation	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Long-Term Acute Care	0	0	0	0	0	0	0,0	0,0	0,0	0,0
Dedicated Observation	0					0				
Facility Utilization	333			15,063	62,913	7,309	4,7	191,9	57,6	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	39,9%	29,1%	1,0%	28,0%	6,3%	1,8%	
	6005	4380	151	4212	43	275	15,066
Outpatients	33,6%	26,8%	1,1%	30,6%	7,6%	1,4%	
	81165	62477	2616	74263	18445	3388	242,354

<u>Financial Year Reported: 7/1/2015 to 6/30/2016</u>								<u>Inpatient and Outpatient Net Revenue by Payor Source</u>	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense	
Inpatient Revenue (\$)	36,6%	21,2%	2,3%	38,5%	1,4%	100,0%		2,486,713	
	59,829,087	34,798,849	3,828,541	63,089,639	2,371,754	163,917,870	1,281,198	Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	21,8%	16,8%	1,3%	53,8%	6,3%	100,0%		0,6%	
	51,862,221	39,921,124	2,981,529	127,795,333	14,869,341	237,429,548	1,205,515		

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	2,551		Level I	Level II	Level II+	Kidney:		
Number of Live Births:	2,541	Beds	36	0	14	Heart:		
Birthing Rooms:	0	Patient Days	4,421	0	2,238	Lung:		
Labor Rooms:	0	Total Newborn Patient Days			6,659	Heart/Lung:		
Delivery Rooms:	0					Pancreas:		
Labor-Delivery-Recovery Rooms:	9					Liver:		
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:		
C-Section Rooms:	2	Inpatient Studies			295,267			
CSections Performed:	798	Outpatient Studies			836,425			
		Studies Performed Under Contract			58,029			

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016 Swedish American Hospital Rockford Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	318	80	1497	137	1634	4,7	1,7
Dermatology	0	0	0	0	0	0	0	0	0	0,0	0,0
General	0	0	11	11	448	1107	975	1732	2707	2,2	1,6
Gastroenterology	0	0	0	0	241	221	592	315	907	2,5	1,4
Neurology	0	0	0	0	418	218	1422	428	1850	3,4	2,0
OB/Gynecology	0	0	0	0	158	1220	413	1854	2267	2,6	1,5
Oral/Maxillofacial	0	0	0	0	7	135	10	177	187	1,4	1,3
Ophthalmology	0	0	0	0	0	0	0	0	0	0,0	0,0
Orthopedic	0	0	1	1	1343	1157	3059	1504	4563	2,3	1,3
Otolaryngology	0	0	0	0	16	281	20	366	386	1,3	1,3
Plastic Surgery	0	0	0	0	13	123	36	185	221	2,8	1,5
Podiatry	0	0	0	0	18	56	20	64	84	1,1	1,1
Thoracic	0	0	0	0	31	1	102	2	104	3,3	2,0
Urology	0	0	1	1	236	1029	439	1056	1495	1,9	1,0
Totals	0	0	13	13	3247	5628	8585	7820	16405	2,6	1,4
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	14	Stage 2 Recovery Stations	40				

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	6	6	623	1492	213	550	763	0,3	0,4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
Pain Management	0	0	0	0	0	0	0	0	0	0,0	0,0
Cystoscopy	0	0	0	0	0	0	0	0	0	0,0	0,0
Multipurpose Non-Dedicated Rooms											
MINOR PROCEDURE	0	0	1	1	1	306	1	204	205	1,0	0,7
CDU	0	0	2	2	0	235	0	304	304	0,0	1,3
	0	0	0	0	0	0	0	0	0	0,0	0,0

Emergency/Trauma Care				Cardiac Catheterization Labs						
Certified Trauma Center	Level 1			Yes	Total Cath Labs (Dedicated+Nondedicated labs):			4		
Level of Trauma Service	(Not Answered)			Level 2 Adult	Cath Labs used for Angiography procedures			3		
Operating Rooms Dedicated for Trauma Care				0	Dedicated Diagnostic Catheterization Labs			0		
Number of Trauma Visits:				13,588	Dedicated [Interventional] Catheterization Labs			0		
Patients Admitted from Trauma				864	Dedicated EP Catheterization Labs			1		
Emergency Service Type:				Comprehensive	Cardiac Catheterization Utilization					
Number of Emergency Room Stations				41	Total Cardiac Cath Procedures:			2,291		
Persons Treated by Emergency Services:				57,577	Diagnostic Catheterizations (0-14)			0		
Patients Admitted from Emergency:				8,619	Diagnostic Catheterizations (15+)			1,489		
Total ED Visits (Emergency+Trauma):				71,165	Interventional Catheterizations (0-14):			0		
Free-Standing Emergency Center							Interventional Catheterization (15+)	533		
Beds in Free-Standing Centers							EP Catheterizations (15+)	269		
Patient Visits in Free-Standing Centers							Cardiac Surgery Data			
Hospital Admissions from Free-Standing Center							Total Cardiac Surgery Cases:		171	
Outpatient Service Data							Pediatric (0 - 14 Years):		0	
Total Outpatient Visits				780,029				Adult (15 Years and Older):		171
Outpatient Visits at the Hospital/ Campus:				235,686				Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :		118
Outpatient Visits Offsite/off campus				544,343						

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	24	0	20,390	41,895	0	Lithotripsy	0	1	246
Nuclear Medicine	3	0	906	3,638	0	Linear Accelerator	2	0	5,510
Mammography	5	0	8	17,393	0	Image Guided Rad Therapy			0
Ultrasound	34	2	8,155	24,488	0	Intensity Modulated Rad Thrpy			4,341
Angiography	4	0				High Dose Brachytherapy	1	0	34
Diagnostic Angiography			880	609	0	Proton Beam Therapy	0	0	0
Interventional Angiography			361	172	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	592	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	7,249	21,962	0				
Magnetic Resonance Imaging	2	0	1,888	6,708	0				

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 **SwedishAmerican Hospital** **Rockford** Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Ann Gantzer, PhD	White	83.6%	Hispanic or Latino:	6.8%
ADMINISTRATOR PHONE:	815-961-2030	Black	14.1%	Not Hispanic or Latino:	92.0%
OWNERSHIP:	SwedishAmerican Hospital	American Indian	0.1%	Unknown:	1.2%
OPERATOR:	SwedishAmerican Hospital	Asian	1.1%		
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	IDPH Number:	2725
CERTIFICATION:		Unknown	1.2%	HPA	B-01
FACILITY DESIGNATION:				HSA	1
ADDRESS:	1401 East State Street	CITY:	Rockford	COUNTY:	Winnebago County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	209	201	198	9,687	39,704	9,544	5.1	134.9	64.6	67.1
0-14 Years				0	0					
15-44 Years				1,260	4,611					
45-64 Years				3,522	14,441					
65-74 Years				2,401	9,817					
75 Years +				2,504	10,835					
Pediatric	28	16	13	175	393	283	3.9	1.9	6.6	11.6
Intensive Care	30	24	24	2,121	5,976	61	2.8	16.5	55.1	68.9
Direct Admission				864	2,445					
Transfers				1,257	3,531					
Obstetric/Gynecology	34	25	23	1,843	4,491	292	2.6	13.1	38.5	52.4
Maternity				1,745	4,220					
Clean Gynecology				98	265					
Neonatal	10	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	32			1,361	7,271	0	5.3	19.9	62.3	
Adolescent AMI		12	12	349	2,184	0	6.3	6.0		48.9
Adult AMI		20	20	1,012	5,087	0	5.0	13.9		69.7
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	343			13,930	57,835	10,180	4.9	186.3	54.3	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	43.7%	23.6%	1.2%	26.7%	1.6%	3.2%	13,930
	6081	3286	174	3721	227	441	
Outpatients	32.5%	23.5%	1.2%	30.9%	9.5%	2.5%	240,525
	78144	56477	2827	74209	22925	5943	

