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

### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Ide	entification		
Facility Name:		al - Rockton Avenue Campus (Discontinuation of AMI Category)	
Street Address:			
	: Rockford, IL 6110		
County:	Winnebago	Health Service Area: I Health Planning Area: B-01	
		ant (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 Registere		Paul Van Den Heuvel	
Registered Agent		2400 North Rockton Avenue	
		Rockford, IL 61103	
Name of Chief Exe		Javon R. Bea	
CEO Street Addre		2400 North Rockton Avenue	
CEO City and Zip		Rockford, IL 61103	
CEO Telephone N	lumber:	815-971-1060	
Type of Ownership	o of Applicants		
For-profit	Corporation Corporation ability Company	Partnership Governmental Sole Proprietorship	
standing.  o Partnersh and addre	ips must provide th	e name of the state in which they are organized and the name specifying whether each is a general or limited partner.	
	IENTATION AS <u>A</u> OF THE APPLICA	TTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER ATION FORM.	
Primary Contact [F	Person to receive A	LL correspondence or inquiries]	
Name:	Amy Bradshaw		
Title:	Manager of Lega	al Services	
Company Name:	Javon Bea Hosp	pital	
Address:	2400 North Roc	kton Avenue	
Telephone Number			
E-mail Address:	<u>abradshaw@ml</u>	<u>nemail.org</u>	
Fax Number:	608-756-6236		
Additional Contac	t [Person who is al	so authorized to discuss the application for exemption]	
Name: Juan Mora	do Jr. and Mark J.	Silberman	
Title: Partner			
Company Name: I	Benesch, Friedland	er, Coplan & Aronoff, LLP	
		oth Floor, Chicago IL 60606	
Telephone Number			
E-mail Address: jn	norado@beneschla	aw.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 Ide	entification	
Facility Name:		ital - Rockton Avenue Campus (Discontinuation of AMI Category)
Street Address:		
City and Zip Code		
	Winnebago	Health Service Area: I Health Planning Area: B-01
County.	viiiiobago	Trouble Colvice 74 od. 1
		ant (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 Registere		Paul Van Den Heuvel
Registered Agent		2400 North Rockton Avenue
		e: Rockford, IL 61103
Name of Chief Exe		Javon R. Bea
CEO Street Addre		2400 North Rockton Avenue
CEO City and Zip		Rockford, IL 61103
CEO Telephone N	lumber:	815-971-1060
Type of Ownership	o of Applicants	
For-profit	Corporation Corporation ability Company	Partnership Governmental Sole Proprietorship
standing.  o Partnershi and addre	ips must provide t ss of each partne	bility companies must provide an <b>Illinois certificate of good</b> he name of the state in which they are organized and the name r specifying whether each is a general or limited partner.
THE LAST PAGE		ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER FATION FORM.
Primary Contact [F	Person to receive	ALL correspondence or inquiries]
Name:	Amy Bradshaw	· · · ·
Title:	Manager of Leg	
Company Name:	Javon Bea Hos	
Address:	2400 North Ro	
Telephone Numbe	er: 608-314-2468	
E-mail Address:	abradshaw@m	nhemail.org
Fax Number:	608-756-6236	
		also authorized to discuss the application for exemption]
Name: Juan Mora		
Title: Partner		
Company Name: E	Benesch, Friedlan	der, Coplan & Aronoff, LLP
		6th Floor, Chicago IL 60606
Telephone Numbe		
		law.com; msilberman@beneschlaw.com
Fax Number: 312-		

## **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	on of the Site:		
Proof of ownership or control o	f 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 L	Exact Legal Name: Javon Bea Hospital				
Addres	Address: 2400 North Rockton Avenue, Rockford, IL 61103				
	Non-profit Corporation				
0	Corporations and limited liability companies must provide an Illinois Certificate of Good				
	Standing.				
0	Partnerships must provide the name of the state in which organized and the name and address				
0	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 %				
0	of ownership.				
	ND DOCUMENTATION AS <u>ATTACHMENT 3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER AST PAGE OF THE APPLICATION FORM.				

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

## **Organizational Relationships**

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

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

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

## **Narrative Description**

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

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);
- 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.

\*Insert the EXACT legal name of the applicant

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.

application is sent herewith or will be paid upon	request.
Jan P. Bear	Molon
SIGNATURE	SIĞNATURE
Javon R. Bea PRINTED NAME	Todd Anderson PRINTED NAME
_Chief Executive Officer PRINTED TITLE	Chief Financial Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this し day of ていり, 2のより	Notarization: Subscribed and sworn to before me this day of
this 1 day of July, 2020  Centifer 2 Sprekrum  Signature of Notary	Signature of Notary
OFFICIAL SEAL JENNIFER L. SPRINGBRUM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES SEPTEMBER 13, 2020	OFFICIAL SEAL JENNIFER L. SPRINGBRUM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES SEPTEMBER 13, 2020

#### 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.

approach to commission and a man approach	, - <b></b>
Javan R Bla	Mollow
SIGNATURE	SIGNATURE
Javon R. Bea PRINTED NAME	Todd Anderson PRINTED NAME
_Chief Executive Officer PRINTED TITLE	Chief Financial Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this day of	Notarization: Subscribed and sworn to before me this day of
Signature of Notary	Connete Lapaghen Signature of Notary
OFFICIAL SEAL JENNIFER L. SPRINGBRUM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES SEPTEMBER 13, 2020	OFFICIAL SEAL JENNIFER L. SPRINGBRUM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES SEPTEMBER 13, 2020

\*Insert the EXACT legal name of the applicant

#### SECTION II. DISCONTINUATION

#### **Type of Discontinuation**

$\boxtimes$	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 <u>ATTACHMENT 5</u>, 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 <u>ATTACHMENT 6</u>, 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.
- 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 <u>ATTACHMENT 7</u>, 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 <u>ATTACHMENT 8</u>, 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		

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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  $\underline{\text{ATTACHMENT 9}},$  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 <a href="mailto:audited"><u>audited</u></a> 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 <u>ATTACHMENT 10</u>, 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	
ATTACHMI NO.	ENT	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:

- The Illinois Certificate of Good Standing for Javon Bea Hospital.
   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.



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 .

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

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.



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 .

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

SECRETARY OF STATE ATTACHMENT

# **ATTACHMENT 2- SITE OWNERSHIP**

Included	I with this attac	nment is proof	of site	ownership	consisting of	letter signed	by Chief
Financial Officer	Todd Anderso	n attesting to	site owi	nership of J	avon Bea Ho	spital.	

## 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, 2<sup>nd</sup> 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.

Lendy of Kath

OFFICIAL SEAL
CINDY J. RATHKE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 3, 2023

#### 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.

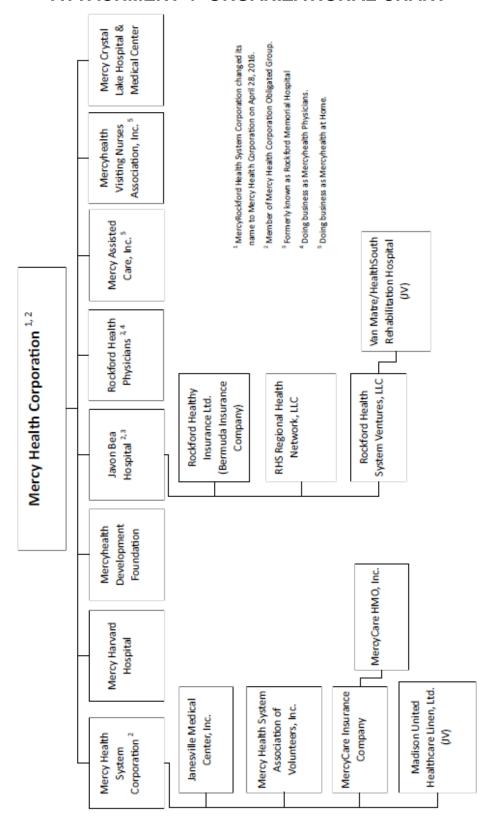


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of OCTOBER A.D. 2019.

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

SECRETARY OF STATE ATTACHMENT 3

## **ATTACHMENT 4- ORGANIZATIONAL CHART**



# 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 telehealth 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, 2<sup>nd</sup> 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,

Amy Bradshaw

Manager of Legal Services Mercy Health Corporation

Budghan

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

2015	Rockford	d Memorial H	lospital				ford		Page 1
gement and	General Infor	mation				Race		Patients by Et	hnicity
Sue Rips	xch			W	nite	7	5.8% H	ispanic or Latino	2: 5.8
815-971-	6767							ot Hispanic or L	
				An	nerican Indian			nknown:	9.2
		on (Not Church-F	₹						
				Un	known		7.3%		B-01
							_		1
2400 Nor	th Rockton Av					Winnet	tago Coun	ty	
Authorized	1 Dook Dod		tion Data by	/ Category	of Service	Accessor	Average	CON	Staffe d Bed
CON Bods	Setup and	d Peak				Length	Daily	Occupancy	Occupancy Rate %
					. ,				63.9
154	157	140			1,405	4./	100.3	00.2	03.9
12	20	14	944	2,557	797	3.6	9.2	76.6	45.9
30	29	28	2,273	5,884	22	2.6	16.2	53.9	55.8
			1,881	4,473					
			392	1,411					
20	35	30	1.724	5.085	124	3.0	14.3	71.4	40.8
			73	173					
48	46	46			0	28.0	36.5	79.3	79.3
									0.0
								0.0	0.0
20	14				0			53.2	76.0
									0.0
									0.0
				-		0.0	0.0	0.0	0.0
			13.364	65.866		5.2	192.1	68.1	
		(Includes ICU I	.,		- 1 - 1 -				
						Source			
fedicare	Medi caid	Other Public			Private Pay		Chi	arity Care	Totals
32.8%	30.6%	9.1%		24.3%	0.5%			2.6%	
4384	4093	1215		3245	72			353	13,362
18.7%	41.1%	8.0%		27.0%	3.5%			1.7%	,
18758	41257	8046			3522			1660	100,379
							rce		Total Charity
1/1/2015	to 12/31/20	15 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sou			
1/1/2015 / Medicare	to 12/31/20 Medicald	other Public	nt and Outp Private In		Revenue by P	-	Totals	Charity Care	Care Expense
Medicare	Medicald	Other Public		surance	Private Pay		Totals		Care Expense 1,633,503
Medicare 22.7%	Medicald 27.8%	Other Public 6.6%	Private In	surance 42.3%	Private Pay 0.6%	1	Totals	Care	1,633,503 Total Charity
Medicare 22.7%, ,175,337	Medicald 27.8% 61,385,905	Other Public 6.6% 14,681,002	Private In	<b>42.3%</b> 408,453	Private Pay 0.6% 1,232,449	1 220,8	Totals 100.0% 383,146	Care Expense	1,633,503 Total Charity Care as % of
Medicare 22.7% ,175,337	Medicald 27.8% 81,385,905 17.9%	Other Public 6.6% 14,681,002 5.6%	Private In	42.3% 408,453 60.8%	Private Pay 0.6% 1,232,449 3.0%	1 220,8	Totals 100.0% 883,146 100.0%	Care Expense 913,147	1,633,503 Total Charity Care as % of Not Revenue
Medicare 22.7% ,175,337 ( 12.8% 524,221 2	Medicald 27.8% 61,385,905	Other Public 6.6% 14,681,002	Private In 93,	42.3% 408,453 60.8% 132,460	Private Pay 0.6% 1,232,449 3.0% 4,151,293	1 220,8 1 137,3	Totals 100.0% 383,146	Care Expense 913,147 720,356	1,633,503 Total Charity Care as % of Net Revenue 0.5%
Medicare 22.7% ,175,337	Medicald 27.8% 61,385,905 17.9% 4,538,106	Other Public 6.6% 14,681,002 5.6% 7,690,969	Private In 93,	42.3% 408,453 60.8% 132,460 born Nurse	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization	1 220,8 1 137,3	Totals 100.0% 383,146 100.0% 37,049	Care Expense 913,147 720,356 Organ Tran	1,633,503 Total Charity Care as % of Not Revenue 0.5%
Medicare 22.7% ,175,337 ( 12.8% 524,221 2	Medicald 27.8% 81,385,905 17.9% 4,538,106	Other Public 6.6% 14,881,002 5.6% 7,890,969	Private In 93,	42.3% 408,453 60.8% 32,460 born Nurse Level I	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	1 220,8 1 137,3 Lev	Totals 100.0% 883,146 100.0%	Care Expense 913,147 720,356 Organ Tran Kidney:	1,633,503 Total Charity Care as % of Not Revenue 0.5% hsplantation 0
Medicare 22.7% ,175,337 ( 12.8% 524,221 2	Medicald 27.8% 81,385,905 17.9% 4,538,106	Other Public 6.6% 14,681,002 5.6% 7,690,969 ,505 ,482 Beds	Private In 93, 83,4 New!	42.3% 408,453 60.8% i32,460 born Nurse Level I	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	1 220,8 137,3 Lev	Totals 100.0% 383,146 100.0% 37,049 vei II+ 0	Care Expense 913,147 720,356  Organ Tran Kidney: Heart:	1,633,503 Total Charity Care as % of Net Revenue 0.5% asplantation 0
Medicare 22.7% ,175,337 ( 12.8% 524,221 2	Medicald 27.8% 81,385,905 17.9% 4,538,106	Other Public 6.6% 14,881,002 5.6% 7,690,969 .505 482 Beds 0 Patient	Private In  93,  83,4  New!	42.3% 408,453 60.8% 432,460 born Nurs Level I 26 2,577	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	1 220,8 137,3 Lev	Totals 100.0% 383,146 100.0% 37,049	Care Expense 913,147 720,356 Organ Tran Kidney: Heart: Lung:	1,633,503 Total Charity Care as % of Net Revenue 0.5%  asplantation 0 0
Medicare 22.7% ,175,337 ( 12.8% 524,221 2	Medicald 27.8% 81,385,905 17.9% 4,538,106	Other Public 6.6% 14,881,002 5.6% 7,690,989 505 482 Beds 0 Patient 0 Total N	Private In 93, 83,4 New!	42.3% 408,453 60.8% 432,460 born Nurs Level I 26 2,577	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	137,3 137,3 Lev	Totals 100.0% 383,146 100.0% 37,049 vei II+ 0	Care Expense 913,147 720,356  Organ Tran Kidney: Heart: Lung: Heart/Lung:	1,633,503 Total Charity Care as % of Net Revenue 0.5% splantation 0 0 0
22.7% ,175,337 ( 12.8% 524,221 2 ing Data	Medicald 27.8% 81,385,905 17.9% 4,538,106	Other Public 6.6% 14,881,002 5.6% 7,890,969 505 482 Beds 0 Patient 0 Total N	Private In 93, 83,4 Newl	42.3% 408,453 60.8% 432,460 born Nurse Level I 26 2,577 ent Days	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	137,3 137,3 Lev	Totals 100.0% 883,146 100.0% 37,049 vel II+ 0	Care Expense 913,147  720,356  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	1,633,503 Total Charity Care as % of Net Revenue 0.5% esplantation 0 0 0 0
Medicare 22.7% .175,337 (12.8% 524,221 2 ing Data	Medicaid 27.8% 81,385,905 17.9% 4,538,108	Other Public 6.6% 14,681,002 5.6% 7,690,969 ,505 ,482	Private In  93,  83,4  Newi	42.3% 408,453 60.8% 432,460 born Nurs Level I 26 2,577	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	1 220,8 1 137,3 Lev	Totals 100.0% 383,146 100.0% 37,049 vel II+ 0 0 2,577	Care Expense 913,147  720,356  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	1,633,503 Total Charity Care as % of Not Revenue 0.5% esplantation 0 0 0 0
22.7% ,175,337 ( 12.8% 524,221 2 ing Data	Medicaid 27.8% 81,385,905 17.9% 4,538,108	Other Public 6.6% 14,681,002 5.6% 7,690,969  5.05 482 Beds 0 Patient 0 Total N 12 0 Inpatie	Private In 93, 83,4 Newl	42.3% 408,453 60.8% 432,460 born Nurse Level I 26 2,577 ent Days	Private Pay 0.6% 1,232,449 3.0% 4,151,293 ery Utilization Level II	137,3 137,3 Let	Totals 100.0% 883,146 100.0% 37,049 vel II+ 0	Care Expense 913,147  720,356  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	1,633,503 Total Charity Care as % of Not Revenue 0.5% esplantation 0 0 0 0
	gement and :     Sue Rips     815-971-     Rockford     Rockford     Not for P     (Not Ans     General     2400 Nor      Authorizet     CON Beds     12/31/2019     154      12     30      20      46     0     0     0     16     282  fedicare     32.8%     4384 18.7%	gement and General Infor Sue Ripsch 815-971-6767 Rockford Memorial Ho: Rockford Memorial Ho: Not for Profit Corporati (Not Answered) General Hospital 2400 North Rockfor Av  Authorized CON Beds 12/31/2015 154 157  12 20 30 29 20 35 46 46 0 0 0 20 14 0 0 0 16 282  fedicare Medicaid 32.8% 4384 4093 18.7% 41.1%	Sue Ripsch   Sue	Sue Ripsch   S15-971-6767   Rockford Memorial Hospital   Rockford Memorial Hospital   Rockford Memorial Hospital   Not for Profit Corporation (Not Church-R (Not Answered)   General Hospital   2400 North Rockforn Avenue   CITY: Rockford   Facility Utilization Data by	Sue Ripsch   Sue	Sue Ripsch   Sue	Substitute   Sub	Sue Ripsch	Sue Ripsch