<u>Financial Year Reported: 7/1/2016 to 6/30/2017</u>								<u>Inpatient and Outpatient Net Revenue by Payor Source</u>	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care as % of Net Revenue	
Inpatient Revenue (\$)	37.9%	21.9%	2.2%	38.0%	0.1%	100.0%	1,714,202	3,240,042	
	62,388,783	36,011,639	3,548,799	62,665,040	122,709	164,736,970			
Outpatient Revenue (\$)	24.9%	19.4%	1.8%	53.6%	0.3%	100.0%	1,525,840	0.9%	
	44,171,731	34,444,534	3,122,980	95,023,836	474,728	177,237,809			

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	1,654		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	1,643		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	2,842	0	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days	4,435		Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	0		Inpatient Studies	291,150			
CSections Performed:	528		Outpatient Studies	949,087			
			Studies Performed Under Contract	62,689			

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 SwedishAmerican Hospital Rockford Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	361	196	1478	311	1789	4,1	1,6
Dermatology	0	0	0	0	0	0	0	0	0	0,0	0,0
General	0	0	11	11	373	1088	746	1681	2427	2,0	1,5
Gastroenterology	0	0	0	0	221	321	506	438	944	2,3	1,4
Neurology	0	0	0	0	419	326	1382	605	1987	3,3	1,9
OB/Gynecology	0	0	0	0	111	1129	244	1616	1860	2,2	1,4
Oral/Maxillofacial	0	0	0	0	5	98	6	123	129	1,2	1,3
Ophthalmology	0	0	0	0	0	1	0	2	2	0,0	2,0
Orthopedic	0	0	1	1	1354	1150	2750	1390	4140	2,0	1,2
Otolaryngology	0	0	0	0	20	366	23	430	453	1,2	1,2
Plastic Surgery	0	0	0	0	4	85	8	141	149	2,0	1,7
Podiatry	0	0	0	0	15	66	16	68	84	1,1	1,0
Thoracic	0	0	0	0	34	3	110	5	115	3,2	1,7
Urology	0	0	1	1	203	990	346	821	1167	1,7	0,8
Totals	0	0	13		3120	5819	7615	7631	15246	2,4	1,3
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	14	Stage 2 Recovery Stations	40				

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	6	0	6	769	1511	208	476	684	0,3	0,3
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
Pain Management	0	0	0	0	0	0	0	0	0	0,0	0,0
Cystoscopy	0	0	0	0	0	0	0	0	0	0,0	0,0
Multipurpose Non-Dedicated Rooms											
MINOR PROCEDURE					1	276	1	184	185	1,0	0,7
CDU					0	388	0	504	504	0,0	1,3
	0	0	0	0	0	0	0	0	0	0,0	0,0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center		Yes		Total Cath Labs (Dedicated+Nondedicated labs):				4
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures				4
		Adult		Dedicated Diagnostic Catheterization Lab				0
Operating Rooms Dedicated for Trauma Care		0		Dedicated [Interventional] Catheterization Labs				0
Number of Trauma Visits:		12,566		Dedicated EP Catheterization Labs				1
Patients Admitted from Trauma		918		Cardiac Catheterization Utilization				
Emergency Service Type:	Comprehensive			Total Cardiac Cath Procedures:				2,627
Number of Emergency Room Stations		41		Diagnostic Catheterizations (0-14)				0
Persons Treated by Emergency Services:		56,345		Diagnostic Catheterizations (15+)				1,671
Patients Admitted from Emergency:		8,560		Interventional Catheterizations (0-14):				0
Total ED Visits (Emergency+Trauma):		68,911		Interventional Catheterization (15+)				630
Free-Standing Emergency Center				EP Catheterizations (15+)				326
Beds in Free-Standing Centers		0		Cardiac Surgery Data				
Patient Visits in Free-Standing Centers		0		Total Cardiac Surgery Cases:				128
Hospital Admissions from Free-Standing Center		0		Pediatric (0 - 14 Years):				0
Outpatient Service Data				Adult (15 Years and Older):				128
Total Outpatient Visits		812,486		Coronary Artery Bypass Grafts (CABGs)				
Outpatient Visits at the Hospital/ Campus:		233,203		performed of total Cardiac Cases :				96
Outpatient Visits Offsite/off campus		579,283						

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpr	Contract	Owned	Contract		
General Radiography/Fluoroscopy	24	0	18,965	44,432	0	Lithotripsy	0	1	224
Nuclear Medicine	3	0	794	3,790	0	Linear Accelerator	2	0	4,252
Mammography	5	0	1	17,203	0	Image Guided Rad Therapy			0
Ultrasound	35	2	7,820	24,619	0	Intensity Modulated Rad Thrpy			5,808
Angiography	4	0				High Dose Brachytherapy	1	0	17
Diagnostic Angiography			970	701	0	Proton Beam Therapy	0	0	0
Interventional Angiography			403	227	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	463	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	7,481	24,897	0				
Magnetic Resonance Imaging	2	0	1,490	6,448	0				

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018		SwedishAmerican Hospital		Rockford		Page 1	
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Ann Gantzer, PhD	White	84.0%	Hispanic or Latino:	7.0%		
ADMINISTRATOR PHONE:	815-961-2030	Black	13.5%	Not Hispanic or Latino:	91.6%		
OWNERSHIP:	SwedishAmerican Hospital	American Indian	0.1%	Unknown:	1.4%		
OPERATOR:	SwedishAmerican Hospital	Asian	1.4%				
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	IDPH Number:	2725		
CERTIFICATION:		Unknown	1.0%	HPA	B-01		
FACILITY DESIGNATION:	General Hospital			HSA	1		
ADDRESS	1401 East State Street	CITY:	Rockford	COUNTY:	Winnebago County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	199	190	143	9,608	38,473	9,686	5.0	131.9	66.3	69.4
0-14 Years				0	0					
15-44 Years				1,579	4,952					
45-64 Years				3,397	13,550					
65-74 Years				2,264	9,629					
75 Years +				2,368	10,342					
Pediatric	10	10	6	132	330	393	5.5	2.0	19.8	19.8
Intensive Care	30	30	30	1,541	4,105	79	2.7	11.5	38.2	38.2
Direct Admission				900	2,358					
Transfers				641	1,747					
Obstetric/Gynecology	34	25	20	1,462	3,239	68	2.3	9.1	26.6	36.2
Maternity				1,392	3,054					
Clean Gynecology				70	185					
Neonatal	10	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	42			1,335	6,667	0	5.0	18.3	43.5	
Adolescent AMI		12	12	344	1,957	0	5.7	5.4		44.7
Adult AMI		20	20	991	4,710	0	4.8	12.9		64.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	325			13,437	52,814	10,226	4.7	172.7	53.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.9%	22.1%	2.5%	28.0%	1.8%	0.7%	13,437
	6027	2971	335	3763	248	93	
Outpatients	35.4%	20.0%	1.6%	39.8%	2.5%	0.6%	366,968
	129863	73530	5962	146059	9323	2261	

Financial Year Reported: 7/1/2017 to 6/30/2018								Inpatient and Outpatient Net Revenue by Payor Source		Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care as % of Net Revenue		
Inpatient Revenue (\$)	38.0%	18.5%	1.7%	41.2%	0.6%	100.0%	1,308,772	2,538,863		
	64,718,427	31,497,117	2,904,908	70,311,302	1,063,576	170,495,330				
Outpatient Revenue (\$)	24.5%	13.1%	1.8%	60.2%	0.4%	100.0%	1,230,091	0.6%		
	57,111,750	30,645,178	4,223,771	140,642,762	896,743	233,520,204				