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

lospital Profile - C	1 2013	ROCKI	ord Men			tina Room Uti	lization	Rockfo	ra		Page
Surgical Specialty	Oner	ating Rooms		irgery ar	Surgical	-		urgical Hours		House	er Case
	Inpatient Outpa	-			npatient	Outpatient	Inpatient	Outpatient T	atal Haure		Outpatie
Cardiovascular	0			1 .	60	0	397	0	397	6.6	0.0
Dermatology	0			0	0	0	0	0	0	0.0	0.0
General	0	-	-	4	1374	1829	2762	3692	6454	2.0	2.0
Gastroenterology	o	-		0	0	0	0	0	0	0.0	0.0
Neurology	ō		_	2	513	216	1921	508	2427	3.7	2.3
OB/Gynecology	0	-		1	116	626	231	1113	1344	2.0	1.8
Ora#Maxillofacial	o			0	0	0	0	0	0	0.0	0.0
Ophthalmology	0		-	1	1	2072	5	1986	1991	5.0	1.0
Orthopedic	o			2	1071	770	3239	2031	5270	3.0	2.0
Otolaryngology	0			1	49	601	71	847	918	1.4	1.4
Plastic Surgery	0	-		0	0	001	0	0	0	0.0	0.0
	0		_	0	0	0	0	0	0	0.0	0.0
Podiatry		-	-	-		-	_	_	-		
Thoracic	0	-		0	0	0	400	0	0	0.0	0.0
Uralogy	0	0	2	2	140	276	400	558	958	2.9	2.0
Total s	0	0 1	4 1	4	3324	6390	9026	10733	19759	2.7	1.7
SURGICAL RECOVE	RY STATIONS		stage 1 Re	covery S	tations	14	Sta	ge 2 Recovery	/ Stations	18	
			edicated	and Non	-Dedicate	d Procedure	Room Utilza	ation			
		Procedure 2				ical Cases		Surgical Hour	_		per Case
rocedure Type	Inpatient	Outpatient	Combined	Total	Inpatien	t Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatie
astrointes tinal	0	0	6	6	808	1836	605	1651	2256	8.0	0.
aser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.
ain Management	0	0	2	2	29	3815	29	3815	3844	1.0	1.
ystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.
			М	ultiouro	ose Non-l	Dedicated Roo	oms				
eds Gl	0	0	1	1	38		37	461	498	1.0	1.
ranchascopy	0	0	1	1	626	407	939	269	1208	1.5	0.1
	0	0	0	0	0	0	0	0	0	0.0	0.
	mer gency/Tra	uma Care						Cardiac Cat	heterization	Labs	
Certified Traum					Yes	Total	Cath Labo /F	edicated+Nor			2
Level of Trauma			Level 1		Level 2			d for Angiogra			0
		h Adult	and Pedi	Not A	nswered			nostic Cathet		do	0
Operating Room	ns Dedicated for				1			ventional Cat		abe	0
Number of Trau			-		10,650			Catheterization		aus	0
Patients Admitte					1,064	50	dodied Er	Jan ora zaro	1 2000		
Emergency Ser				Comm	ehensive		Car	diac Catheter	rization Utili:	ration	
Number of Eme	2.0	tatione		Compr	29	Total			TEGETOTI OTTI	ation	
Persons Treated					41.525			Procedures:			2,081
Patients Admitte					7,930		-	heterizations (			-0
Total ED Visits					52,175			heterizations (			780
TOTAL ELD VISIO		-			52,175			Catheterization			0
	Free-Standing	Emergency	Center					Catheterization	1 (15+)		442
Beds in Free-St	-				0	EP	Catheteriza	tions (15+)			859
Patient Visits in					0			Cardiac Sur	gery Data		
Hospital Admiss	ions from Free-	Standing Ce	nter		0		Cardiac Surg				60
	Outpatient Ser	vice Data				Pe	diatric (0 - 1	4 Years):			0
Total Outpatient	Visits				289,813			and Older):			60
Outpatient V	isits at the Hosp	ital/ Campus			285,466	Co		y Bypass Graf			
Outpatient V	isits Offsite/off c	ampus			4,347		performed	of total Cardi	ac Cases:		41
Diagnostic/Intervention	nal Equipment				xaminati	ons	Therape	utic Equipme	ent		Therapi
			Contract	Inpatier	nt Outp	t Contract			Owned	Contract	Treatme
General Radiography/	Fluoroscopy	13	0	22,920	20,25		Lithotripsy		(	1	
Nuclear Medicine		3	0	458	1,18	3 283	Linear Acc	elerator	1	0	2,0
Mammography		4	0	0			Image G	Suided Rad Th	петару		6
Ultrasound		3	0	3,015			_	Modulated R			6
Angiography		2	0	-10.0	- 100		-	Brachytherap		0	,
Diagnostic Angiogra	inhv	-		3,832	1,96	9 0	_	am Therapy	"		
Interventional Angio				3,032		0 0	Gamma Ki				
~rear variouslas Pergio						-	Cyber knif				
Pagitran Emiggian Tor	nonranhy (DET)										
Positron Emission Tor Computerized Axial To		_	1	7,494	11,07		Cyber min		,	, ,	

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

Hospital Profile - CY			d Memorial H	rospitai		Datio t- t-	Rock	iora	Datients by 5	Page 1
Ownership, Manag			mation		140	Patients by		3.8% H	Patients by Et	
ADMINISTRATOR NAME:						hite sok			ispanic or Latino	
ADMINSTRATOR PHONE OWNERSHIP:	Rockford	Memorial Hos			An	nerican Indian	(	0.1% U	lot Hispanic or L Inknown:	auno: 90.5° 1.8°
OPERATOR:		Memorial Hos				ian		0.5% -		
MANAGEMENT:			n (Not Church-F	₹		waiian/ Pacific		0.1%	IDPH Number	
CERTIFICATION:	(Not Ans				Un	iknown	1	7.7%	HPA	B-01
FACILITY DESIGNATION:		Hospital		W. Backfood		COUNTY	Manak		HSA	1
ADDRESS	2400 NO	rth Rockton Av		Y: Rockford		COUNTY	vvinneo	ago coun	ty	
	Authorize	d Peak Bed	Facility Utiliza	ition Data by	y Category	of Service		Average	CON	Staffed Bed
Clinical Service	CON Bed: 12/3 1/201	Setup an		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Daily Census	Occupancy Rate %	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					
ediatric	12	20	13	865	2,199	736	3.4	8.0	66.8	40.1
ntensive 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 include:	d in Facility A	lamissions		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					
leonatal	52	52	52	458	13,833	0	30.2	37.8	72.7	72.7
ong Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
wing Beds			0	0	0		0.0	0.0		
otal 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
ong-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					2244				
Facility Utilization	288			12,675	64,610	5,636	5.5	191.9	66.6	
			Inpatie	nts and Outp	atients S	erved by Payor	Source			
M	fedicare	Medicald 8 8 1	Other Public	Private In:	su rance	Private Pay		Chi	arity Care	Totals
Inneticute	31.6%	30.9%	10.9%		23.6%	0.6%			2.5%	
Inpatients	4000	3911	1379		2990	82			313	12,675
	19.3%	41.0%	8.7%		26.2%	3.2%			1.6%	
Outpatients	20262	43081	9086		27491	3340			1720	104,980
Financial Year Reported:	7/1/2015	to 6/30/20	16 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sour	ce		Total Charity
	Medicare	Medicaid	Other Public	Private In				Totals	Charity Care	Care Expense
Inpatient				Private in		Private Pay			Expense	1,322,902
Revenue (\$)	22.0%	28.3%	7.2%		42.1%	0.3%		00.0%		Total Charity
49,	,691,470	63,808,298	16,261,332	95,	015,434	684,660	225,4	61,194	731,425	Care as % of
Outpatient	13.6%	15.3%	5.9%		62.2%	3.0%	1	100.0%		Net Revenue
Revenue (\$) 19,	481,889	21,971,736	8,423,384	89,3	389, 155	4,362,294	143,6	28,458	591,477	0.4%
Diethi	ing Data			Mouri	norm Murro	ery Utilization			Orman Tran	nsplantation
	ing Data		407	News						nsplantation
Number of Total Births: Number of Live Births:			,487 ,480 Bade		Level I	LevelII		el II+	Kidney: Heart:	
Bithing Rooms:		1	0	_	20	-		0	Lung:	
			n Patient	-	2,59	8 (		0	Heart/Lung:	
			0 Total N	lewbom Patie	ent Days			2,596	Pancreas:	
Labor Rooms:			U							
Labor Rooms: Delivery Rooms:	Rooms:			L	aboratory	Studies			Liver:	
Labor Rooms: Delivery Rooms: Labor-Delivery-Recovery Labor-Delivery-Recovery-		Rooms:	12	_	aboratory	Studies	53	0.829		
Labor Rooms: Delivery Rooms: Labor-Delivery-Recovery		Rooms:	12 0 Inpatie	<u>L</u> nt Studies ient Studies	aboratory	Studies		0,829 5,412	Liver: Total:	

Hospital Profile - C	1 2010	Rockfo			-			Rockfo	,, u		Page		
O			Sur	rgery an		ing Room Uti							
Surgical Specialty	_	ating Rooms		Surgical Cases			_	urgical Hours			per Case		
	npatient Outpa					Outpatient	Inpatient	Outpatient			Outpatien		
Cardiovascular	0	0 2			112	0	673	0	673	6.0	0.0		
Dermatology	0	0 (			0	0	0	0	0	0.0	0.0		
General	0	0 0			1468	1963	3910	4061	7971	2.7	2.1		
Gastroenterology	0	0 2			0 467	0 180	0 1602	0 440	0 2042	0.0 3.4	0.0 2.4		
Neurology OB/Omagadamy	0	0 -								2.3	1.6		
OB/Gynecology Oral/Maxillofacial	0	0 (			125	562 0	286 0	900	1186	0.0	0.0		
	0	0			3	2059	7	2007	2014	2.3	1.0		
Ophthalmology Orthogodia	0	0 2			1071	798	3227	2034	5261		2.5		
Orthopedic Otologogogogo	0	0 .			50	790 574	85	799	884	3.0 1.7	1.4		
Otolaryngology		0 (			0		0	0					
Plastic Surgery	0	0 (			0	0	0	0	0	0.0	0.0		
Podiatry	-	-			-	_	_		_	0.0			
Thoracic	0	0 (			0	0	0	0	0	0.0	0.0		
Urology	0	0 2	2 2	!	146	179	339	558	897	2.3	3.1		
Totals	0	0 14	14	ŀ	3442	6315	10129	10799	20928	2.9	1.7		
SURGICAL RECOVE	RY STATIONS	S	tage 1 Red	covery S	tations	14	Sta	ge 2 Recover	/ Stations	18			
				nd Non-		d Procedure	Room Utilz						
roondure Turns	lan a Fant	Procedure Outpatient (		Total		cal Cases	Innationt	Surgical Hou	_		per Case Outpatient		
rocedure Type					Inpatient		,		Total Hours	Inpatient			
Bastrointestinal	0	0	3	3	753	2129	564	3777	4341	0.7	1.8		
aser Eye Procedures	0	0	2	2	0 22	0 8125	0 22	0 8125	0 8147	0.0 1.0	0.0		
ain Management Systoscopy	0	0	0	0	0	0123	0	0 12 5	0147	0.0	0.0		
уыльоору	Ü	0	-				-	U		0.0	0.0		
	_					Dedicated Roo							
eds GI	0	0	1	1	28	306	27	378	405	1.0	1.2		
Ironoscopy	0	0	1	1	627 0	312 0	941	206	1147 0	1.5	0.7		
	•									0.0	0.0		
<u> </u>	mergency/Tra	uma Care						Cardiac Cat	heterization	Labs			
Certified Trauma	Center				Yes	Total 0	Cath Labs (D	edicated+No	ndedicated la	bs):	2		
Level of Trauma	Service	- 1	_evel 1	1	Level 2	Ca	th Labs use	for Angiogra	phy procedur	es	0		
		h Adult	and Pedia	Not A	nswered	De	dicated Diag	mostic Cathel	erization Lab	s	0		
Operating Room		Trauma Care	1		1	De	dicated Inter	ventional Cat	heterization L	abs.	0		
Number of Traus					9,222	De	dicated EP	Catheterizatio	n Labs		0		
Patients Admitte					1,130								
Emergency Serv				Compre	ehensive		Car	diac Cathete	rization Utili:	zation			
Number of Emer					29	Total 0	Cardiac Cath	Procedures:			2,119		
Persons Treated					41,520	Dia	agnostic Cat	heterizations	(0-14)		0		
Patients Admitte					7,440	Dia	agnostic Cat	heterizations	(15+)		807		
Total ED Visits (					50,742			Catheterizatio			0		
	Free-Standing	Emergency	Center					Catheterizatio	n (15+)		543		
Beds in Free-Sta						EP	Catheteriza	tions (15+)			769		
Patient Visits in								Cardiac Su	rgery Data				
Hospital Admiss	ions from Free-	Standing Cen	ter			Total 0	Cardiac Surg	ery Cases:			112		
	Outpatient Ser	rvice Data					diatric (0 - 1				0		
Total Outpatient	Visits			;	322,895			and Older):			112		
	sits at the Hosp				318,052	Co		y Bypass Gra					
Outpatient Vis	sits Offsite/off o	ampus			4,843		panonnac	of total Card	au casas.		76		
Diagnostic/Interventio	nal Equipmen	t		_	xaminati		Therape	utic Equipm	_		Therapie		
	_	Owned C				t Contract				Contract	Treatme		
General Radiography/i	Fluoroscopy	19	0	21,833	21,982		Lithotripsy		(				
Nuclear Medicine		3	0	394	1,314		Linear Acc			0	2,14		
Mammography		1	0	0	12,289		-	Buided Rad Ti			13		
Ultrasound		3	0	3,102	8,174	4 0		Modulated R			1,36		
Angiography		2	0				High Dose	Brachytherap	y (	0			
Diagnostic Angiogra	phy			3,890	2,229	9 0	Proton Bea	am Therapy	(	0			
Interventional Angio	graphy			0	(	0 0	Gamma K	nife	(	0			
Positron Emission Ton	nography (PET)	0	1	0	(	300	Cyber knif	Ð	(	0 0			
Computerized Axial To			0	7,614	13,354	4 9							
Magnetic Resonance II		3	0	1,751	5,444	4 8							