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	1,593		Level I	Level II	Level II+	Kidney:	0	
Number of Live Births:	1,582		Beds	0	0	Heart:	0	
Birthing Rooms:	0		Patient Days	2,766	1,747	Lung:	0	
Labor Rooms:	0		Total Newborn Patient Days	4,513		Heart/Lung:	0	
Delivery Rooms:	0					Pancreas:	0	
Labor-Delivery-Recovery Rooms:	9		Laboratory Studies			Liver:	0	
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies	286,260		Total:	0	
C-Section Rooms:	2		Outpatient Studies	1,036,726				
CS Sections Performed:	524		Studies Performed Under Contract	97,855				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018 SwedishAmerican Hospital Rockford Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	296	164	1205	369	1574	4,1	2,3
Dermatology	0	0	0	0	0	0	0	0	0	0,0	0,0
General	0	0	11	11	490	1426	980	2899	3879	2,0	2,0
Gastroenterology	0	0	0	0	156	225	357	420	777	2,3	1,9
Neurology	0	0	0	0	463	360	1527	726	2253	3,3	2,0
OB/Gynecology	0	0	0	0	90	911	198	1503	1701	2,2	1,6
Oral/Maxillofacial	0	0	0	0	7	133	8	163	171	1,1	1,2
Ophthalmology	0	0	0	0	0	1	0	1	1	0,0	1,0
Orthopedic	0	0	1	1	1385	1176	2813	1696	4509	2,0	1,4
Otolaryngology	0	0	0	0	21	370	24	476	500	1,1	1,3
Plastic Surgery	0	0	0	0	4	82	8	232	240	2,0	2,8
Podiatry	0	0	0	0	18	79	19	96	115	1,1	1,2
Thoracic	0	0	0	0	13	1	42	3	45	3,2	3,0
Urology	0	0	1	1	192	934	327	862	1189	1,7	0,9
Totals	0	0	13	13	3135	5862	7508	9446	16954	2,4	1,6
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations	14	Stage 2 Recovery Stations	40				

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	6	0	6	755	1483	755	1292	2047	1,0	0,9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
Pain Management	0	0	0	0	0	0	0	0	0	0,0	0,0
Cystoscopy	0	0	0	0	0	0	0	0	0	0,0	0,0
				Multipurpose Non-Dedicated Rooms							
Minor Procedure Roo				1	0	222	0	160	160	0,0	0,7
CDU (Broncs, Lumbar				1	0	358	0	465	465	0,0	1,3
					0	0	0	0	0	0,0	0,0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):				4
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures				4
			Adult	Dedicated Diagnostic Catheterization Labs				0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Interventional Catheterization Labs				0
Number of Trauma Visits:			9,354	Dedicated EP Catheterization Labs				0
Patients Admitted from Trauma			665					
Emergency Service Type:		Comprehensive		Cardiac Catheterization Utilization				
Number of Emergency Room Stations			41	Total Cardiac Cath Procedures:				2,743
Persons Treated by Emergency Services:			56,575	Diagnostic Catheterizations (0-14)				0
Patients Admitted from Emergency:			10,897	Diagnostic Catheterizations (15+)				1,657
Total ED Visits (Emergency+Trauma):			66,929	Interventional Catheterizations (0-14):				0
				Interventional Catheterization (15+)				899
				EP Catheterizations (15+)				187
Free-Standing Emergency Center				Cardiac Surgery Data				
Beds in Free-Standing Centers			0	Total Cardiac Surgery Cases:				669
Patient Visits in Free-Standing Centers			0	Pediatric (0 - 14 Years):				0
Hospital Admissions from Free-Standing Center			0	Adult (15 Years and Older):				669
				Coronary Artery Bypass Grafts (CABGs)				
				performed of total Cardiac Cases :				62

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	28	0	16,766	47,772	0	Lithotripsy	0	0	250
Nuclear Medicine	3	0	704	3,922	0	Linear Accelerator	2	0	3,372
Mammography	5	0	0	16,910	0	Image Guided Rad Therapy			0
Ultrasound	58	0	7,620	27,847	0	Intensity Modulated Rad Thrpy			5,776
Angiography	4	0				High Dose Brachytherapy	1	0	30
Diagnostic Angiography			1,240	899	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,629	918	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	610	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	9,400	29,023	0				
Magnetic Resonance Imaging	2	0	1,399	6,420	0				

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER



Javon Bea Hospital and
Physician Clinic-Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

July 1, 2020

Swedish American Hospital
Jennifer Maher, President and CEO
1401 E State Street
Rockford, IL 61104

Re: Discontinuation of Acute Mental Illness Category of Service

Dear Ms. Maher,

The Javon Bea Hospital, located at 2400 North Rockton Avenue, Rockford, Illinois 61103, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation of the acute mental illness category of service at the hospital. The discontinuation relates to the existing 20 bed inpatient unit at the Rockton Avenue Campus. The discontinuation of the acute mental illness category of service is anticipated by August 11, 2020 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

During calendar years 2015 through 2018, the facility treated patients in the volumes set forth below:

Number of Patients by Year and Utilization Percentage

	2015	2016	2017	2018
Javon Bea Hospital-Rockton Avenue Campus	570 Inpatients admitted.	579 Inpatients admitted.	596 Inpatients admitted.	593 Inpatients admitted.
Acute Mental Illness	53.2%	51%	47.2%	48.2%

A copy of the facility's 2015 through 2018 Annual Hospital Questionnaire Profiles, which are maintained by the HFSRB on their website is enclosed for your reference. Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosures

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER



Javon Bea Hospital and
Physician Clinic-Rockton
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

July 1, 2020

Katherine Shaw Bethea Hospital
Dave Schriener, President and CEO
403 E 1st Street
Dixon, IL 61021

Re: Discontinuation of Acute Mental Illness Category of Service

Dear Mr. Schriener,

The Javon Bea Hospital, located at 2400 North Rockton Avenue, Rockford, Illinois 61103, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation of the acute mental illness category of service at the hospital. The discontinuation relates to the existing 20 bed inpatient unit at the Rockton Avenue Campus. The discontinuation of the acute mental illness category of service is anticipated by August 11, 2020 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

During calendar years 2015 through 2018, the facility treated patients in the volumes set forth below:

Number of Patients by Year and Utilization Percentage

Javon Bea Hospital-Rockton Avenue Campus	2015	2016	2017	2018
Acute Mental Illness	570 Inpatients admitted. 53.2%	579 Inpatients admitted. 51%	596 Inpatients admitted. 47.2%	593 Inpatients admitted. 48.2%

A copy of the facility's 2015 through 2018 Annual Hospital Questionnaire Profiles, which are maintained by the HFSRB on their website is enclosed for your reference. Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Enclosures

ATTACHMENT 7- IMPACT ON ACCESS NOTIFICATION LETTER CERTIFIED MAIL RECEIPTS

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>Postmark Here</p> <p style="font-size: 1.5em;">7/1/2020</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

Sent To: **Katherine Shaw Bednar Hosp. - David Schroeder, CEO**
 Street and Apt. No., or PO Box No. **403 E. 1st Street**
 City, State, ZIP+4® **Dixon, IL 61021**

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>Postmark Here</p> <p style="font-size: 1.5em;">7/1/2020</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

Sent To: **Swedish American Hosp. - Jennifer Maher President / S.E.O.**
 Street and Apt. No., or PO Box No. **1401 E. State Street**
 City, State, ZIP+4® **Rockford, IL 61104**