Hospital Profile - C Ownership, Ma				ital - Rockto		Patients by	Race		Patients by Et	Page
ADMINISTRATOR NA			- ALTON		W	ite		3.6% H	ispanic or Latino	
ADMINSTRATOR PHO					Bk				ot Hispanic or L	
OWNERSHIP:		rd Memorial Hos	pital		An	erican Indian			nknown:	1.
OPERATOR:		rd Memorial Hos			As	ian		0.8%		
MANAGEMENT:	Not for	Profit Corporatio	on		Ha	waiian/ Pacific		0.1%	IDPH Number	2048
CERTIFICATION:					Un	known	12	2.4%	HPA	B-01
FACILITY DESIGNATI		al Hospital							HSA	1
ADDRESS	2400 N	. Rackton Avenu		CITY: Rockford			Winneb	ago Count	y	
				ization Data by	Category	of Service				
Clinical Service	Authoria CON Be 12/31/20	ds Setupan	-	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 + Pediatric	12	20	12	1,907 760	10,086 2,059	792	3.8	7.8	65.1	39.1
ntensive Care	30	28	26	2.172	4,960	27	2.3	13.7	45.5	48.8
Direct Admission	30	20	2.0	1,683	3,138	4.	2.3	14.7	40.0	40.0
Transfers				489	1,822					
bstetric/Gynecology Maternity	20	35	35	2,531 2,447	6,597 6,366	140	2.7	18.5	92.3	52.7
Clean Gynecology				84	231					
leonatal	52	52	52	548	14.855	0	27.1	40.7	78.3	78.3
ong Term Care	0		0	0	0	0	0.0	0.0	0.0	0.0
wing Beds			0	0	0		0.0	0.0	0.0	0.0
otal AMI	20			596	3,447	0	5.8	9.4	47.2	
Adolescent AMI	20	0	0	0	0,447	0	0.0	0.0	412	0.0
Adult AMI		14	14	596	3,447	0	5.8	9.4		67.5
Rehabil Itation	0		0	0	0	0	0.0	0.0	0.0	0.0
ong-Term Acute Care		0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1955				
acility Utilization	288	3		12,873	64,841	5,759	5.5	193.4	67.2	
_			(includes i C	U Direct Admiss	sians Only)					
			Inpat	tients and Outp	atients Se	rved by Payor	Source			
	Medicare	Medicald	Other Publ	ic Private Ins	surance	Private Pay		Cha	rity Care	Totals
lumetic uto	28.6%	37.1%	11.	0%	20.1%	0.6%			2.6%	
Inpatients	3684	4770	14	11	2593	83			332	12,87
St	18.0%	43.1%	9.5	%	24.7%	2.8%			1.9%	
Outpatients	19416	46362	102	35	26643	2994			2038	107,68
Financial Year Reporte	d: 7/1/201	6 to 6/30/20	17 Inpa	tient and Outpa	atient Net	Revenue by Pa	ayor Sour	rce		Total Charity
	Medicare	Medicald	Other Pub	lic Private Ins	surance	Private Pay		Totals	Care	Care Expens
Inpatient	22.0%	33.3%	7.7	%	36.7%	0.3%			Expense	1,104,249
Revenue (\$)	51,664,637	77,974,985	17,974,87		989,796	720,705		24,995	447,125	Total Charity
0 to ti t									441,125	Care as % o
Dutpatient Revenue (\$)	13.5% 20,628,592	16.0%	9,778,60		62.1% 75,389	2.0%		100.0% 38,907	657,124	0.3%
	20,020,092	24,450,651	5,770,00	2 50,0	10,309	3,105,673	100,0	30,507	037,124	0.074
_	irthing Data			Newb		ery Utilization				nsplantation
Number of Total Birth			,321		Level I	LevelII	Lev	rel II+	Kidney:	0
Number of Live Births Birthing Rooms:		2	,304 Bed		26			0	Heart: Lung:	(
Labor Rooms:			0 Pau	ent Days	3,70	1 0			Heart/Lung:	
Delivery Rooms:			12 Tota	I Newborn Patie	int Days			3,701	Pancreas:	Č
Labor-Delivery-Recov	ery Rooms:		0	L	aboratory	Studies			Liver:	
Labor-Delivery-Recov		Rooms:		atient Studies		_	52	4,310	Total:	
									* nervestile	
C-Section Rooms: CSections Performed:				patient Studies dies Performed I				0,644 9,569		

	CY 2017	c.oyc				ton Avenu		Rockf			Page		
Surgical Specialty	Onere	Operating Rooms			Surgical	ng Room Uti Cases	Surgical Hours			Hours	Hours per Case		
ouiginal operator	Inpatient Outpati		i Total			Outpatient	Inpatient	Outpatient			Outpatier		
Cardiovascular		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 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		
Podiatry	-	0 0		0	ō	ō	ō	ō	0	0.0	0.0		
Thoracic	-	0 0		0	0	0	0	0	0	0.0	0.0		
Urology	o	0 2		2	130	143	342	554	896	2.6	3.9		
Totals		0 14	1-		2933	6159	8286	10602	18888	2.8	1.7		
SURGICAL RECOVE	ERY STATIONS	Sta	ge 1 Re	covery Sta	ations	14	Sta	ge 2 Recover	y Stations	18			
				and Non-D		Procedure	Room Utilza				_		
	to not to not	Procedure R		Total		cal Cases	t ton all out	Surgical Hou	_		per Case		
rocedure Type		Outpatient Co			Inpatient	Outpatient			Total Hour		Outpatier		
astrointestinal	0	0	3	3	1315	3418	986	3072	4058	0.7	0.9		
aser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0		
ain Management	0	0	2	2	13	9648	13	9648	9661	1.0	1.0		
ystoscopy	0	U	-	0	0	0	0	0	0	0.0	0.0		
			M	lultipurpos		edicated Ro		222					
ediatric Gastro-Int					21	308	20	380	400	1.0	1.2		
ronchoscopy	0	0	0	0	305 0	283 0	458 0	187	645		0.7		
	U	U	v	U	U	U	U	U	0	0.0	0.0		
	Emergency/Trau	ma Care						Cardiac Ca	theterizatio	n Labs			
Certified Traum	na Center				Yes	Total (	Cath Labs (D	edicated+No	indedicated	labs):	2		
Level of Traum	a Service	Le	vel 1	L	evel 2			for Angiogs			0		
		Adult 8	Child			De	edicated Diag	mostic Cathe	terization La	ab de	0		
Operating Roor	ms Dedicated for T	Trauma Care			1	De	edicated Inter	ventional Ca	theterization	Labs	0		
Number of Trac				,	10,147	De	edicated EP	Catheterizatio	on Labs		0		
Patients Admitt	ted from Trauma				984								
Emergency Ser	rvice Type:			Compret	nensive		Car	diac Cathete	rization Ut	lization			
Number of Eme	ergency Room Sta	tions			29	Total 0	Cardiac Cath	Procedures			4,831		
	ed by Emergency S			4	49,788	Dis	agnostic Cat	heterizations	(0-14)		0		
	ted from Emergen				7,174	Dia	agnostic Cat	heterizations	(15+)		3,412		
Total ED Visits	(Emergency+Trau	uma):			59,935	Int	erventional (	Catheterizatio	ns (0-14):		0		
	Free-Standing E	Emergency C	enter			Int	erventional (	Catheterizatio	in (15+)		687		
Beds in Free-S	tanding Centers				0	EP	<ul> <li>Catheteriza</li> </ul>	tions (15+)			732		
Patient Visits in	n Free-Standing Co	enters			0			Cardiac Su	rgery Data				
Hospital Admis	sions from Free-S	tanding Cente	er .		0	Total (	Cardiac Surg	ery Cases:			62		
	Outpatient Serv	ice Data				Pe	diatric (0 - 1	4 Years):			0		
Total Outpatier	nt Visits			3.	25,135			s and Older):			62		
	lisits at the Hospit	al/ Campus:			22,459	Co		y Bypass Gra					
Outpatient V	/isits Offsite/off ca	mpus			2,676		performed	of total Caro	iac Cases:		54		
iagnostic/Interventi	onal Equipment			Ex	kaminatio	ons	Therape	utic Equipm	ent		Therapi		
		Owned Co	ntract	Inpatient		Contract			Owne	d Contract	Treatme		
General Radiography	/Fluoroscopy	20	0	21,072	21,836		Lithotripsy			0 1			
Nuclear Medicine		3	0	452	1,340	0	Linear Acc	elerator		1 0	3,3		
Mammography		1	0	0	11,128	0	Image 0	Buided Rad T	herapy		8		
Ultrasound		4	0	3,239	9,339	0	Intensity	Modulated i	Rad Thrpy		1,3		
Angiography		2	0				High Dose	Brachythera	ру	0 0			
Diagnostic Angiogr	raphy			6,069	4,367	0		am Therapy		0 0			
Interventional Angi	., ,			0	0		Gamma K			0 0			
Positron Emission To		0	1	0	0		Cyber knif			0 0			
Computerized Axial T	omography (CAT)	_	o	7,811	14,848								
	Imaging	3	0	1,477	5,202								

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

Hospital Profile - C			ea Hospital		Rockford Pag Patients by Race Patients by Ethnicity					
Ownership, Ma			mation		587			. EW		
ADMINISTRATOR NAM						nite rok			ispanic or Latin: ot Hispanic or L	
ADMINSTRATOR PHO OWNERSHIP:		Bea Hospital				rerican Indian			ot mispanic or L riknown:	auno: 60. 2.
OWNERSHIP: OPERATOR:		sea mospital Sea Hospital				ian		0.9% —	INTOWIC	
MANAGEMENT:		Profit Corporation	an.			walian/ Pacific		0.1%	IDPH Number	2048
CERTIFICATION:	1401.101	r ioni oorporati	J. 1			known		0.9%	HPA	B-01
FACILITY DESIGNATION	ON: Genera	il Hospital			-				HSA	1
ADDRESS		Rockton Avenu	ue C	TY: Rockford		COUNTY:	Winneb	ago Count	У	
			Facility Utiliz	ation Data by	Category	of Service				
	Authoriz						Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/3 1/20	18 Staffed	Census	Admissions	Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years 15-44 Years				0	- 0					
45-64 Years				1, 150 2, 134	5,114 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	ı		12,702	65,546	6,262	5.7	196.7	68.3	
				Direct Admiss						
			Inpatie	ents and Outp	atients Se	erved by Payor	Source			
	Medicare	Medicald	Other Public	Private In:	su rance	Private Pay		Cha	rity Care	Totals
Inpatients	28.1%	35.3%	12.3		21.7%	1.9%			0.6%	
patieta	3571	4490	156	7	2757	235			82	12,70
Outpatients	21.9%	37.2%	13.0%		23.6%	3.9%			0.3%	400.07
	29121	49411 7 to 6/30/20	17265		31372	5123			378	132,67 Total Charity
Financial Year Reported						Revenue by Pa		_	Charity	Care Expens
Inpatient	Medicare	Medicald	Other Public			Private Pay		Totals	Care Expense	1,738,679
Revenue (\$)	19.3%	33.6%	8.5%		38.4%	0.1%		00.0%	400.000	Total Charit
	41,785,393	72,895,865	18,517,089	83,	339,031	305,417	216,8	42,795	493,290	Care as % o
Outpatient	13.2%	17.5%	7.6%		61.2%	0.5%		00.0%		Net Revenu
Revenue (\$)	18,564,989	24,740,328	10,666,702	86,3	39,324	769,483	141,08	30,826	1,245,389	0.5%
Bi	rthing Data			Newt	orn Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Births			,274		Level I	Level II	Lev	el II+	Kidney:	(
Number of Live Births:		2	,257 Beds		26	3 0		0	Heart:	(
Birthing Rooms:			0 Patier	nt Days	3,549	9 0	)	0	Lung:	(
			0 Total	Newborn Patie	nt Days		;	3,549	Heart/Lung:	
Labor Rooms:			12						Pancreas:	(
Delivery Rooms:	om r Do o o o o				shoretor.	Studies			I have	
Delivery Rooms: Labor-Delivery-Recov		Bnome:	0 0 Inneti		aboratory	Studies	531	R 175	Liver:	
Delivery Rooms:		Rooms:	0 Inpati	L ent Studies stient Studies	aboratory	Studies		8,175 8,143	Liver: Total:	(

lospital Profile - C	. 20.0	044011	Bea Ho	•	nd Onerat	ing Room Iti	lization	Rockfo	, u		Page
Surgical Specialty	Opera	ting Rooms		surgery as	Surgica	_	g Room Utilization Cases Surgical Hours Hours				
	npatient Outpati		•	al I	npatient	Outpatient	Inpatient	Outpatient			Outpatie
Cardiovascular	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
General	0		3	3	1271	1669	3228	3531	6759	2.5	2.
Sastroenterology	ō	-	0	0	0	0	0	0	0.00	0.0	0.0
Veurology	ō	-	2	2	325	194	1078	464	1542	3.3	2.
OB/Gynecology	0	-	1	1	138	892	304	1450	1754	2.2	1.
Oral/Maxillofacial	o	-	0	ò	0	0	0	0	0	0.0	0.
	0		1	1	1	1573	6	1691	1697	6.0	1.
Ophthalmology	-	-									
Orthopedic	0	-	2 1	1	883	1068	2682	2542	5224	3.0	1.
Otolaryngology	0	-	-	-	46	424	82	598	680	1.8	
Plastic Surgery	0	_	0	0	0	0	0	0	0	0.0	0.
Podiatry	0	-	0	0	0	0	0	0	0	0.0	0.
Thoracic	0	-	0	0	0	0	0	0	0	0.0	0.
Urology	0	0	2	2	107	200	284	558	842	2.7	2.5
Totals	0	0 1	4 1	14	2827	6020	8074	10834	18908	2.9	1.8
SURGICAL RECOVE	RY STATIONS	5	Stage 1 R	ecovery S	tations	14	Sta	ge 2 Recovery	y Stations	22	
			edi cate d	and Non	-Dedicate	d Procedure	Room Utilz	ation			
		Procedure				ca Cases		Surgical Hou	rs .	ours	per Case
rocedure Type	Inpatient	Outpatient	Combine	d Total	Inpatient	t Outpatient	t Inpatient	Outpatient	Total Hours	Inpatient	Outpatie
astrointestinal	0	0	4	4	880	3181	660	2859	3519	8.0	0.
aser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.
ain Management	0	0	2	2	9	9035	9	9035	9044	1.0	1.
ystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.
				Multipurp	ose Non-l	Dedicated Ro	oms				
ed GI			_	1	22		23	293	316	1.0	1.
ronchoscopy				1	324		486	180	666	1.5	0.
					0		0		0	0.0	a.
		ma Cara									
_	mergency/Trau	ma Care			Was				heterization		
Certified Trauma Level of Trauma			Level 1		Yes Level 2			edicated+No			2
Level or Trauma	Service				Level 2			d for Angiogra			0
A			#/Child					gnostic Cathel			0
Operating Room		Frauma Car	e		0.750			rventional Cat		abs	0
Number of Traus					9,756	De	edicated EP	Catheterizatio	n Labs		0
Patients Admitte				_	1,063		_				
Emergency Serv	2.0			Compr	ehensive		Car	diac Cathete	rization Utiliz	zation	
Number of Emer					29	Total (	Cardiac Cath	Procedures:			1,541
Persons Treated					47,206	Dia	agnostic Cat	heterizations	(0-14)		0
Patients Admitte		-			7,033	Dia	agnostic Cat	heterizations	(15+)		658
Total ED Visits (		-			56,962	Int	erventional (	Catheterizatio	ns (0-14):		0
	Free-Standing I	Emergency	Center			Int	erventional (	Catheterizatio	n (15+)		299
Beds in Free-Sta	inding Centers				0	EP	<ul> <li>Catheteriza</li> </ul>	tions (15+)			584
Patient Visits in	Free-Standing C	enters			0			Cardiac Su	rgery Data		
Hospital Admissi	ions from Free-S	Standing Cer	nter		0	Total (	Cardiac Surg	ery Cases:			58
	Outpatient Serv	vice Data				Pe	diatric (0 - 1	4 Years):			0
Total Outpatient					315.970	Ad	uit (15 Year	s and Older):			58
	sits at the Hospit	al/ Camnus			313,443	Co	oronary Arter	y Bypass Gra	its (CABGs)		
	sits Offsite/off ca				2,527		performed	of total Card	iac Cases:		47
i agnostic/Interventio	nal Equipment				Examinati	ons	Therape	utic Equipme	ent		Therap
		Owned (	Contract			ot Contract			Owned	Contract	Treatm
General Radiography/f	-Tuaroscapy	20	0	21,26			Lithotripsy		(	1	
Nuclear Medicine		3	0	37	7 1,36	8 0	Linear Acc	elerator		0	1,2
Mammography		1	0		0 10,97			Suided Rad Ti	herapy		
Ultrasound		4	0	3,27			_	Modulated R			7
Angiography		2	ō					Brachytherap		0 0	
Diagnostic Angiogra	nhv	_		6,42	2 4,91	1 0		am Therapy	,, ,		
Interventional Angiogra					2 4,91	0 0	Gamma K		(		
interventional Angio; Positron Emission Ton											
	NG APRIY (PEI)	0	1		0	0 335	Cyber knif		(	0	
Computerized Axial To	monomorby MAT	) 3	0	8,39	8 15.18	19 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			e Shaw Beth	nea Hospi	tal		Dixor	1		Page 1	
Ownership, Man:	Ownership, Management and General Information					Patients by Race				Patients by Ethnicity	
ADMINISTRATOR NAME					W	White 96.5%			Hispanic or Latino: 97.9		
ADMINSTRATOR PHON						Black			lot Hispanic or L		
OWNERSHIP:		Shaw Bethea		American Indian		0.1%		Inknown:	0.0		
OPERATOR:	Katherine Shaw Bethea Hospital					lan		0.2% -			
MANAGEMENT:			n (Not Church-F	(Not Church-R		Hawallan/ Pacific		0.0%	IDPH Number		
CERTIFICATION:	(Not Ans				Un	known	(	0.9%	HPA	B-03	
FACILITY DESIGNATION		Hospital First Street	c n	TV: Diven		COUNTY	. Lon Co	unte	HSA	1	
ADDRESS	403 Ed61	riist Street		Y: Dixon	- 1		: Lee Co	unity			
	Authorized	1 Peak Bedo	Facility Utiliza	ition Data by	/ Category	of Service	Average	Average	CON	Staffed Bed	
Clinical Service	CON Beds					Observation	Length	Dally	Occupancy	Occupancy	
	12/31/2018		Census	Admissions	Days	Days	of Stay	Census	Rate %	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 45-64 Years				200 442	651 1,843						
65-74 Years				200	1,280						
75 Years +				015	2,355						
Pediatric	10	10	3	27	45	96	5.2	0.4	3.9	3.9	
	- 6		- 6								
Intensive Care	6	6	6	630	1,235	75	2.1	3.6	59.8	59.8	
Direct Admission				445	850						
Transfers				185	375						
Obstetric/Gynecology	7	7	7	382	798	56	2.2	2.3	33.4	33.4	
Maternity				267	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			
Acute Mental Illness	14	14	13	485	3,166	0	6.5	8.7	62.0	62.0	
Rehabilitation	0	0	0	0	0,100	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	0.0	0.0	0.0	0.0	
Facility Utilization	80			2,895	11,373	2,566	4.8	38.2	47.7		
racinty othization	•		(Includes ICU I	•			4.0	00.2	41.1		
							r Source				
	Madicara	Inpatients and Outp edicare Medicaid Other Public Private Ins				Private Pay	1 double	Charity Care		Totals	
,			0.0%					Cii	-	TOTALS	
Inpatients	38.7%	17.5%			21.1%	1.4%			21.2%	0.070	
<u> </u>	1424	643	0		776	52			781	3,676	
Outpatients	37.3% 98381	18.2% 48008	0.0% D		39.1% 03192	2.8% 7310			2.7% 7176	264,067	
							auar Cau			Total Charity	
Financial Year Reported:	-	_	_			Revenue by P	-		Charity	Care Expense	
Innettent	Medicare	Medicald	Other Public	Private In		Private Pay		Totals	Care Expense	2,063,714	
Inpatient Revenue ( \$)	22.4%	4.8%	0.0%		72.8%	0.0%	1	00.0%		Toral Charini	
10	0,543,688	2,242,191	0	34,	216,246	13,139	47,0	15,264	391,070	Total Charity Care as % of	
Outpatient	19.4%	7.0%	0.0%		73.0%	0.6%	1	100.0%		Net Revenue	
Revenue (\$) 15	,048,130	5,411,840	0	56,5	73,574	479,246	77,5	12,790	1,672,644	1.7%	
Rict	hing Data			Mouri	horn Nurs	erv Utilization			Organ Trac	splantation	
	ning Data		200	Mewi		•			•	•	
Number of Total Births: Number of Live Births:			288 279 Beds		Level I	Level II		el II+	Kidney: Heart:	0	
Birthing Rooms:					10		4	0	Lung:	0	
Labor Rooms:			n	-	389	20	1	0	Heart/Lung:		
Delivery Rooms:			1 Total N	lewborn Patie	ent Days			590	Pancreas:	0	
Labor-Delivery-Recover	v Rooms:		0	L	aboratory	Studies			Liver:	0	
Labor-Delivery-Recover		Rooms:		nt Studies			4	5,606			
C-Section Rooms:			Outpatient Studies					2,419	Total:	0	
CSections Performed:		s Performed	Under Con	tract		4,380					