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2015		Rockford Memorial Hospital		Rockford		Page 1	
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Sue Ripsch			White	75.8%	Hispanic or Latino:	5.8%
ADMINISTRATOR PHONE	815-971-6767			Black	16.4%	Not Hispanic or Latino:	85.0%
OWNERSHIP:	Rockford Memorial Hospital			American Indian	0.1%	Unknown:	9.2%
OPERATOR:	Rockford Memorial Hospital			Asian	0.4%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.1%	IDPH Number:	2048
CERTIFICATION:	(Not Answered)			Unknown	7.3%	HPA	B-01
FACILITY DESIGNATION:	General Hospital					HSA	1
ADDRESS	2400 North Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	148	7,770	35,138	1,485	4.7	100.3	65.2	63.9
0-14 Years				0	0					
15-44 Years				1,428	5,359					
45-64 Years				2,622	11,173					
65-74 Years				1,618	7,839					
75 Years +				2,102	10,767					
Pediatric	12	20	14	944	2,557	797	3.6	9.2	76.6	45.9
Intensive Care	30	29	28	2,273	5,884	22	2.6	16.2	53.9	55.8
Direct Admission				1,881	4,473					
Transfers				392	1,411					
Obstetric/Gynecology	20	35	30	1,724	5,085	124	3.0	14.3	71.4	40.8
Maternity				1,651	4,912					
Clean Gynecology				73	173					
Neonatal	46	46	46	475	13,319	0	28.0	36.5	79.3	79.3
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	20	14	14	570	3,883	0	6.8	10.6	53.2	76.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	16					1824				
Facility Utilization	282			13,364	65,866	4,252	5.2	192.1	68.1	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	32.8%	30.6%	9.1%	24.3%	0.5%	2.6%	
	4384	4093	1215	3245	72	353	13,362
Outpatients	18.7%	41.1%	8.0%	27.0%	3.5%	1.7%	
	18758	41257	8046	27136	3522	1660	100,379

<u>Financial Year Reported: 1/1/2015 to 12/31/2015 Inpatient and Outpatient Net Revenue by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	22.7%	27.8%	6.6%	42.3%	0.6%	100.0%	
	50,175,337	61,385,905	14,681,002	93,408,453	1,232,449	220,883,146	913,147
Outpatient Revenue (\$)	12.8%	17.9%	5.6%	60.8%	3.0%	100.0%	
	17,524,221	24,538,106	7,690,969	83,432,460	4,151,293	137,337,049	720,356
							Total Charity Care Expense 1,633,503
							Total Charity Care as % of Net Revenue 0.5%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>		
Number of Total Births:	1,505		Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:	1,482	Beds	26	0	0	Heart:	0		
Birthing Rooms:	0	Patient Days	2,577	0	0	Lung:	0		
Labor Rooms:	0	Total Newborn Patient Days			2,577	Heart/Lung:	0		
Delivery Rooms:	0					Pancreas:	0		
Labor-Delivery-Recovery Rooms:	12					Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies			544,913	Total:	0		
C-Section Rooms:	2	Outpatient Studies			253,977				
CSections Performed:	580	Studies Performed Under Contract			731,929				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2015

Rockford Memorial Hospital

Rockford

Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	60	0	397	0	397	6.6	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	1374	1829	2762	3692	6454	2.0	2.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	513	216	1921	506	2427	3.7	2.3
OB/Gynecology	0	0	1	1	116	626	231	1113	1344	2.0	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	2072	5	1986	1991	5.0	1.0
Orthopedic	0	0	2	2	1071	770	3239	2031	5270	3.0	2.6
Otolaryngology	0	0	1	1	49	601	71	847	918	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	140	276	400	558	958	2.9	2.0
Totals	0	0	14	14	3324	6390	9026	10733	19759	2.7	1.7

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	14	Stage 2 Recovery Stations	18
-----------------------------------	---------------------------	----	---------------------------	----

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	6	6	806	1836	605	1651	2256	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	29	3815	29	3815	3844	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	38	373	37	461	498	1.0	1.2
Bronchoscopy	0	0	1	1	626	407	939	269	1208	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center		Yes		Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures			0
	1 Adult and Peds	Not Answered		Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care		1		Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:		10,650		Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma		1,064		Cardiac Catheterization Utilization			
Emergency Service Type:		Comprehensive		Total Cardiac Cath Procedures:			2,081
Number of Emergency Room Stations		29		Diagnostic Catheterizations (0-14)			0
Persons Treated by Emergency Services:		41,525		Diagnostic Catheterizations (15+)			780
Patients Admitted from Emergency:		7,930		Interventional Catheterizations (0-14):			0
Total ED Visits (Emergency+Trauma):		52,175		Interventional Catheterization (15+)			442
Free-Standing Emergency Center				EP Catheterizations (15+)			859
Beds in Free-Standing Centers		0		Cardiac Surgery Data			
Patient Visits in Free-Standing Centers		0		Total Cardiac Surgery Cases:			60
Hospital Admissions from Free-Standing Center		0		Pediatric (0 - 14 Years):			0
Outpatient Service Data				Adult (15 Years and Older):			60
Total Outpatient Visits		289,813		Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits at the Hospital/ Campus:		285,466		performed of total Cardiac Cases :			41
Outpatient Visits Offsite/off campus		4,347					

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment		Therapies/ Treatments		
	Owned	Contract	Inpatient	Outpt	Contract	Owned		Contract	
General Radiography/Fluoroscopy	13	0	22,920	20,250	0	Lithotripsy	0	1	13
Nuclear Medicine	3	0	458	1,183	283	Linear Accelerator	1	0	2,017
Mammography	4	0	0	12,289	0	Image Guided Rad Therapy			676
Ultrasound	3	0	3,015	7,629	0	Intensity Modulated Rad Thrapy			645
Angiography	2	0				High Dose Brachytherapy	1	0	3
Diagnostic Angiography			3,832	1,969	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gammis Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	283	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,494	11,077	7				
Magnetic Resonance Imaging	3	0	1,729	5,300	9				

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016		Rockford Memorial Hospital		Rockford		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Sue Rippech	White	73.8%	Hispanic or Latino:	7.6%					
ADMINISTRATOR PHONE:	815-971-7202	Black	17.9%	Not Hispanic or Latino:	90.5%					
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	1.8%					
OPERATOR:	Rockford Memorial Hospital	Asian	0.5%							
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/Pacific	0.1%	IDPH Number:	2048					
CERTIFICATION:	(Not Answered)	Unknown	7.7%	HPA	B-01					
FACILITY DESIGNATION:	General Hospital			HSA	1					
ADDRESS	2400 North Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	157	7,533	34,370	2,508	4.9	100.8	65.4	64.2
0-14 Years				0	0					
15-44 Years				1,408	5,424					
45-64 Years				2,417	10,634					
65-74 Years				1,654	7,898					
75 Years +				2,054	10,414					
Pediatric	12	20	13	865	2,199	736	3.4	8.0	66.8	40.1
Intensive Care	30	28	26	1,905	5,353	28	2.8	14.7	49.0	52.5
Direct Admission				1,525	3,481					
Transfers - Not included in Facility Admissions				380	1,872					
Obstetric/Gynecology	20	35	31	1,715	5,122	120	3.1	14.3	71.6	40.9
Maternity				1,621	4,954					
Clean Gynecology				94	168					
Neonatal	52	52	52	458	13,833	0	30.2	37.8	72.7	72.7
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			579	3,733	0	6.4	10.2	51.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	579	3,733	0	6.4	10.2		72.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation						2244				
Facility Utilization	288			12,675	64,610	5,636	5.5	191.9	66.6	
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	31.6%	30.9%	10.9%	23.6%	0.6%	2.5%				
	4000	3911	1379	2990	82	313	12,675			
Outpatients	19.3%	41.0%	8.7%	26.2%	3.2%	1.6%				
	20262	43081	9086	27491	3340	1720	104,980			
Financial Year Reported: 7/1/2015 to 6/30/2016 Inpatient and Outpatient Net Revenue by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	22.0%	28.3%	7.2%	42.1%	0.3%	100.0%	731,425	1,322,902		
	49,691,470	63,808,298	16,261,332	95,015,434	684,660	225,461,194				
Outpatient Revenue (\$)	13.6%	15.3%	5.9%	62.2%	3.0%	100.0%	591,477		Total Charity Care as % of Net Revenue	0.4%
	19,481,889	21,971,736	8,423,384	89,389,155	4,362,294	143,628,458				
Birth Data										
Number of Total Births:	1,487		Newborn Nursery Utilization				Organ Transplantation			
Number of Live Births:	1,480		Level I	Level II	Level II+	Kidney:				
Birthing Rooms:	0	Beds	26	0	0	Heart:				
Labor Rooms:	0	Patient Days	2,596	0	0	Lung:				
Delivery Rooms:	0	Total Newborn Patient Days	2,596			Heart/Lung:				
Labor-Delivery-Recovery Rooms:	12					Pancreas:				
Labor-Delivery-Recovery-Postpartum Rooms:	0					Liver:				
C-Section Rooms:	2					Total:				
CSsections Performed:	587									
Laboratory Studies										
	Inpatient Studies				530,829					
	Outpatient Studies				285,412					
	Studies Performed Under Contract				730,035					