Hospital Profile - CY	2015	Katheri		w Bethe				Dixon			Page
Durminal Deceloths	0	tan Bassas	St		•	ng Room Util		eleal Haues		Haum	
Surgical Specialty	•	ting Rooms			Surgical (			gical Hours	adad t tannan		per Case
Cardiovascular	patient Outpatie	ent Combin O (		D IND	atient (	Outpatient 8	Inpatient C	outpatient T 25	otal Hours 144	inpatient 4.0	Outpatient 3.1
Dermatology		0 0		0	0	0	0	0	0	0.0	0.0
General	_	0 5		5	137	448	402	768	1170	2.9	1.7
Gastroenterology		0 0		0	27	5	101	6	107	3.7	1.2
Neurology	_	0 0		0	-0	131		154	154	0.0	1.2
OB/Gynecology		0 0		0	140	374	322	670	992	2.3	1.8
Oral/Maxillofacial	_	0 0		0	1	53	1	69	70	1.0	1.3
Ophthalmology	_	0 0		0	ċ	333	ò	339	339	0.0	1.0
Orthopedic	_	0 0		0	160	309	410	484	894	2.6	1.6
	_	0 0		0	9	265	19	393	412	2.1	1.5
Otolaryngology Plastic Surgery		0 0		0	0	0	0	0	-12	0.0	0.0
		0 0		0	14	237	32	445	477	2.3	1.9
Podlatry		_		0							
Thoracic		0 0		0	0 5	0 197	0 6	0 209	0 215	0.0	0.0
Urology	0	υ ι	,	u		197	•	209	210	1.2	1.1
Totals	0	0 5	j :	5	523	2360	1412	3562	4974	2.7	1.5
SURGICAL RECOVER	Y STATIONS	S	tage 1 Re	covery Sta	ations	6	Stage	2 Recovery	Stations	23	
				and Non-C			Room Utilzat	_			_
		Procedure				cal Cases	_	urgical Hour	_		per Case
rocedure Type		Outpatient (			Inpatient	Outpatient		Outpatient		Inpatient	Outpatien
Sastrointestinal	0	0	2	2	0	0	0	0	0	0.0	0.0
aser 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
ystoscopy	0	0	1	1	9	0	26	0	26	2.9	0.0
	_					edicated Roo		_			
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
-											
	nergency/Traur	ma Care			N.		_		neterization		
Certified Trauma Level of Trauma S			evel 1		No evel 2		Cath Labs (De				1
Level of Trauma s	Service		nswered)		swered		th Labs used t		-	es	1
Operating Rooms	Dedicated for T			NOCH	0		dicated Diagn			ah.e	0
Number of Traum		ruama oun	•		ō		dicated interv			dub	0
Patients Admitted					ō		ulcaled EF Of	miletenzador	Labo		
Emergency Service					Basic		Card	ac Catheter	ization Utiliz	ration	
Number of Emerg		itons			0	Total (	Cardiac Cath F				040
Persons Treated					19,170		agnostic Cathe		D-14)		646 0
Patients Admitted					2.138		agnostic Cathe				414
Total ED Visits (E					19,170		erventional Ca				0
	ree-Standing E		Center				erventional Ca				232
Beds In Free-Star					0		Catheterizati		(101)		0
Patient Visits in F	-	antare			Ö	_		Cardiac Sur	none Data		_
Hospital Admissio			ter		Ö	Total (			gery Data		0
		-	itei				Cardiac Surge diatric (0 - 14				0
_	outpatient Serv	ice Data		_			ult (15 Years a				0
Total Outpatient \					56,891		ronary Artery		te (CARGE)		
	ts at the Hospita ts Offsite/off car				03,457 53,434	-		f total Cardia	'0'		0
Diagnostic/Intervention	al Equipment			E)	aminatio	ns.	Therapeu	ic Equipme	nt		Theraple
		Owned C	ontract	Inpatient	Outpt	Contract	-			Contract	Treatmen
General Radiography/Fi	luoroscopy	7	0	1,475	20,260	0	Lithotripsy		0	1	2
Nuclear Medicine		2	0	99	1,100	0	Linear Acce	lerator	0	0	
Mammography		2	0	0	3,914	0	Image Gu	ided Rad Th	erapy		
Ultrasound		3	0	400	7,125	0	_	Modulated Ra			
Anglography		0	0			_	High Dose B			0 0	
Diagnostic Anglograp	hy	-	-	0	0	0	Proton Bear	-	,		
Interventional Anglog	•			ō	0	0	Gamma Knt		Č	_	
		0	0	ō	0	0	Cyber knife	_	Č		
Positron Emission Tomo				_	_	_				-	
Positron Emission Tomo Computerized Axial Ton		1	0	309	6,576	0					

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

Hospital Profile - CY			e Shaw Bet	hea Hospi	ta		Dixor	1		Page 1
Ownership, Man						Patients by			Patients by Et	
ADMINISTRATOR NAME		. Schreiner, FA	CHE			hite			ispanic or Latin	
ADMINSTRATOR PHON	. , ,					ack .			ot Hispanic or L	
OWNERSHIP:		ne Shaw Beathe				nerican Indian			nknown:	0,0
OPERATOR:		ne Shaw Bethea		_		ian		0.2% —	Immune .	
MANAGEMENT: CERTIFICATION:		Profit Corporationswered)	on (Not Church-	3	-	waiian/ Pacific known		0.0% 1.5%	IDPH Number HPA	: 0497 B <b>-</b> 03
CERTIFICATION: FACILITY DESIGNATION	Ç-1-1-1	Hospita			Off	Known		1.076	HSA	1
ADDRESS		t First Street	CIT	TY: Dixon		COUNTY	Lee Co	untv	Han	
			Facility Utiliza		/ Category			,		
	Authoriz	ed Peak Bed			- uneger)		Average	Average	CON	Staffed Bed
Clinical Service	CON Bed					Observation	Length	Daily	Occupancy	Occupancy
	12/31/20		Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	43	43	43	1,431	5,486 0	2,366	5,5	21,5	49,9	49,9
0-14 Years 15-44 Years				174	559					
45-64 Years				409	1,617					
65-74 Years				290	1,166					
75 Years +				558	2,134					
Pediatric	10	10	3	38	73	96	4,4	0,5	4,6	4,6
ntensive Care	6	6	6	453	1,357	94	3,2	4.0	66,1	66,1
Direct Admission				297	953					
Transfers - Not Includ	ed 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
ong 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	
			Inpatie	nts and Outp	patients Se	erved by Payo	r Source			
	Medicare	Medicald	Other Public	Private In:	surance	Private Pay		Chi	arity Care	Totals
Immellanta	30,1%	14,1%	0,0%		17,2%	1,6%			37,0%	
Inpatients	819	384	0		469	44			1007	2,723
	36,9%	18,0%	0,0%		38,5%	2,8%			3,8%	
Outpatients	100589	49188	0	1	05028	7595			10323	272,723
Financial Year Reported:	1/1/2016	to 12/31/20	16 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sour	ce		Total Charity
	Medicare	Medicald	Other Public	Private In		Private Pay		Totals	Charity Care	Care Expense
Inpatient				Pilvate ili		-			Expense	3,542,270
Revenue (\$)	10,0%	27,0%	0,0%		50,0%	13,0%		00,0%		Total Charity
	3,711,587	10,021,285	0	18,	557,935	4,825,063	37,1	15,870	719,198	Care as % of
Outpatient	10,0%	27,0%	0,0%		50,0%	13,0%	1	100.0%		Net Revenue
Revenue (\$)	3,898,017	24,024,646	0	44,4	190,085	11,567,422	88,9	80,170	2,823,072	2,8%
Riet	hing Data			Moud	horn Nure	ery Uti ization			Oznan Tza	nsplantation
Number of Total Births:	ning Data		316	News					Kidnev:	ispjantation
Number of Live Births:			222		Levell	Level II		el II+	Heart:	
Birthing Rooms:			o Deus	Down	10	-	4	0	Lung:	
Labor Rooms:			O Pauloni		400	8 209	#	0	Heart/Lung:	
Delivery Rooms:			1 Total N	lewborn Patie	ent Days			615	Pancreas:	
Labor-Delivery-Recover			0	L	aboratory	Studies			Liver:	
Labor-Delivery-Recover	y-Postpartum	Rooms:		ent Studies				3,496	Total:	
C-Section Rooms:			<ol> <li>Outpat</li> </ol>	tient Studies			19	4,119	_	
CSections Performed:			57 Studie	s Performed				0		

			St	irgery an	d Operati	na Room Uti	ization				
Surgical Specialty	Open	ating Rooms			Surgical	_		rgical Hours		Hours	oer Case
	Inpatient Outpat			l In		Outpatient	_	Outpatient T	otal Hours		Outpatient
Cardiovascular	. 0	0	0	0	10	1	48	. 6	54	4.8	6.0
Dermatology	0	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	0	151	2	288	4	292	1.9	2.0
Oral/Maxillofacia	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	0.0
Podiatry	0	0	0 0	0	19	2	26	6	32	1.4	3,0
Thoracic	0	0	0	0	0	0	0	o	0	0.0	0.0
Urology	o			0	10	1	13	1	14	1,3	1.0
				-				-			
Totals	0			5	538	25	1123	51	1174	2,1	2,0
SURGICAL RECOVE	RY STATIONS	5	tage 1 Re	covery St	ations	6	Stag	e 2 Recovery	Stations	23	
		Procedure		and None		d Procedure			_	Harran	0
Irocadura Tuna	Innationt	Outpatient		Total	Inpatient	cal Cases Outpatient	_	Outpetient	■ Total Hours	Inpatient	per Case Outpatient
rocedure Type										•	
Sastrointestinal	0	0	0	2	204	1971	385	2795	3180	1,9	1,4
aser Eye Procedures	0	0	0	0	0	0	0	0	0	0,0	0,0
ain Management Systoscopy	0	0	1	1	50	224	79	224	303	1.6	0.0 1.0
узковсору	•	0			-			224	303	170	1.0
			_			edicated Ro					
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0,0	0,0
	0	0	0	0	0	0	0	0	0	0,0	0,0
J	Emergency/Trau	ıma Care						Cardiac Cati	neterization	Labs	
Certified Traum	a Center				No	Total 0	Cath Labs (D	edicated+Nor	dedicated lat	os):	0
Level of Trauma	a Service		Level 1	ı	eve 2		th Labs used				0
		(Not A	nswered)	Not A	nswered		dicated Diag				0
	ns Dedicated for	Trauma Car	0		0	De	edicated Inter-	ventional Catl	heterization L	abs	0
Number of Trau					0	De	edicated EP C	atheterization	n Labs		0
	ed from Trauma				0						
Emergency Ser					Basic		Care	diac Catheter	rization Uti iz	ration	
	rgency Room St				0	Total (	Cardiac Cath	Procedures:			0
	d by Emergency				19,217		agnostic Cath				0
	ed from Emerger				2,169		agnostic Cath	,			0
Total ED Visits	(Emergency+Tra				19,217		erventional C				0
	Free-Standing	Emergency	Center				erventional C		i (15+)		0
Beds in Free-St						EP	<sup>2</sup> Catheterizat	ions (15+)			0
	Free-Standing C							Cardiac Sur	gery Data		
Hospital Admis	sions from Free≺	Standing Cer	nter				Cardiac Surge				0
	Outpatient Ser	vice Data					diatric (0 - 14				0
Total Outpatien	t Visits			2	62,400		lult (15 Years				0
	isits at the Hospi				97,648	Co	ronary Artery	Bypass Graf of total Cardi			
Outpatient V	isits Offsite/off ca	ampus		1	64,752		periorified	or total Cardi	ac cases .		0
Diagnostic/Intervention	onal Equipment			<u>E</u>	xaminatio	ons	Theraper	ıtic Equipme			Therapie
		Owned (		Inpatien		Contract				Contract	Treatmen
General Radiography	Fluoroscopy	10	0	1,381	19,868		Lithotripsy		0		3
Nuclear Medicine		2	0	57	1,174		Linear Acce		0	) 0	(
Mammography		2	0	0	4,078		_	uided Rad Th			
Ultrasound		1	2	296	7,668	0		Modulated R			
Anglography		0	0				High Dose	Brachytherap	у (	0	
Diagnostic Anglogra	aphy			0	0	0	Proton Bea	m Therapy		0	
Interventional Angle	ography			0	0	0	Gamma Kn	lfe	0	0	
Positron Emission To		0	0	0	0	0	Cyber knife		0	0	
Computerized Axial To		) 1	0	296	6,837	0					
	Imaging	1	0	59	2,328	. 0					