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2016 Rockford Memorial Hospital Rockford Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	112	0	673	0	673	6.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1468	1963	3910	4061	7971	2.7	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	467	180	1602	440	2042	3.4	2.4
OB/Gynecology	0	0	1	1	125	562	286	900	1186	2.3	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	3	2059	7	2007	2014	2.3	1.0
Orthopedic	0	0	2	2	1071	798	3227	2034	5261	3.0	2.5
Otolaryngology	0	0	1	1	50	574	85	799	884	1.7	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	146	179	339	558	897	2.3	3.1
Totals	0	0	14	14	3442	6315	10129	10799	20928	2.9	1.7
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		14		Stage 2 Recovery Stations			18	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	753	2129	564	3777	4341	0.7	1.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	22	8125	22	8125	8147	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Peds GI	0	0	1	1	28	306	27	378	405	1.0	1.2
Bronoscopy	0	0	1	1	627	312	941	206	1147	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs				
Certified Trauma Center				Yes	Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1			Level 2	Cath Labs used for Angiography procedures			0
	1 Adult and Peds			Not Answered	Dedicated Diagnostic Catheterization Labs			0
Operating Rooms Dedicated for Trauma Care				1	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:				9,222	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma				1,130				
Emergency Service Type:				Comprehensive	Cardiac Catheterization Utilization			
Number of Emergency Room Stations				29	Total Cardiac Cath Procedures:			2,119
Persons Treated by Emergency Services:				41,520	Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:				7,440	Diagnostic Catheterizations (15+)			807
Total ED Visits (Emergency+Trauma):				50,742	Interventional Catheterizations (0-14):			0
					Interventional Catheterization (15+)			543
					EP Catheterizations (15+)			769
Free-Standing Emergency Center								
Beds in Free-Standing Centers					Cardiac Surgery Data			
Patient Visits in Free-Standing Centers					Total Cardiac Surgery Cases:			112
Hospital Admissions from Free-Standing Center					Pediatric (0 - 14 Years):			0
					Adult (15 Years and Older):			112
Outpatient Service Data								
Total Outpatient Visits				322,895	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			76
Outpatient Visits at the Hospital/ Campus:				318,052				
Outpatient Visits Offsite/off campus				4,843				

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	19	0	21,833	21,982	2	Lithotripsy	0	5	5
Nuclear Medicine	3	0	394	1,314	300	Linear Accelerator	1	0	2,143
Mammography	1	0	0	12,289	0	Image Guided Rad Therapy			135
Ultrasound	3	0	3,102	8,174	0	Intensity Modulated Rad Thrpy			1,360
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			3,890	2,229	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gammas Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	300	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,614	13,354	9				
Magnetic Resonance Imaging	3	0	1,751	5,444	8				

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

ADMINISTRATOR NAME:	Sue Rippech	White	66.6%	Hispanic or Latino:	11.3%
ADMINISTRATOR PHONE:	815-971-7202	Black	19.9%	Not Hispanic or Latino:	86.9%
OWNERSHIP:	Rockford Memorial Hospital	American Indian	0.1%	Unknown:	1.9%
OPERATOR:	Rockford Memorial Hospital	Asian	0.8%		
MANAGEMENT:	Not for Profit Corporation	Hawaiian/Pacific	0.1%	IDPH Number:	2048
CERTIFICATION:		Unknown	12.4%	HPA	B-01
FACILITY DESIGNATION:	General Hospital			HSA	1
ADDRESS:	2400 N. Rockton Avenue	CITY: Rockford	COUNTY: Winnebago County		

Facility Utilization Data by Category of Service										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	156	6,755	32,923	2,845	5.3	98.0	63.6	62.4
0-14 Years				0	0					
15-44 Years				1,199	5,211					
45-64 Years				2,222	10,339					
65-74 Years				1,427	7,287					
75 Years +				1,907	10,086					
Pediatric	12	20	12	760	2,059	792	3.8	7.8	65.1	39.1
Intensive Care	30	28	26	2,172	4,960	27	2.3	13.7	45.5	48.8
Direct Admission				1,683	3,138					
Transfers				489	1,822					
Obstetric/Gynecology	20	35	35	2,531	6,597	140	2.7	18.5	92.3	52.7
Maternity				2,447	6,366					
Clean Gynecology				84	231					
Neonatal	52	52	52	548	14,855	0	27.1	40.7	78.3	78.3
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			596	3,447	0	5.8	9.4	47.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	596	3,447	0	5.8	9.4		67.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1955				
Facility Utilization	288			12,873	64,841	5,759	5.5	193.4	67.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	28.6%	37.1%	11.0%	20.1%	0.6%	2.6%	12,873
	3684	4770	1411	2593	83	332	
Outpatients	18.0%	43.1%	9.5%	24.7%	2.8%	1.9%	107,888
	19416	46362	10235	26643	2994	2038	

Inpatient and Outpatient Net Revenue by Payor Source								Charity Care Expense	Total Charity Care Expense 1,104,249
Financial Year Reported:	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	22.0%	33.3%	7.7%	36.7%	0.3%	100.0%		447,125	Total Charity Care as % of Net Revenue 0.3%
	51,864,637	77,974,985	17,974,872	85,989,796	720,705	234,324,995			
Outpatient Revenue (\$)	13.5%	16.0%	6.4%	62.1%	2.0%	100.0%			
	20,628,592	24,450,651	9,778,602	95,075,389	3,105,673	153,038,907	657,124		

Birthing Data			Newborn Nursery Utilization				Organ Transplantation	
Number of Total Births:		2,321		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:		2,304	Beds	26	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	3,701	0	0	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days			3,701	Heart/Lung:	0
Delivery Rooms:	12						Pancreas:	0
Labor-Delivery-Recovery Rooms:	0						Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0						Total:	0
C-Section Rooms:	2			Inpatient Studies		524,310		
CS Sections Performed:	806			Outpatient Studies		290,644		
				Studies Performed Under Contract		709,569		

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2017 Mercyhealth Hospital - Rockton Avenue Rockford Page 2

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	62	0	378	0	378	6.1	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	376	148	1226	364	1590	3.3	2.5
OB/Gynecology	0	0	1	1	139	774	369	1181	1550	2.7	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	4	1860	7	1787	1794	1.8	1.0
Orthopedic	0	0	2	2	951	1017	2778	2337	5115	2.9	2.3
Otolaryngology	0	0	1	1	31	437	44	633	677	1.4	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	130	143	342	554	896	2.6	3.9
Totals	0	0	14	14	2933	6159	8286	10602	18888	2.8	1.7

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	14	Stage 2 Recovery Stations	18
-----------------------------------	---------------------------	----	---------------------------	----

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization				Surgical Hours			Hours per Case			
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient		
Gastrointestinal	0	0	3	3	1315	3418	986	3072	4058	0.7	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	13	9648	13	9648	9661	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pediatric Gastro-Int					21	308	20	380	400	1.0	1.2
Bronchoscopy					305	283	458	187	645	1.5	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care			Cardiac Catheterization Labs			
Certified Trauma Center		Yes	Total Cath Labs (Dedicated+NonDedicated labs):			2
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures			0
	Adult & Child		Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care		1	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:		10,147	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma		984	Cardiac Catheterization Utilization			
Emergency Service Type:		Comprehensive	Total Cardiac Cath Procedures:			4,831
Number of Emergency Room Stations		29	Diagnostic Catheterizations (0-14)			0
Persons Treated by Emergency Services:		49,788	Diagnostic Catheterizations (15+)			3,412
Patients Admitted from Emergency:		7,174	Interventional Catheterizations (0-14):			0
Total ED Visits (Emergency+Trauma):		59,935	Interventional Catheterization (15+)			687
			EP Catheterizations (15+)			732
Free-Standing Emergency Center			Cardiac Surgery Data			
Beds in Free-Standing Centers		0	Total Cardiac Surgery Cases:			62
Patient Visits in Free-Standing Centers		0	Pediatric (0 - 14 Years):			0
Hospital Admissions from Free-Standing Center		0	Adult (15 Years and Older):			62
			Coronary Artery Bypass Grafts (CABGs)			
Outpatient Service Data			performed of total Cardiac Cases :			54
Total Outpatient Visits		325,135				
Outpatient Visits at the Hospital/ Campus:		322,459				
Outpatient Visits Offsite/off campus		2,676				

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Owned	Contract		
General Radiography/Fluoroscopy	20	0	21,072	21,836	0	1	8	
Nuclear Medicine	3	0	452	1,340	0	0	3,327	
Mammography	1	0	0	11,128	0	0	817	
Ultrasound	4	0	3,239	9,339	0	0	1,374	
Angiography	2	0			0	0	0	
Diagnostic Angiography			6,069	4,367	0	0	0	
Interventional Angiography			0	0	0	0	0	
Positron Emission Tomography (PET)	0	1	0	0	268	0	0	
Computerized Axial Tomography (CAT)	3	0	7,811	14,848	0	0	0	
Magnetic Resonance Imaging	3	0	1,477	5,202	0	0	0	
					0	0	0	
					0	0	0	
					0	0	0	

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 1

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Sue Ripach	White	66.5%	Hispanic or Latino:	11.6%
ADMINISTRATOR PHONE:	815-971-7202	Black	21.4%	Not Hispanic or Latino:	86.2%
OWNERSHIP:	Javon Bea Hospital	American Indian	0.3%	Unknown:	2.2%
OPERATOR:	Javon Bea Hospital	Asian	0.9%		
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.1%	IDPH Number:	2048
CERTIFICATION:		Unknown	10.9%	HPA	B-01
FACILITY DESIGNATION:	General Hospital			HSA	1
ADDRESS	2400 N. Rockton Avenue	CITY:	Rockford	COUNTY:	Winnebago County

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				0	0					
15-44 Years				1,150	5,114					
45-64 Years				2,134	10,921					
65-74 Years				1,382	7,065					
75 Years +				1,841	9,706					
Pediatric	12	20	14	803	2,168	975	3.9	8.6	71.8	43.1
Intensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				1,737	3,377					
Transfers				894	1,740					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				2,422	6,594					
Clean Gynecology				63	181					
Neonatal	52	52	52	577	15,159	0	26.3	41.5	79.9	79.9
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0	0	0.0	0.0		
Total AMI	20			593	3,521	0	5.9	9.6	48.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	593	3,521	0	5.9	9.6		68.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	16					1773				
Facility Utilization	288			12,702	65,546	6,262	5.7	196.7	68.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	28.1%	35.3%	12.3%	21.7%	1.9%	0.6%	
	3571	4490	1567	2757	235	82	12,702
Outpatients	21.9%	37.2%	13.0%	23.6%	3.9%	0.3%	
	29121	49411	17265	31372	5123	378	132,670

Financial Year Reported: 7/1/2017 to 6/30/2018 Inpatient and Outpatient Net Revenue by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	19.3%	33.6%	8.5%	38.4%	0.1%	100.0%	
	41,785,393	72,895,865	18,517,089	83,339,031	305,417	216,842,795	493,290
Outpatient Revenue (\$)	13.2%	17.5%	7.6%	61.2%	0.5%	100.0%	
	18,564,989	24,740,328	10,666,702	86,339,324	769,483	141,080,826	1,245,389
							Total Charity Care Expense 1,738,679
							Total Charity Care as % of Net Revenue 0.5%

Birthing Data		Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	2,274	Level I	Level II	Level III+	Kidney:	0
Number of Live Births:	2,257	Beds	26	0	Heart:	0
Birthing Rooms:	0	Patient Days	3,549	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		3,549	Heart/Lung:	0
Delivery Rooms:	12				Pancreas:	0
Labor-Delivery-Recovery Rooms:	0				Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies		536,175	Total:	0
C-Section Rooms:	2	Outpatient Studies		386,143		
CS Sections Performed:	859	Studies Performed Under Contract		474,066		

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 2

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	56	0	410	0	410	7.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1271	1669	3228	3531	6759	2.5	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	325	194	1078	464	1542	3.3	2.4
OB/Gynecology	0	0	1	1	138	892	304	1450	1754	2.2	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	1573	6	1691	1697	6.0	1.1
Orthopedic	0	0	2	2	883	1068	2682	2542	5224	3.0	2.4
Otolaryngology	0	0	1	1	46	424	82	598	680	1.8	1.4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	107	200	284	558	842	2.7	2.8
Totals	0	0	14	14	2827	6020	8074	10834	18908	2.9	1.8
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		14		Stage 2 Recovery Stations			22	

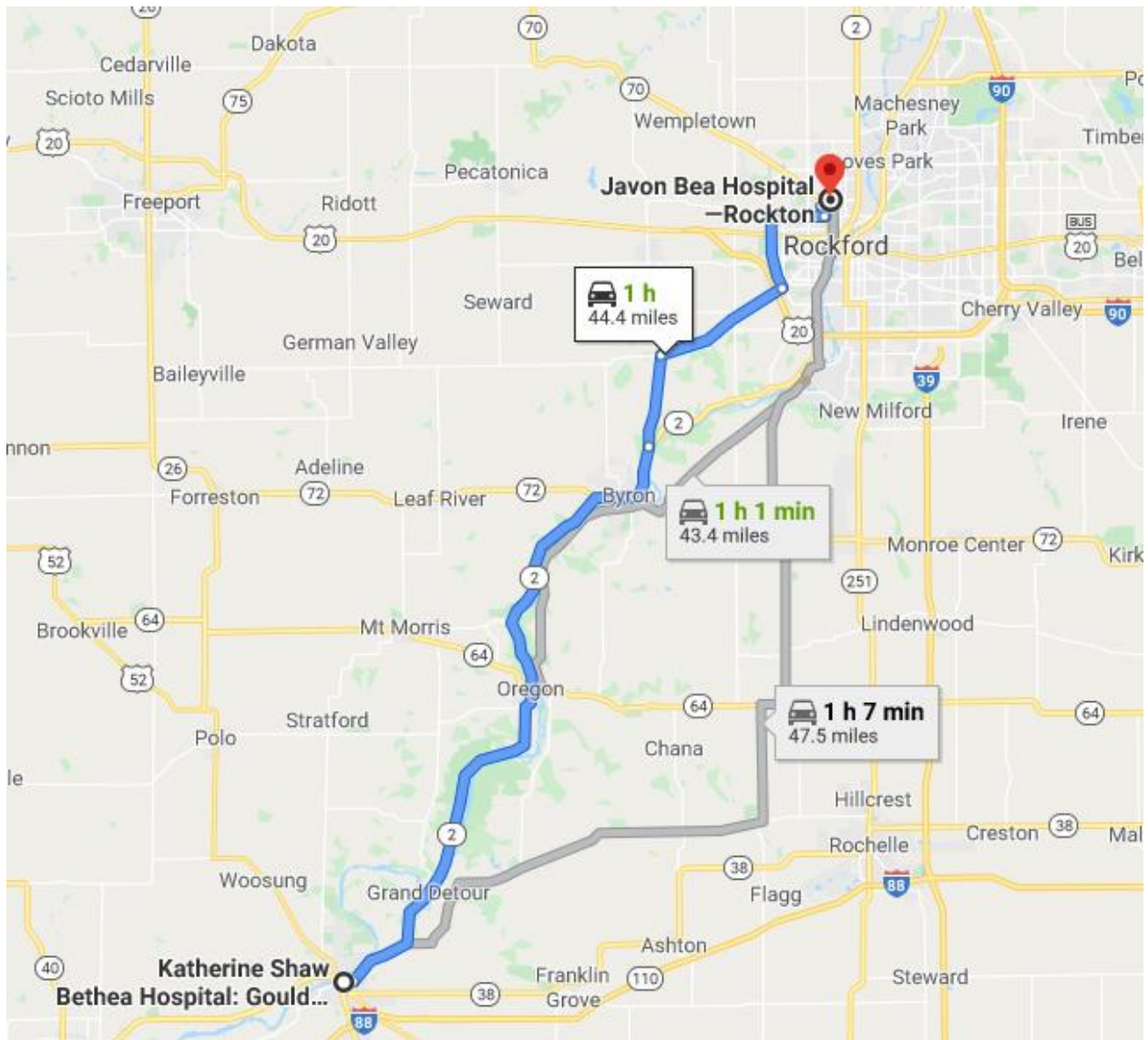
Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	880	3181	660	2859	3519	0.8	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	9	9035	9	9035	9044	1.0	1.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Ped GI				1	22	298	23	293	316	1.0	1.0
Bronchoscopy				1	324	274	486	180	666	1.5	0.7
					0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center			Yes	Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1		Level 2	Cath Labs used for Angiography procedures			0
	Adult/Child			Dedicated Diagnostic Catheterization Labs			0
Operating Rooms Dedicated for Trauma Care			1	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:			9,756	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma			1,063	Cardiac Catheterization Utilization			
Emergency Service Type:			Comprehensive	Total Cardiac Cath Procedures:			1,541
Number of Emergency Room Stations			29	Diagnostic Catheterizations (0-14)			0
Persons Treated by Emergency Services:			47,206	Diagnostic Catheterizations (15+)			658
Patients Admitted from Emergency:			7,033	Interventional Catheterizations (0-14):			0
Total ED Visits (Emergency+Trauma):			56,962	Interventional Catheterization (15+)			299
Free-Standing Emergency Center				EP Catheterizations (15+)			584
Beds in Free-Standing Centers			0	Cardiac Surgery Data			
Patient Visits in Free-Standing Centers			0	Total Cardiac Surgery Cases:			58
Hospital Admissions from Free-Standing Center			0	Pediatric (0 - 14 Years):			0
Outpatient Service Data				Adult (15 Years and Older):			58
Total Outpatient Visits			315,970	Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :			47
Outpatient Visits at the Hospital/ Campus:			313,443				
Outpatient Visits Offsite/off campus			2,527				