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

Hospital Profile - C Ownership, Ma				Bethea Hosp		Patients by	Dixor Race		Patients by Eth	Page
ADMINISTRATOR NAI		L. Schreiner	macron		W	hite		5.9% F	fispanic or Latino	
ADMINSTRATOR PHO		5-5501				ack			lot Hispanic or La	
OWNERSHIP:	Kather	ine Shaw Bethe	a Hospital		An	nerican Indian		0,1% L	Inknown:	0.
OPERATOR:	Kather	ine Shaw Bethe	a Hospital		As	ian		0.2% -		
MANAGEMENT:	Not for	Profit Corporati	ion			waiian/ Pacific		0.0%	IDPH Number:	0497
CERTIFICATION:	OH. O	al Manadal			Un	known		0.8%	HPA	B-03
FACILITY DESIGNATI: ADDRESS		al Hospital First Street		CITY: Dixon		COUNTY	Lee Co	untv	HSA	1
ADDITEGO	400 E.	i iist onost	Facility III	tilization Data b	w Category		200 00	unity		
	Authori	zed Peak Be		in Lation Date L	y category	OI COITICE	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/2			8 Admissions		Observation Days	Length of Stay	Daily Census	Occupancy Rate %	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 45-64 Years				182 417	510 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
ntensive Care	6	6	6		1,381	64	2.3	4.0	66.0	66.0
Direct Admission				475	935					
Transfers				164	445					
bstetric/Gynecology	7	7	6		839	35	2.5	2.4	34.2	34,2
Maternity Clean Gynecology				244 112	517 322					
leonatal	0	) 0	0		0	0	0.0	0.0	0.0	0.0
ong Term Care					0	0	0,0	0,0		0,0
Swing Beds			0		0		0.0	0.0		0,0
otal AMI	14	1		686	2,350	0	3,4	6,4		
Adolescent AMI	,		0		2,550	ő	0.0	0.0		0.0
Adult AMI		14	13		2,350	0	3,4	6,4		46,0
Rehabilitation	C	) 0	0	0	0	0	0.0	0.0	0.0	0.0
ong-Term Acute Care	0	0	0	0	0	0	0,0	0,0	0.0	0,0
edicated Observation	0					0				
Facility Utilization	80	0		3,153	10,428	2,266	4,0	34,8	43,5	
				ICU Direct Admi						
				atients and Out			Source	-		
	Medicare	Medicald	Other Put		nsurance	Private Pay		Ch	arity Care	Totals
Inpatients	37,8% 1192	21,4% 676	,	0,0%	32,4% 1022	2,2% 70			6,2% 194	3,15
										3,10
Outpatients	32,1% 82822	17,7% 45586		0	45,0% 116266	2,8% 7308			<b>2,4%</b> 6150	258,13
Financial Year Reports	<u>d:</u> 1/1/201	7 to 12/31/2	017 <u>Inp</u>	satient and Out	patient Net	Revenue by P	ayor Sour	ce		otal Charity
	Medicare	Medicald	Other Pu	blic Private I	nsurance	Private Pay		Totals	Care	are Expens 3,722,630
Inpatient	21.0%	13.0%	0.	.0%	54.0%	12.0%	1	00.0%	Expense	
Revenue (\$)	7,520,410	4,655,492		0 19	338,197	4,297,377	35,8	11,476		Total Charit Care as % o
Outpatient	21,0%	13,0%	0	,0%	54,0%	12,0%	1	100,0%		Net Revenu
Revenue (\$)	20,773,243	12,859,627		0 53	,416,911	11,870,425	98,93	20,206	2,810,218	2.8%
_	irthing Data			Nev	vborn Nurs	ery Utilization			Organ Tran	splantation
Number of Total Births			343		Level I	Level II	Lev	rel II+	Kidney:	9
Number of Live Births Birthing Rooms:				ds	10			0	Heart:	0
Labor Rooms:				itient Days	554	4 38	3	0	Lung: Heart/Lung:	
Delivery Rooms:			1 To	tal Newborn Pat	tient Days			592	Pancreas:	ì
Labor-Delivery-Recov	ery Rooms:		o		Laboratory	Studies			Liver:	·
Labor-Delivery-Recov		n Rooms:		patient Studies		_	4	5,053	Total:	
C-Section Rooms:	-		0 0	utpatient Studies	3		19	1,871	· wast	
CSections Performed:			117 St	udies Performed				6,000		

	Hospital Profile -	CY 2017	•	Kathe	rine Sha	w Beth	nea Hos	pital		Dixon			Page 2
Impatient Outpatient Combined Total   Impatient   Outpatient   Impatient   Outpatient   Total House   Impatient   Outpatient   Total House   Impatient   Outpatient   Outpat					_	urgery ar	nd Operati	ng Room U	ti lization				
Carstonescalar	Surgical Specialty				_								
Demmatology													
Castroenteroby   0						-							
Castronentrology				-		-	-	-	_	_	-		
Neurology													
DRIGHOPAN   0		-		-	-	_	-		_	-	_		
Comment   Com				-	-			-	-	-			
Contract   Contract				-									
Orthoppdig		_		_	_								
Plastic Surgery		0		0	0	0	228	453	256	647	903		
Podiary	Otolaryngology	0		0	0	0	0	124	0	70	70	0,0	0,6
Totale	Plastic Surgery	0		0	0	0	0	0	0	0	0	0.0	0.0
Totale	Podiatry	0		0	0	0	29	223	187	406	593	6,4	1.8
Totals	Thoracic	0		0	0	0	0	0	0	0	0	0.0	0.0
Dedicated and Nor-Dedicated Procedure Room Utilization	Urology	0		0	0	0	0	157	0	50	50	0.0	0.3
Procedure Type	Totals	0		0	5	5	699	2118	962	2592	3554	1,4	1,2
Procedure Type	SURGICAL RECOV	ERY STAT	IONS		Stage 1 R	ecovery S	Stations	6	Stag	e 2 Recovery	/ Stations	23	
Procedure Type					Dedicated	and Non			Room Utilza	tion			
Castrointestinal											_		
Laser Type Procedures		Ing	patient									Inpatient	Outpatient
Pain Management				-									
Cyatloscopy				-	-			-					
Multipurpose Non-Dedicated Rooms				-	-								
EmergencyTrauma Care	Cystoscopy		v	U					-	100		0.5	0.5
Emergency/Trauma Care					<u> </u>	/u tipurp	ose Non-D	edicated Re					
Emergency/Trauma Care													
Emergency/Trauma Care				•			_				-		
Certified Trauma Center   Level 1   Level 2   Cath Labs (Dedicated+Nondedicated labs): 1			U	U	U				, ,	U		0,0	0,0
Level of Trauma Service		Emergen	cy/Traur	ma Care						Cardiac Cat	heterization l	Labs	
Operating Rooms Dedicated for Trauma Care   0   Dedicated Diagnostic Catheterization Labs   0								Total	Cath Labs (D	edicated+Nor	ndedicated lat	os):	1
Operating Rooms Dadicated for Trauma Care	Level of Traum	na Service			Level 1		Level 2					es .	-
Number of Trauma Visits: 0   Dedicated EP Catheterization Labs 0	Occretion Peo	me Dodies	tod for 7	rauma Ca									
Patients Admitted from Trauma   0   Cardiac Catheterization Utilization				rauma ca	10							abs	
Emergency Service Type:   Basic   Cardiac Catheterization Utilization   Number of Emergency Room Stations   13   Total Cardiac Cath Procedures:   743									redicated EP (	auretenzano	n Laos		U
Number of Emergency Room Stations							-		Car	diac Catheter	rization Utiliz	ation	
Persons Treated by Emergency Services: 19,652   Diagnostic Catheterizations (0-14)   0   0   0   0   0   0   0   0   0				tions				Total					743
Total ED Visits (Emergency+Trauma):	Persons Treat	ed by Eme	rgency S	Services:			19,652				(0-14)		
Beds in Free-Standing Emergency Center   Interventional Catheterization (15+)   325								D	iagnostic Cati	eterizations (	(15+)		390
Beds in Free-Standing Centers   0   EP Catheterizations (15+)   28	Total ED Visits						19,652						
Patient Visits in Free-Standing Centers   0   Total Cardiac Surgery Cases: 0   Outpatient Service Data   Pediatric (0 - 14 Years): 0   Total Cutpatient Visits   Pediatric (0 - 14 Years): 0   Outpatient Visits   Pediatric (0 - 14 Years):   Outpatient Visits Office   Pediatri				mergency	/ Center						n (15+)		
Hospital Admissions from Free-Standing Center   0   Total Cardiac Surgery Cases:   0		-						Е	P Catheteriza				28
Total Outpatient Visits   Dutpatient Visits   Dutpatient Visits   Dutpatient Visits   Dutpatient Visits   Dutpatient Visits   Dutpatient Visits at the Hospital/ Campus   Pediatric (0 - 14 Years):   Outpatient Visits at the Hospital/ Campus   Performed of total Cardiac Cases   Outpatient Visits offsite/off campus   Diagnostic/Interventional Equipment   Dutpatient Visits Offsite/off campus   Diagnostic/Interventional Equipment   Dutpatient   Dutpatient Visits Offsite/off campus   Diagnostic/Interventional Equipment   Dutpatient   D					-1						rgery Data		_
Total Outpatient Visits   258,132   Adult (15 Years and Older):   0   0   0   0   0   0   0   0   0	Hospital Admir				inter		U						-
Diagnostic/Interventional Equipment			ent Serv	ice Data									
Diagnostic/Interventional Equipment									4		fts (CABGs)		0
Owned Contract   Inpatient   Outpt   Contract   Contract   Owned Contract   Treatments					9;								0
Separal Radiography/Fluoroscopy   1   0   1,360   19,907   0   1   1,360   19,907   0   1,460   1,205   0   1,460   1,205   0   1,460   1,205   0   1,460	Diagnostic/Intervent	ional Equi	pment				Examinatio	ons	Therape	utic Equipme	ent		Therapies/
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           Anglography         0         0         0         High Dose Brachytherapy         0         0         0           Diagnostic Anglography         0         0         0         Proton Beam Therapy         0         0         0           Interventional Anglography         0         0         0         Gamma Knife         0         0         0           Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0				Owned	Contract	Inpatie	ητ Ουτρτ	Contract			Owned	Contract	Treatments
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         0         Proton Beam Therapy         0         0         0           Diagnostic Angiography         0         0         0         0         Froton Beam Therapy         0         0         0           Interventional Angiography         0         0         0         0         Gamma Knife         0         0         0           Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0	General Radiography	y/Fluorosco	ру	1	0	1,360	19,907	0	Lithotripsy		0	1	35
Ultrasound         1         2         355         7,788         0         Intensity Modulated Rad Thrpy         0 <td>Nuclear Medicine</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>.,</td> <td></td> <td>Linear Acc</td> <td>elerator</td> <td>C</td> <td>0</td> <td></td>	Nuclear Medicine						.,		Linear Acc	elerator	C	0	
Anglography         0         0         High Dose Brachytherapy         0         0         0           Diagnostic Anglography         0         0         0         Proton Beam Therapy         0         0         0           Interventional Anglography         0         0         0         Gamma Knife         0         0         0           Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0					-				_				
Diagnostic Anglography         0         0         0         Proton Beam Therapy         0         0         0           Interventional Anglography         0         0         0         Gamma Knife         0         0         0           Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0						355	7,788	0					
Interventional Anglography         0         0         0         Gamma Knife         0         0         0           Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0         0         0         0				0	0								
Positron Emission Tomography (PET)         0         0         0         0         Cyber knife         0         0           Computerized Axial Tomography (CAT)         1         0         284         7,126         0						-	-						
Computerized Axial Tomography (CAT) 1 0 284 7,126 0	-		/DETI			-					-		
			-						Cyber krille		C	. 0	U
			, ()										

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

Ownership, Ma	nagement an	d General Info	rmation			Patients by	Race		Patients by Etl	nnicity
ADMINISTRATOR NAM	ME: David I	., Schreiner			W	nite	95	5.6% H	lispanic or Latino	2.0
ADMINSTRATOR PHO	NE: 815-28	5-5501			Bla	ick		2.6% N	lot Hispanic or La	itino: 98.0
OWNERSHIP:		ine Shaw Bethe			An	nerican Indian			Inknown:	0,0
OPERATOR:		ine Shaw Bethe				ian		0.2% -	Immini	
MANAGEMENT: CERT F CAT ON:	Not for	Profit Corporat	ion			waiian/ Pacific known		0.0% 1.5%	IDPH Number: HPA	0497 B <b>–</b> 03
FACILITY DESIGNATION	ON: Genera	a Hospita			-	1010411			HSA	1
ADDRESS		irst Street		CITY: Dixon		COUNTY	Lee Co	unty		
				tilization Data I	by Category	of Service				
Clinical Service	Authoriz CON Be 12/31/20	ds Setup at	nd Peak	8 Admissions		Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	43	43	26		5,569	1,774	4,5	20,1	46.8	46.8
0-14 Years				0	0					
15-44 Years				163	459					
45-64 Years 65-74 Years				426	1,476					
75 Years +				383 654	1,288 2,346					
Pediatric	10	10	5	19	33	0	1.7	0,1	0.9	0,9
ntensive Care	6	6	6	760	1,508	86	2.1	4.4	72.8	72.8
Direct Admission				563	1,026					
Transfers				197	482					
Obstetric/Gynecology	7	7	5		790	73	2,2	2,4	33.8	33,8
Maternity				324	548					
Clean Gynecology				61	142					
leonatal	0				0	0	0.0	0.0		0,0
ong Term Care	0	0	0	_	0	0	0,0	0,0		0,0
Swing Beds			·				0.0	0.0		
otal AMI	14			597	2,015	0	3,4	5,5		
Adolescent AMI Adult AMI		14			0 2.015	0	0.0 3.4	0.0 5.5		0.0 39.4
Rehabilitation	0				2,013	0	0.0	0.0		0.0
ong-Term Acute Care					0	0	0,0	0,0		0,0
Dedicated Observation	0					0	0,0	0,0	5,5	0,0
Facility Utilization	80	)		3,190	9,915	1,933	3.7	32.5	40.6	
			(Includes	ICU Direct Admi	ssions Only					
			Inp	atients and Ou	tpatients Se	erved by Payor	Source			
	Medicare	Medicald	Other Pul		nsurance	Private Pay		Ch	arity Care	Totals
Inpatients	23.2%	25.8%		0.0%	0.0%	36,9%			14.1%	
	1632	1814		0	0	2600			995	7,041
Outpatients	27.0% 73426	30.0% 81584	0	0	0.0%	41.8% 113605			1.2% 3333	271,948
Financial Year Reported			018 Inc	patient and Out			avor Sour	rce	1	Total Charity
Pinantan Itas Atponts	Medicare	Medicaid	Other Pu		nsurance	Private Pay		Totals		Care Expense
Inpatient	27.0%	30,0%		.0%	43,0%	0.0%		00.0%	Expense	2,711,802
Revenue ( \$)	8,142,568	9,047,298			2,967,793	0		57,659		Total Charity Care as % of
Outpatient	27.0%	30.0%	0	.0%	43.0%	0.0%	1	100.0%		Net Revenue
Revenue (\$)	27,259,901	30,288,779		0 43	,413,917	0	100,9	82,597	2,088,088	2.1%
Bi	rthing Data			Nev	vborn Nurse	ery Utilization			Organ Tran	splantation
Number of Total Births			322		Level	Level II	Lev	el II+	Kidney:	0
Number of Live Births:				ds	10	) (	)	0	Heart:	0
Birthing Rooms:			0 Pa	itient Days	557			0	Lung:	0
			0 то	tal Newborn Pa	tient Days			557	Heart/Lung:	0
Labor Rooms:			1						Pancreas:	0
Delivery Rooms:	n. Day				Laboratore	Studios			Library	_
Delivery Rooms: Labor-Delivery-Recove		. Panme	0		Laboratory	Studies		0 646	Liver:	0
Delivery Rooms:		n Rooms:	0 4 In	patient Studies utpatient Studies		Studies		9,645 0,955	Liver: Total:	0