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	20	0	21,262	21,340	0	Lithotripsy	0	1	14
Nuclear Medicine	3	0	377	1,368	0	Linear Accelerator	1	0	1,280
Mammography	1	0	0	10,978	0	Image Guided Rad Therapy			863
Ultrasound	4	0	3,276	8,563	0	Intensity Modulated Rad Thrpy			722
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			6,422	4,911	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gammas Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	335	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	8,398	15,189	0				
Magnetic Resonance Imaging	3	0	1,418	5,159	0				

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7- MAP REFLECTING DISTANCE OF AREA PROVIDERS



Source: Google Maps

ATTACHMENT 8- BACKGROUND OF THE APPLICANT

Javon Bea Hospital is a joint venture partner in Van Matre Rehabilitation Hospital.

Mercy Health corporation owns the following Illinois healthcare facilities:

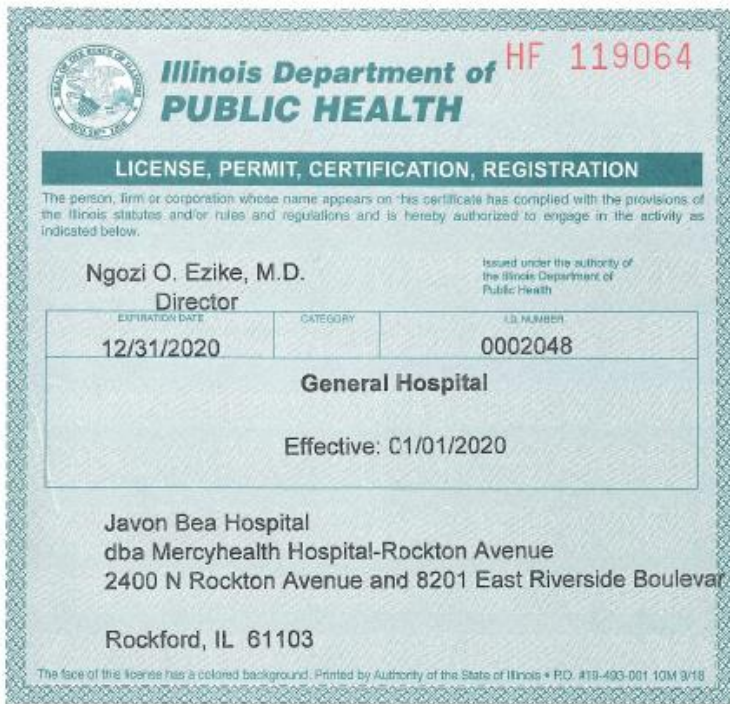
- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

A copy of the licenses for each facility is included with this attachment.

A copy of a letter certifying that no adverse action has been taken against any of the aforementioned facilities in the three year prior to the filing of the application.

Additionally, a copy of a letter providing authorization to HFSRB and IDPH to 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.

ATTACHMENT 8- JAVON BEA HOSPITAL LICENSE



Illinois Department of PUBLIC HEALTH HF 119064

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	CATEGORY	LIC. NUMBER
12/31/2020		0002048

General Hospital

Effective: 01/01/2020

Javon Bea Hospital
dba Mercyhealth Hospital-Rockton Avenue
2400 N Rockton Avenue and 8201 East Riverside Boulevard

Rockford, IL 61103

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 3/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2020
Lic Number 0002048
Date Printed 10/17/2019

Javon Bea Hospital
dba Mercyhealth Hospital-Rockton Ave
2400 N Rockton Avenue and 8201 East
Rockford, IL 61103

FEE RECEIPT NO.

#0002048

CEO
MERCYHEALTH HOSPITAL ROCKTON
2400 N ROCKTON AVE
ROCKFORD IL 61103-3655

ATTACHMENT 8- VAN MATRE REHABILITATION HOSPITAL



The license is a rectangular document with a decorative border. At the top left is the Illinois State Seal. To its right, the text reads "Illinois Department of PUBLIC HEALTH" in blue and black. Further right, the alphanumeric code "HF 118892" is printed in pink. Below this is a dark blue banner with the text "LICENSE, PERMIT, CERTIFICATION, REGISTRATION" in white. Underneath the banner is a paragraph of fine print. The license holder's name, "Ngozi O. Ezike, M.D.", and title, "Director", are listed. To the right, it says "Issued under the authority of the Illinois Department of Public Health". A table with three columns (Expiration Date, Category, ID Number) contains the values "10/26/2020", "Rehabilitation Hospital", and "0005215". Below the table, it states "Effective: 10/27/2019". The licensee's name and address are listed at the bottom: "Van Matre Encompass Health Rehabilitation Hospital LLC dba Van Matre Encompass Health Rehabilitation Hospital, 950 S Mulford Road, Rockford, IL 61108". At the very bottom, a small note says "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".