Hospital Profile - C	Y 2018	Katheri		w Bethe				Dixon			Page 2
Committee of Committee		# <b>D</b>	Si			g Room Ut					
Surgical Specialty		ting Rooms	. Total	_	Surgical C			icai Hours	safel Classes		Outpatient
Cardiovascular	npatient Outpati 0	ent Combine 0 (		i inpe	atient C	utpatient 0	Inpatient O	utpatient T 0	otal Hours 0	0,0	Outpatient 0.0
Dermatology	-	0 0		0	0	0	0	ő	0	0,0	0,0
General	-	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
Neurology	-	0 0		0	0	0	o	ő	0	0,0	0,0
OB/Gynecology	-	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
Ophthalmology	-	0 0		0	0	428	ő	241	241	0,0	0,6
Orthopedic	-	0 0		0	145	456	256	511	767	1,8	1,1
Otolaryngology	_	0 0		0	1	89	230	62	63	1.0	0.7
Plastic Surgery	-	0 0		0	ò	0	ò	0	0	0.0	0.0
Podiatry		0 0		0	32	145	50	235	285	1,6	1,6
Thoracic	-	0 0		0	1	0	1	0	1	1.0	0.0
Urology		0 (		0	1	40	1	20	21	1.0	0.5
Orology	-							20		1,0	V-5
Totals	0	0 5	5	5	482	2049	890	2329	3219	1,8	1,1
SURGICAL RECOVER	RY STATIONS	s	tage 1 Re	covery Stat	tions	6	Stage	2 Recovery	Stations	23	
				and Non-D	edicated	Procedure	Room Utilzati	on			
		Procedure I	Rooms		Surgio	a Cases	S	urgice Hour	3	ours	per Case
Procedure Type	npatient	Outpatient (	Combined	Total In	npatient	Outpatien	t 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
Pain Management	0	0	0	0	100	0	-	50	50	0.0	0.0
Cystoscopy	0	0	1	1	6	114	6	99	105	1.0	0.9
			M	ultipurpose	e Non-De	dicated Ro	oms				
			_		0	0		0	0	0.0	0,0
					ō	ō		ů.	ō	0,0	0,0
					0	0		0	ō	0,0	0,0
		ma Cara									
_	mergency/Trau	ma care					_		neterization		
Certified Trauma Level of Trauma			evel 1		No vel 2		Cath Labs (Dec				1
Level or Hauma	Service		evel 1	Le	vel 2		ath Labs used f				1
Operating Room	s Dedicated for 1	Trauma Care			o		edicated Diagno				1
Number of Traur		I I AMIII A CAIT	,		o		edicated Interve edicated EP Ca			.aps	1
Patients Admitte					o	De	edicated EP Ca	meterization	Laos		U
Emergency Serv				Compreh	-		Cardi	ac Catheter	ization Utiji:	zation	
Number of Emer		ations		Compreh	13	Total	Cardiac Cath P		izacion ouj	Ludon	740
Persons Treated				1	9,608		agnostic Cathe		0.140		718 0
Patients Admitte					1,477		agnostic Cathe				385
Total ED Visits (					9,608		terventional Ca				0
	Free-Standing B		Center				terventional Ca				316
Beds in Free-Sta					0		Catheterization		(10-7		17
Patient Visits in I		enters			o			Cardiac Sur	nery Data		
Hospital Admissi			ter		0	Total	Cardiac Surger		der y Data		0
,	Outpatient Serv	ice Data					ediatric (0 - 14				ō
Total Outpatient		nee Data		27	1,948		dult (15 Years a				0
	sits at the Hospit	al/ Campus:			7.333	Co	oronary Artery I	Sypass Graft	ts (CABGs)		
- companion in	sits Offsite/off ca			_	4,615		performed o	f total Cardia	ac Cases :		0
Diagnostic/Interventio	nal Equipment			Exa	smination	18	Therapeut	ic Equipme	nt		Therapies/
		Owned C	ontract	Inpatient	Outpt	Contract			Owned	Contract	Treatments
General Radiography/F	Fluoroscopy	2	0	1,471	22,014	0	Lithotripsy		(	1	34
Nuclear Medicine		1	0	37	1,134	0	Linear Accel	erator		0	0
Mammography		2	0	2	6,570	0	Image Gui	ided Rad Th	erapy		0
Ultrasound		1	2	287	8,351	0	Intensity N	odulated Ra	ad Thrpy		0
Anglography		0	0				High Dose B			0	0
Diagnostic Angiogra	phy	-	-	0	0	0	Proton Bean			0	0
Interventional Anglo				ō	ō	-	Gamma Knlf				ō
Positron Emission Tom		0	0	0	0		Cyber knife			0	0
Posts on Emission Form											
Computerized Axial To		1	0	297	7,540	0					

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

Hospital Profile - CY	2015	Swedish	American H	lospital			Rock	ford		Page 1
Ownership, Mana	gement and	General Infor	mation			Patients by	Race		Patients by Et	hnicity
ADMINISTRATOR NAME:	: Ann M G	Santzer, PhD, R	RN.		W	nite	82	2.0% HI	spanic or Latino	8.39
ADMINSTRATOR PHONE	779-696	-2030 x64004			Bla	ick	15	5.5% No	ot Hispanic or La	atino: 90.69
OWNERSHIP:	Swedish	American Hos	oltal		Ап	nerican Indian	0	).1% Ur	nknown:	1.19
OPERATOR:	Swedish	American Hos	oltai		As	lan	1	.3% —		
MANAGEMENT:	Not for F	Profit Corporation	on (Not Church-R	2	Ha	wallan/ Pacific	0	0.0%	IDPH Number:	2725
CERTIFICATION:	(Not Ans	swered)			Un	known	1	.1%	HPA	B-01
FACILITY DESIGNATION	: (Not Ans	swered)							HSA	1
ADDRESS	1401 E S	State Street	CIT	Y: Rockford		COUNTY:	Winneb	ago Count	у	
			Facility Utiliza	ition Data by	Category	of Service				
Clinical Service	CON Bed 12/31/201	s Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Dally 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				1,458	5,387					
45-64 Years				3,719	14,895					
65-74 Years				2,112	9,026					
75 Years +				2,410	11,372					
Pediatric	28	17	10	200	574	197	3.9	2.1	7.5	12.4
	30	30	24	1,964	5,570	267	3.0	16.0	53.3	53.3
Intensive Care Direct Admission	30	30	24	-	1,750	201	3.0	10.0	55.5	55.5
				580						
Transfers				1,384	3,814					
Obstetric/Gynecology	34	34	29	2,792	6,746	158	2.5	18.9	55.6	55.6
Maternity				2,550	6,372					
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		
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	
			(Includes ICU I							
						erved by Payor	Source	25-		
N	ledicare	Medicaid	Other Public	Private Ins		Private Pay		Cha	irity Care	Totals
Inpatients	40.3%	29.6%	1.1%		26.4%	0.3%			2.2%	
	5883	4327	168		3864	47			326	14,615
Outpatients	33.5%	27.7%	1.2%	;	30.8%	5.5%			1.2%	
Outpatients	75281	62186	2797	(	59093	12388			2800	224,545
Financial Year Reported:	6/1/2014	to 6/30/20	15 <u>Inpatie</u>	nt and Outpa	tient Net	Revenue by P	ayor Sour	C9	Charim	Total Charity
	Medicare	Medicald	Other Public	Private Ins	urance	Private Pay		Totals	Care	Care Expense
Inpatient		40.44	2.0%		40.7%	0.9%	1	00.0%	Expense	4,077,946
	40.0%	16.4%								Total Charity
Revenue (\$)	40.0%	16.4%		en a	on een	1 201 120	440 1			Care as % of
59	,383,730	24,282,665	2,907,942	60,4	20,550	1,281,139	148,2			Man Davis
Outpatient	,383,730 18.4%	24,282,665 15.3%	2,907,942 1.9%		58.7%	5.8%	1	00.0%		Net Revenue
Outpatient	,383,730 18.4%	24,282,665	2,907,942					00.0%	1,640,292	Net Revenue 1.1%
Outpatient Revenue (\$) 38,	,383,730 18.4%	24,282,665 15.3%	2,907,942 1.9%	123,4	58.7% 11,127	5.8%	1	00.0%	1,640,292	
Outpatient Revenue (\$) 38,	,383,730 18.4% 683,157	24,282,665 15.3% 32,209,142	2,907,942 1.9%	123,4	58.7% 11,127 orn Nurse	5.8% 12,140,572 ery Utilization	210,40	00.0% 01,238	1,640,292	1.1%
Outpatient Revenue (\$) 38,	,383,730 18.4% 683,157	24,282,665 15.3% 32,209,142 2,	2,907,942 1.9% 3,957,240	123,4	58.7% 11,127 orn Nurse Level I	5.8% 12,140,572 ery Utilization Level II	210,40 Lev	00.0% 01,238 el II+	1,640,292 Organ Tran	1.1% splantation
Outpatient Revenue (\$) 38,  Birth Number of Total Births:	,383,730 18.4% 683,157	24,282,665 15.3% 32,209,142 2,	2,907,942 1,9% 3,957,240 528 518 Beds	123,4 Newb	58.7% 11,127 orn Nurse Level I 36	5.8% 12,140,572 ery Utilization Level II	1 210,40 Lev	00.0% 01,238 el II+ 14	1,640,292 Organ Tran Kidney:	1.1% splantation 0
Outpatient Revenue ( \$) 38,  Birth Number of Total Births: Number of Live Births:	,383,730 18.4% 683,157	24,282,665 15.3% 32,209,142 2,	2,907,942 1.9% 3,957,240 528 518 Beds 0 Patient	123,4 Newb	58.7% 11,127 orn Nurse Level I 36 4,368	5.8% 12,140,572 ery Utilization Level II	1 210,40 Lev	00.0% 01,238 el II+ 14 2,466	1,640,292 Organ Tran Kidney: Heart	1.1% splantation 0
Outpatient Revenue (\$) 38,  Birth Number of Total Births: Number of Live Births: Birthing Rooms:	,383,730 18.4% 683,157	24,282,665 15.3% 32,209,142 2,	2,907,942 1.9% 3,957,240 528 518 Beds 0 Patient	123,4 Newb	58.7% 11,127 orn Nurse Level I 36 4,368 nt Days	5.8% 12,140,572 ery Utilization Level II 6 0	1 210,40 Lev	00.0% 01,238 el II+ 14	1,640,292 Organ Tran Kidney: Heart Lung:	1.1% splantation 0 0
Outpatient Revenue (\$) 38,  Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Labor-Delivery-Recovery Labor-Delivery-Recovery	,383,730 18.4% 683,157 ing Data	24,282,665 15.3% 32,209,142 2, 2,	2,907,942 1.9% 3,957,240 558 518 Beds 0 Patient 0 Total N	123,4 Newb	58.7% 11,127 orn Nurse Level I 36 4,368	5.8% 12,140,572 ery Utilization Level II 6 0	1 210,40 Lev	00.0% 01,238 el II+ 14 2,466	1,640,292  Organ Tran Kidney: Heart Lung: Heart/Lung:	1.1% spiantation 0 0 0
Outpatient Revenue (\$) 38,  Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	,383,730 18.4% 683,157 ing Data	24,282,665 15.3% 32,209,142 2, 2,	2,907,942 1.9% 3,957,240 528 518 Beds 0 Patient 0 Total N	123,4 Newb	58.7% 11,127 orn Nurse Level I 36 4,368 nt Days	5.8% 12,140,572 ery Utilization Level II 6 0	1 210,40 Lev	00.0% 01,238 el II+ 14 2,466 5,834	1,640,292  Organ Tran Kidney: Heart Lung: Heart/Lung: Heart/Lung: Pancreas:	1.1% splantation 0 0 0
Outpatient Revenue (\$) 38,  Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Labor-Delivery-Recovery Labor-Delivery-Recovery	,383,730 18.4% 683,157 ing Data	24,282,665 15.3% 32,209,142 2, 2, Rooms:	2,907,942 1,9% 3,957,240 528 518 Beds 0 Patient 0 Total N 9 0 Inpatie 2 Outpat	123,4  Newb  Days lewbom Patle	58.7% 11,127 orn Nurse Level I 36 4,368 nt Days aboratory	5.8% 12,140,572 ery Utilization Level II 6 0 8 0 Studies	1 210,40 Lev 32 96	00.0% 01,238 el II+ 14 2,466 5,834	Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	1.1% splantation 0 0 0 0

Hospital Profile - (	CY 2015	:	Swedish	Amer	rican Ho	ospital			Rockfo	rd		Page 2
				Su	irgery and	1 Operatir	ng Room Utl	Ization				
Surgical Specialty		Operating				Surgical (			gical Hours		Hours	oer Case
			Combined				Outpatient		outpatient T			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	362 230	784	582	1366	2.7 3.0	1.6
Neurology	0		0		0	384		1170	432	1602		1.9
OB/Gynecology	0	0	0		D	178	1179 140	454	1796	2250	2.6 1.9	1.5 1.3
Oral/Maxillofacial	0	0	0		0	9	0	17 0	183 0	200	0.0	0.0
Ophthalmology Orthopedic	0	Ö	1		1	1151	1063	2674	1406	4080	2.3	1.3
	0	0				9	231	11	231	242	1.2	1.0
Otolaryngology Plastic Surgery	0	0	0		0	7	181	24	224	248	3.4	1.2
Podlatry	0	Ö	0		5	25	42	27	47	74	1.1	1.1
Thoracic	0	ō	ō		5	26	2	80	4	84	3.1	2.0
Urology	0	0	1		1	186	1076	314	1160	1474	1.7	1.1
	0	0										
Totals			13	13		2962	5983	7757	8382	16139	2.6	1.4
SURGICAL RECOV	ERYSTAL	IONS	Sta	ge 1 Ke	covery Sta	ations	14	Stage	2 Recovery	Stations	35	
					and Non-l			Room Utilizat		_	Have	
December Tune	Inc		ocedure Ro tpatient Co		Total	Inpatient	Cutostient		urgical Hour Outpatient	_		per Case Outpatient
Procedure Type	inp	0	D C				Outpatient 1381					
Gastrointestinal		0	0	6	6 0	632 0	1361	253 0	524 0	777 0	0.4	0.4
Laser Eye Procedures Pain Management		0	0	0	Ö	0	0	0	0	0	0.0	0.0
Cystoscopy		0	0	ō	0	0	0	ō	ō	ō	0.0	0.0
-,,				-								
		_	_				edicated Ro					
Minor Procedure Roo		0	0	1 2	1 2	2	205	1	127 343	128 343	0.5	0.6 1.9
CDU Procedure Room		0	0	0	ő	0	180	0	0	0	0.0	0.0
	_	_										
	Emergeno	y/ i rauma	Care					_	Cardiac Catt			
Certified Traun				vel 1		Yes		Cath Labs (De				4
Level of Traum	ia Service		(Not Ans			.evel 2 dult		th Labs used				3
Operating Roo	ms Dedical	ed for Trai		weieuj		0		dicated Diagn				0
Number of Tra		ca ioi iia	anna Garc			18,502		edicated Interv edicated EP Ca			Laus	0
Patients Admit		auma				1,982	-	diodied EF O	aureterization	Labo		
Emergency Se					Compret	-		Card	lac Catheter	tzation Util	Ization	
Number of Em		om Station	16			41	Total C	Cardiac Cath F	Procedures:			2.445
Persons Treate	ed by Emer	gency Sen	vices:			52,240	Dia	agnostic Cathe	eterizations (	0-14)		0
Patients Admit						7,109		agnostic Cathe				1,522
Total ED Visits						70,742	Int	erventional Ca	theterization	is (0-14):		0
	Free-Sta	nding Eme	ergency C	enter				erventional Ca		(15+)		591
Beds In Free-S	_					0	EP	Catheterizati	ons (15+)			332
Patient Visits In						0			Cardiac Sur	gery Data		
Hospital Admis				ſ		0		Cardiac Surge	•			168
	Outpatie	nt Service	Data					diatric (0 - 14				0
Total Outpatier						74,970		ult (15 Years :		e (CABOS)		168
Outpatient \ Outpatient \						33,546 41,424	60	ronary Artery performed o	of total Cardi			112
						xaminatio	no.	Thereneur	te Equipme	nt		
<u>Diagnostic/Intervent</u>	ionai Equi		Owned Co	ntract			Contract	merapeu	tic Equipme		Contract	Theraples/ Treatments
General Radiography	//Fluorosco		25	0	19,540	43,285	0	Lithotripsy			0 1	232
Nuclear Medicine			3	ō	832	3,505	0	Linear Acce	lerator		2 0	8,419
Mammography			5	ō	5	18,232	0		ided Rad Th		_	0
Ultrasound			24	2	7,680	24,492	0	_	Modulated R			2,031
Anglography			4	0	-				rachytherap		1 0	30
Diagnostic Anglog	raphy				777	745	0	Proton Bear	-	-	0 0	0
Interventional Ang	lography				347	244	0	Gamma Kni	fe		0 0	0
Positron Emission To			1	0	0	397	0	Cyber knife			0 0	0
Computerized Axial 1		(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.