HF 118892

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	CATEGORY	ID NUMBER
10/26/2020	Rehabilitation Hospital	0005215

Effective: 10/27/2019

Van Matre Encompass Health Rehabilitation Hospital LLC
dba Van Matre Encompass Health Rehabilitation Hospital
950 S Mulford Road
Rockford, IL 61108

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 10/26/2020

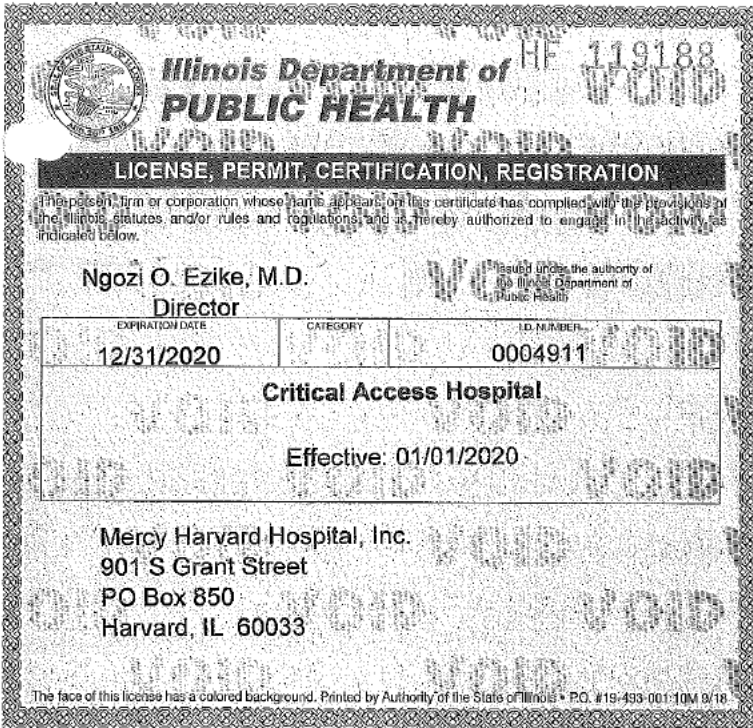
Lic Number 0005215

Date Printed 9/12/2019

Van Matre Encompass Health Rehabil
dba Van Matre Encompass Health Re
950 S Mulford Road
Rockford, IL 61108

FEE RECEIPT NO.

ATTACHMENT 8- MERCY HARVARD HOSPITAL LICENSE



The Illinois Department of Public Health license for Critical Access Hospital, issued to Ngozi O. Ezike, M.D., Director. The license includes the expiration date 12/31/2020 and the ID number 0004911. It is effective from 01/01/2020. The license is issued under the authority of the Illinois Department of Public Health.

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.

Issued under the authority of the Illinois Department of Public Health

Ngozi O. Ezike, M.D.
 Director

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2020		0004911

Critical Access Hospital

Effective: 01/01/2020

Mercy Harvard Hospital, Inc.
901 S Grant Street
PO Box 850
Harvard, IL 60033

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001-10M 8/18

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2020

Lic Number 0004911

Date Printed 10/29/2019

Mercy Harvard Hospital, Inc.

901 S Grant Street
PO Box 850
Harvard, IL 60033

FEE RECEIPT NO.

ATTACHMENT 8- CERTIFICATION AND AUTHORIZATION LETTER



**Javon Bea Hospital and
Physician Clinic-Rockton**
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

June 30, 2020

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

Re: Certification and Authorization

Dear Ms. Avery,

As representative of Mercy Health Corporation, I, Amy Bradshaw, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Mercy Health Corporation has ownership interest in the following Illinois healthcare facilities:

- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

Additionally, none of the health care facilities listed above have been cited for an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Amy Bradshaw
Manager of Legal Services
Mercy Health Corporation

Subscribed and sworn to before me this

30 day of June, 2020.

Notary Public

Seal



ATTACHMENT 9- SAFETY NET IMPACT STATEMENT

In accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/5.4), the applicant provides the following safety net impact statement addressing the following questions presented in the Certificate of Exemption application.

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.

This proposed modification is designed to reflect the evolving healthcare delivery preferences of the community. As is evidenced by the most recent hospital profile data, the utilization reported at Javon Bea Hospital was below 50% for its Acute Mental Illness (“AMI”) category of service. This is, in part, due to the availability of other quality providers in the community (including Swedish American who recently expanded its services to provide a juvenile AMI component) but also reflects the availability of other quality community options such as Rosecrance and Mathers. Accordingly, we are confident that the impact upon any essential safety net services will be minimal.

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.

As the HFSRB is designed to promote, the more effective and efficient utilization of existing facilities results in improved healthcare delivery. This discontinuation should help address challenges other providers have faced, both with regards to availability of staff and census and, could improve the overall ability to provide care.

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

As noted above, there is the potential that this discontinuation will result in a more natural distribution of patients and staff among other area providers, it will allow the Javon Bea Hospital to better meet the needs of the community in areas in which this hospital has become a preferred destination for care, and it could also make the community a more attractive location for an independent provider of specialty AMI services to establish a freestanding AMI hospital (a line of services that has been evidenced to the HFSRB to meaningfully add to the availability of services in a community). Such a project would be more attractive if existing facilities were better utilized.

ATTACHMENT 9- SAFETY NET IMPACT

Javon Bea Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	2033	2033	2310
Charity (cost In dollars)			
Inpatient	\$731,425	\$447,125	\$493,290
Outpatient	\$591,477	\$651,124	\$1,245,389
Total	\$1,322,902	\$1,104,249	\$1,738,679
Medicaid (# of patients)	2016	2017	2018
Inpatient	3911	4770	4490
Outpatient	43081	46362	49411
Total	46992	51132	53901
Medicaid (revenue)			
Inpatient	\$63,808,298	\$77,974,985	\$72,895,865
Outpatient	\$21,971,736	\$24,450,551	\$24,740,328
Total	\$85,780,034	\$102,425,536	\$97,636,193

ATTACHMENT 9- SAFETY NET IMPACT

Van Matre Rehabilitation Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Total	0	0	0
Charity (cost In dollars)			
Total	N/A	N/A	N/A
Medicaid (# of patients)	2016	2017	2018
Inpatient	183	193	181
Outpatient	6	415	313
Total	189	608	494
Medicaid (revenue)			
Inpatient	\$2,526,595	\$2,357,875	\$2,818,451
Outpatient	\$100,547	\$29,581	\$33,478
Total	\$2,627,142	\$2,387,456	\$2,851,929

ATTACHMENT 9- SAFETY NET IMPACT

Mercy Harvard Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	2	9	12
Outpatient	16	51	75
Total	18	60	87
Charity (cost In dollars)			
Inpatient	\$15,899	\$8,137	\$21,721
Outpatient	\$36,642	\$85,086	\$96,641
Total	\$52,541	\$93,223	\$118,362
Medicaid (# of patients)	2016	2017	2018
Inpatient	40	46	45
Outpatient	3732	3442	3298
Total	3763	3488	3343
Medicaid (revenue)			
Inpatient	\$1,176,482	\$992,465	\$900,863
Outpatient	\$3,431,195	\$3,080,813	\$2,475,799
Total	\$4,607,677	\$4,073,278	\$3,376,662

ATTACHMENT 10 - CHARITY CARE

Javon Bea Hospital

CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	313	332	52
Outpatient	1720	2036	376
Total	2033	2033	2310
Charity (cost In dollars)			
Inpatient	\$731,425	\$447,125	\$493,290
Outpatient	\$591,477	\$651,124	\$1,245,389
Total	\$1,322,902	\$1,104,249	\$1,738,679

Van Matre Rehabilitation Hospital

CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Total	0	0	0
Charity (cost In dollars)			
Total	N/A	N/A	N/A

Mercy Harvard Hospital

CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	2	9	12
Outpatient	16	51	75
Total	18	60	87
Charity (cost In dollars)			
Inpatient	\$15,899	\$8,137	\$21,721
Outpatient	\$36,642	\$85,086	\$96,641
Total	\$52,541	\$93,223	\$118,362

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-18
2	Site Ownership	19-20
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
5	Discontinuation General Information Requirements	23-25
6	Reasons for Discontinuation	26-34
7	Impact on Access	35-64
8	Background of the Applicant	65-69
9	Safety Net Impact Statement	70-73
10	Charity Care Information	74