Hospital Profile - CY	2016	Swedish	American F	lospital			Rock	ford		Page 1		
Ownership, Man	agement and	d General Infor	mation			Patients by	Race		Patients by Et	hnicity		
ADMINISTRATOR NAME	E: ANN G	ANTZER, PHD			W	hite	82	2.4% H	ispanic or Latino	8,2		
ADMINSTRATOR PHON	E: 815-96	1-2030			Bla	ack	15	5.1% N	ot Hispanic or L	atino: 90.7		
OWNERSHIP:	SWED	SHAMERICAN	HOSPITAL		An	nerican Indian	(	0,0% U	nknown:	1.1		
OPERATOR:	SWED	SHAMERICAN	HOSPITAL		As	ian		1.3%				
MANAGEMENT:			on (Not Church <b>⊣</b>	3		waiian/ Pacific		0.0%	IDPH Number			
CERT F CAT ON:		iswered)			Un	known		1.1%	HPA	B-01		
FACILITY DESIGNATION		nswered)		ne Beeldeed					HSA	1		
ADDRESS	1401 E	State Street		Y: Rockford			Winneb	ago Coun	Ty .			
			Facility Utiliza	ation Data by	Category	of Service						
	Authoriz CON Bea				Inpatient	Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy		
Clinical Service	12/31/20		Census	Admissions	Days	Days	of Stay	Census	Rate %	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				2,250	9,331							
75 Years +				2,417	11,127							
Pediatric	28		9	198	462	191	3,3	1,8	6,4	11,2		
ntensive Care	30	30	22	2,094	5,976	259	3,0	17.0	56,8	56,8		
Direct Admission Transfers - Not includ	od in Earlity	Admissions		512 1,482	1,744 4,232							
Obstetric/Gynecology	34	34	28	2.807	6,735	109	2.4	18,7	55,0	55,0		
Maternity	34	34	20	2,550	6,733	103	2.4	10.7	33,0	55,0		
Clean Gynecology				147	354							
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0		
ong 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		57,3		
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	1		15,063	62,913	7,309	4.7	191.9	57.6			
			Inpatie	nts and Outp	atients Se	erved by Payo	r Source					
	Medicare	Medicald	Other Public	Private Ins	surance	Private Pay		Cha	arity Care	Totals		
npatients	39,9%	29,1%	1,0%		28,0%	0,3%			1,8%			
Impatients	6005	4380	151		4212	43			275	15,066		
	33,5%	25,8%	1,1%		30,6%	7,6%			1,4%			
Outpatients	81165	62477	2616		74263	18445			3388	242,354		
Financial Year Reported:	7/1/2018	5 to 6/30/20	16 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sour	ce		Total Charity		
	Medicare	Medicald	Other Public	Private In:	surance	Private Pay		Totals	Charity Care	Care Expense		
Inpatient	36.5%	21,2%		riivato iii				00,0%	Expense	2,486,713		
Revenue (\$)			2,3%		38,5%	1,4%				Total Charity		
	9,829,087	34,798,849	3,828,541	63,	089,639	2,371,754	163,9	17,870	1,281,198	Care as % of		
Outpatient	21,8%	16,8%	1,3%		53,8%	6,3%		100.0%		Net Revenue		
Revenue (\$) 51	,862,221	39,921,124	2,981,529	127,7	95,333	14,869,341	237,4	29,548	1,205,515	0,6%		
Birt	hing Data			Newt	orn Nurse	ery Utilization			Organ Tran	splantation		
Number of Total Births:		2	,551		Levell	Level II	Lev	el II+	Kidney:			
Number of Live Births:		2	,541 Beds		36	5 (		14	Heart:			
Birthing Rooms:			0 Patient	Days	4,421			2.238	Lung:			
Labor Rooms:			0 Total N	lewborn Patie				6,659	Heart/Lung:			
Delivery Rooms:			0					-,000	Pancreas:			
Labor Delivery Recover			9	_	aboratory	Studies			Liver:			
Labor-Delivery-Recover	y-Postpartum	Rooms:		nt Studies				5,267	Total:			
C-Section Rooms: CSections Performed:				tient Studies s Performed	Index Co.	ten et		6,425 8,029				

Hospital Profile - C	1 2010	oweu		rican Ho		B	llankle :-	Rockt	oru		Page
Surgical Specialty	0	nting Rooms			i Operati Surgical	ng Room Uti		urgical Hour		Hause	
			•				_		Total Hours		oer Case Outpatier
Cardiovascular	Inpatient Outpat 0			o inp	318	Outpatient 80	Inpatient 1497	137	1634	Inpatient 4.7	1.7
	0	-	-	0	0	0	0	0	0	0.0	0.0
Dermatology General	0	0 1	-	1	448	1107	975	1732	2707	2,2	1,6
	0	-		0	241	221	592	315	907	2,5	1.4
Gastroenterology Neurology	0	-	-	0	418	218	1422	428	1850	3,4	2,0
OB/Gynecology	0	-		0	158	1220	413	1854	2267	2.6	1,5
Oral/Maxillofacia	0	_	-	0	7	135	10	177	187	1,4	1,3
Ophthalmology	ő	-	-	0	ó	0	0	"6	0	0,0	0,0
	0		-	1	1343	1157	3059	1504	4563		1,3
Orthopedic	0	-		0	16			366		2.3	1,3
Otolaryngology	0	-	-	0		281	20 36	185	386	1,3	1,5
Plastic Surgery			_		13	123			221	2.8	
Podiatry	0	-		0	18	56	20	64	84	1.1	1.1
Thoracic	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
Tota s	0	0 1	3 1	3	3247	5628	8585	7820	16405	2,6	1,4
SURGICAL RECOVE	RY STATIONS		Stage 1 Re	covery Sta	ations	14	Sta	ge 2 Recove	ry Stations	40	
			edicated	and Non₌(	Dedicate	d Procedure	Room Utilz	ation			
		Procedure				cal Cases		Surgicel Ho	urs	ours	per Case
rocedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatien	t Total Hours	Inpatient	Outpatien
astrointestina	0	0	6	6	623	1492	213	550	763	0,3	0,4
aser Eye Procedures	0	0	0	0	0	0	0	_	0	0,0	0,0
ain Management	0	0	0	0	0	0	0	-	0	0.0	0.0
ystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			<u>M</u>	ultipurpos	se Non-D	edicated Ro	oms				
NOR PROCEDURE	0	0	1	1	1	306	1	204	205	1.0	0.7
DU	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
	mergency/Trau	ıma Care						Cardiac Ca	theterization	Labs	
Certified Trauma					Yes	Total (	Cath Labs /F		ondedicated la		4
Level of Trauma			Level 1	L	evel 2				raphy procedu		3
		(Not A	(nswered)	Ac	dult				sterization Lab		0
Operating Room	ns Dedicated for	Trauma Car	е .		0				atheterization I		0
Number of Trau	ma Visits:				13,588	De	dicated EP	Catheterizati	on Labs		1
Patients Admitte	ed from Trauma				864						
Emergency Sen	vice Type:			Compreh	nensive		Car	diac Cathet	erization Utiji	zation	
Number of Eme	rgency Room St	ations			41	Total (	Cardiac Cath	Procedures	ı.		2,291
Persons Treated	d by Emergency	Services:			57,577			heterizations			0
Patients Admitte	ed from Emerger	icy:			8,619			heterizations			1,489
Total ED Visits	(Emergency+Tra	uma):		1	71,165	Int	erventional (	Catheterizati	ons (0-14):		0
	Free-Standing	Emergency	Center			Int	erventional	Catheterizati	on (15+)		533
Beds in Free-St	anding Centers					EP	Catheteriza	tions (15+)			269
Patient Visits in	Free-Standing C	enters						Cardiac Si	urgery Data		
Hospital Admiss	sions from Free-6	Standing Ce	nter			Total (	Cardiac Surg				171
	Outpatient Sen	vice Data				Pe	diatric (0 - 1	4 Years):			0
Total Outpatient				7	80,029	Ad	lult (15 Year	s and Older):			171
	isits at the Hospi	tal/ Campus	:		35,686	Co			afts (CABGs)		
	isits Offsite/off ca				44,343		performed	d of total Can	diac Cases :		118
iagnostic/Interventic	onal Equipment			E	aminatio	ons	Therape	utic Equipn	nent		Therapi
			Contract	Inpatient	Outpt	Contract			Owned	Contract	Treatme
General Radiography/	Fluoroscopy	24	0	20,390	41,895	0	Lithotripsy	,		0 1	2
Nuclear Medicine		3	0	906	3,638	0	Linear Acc	elerator		2 0	5,5
Mammography		5	0	8	17,393			Suided Rad	Therapy		-,-
Ultrasound		34	2	8,155	24,488		_	Modulated			4.3
Anglography		4	0	-,	,	-		Brachythera		1 0	1,0
Diagnostic Anglogra	aphy	~		880	609	0		am Therapy		0 0	
Interventional Anglo				361	172		Gamma K			0 0	
Positron Emission Tor		1	0	0	592		Cyber knit			0 0	
	omography (CAT		0	7,249	21,962		-,	_			
Computerizea Axiai To											

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

Hospital Profile - C Ownership, Ma				n Hospital		Patients by	Rock	ioiu	Patients by Etl	Page 1
ADMINISTRATOR NA		antzer. PhD	mation		W			3,6% Hi	spanic or Latino	
ADMINSTRATOR PHO		1-2030			Bla				ot Hispanic or La	
OWNERSHIP:		hAmerican Hos	pital		An	nerican Indian			nknown:	1,2
OPERATOR:	Swedin	shAmerican Hos	pital		As	ian		1.1% —		
MANAGEMENT:	Not for	Profit Corporat	ion		-	waiian/ Pacific		0.0%	IDPH Number:	2725
CERTIFICATION:					Un	known		1.2%	HPA	B-01
FACILITY DESIGNATI ADDRESS		ast State Street	,	CITY: Rockfor	rd	COUNTY	Winneh	ago Count	HSA v	1
ADDITEOG	14012	ast otale office		tilization Data b			***************************************	age count	,	
	Authori	zed Peak Be		a secondaria de la constanta d	y category	OI GETTICE	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/2					Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	209	201	198		39,704	9,544	5.1	134,9	64.6	67.1
0-14 Years				0	0					
15-44 Years 45-64 Years				1,260 3,522	4,611 14,441					
65-74 Years				2,401	9,817					
75 Years +				2,504	10,835					
ediatric	28	16	10	175	393	283	3.9	1,9	6,6	11.6
ntensive Care	30	24	24	_,	5,976	61	2.8	16.5	55.1	68.9
Direct Admission				854	2,445					
Transfers				1,257	3,531					
Obstetric/Gynecology	34	25	23		4,491	292	2.6	13.1	38,5	52.4
Maternity Clean Gynecology				1,745 98	4,226 265					
leonatal	10	0			0	0	0,0	0,0	0.0	0.0
ong Term Care	0				0	0	0,0	0,0	0,0	0.0
wing Beds				) 0	0		0.0	0.0		
otal AMI	32			1,361	7,271	0	5,3	19,9	62,3	
Adolescent AMI		12	12		2,184	0	6.3	6.0		49.9
Adult AMI		20	20	1,012	5,087	0	5,0	13,9		69,7
Rehabilitation	C	0	(	0	0	0	0.0	0.0	0.0	0.0
ong-Term Acute Car				0	0	0	0,0	0.0	0,0	0.0
Dedicated Observation	0					0				
Facility Utilization	343	3		13,930	57,835		4,9	186,3	54,3	
				ICU Direct Admit atients and Out			Course			
	Medicare	Medicald	Other Pu		nsurance	Private Pay	Source	Ch	arity Care	Totals
	43,7%	23,6%		1,2%	26,7%	1,6%		Cité	3,2%	lutaio
Inpatients	6081	3286		174	3721	227			441	13,930
	32,5%	23,5%	-	2%	30,9%	9,5%			2,5%	10,000
Outpatients	78144	56477		827	74209	22925			5943	240,525
Financial Year Reports	<u>d:</u> 7/1/201	6 10 6/30/2	017 <u>In</u>	patient and Out	patient Net	Revenue by P	ayor Sour	rce		otal Charity
	Medicare	Medicald	Other Po	iblic Private I	nsurance	Private Pay		Totals	Care	are Expense 3,240,042
Inpatient	37.9%	21.9%	2	.2%	38.0%	0.1%	1	100.0%	Expense	
Revenue (\$)	62,388,783	36,011,639	3,548	799 62	2,665,040	122,709	164,7	36,970		Total Charity Care as % of
Outpatient	24,9%	19,4%	1	,8%	53,6%	0,3%		100,0%		Net Revenue
Revenue (\$)	44,171,731	34,444,534	3,122,	980 95	,023,836	474,728	177,2	37,809	1,525,840	0.9%
<u>B</u>	irthing Data			Nev	vborn Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth			,654		Level I	Level II	Lev	rel II+	Kidney:	0
Number of Live Births	E	1		eds				0	Heart:	0
Birthing Rooms: Labor Rooms:			0	atient Days	2,842	2 (		1,593	Lung: Heart/Lung:	0
Delivery Rooms:			0 T	otal Newborn Pat	tent Days			4,435	Pancreas:	0
Labor-Delivery-Recov			0		Laboratory	Studies			Liver:	0
Labor-Delivery-Recov	ery-Postpartur	n Rooms:		patient Studies				1,150	Total:	0
C-Section Rooms: CSections Performed				utpatient Studies				9,087 2,689		
				tudies Performed						

	Y 2017	Swedis						Rock			Page
O		B	Su			ng Room Ut			_	•1	
Surgical Specialty		ng Rooms			Surgical		_	urgical Hour	_		er Case
	Inpatient Outpati					Outpatient	Inpatient		Total Hours		Outpatien
Cardiovascular	-	0 0	C		361	196	1478	311	1789	4.1	1.6
Dermatology	-	0 0	0		0	0	0	0	0	0,0	0,0
General	-	0 11	11		373	1088	746	1681	2427	2.0	1.5
Gastroenterology		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/Maxillofacia	0	0 0	0	)	5	98	6	123	129	1.2	1,3
Ophtha mology	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	o o		4	85	8	141	149	2.0	1.7
Podiatry		0 0	0		15	66	16	68	84	1,1	1,0
	-	-	-								
Thoracic	-		0		34	3	110	5	115	3.2	1.7
Urology	0	0 1	1		203	990	346	821	1167	1.7	8,0
Totals		0 13			3120	5819	7615	7631	15246	2,4	1,3
SURGICAL RECOVE	RY STATIONS	St	age 1 Res	covery Sta	tions	14	Sta	ige 2 Recove	ry Stations	40	
001101011111111111111111111111111111111									.,		
		Procedure R		nd Non-D		1 Procedure cal Cases	Room Utilz	<u>Surgical Ho</u>	eura	Hours	per Case
rocedure Type		Outpatient C		Total	Inpatient		t Inpatien		t Total Hours	Inpatient	Outpatien
Sastrointestinal	0	6	0	6	769	1511			684	0.3	0,3
	0	0	0	0	0	1511			004		
aser Eye Procedures	-	-	-			-			_	0,0	0,0
ain Management	0	0	0	0	0	0			0	0.0	0.0
ystoscopy	0	U	-	0	0	-		) 0	0	0.0	0.0
			Mu	ltipurpos		edicated Ro		40.	100		
INOR PROCEDURE					1	276			185	1.0	0.7
DU	0	0	0	0	0	388 0			504 0	0.0	1,3
								-		-,-	-,-
-	Emergency/Trau	ma Care						Cardiac Ca	atheterization	Labs	
Certified Traum					Yes	Total	Cath Labs (I	Dedicated+N	ondedicated la	bs):	4
Level of Trauma	a Service	L	evel 1	_	evel 2	C	ath Labs use	ed for Angiog	raphy procedur	es	4
				Ad	iult	D	edicated Dia	gnostic Cath	eterization Lab		0
Operating Room	ns Dedicated for 1	Frauma Care			0	D	edicated Inte	rventional C	atheterization L	.abs	0
Number of Trau	ıma Visits:			,	12,566	D	edicated EP	Catheterizati	ion Labs		1
Patients Admitte	ed from Trauma				918						
Emergency Ser	vice Type:			Compreh	nensive		Ca	rdiac Cathet	erization Uti i:	zation	
Number of Eme	rgency Room Sta	tions			41	Total	Cardiac Cat	h Procedures	E'		2,627
Persons Treate	d by Emergency S	Services:			56,345			theterizations			0
	ed from Emergen				8,560			theterizations			1,671
	(Emergency+Trau				58,911			Catheterizati	n P		0
	Free-Standing E		enter		,			Catheterizati			630
Dada la Fasa Ci		amorgonoy c					P Catheteriz		on (15+)		326
	tanding Centers				0	L	Cathetenz				320
	Free-Standing Co				0				urgery Data		
Hospital Admis:	sions from Free-S	tanding Cent	er		0		Cardiac Sur				128
	Outpatient Serv	ice Data					ediatric (0 - 1	,			0
Total Outpatien	t Visits			81	12,486			rs and Older)			128
Outpatient V	isits at the Hospit	al/ Campus:		23	33,203	C	oronary Arte	ry Bypass Gr	afts (CABGs)		
	isits Offsite/off car			57	79,283		performe	d of total Car	diac Cases :		96
Diagnostic/Intervention	onal Equipment			Ex	aminatio	ons	Therap	eutic Equipn	nent		Therapi
	_	Owned Co	ontract	Inpatient	Outpt	Contract			Owned	Contract	Treatme
General Radiography	Fluoroscopy	24	0	18,965	44,432	0	Lithotrips	<b>y</b>	(	1	22
Nuclear Medicine		3	0	794	3,790	0	Linear Ac	celerator		2 0	4,25
Mammography		5	0	1	17,203			Guided Rad		-	-,
Ultrasound		35	2	7.820	24,619		_	y Modulated			5,8
Angiography		4	0	1,020	24,018					1 0	
		4	U			_	-	e Brachyther			
Diagnostic Anglogr				970	701			am Therapy			
Interventional Angle				403	227		Gamma k		(		
Positron Emission To		1	0	0	463		Cyber kni	fe	(	0	
Commendated and Audel T	omography (CAT)			7 404	24 002						
Computerized Axial To Magnetic Resonance		4 2	0	7,481	24,897	0					

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

Hospital Profile - C Ownership, Ma		Swedisl d General Infor			F		Patients by	Rock Race		Patients by Etl	Page 1
ADMINISTRATOR NAI		antzer, PhD				W			4,0% Hi	Hispanic or Latino:	
DMINSTRATOR PHO	NE: 815-96	1-2030				Bla	ick	13	3,5% No	ot Hispanic or La	itino: 91,6
OWNERSHIP:	Swedis	hAmerican Hos	pita			Am	nerican Indian		0,1% Ur	nknown:	17
OPERATOR:		hamerican Hos				As			1.4%		
MANAGEMENT:	Not for	Profit Corporati	on				waiian/ Pacific		0.0%	IDPH Number:	
CERT F CAT ON:	ON: Conor	امقممها				Un	known		1.0%	HPA HSA	B-01 1
FACILITY DESIGNATI ADDRESS		a  Hospita  ast State Street		СІТ	Y: Rockford		COUNTY	Winneb	ago Count		1
					tion Data by				age count	,	
	Authoriz	red Peak Ber		- CIIIZO	non boto by	outego.j	OI GOI VICE	Average	Average	CON	Staffed Bed
Clinical Service	CON Be 12/31/20	ds Setup an	id Po		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	199			143	9,608	38,473	9,686	5,0	131,9	66,3	69,4
0-14 Years	100	100		43	0,000	0	8,000	5,0	13113	00,3	0374
15-44 Years					1,579	4,952					
45-64 Years					3,397	13,550					
65-74 Years 75 Years +					2,254 2,358	9,529 10,342					
Pediatric	10	10		6	132	330	393	5,5	2,0	19.8	19,8
ntensive Care	30			30	1.541	4,105	79	2.7	11,5	38.2	38,2
Direct Admission	30	. 30		50	900	2,358	10	2.7	1113	3012	3012
Transfers					541	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					
eonatal	10	0		0	0	0	0	0.0	0.0	0.0	0.0
ong 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 AM	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
.ong-Term Acute Care Dedicated Observation	e 0			0	0	0	0	0,0	0,0	0.0	0,0
Facility Utilization	325				13.437	52,814	10,226	4.7	172.7	53.1	
			(Include	es ICU D	irect Admiss						
				npation	ts and Outp	atients Se	erved by Payor	Source			
	Medicare	Medicald	Other	Public	Private Ins	surance	Private Pay		Cha	arity Care	Totals
Inpatients	44.9%	22.1%		2.5%		28.0%	1.8%			0.7%	
i passono	6027	2971		335		3763	248			93	13,437
Outpatients	35.4%	20.0%		1.6%		39.8%	2.5%			0.6%	
	129863	73530		5962		46059	9323			2261	366,996
Financial Year Reporte							Revenue by P		_	Charmy (	Total Charity Care Expense
In-rational	Medicare	Medicald	Other	Public	Private Ins		Private Pay		Totals	Care Expense	2,538,863
Inpatient Revenue ( \$)	38.0%	18.5%		1.7%		41.2%	0.6%	1	00.0%		Total Charity
	64,718,427	31,497,117	2,9	04,908	70,3	311,302	1,063,576	170,4	95,330		Care as % of
Outpatient	24.5%	13.1%		1.8%		60.2%	0.4%		100.0%		Net Revenu
Revenue ( \$)	57,111,750	30,645,178	4,22	3,771	140,6	42,762	896,743	233,5	20,204	1,230,091	0.6%
В	irthing Data				Newb	orn Nurse	ery Utilization			Organ Tran	splantation
Number of Total Births			,593			Level	Level II	Lev	el II+	Kidney:	0
Number of Live Births Birthing Rooms:		1	,582 0	Beds	_				0	Heart: Lung:	0
Labor Rooms:			Ö	Patient		2,766	1,747		0	Heart/Lung:	0
Delivery Rooms:			ō	rotal No	ewborn Patie	int Days		,	4,513	Pancreas:	o
Labor-Delivery-Recov			9		_	aboratory	Studies			Liver:	0
Labor-Delivery-Recov	ery-Postpartun	n Rooms:	0		nt Studies				6,260	Total:	
C-Section Rooms: CSections Performed:			2 524		ent Studies Performed l	Inda: Cr			6,726 7.855		

Hospital Profile - 0	CY 2018		Swed	ishAm	erican l	Hospital			Rockfo	rd		Page 2
			_		Surgery :		ng Room Uti					_
Surgical Specialty			ng Room			Surgica			rgical Hours			per Case
	Inpatient						Dutpatient		Outpatient T			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	156 463	225 360	357 1527	420 726	777 2253	2.3 3.3	1.9 2.0
Neurology	0	0		0	0	90	911	198	1503	1701	2.2	1.6
OB/Gynecology Oral/Maxillofacial	0	0		0	0	7	133	190	163	171		1,2
Ophthalmology	0	0		0	0	ó	1 1	o o	1 1 1	1/1	1.1	1,0
	0	0		1	1	1385	1176	2813	1696	4509	0,0 2,0	1.4
Orthopedic	0	0		ò	o	21	370	2013	476	500		1,3
Otolaryngology Plastic Surgery	0	0		0	0	4	82	8	232	240	1,1	2.8
Podiatry	0	0		0	0	18	79	19	96	115	2.0 1,1	1,2
Thoracic	0	0		0	0	13	1	42	3	45	3.2	3.0
	0	0		1	1	192	934	327	862		1,7	0.9
Urology		-								1189		
Totals	0	0	'	13	13	3135	5862	7508	9446	16954	2,4	1,6
SURGICAL RECOV	ERY STAT	ONS		Stage 1	Recovery	Stations	14	Stag	e 2 Recovery	Stations	40	
					d and No			Room Utilzat	_			_
		_	Procedure			_	cal Cases	_	Surgice  Hour	_		per Case
Procedure Type	Inp		Outpatient			Inpatient	Outpatient		Outpatient			Outpatient
Gastrointestinal		0	6	0	6		1483	755	1292	2047	1,0	0,9
Laser Eye Procedures		0	0	0	0		0	0	0	0	0,0	0,0
Pain Management Cystoscopy		0	0	0	0		0	0	0	0	0.0	0.0
Сувтовсору		v	U	U			-		U	0	0.0	0.0
					Multipur		edicated Roo					
Minor Procedure Roo					1	_	222	0	160	160	0.0	0.7
CDU (Broncs, Lumbar					1		358	0	465	465	0,0	1,3
						0	0	0	0	0	0,0	0,0
	Emergeno	y/Traum	a Care						Cardiac Cath	neterization	Labs	
Certified Traun	na Center					Yes	Total C	Cath Labs (De	dicated+Non	dedicated lat	os):	4
Level of Traum	na Service			Level 1		Level 2		th Labs used				4
						Adult	De	dicated Diagr	ostic Cathete	erization Labs	5	0
Operating Roo		ted for T	rauma Ca	ile.		0		dicated Interv			abs	0
Number of Tra						9,354	De	dicated EP C	atheterization	n Labs		0
Patients Admit						665						
Emergency Se					Comp	prehensive		Card	liac Catheter	ization Utiliz	zation	
Number of Em						41		Cardiac Cath				2,743
Persons Treat		-				56,575		agnostic Cath				0
Patients Admit Total ED Visits						10,897 65,929		agnostic Cath				1,657
Total ED Visits						00,020		erventional C				0
	Free-Sta		nergency	y center				erventional C Catheterizati		(15+)		899 187
Beds in Free-S						0	EF		, ,			107
Patient Visits in Hospital Admis						0			Cardiac Sur	gery Data		
Hospital Admin				ELITOR		0		Cardiac Surge				669
	Outpatie	nt Servic	ce Data					diatric (0 - 14 ult (15 Years	,			669
Total Outpatier						805,444		ronary Artery		ts (CARGs)		968
Outpatient \ Outpatient \				91		419,309 386,135	-		of total Cardi			62
Diagnostic/Intervent						Examination	ins	Therapeu	itic Equipme	ent		Therapies/
- Annual Politic	Equi		Owned	Contrac	t Inpati		Contract			_	Contract	Treatments
General Radiography	y/Fluorosco	ру	28	0	16,7			Lithotripsy		0	0	250
Nuclear Medicine		-	3	0	7	04 3,92		Linear Acce	lerator	2	. 0	3,372
Mammography			5	0		0 16,91	0 0	Image Gr	ided Rad Th	erapy		0
Ultrasound			58	0	7,6	20 27,84	7 0	Intensity	Modulated Ra	ad Thrpy		5,776
Anglography			4	0	,				Brachytherap		0	30
Diagnostic Anglogi	raphy				1,2	40 89	9 0	Proton Bear			0	0
Interventional Ang					1,6	29 91	3 0	Gamma Kn	fe	0	0	0
Positron Emission To		(PET)	1	0		0 61	0 0	Cyber knife		0	0	0
Computerized Axial 1		y (CAT)	3	0								
Magnetic Resonance	Imaging		2	0	1,3	99 6,42	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

Javon Bea Hospital-	2015	2016	2017	2018
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

Mry Budghan

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-	2015	2016	2017	2018
Rockton Avenue	570 Inpatients	579 Inpatients	596 Inpatients	593 Inpatients
Campus	admitted.	admitted.	admitted.	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 CERTIFIED MAIL RECEIPTS

For delivery inform	ation, visit our webs	ite at www.usps.com*.
OFF	ICIA	LUSE
Certified Mail Fee		
Ex ra Services & Fees (no.   Return Receipt (herdcopy)   Return Receipt (electronic)   Certified Mail Recircost De   Adult Signature Required   Adult Signature Restricted	5 5 6	Postmark Here
Poetage s		7/1/2020
Total Postage and Fees		100 000 000
Sant To	2007.000 F 901	Dave



Hospital Profile - CY			d Memorial H	tospital			Rock	ford		Page 1	
Ownership, Manag			nation			Patients by			Patients by Et	-	
ADMINISTRATOR NAME:						hite			spanic or Latino		
ADMINSTRATOR PHONE OWNERSHIP:			n Mad			ock			at Hispanic ar L	an: 85.0° 9.2°	
OPERATOR:		Memorial Hos Memorial Hos				nerican Indian ian		0.1% -	nknown:	9.27	
MANAGEMENT:			ւրսա an (Nat Church-F	,		waiian/Pacific		0.1%	IDPH Number	: 2048	
CERTIFICATION:	(Not Answ		in procuous			known		7.3%	HPA	B-01	
FACILITY DESIGNATION:					0				HSA	1	
ADDRESS	2400 Norti	h Rockton Ave	enue CIT	Y: Rockford	1	COUNTY:	Winneb	ago Count	y		
			Facility Utiliza	tion Data by	/ Category	of Service					
	Authorized	Peak Beds					Average	Average	CON	Staffed Bed	
Clinical Service	CON Beds 12/31/2015	Setup and Staffed	i Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	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						
Ped latric	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 I	Direct Admis:	sions Only	)					
			Inpatie	ntsand Outp	atients Se	erved by Payor	Source				
	fedicare	Medicaid	Other Public	Private In:	su <i>ranc</i> e	Private Pay		Cha	rity Care	Totals	
harattanta	32.8%	30.6%	9.1%		24.3%	0.5%			2.6%		
Inpatients	4384	4093	1215		3245	72			353	13,362	
Outpatients	18.7%	41.1%	8.0%		27.0%	3.5%			1.7%		
Outpatients	18758	41257	8046		27136	3522			1660	100,379	
Financial Year Reported:	1/1/2015 to	12/31/20	15 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sou	rce		Total Charity	
	Medicare	Medicaid	Other Public	Private In:	surance	Private Pay		Totals	Care	1,633,503	
Inpatient	22.7%	27.8%	6.6%		42.3%	0.6%	1	00.0%	Expense		
Revenue (\$) 50,	175,337 6	1,385,905	14,681,002	93,	408,453	1,232,449	220,8	83,146	913,147	Total Charity Care as % of	
Outpatient	12.8%	17.9%	5.6%		60.8%	3.0%	-	00.0%		Net Revenue	
Berganus (#)		,538,106	7,690,969	83,4	32,460	4,151,293		37,049	720,356	0.5%	
Dist	ina Data			Nowi	norm Name	one Hitilination			Orman Tran	on lantation	
Number of Total Births:	ing Data		505	News		ery Utilization			Kidney:	nsplantation 0	
Number of Live Births:			400		Level I	LevelII		vel II+	Heart:	0	
Birthing Rooms:		1,1	0000	Davis	26	-		0	Lung:	ő	
Labor Rooms:			n Patent		2,577	7 0		0	Heart/Lung:	_	
Delivery Rooms:			0 Total N	lewbom Patie	ent Days			2,577	Pancreas:	ő	
	Doomo		12	L	ab oratory	Studies			Liver:	0	
Labor-Delivery-Recovery	POOTIIS.										
Labor-Delivery-Recovery Labor-Delivery-Recovery-		ooms:		nt Studies				4,913	Total:	n	
			0 Inpatie 2 Outpat	nt Studies ient Studies s Performed			25	4,913 3,977 1,929	Total:	0	

Hospital Profile - 0	CY 2015	Roc	kford N		Hospital			Rockfo	rd		Page 2
Surgical Spacialty	0	aratina Baa	me	Surgery	and Operati Surgical	ng Room Uti		roical House		House	nor C 000
Surgical Specialty	Inpatient Outs	erating Roo nation! Com		ctal	_	Outpatient		rgical Hours Outpatient T	otal Hours		per Case 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	0 140	0 276	0 400	0 558	0 958	0.0	0.0 2.0
Urology		-									
Totals	0	0	14	14	3324	6390	9026	10733	19759	2.7	1.7
SURGICAL RECOVE	ERY STATION	S	Stage 1	Recovery	Stations	14	Stage	e 2 Recovery	Stations	18	
							Room Utilzat		_		
Denos desas Tema	lanatio		ure Room	_		Cal Cases	_	Surgical Hour	_		per Case
Procedure Type		nt Outpatie							Total Hours	Inpatient	Outpatient
Gastrointestinal Laser Eye Procedures	0	0	6	6	-	1836	605 0	1651 0	2256	0.0	0.9
Pain Management	0	0	2	2		3815	29	3815	3844	1.0	1.0
Cystoscopy	0	0	0			0	0	0	0	0.0	0.0
0,0100000,						-	-			0.0	4.4
Dodo OI		0				edicated Ro	_	464	40.0	4.0	4.0
Peds GI Branchascapy	0	0	1	1	-	407	37 939	461 269	498 1208	1.0	1.2 0.7
ычногозовру	0	ō			-	0	0	0	0	0.0	0.0
	Emergency/Tr	rauma Care	,					Cardiac Cat	heterization	Lahe	
Certified Traum			-		Yes	Total (	: Cath Labs (De				2
Level of Traum			Level	1	Level 2		th Labs used				0
		1 A	dult and P	edia Not	Answered		dicated Diagr				ő
Operating Roo	ms Dedicated f	for Trauma (	Care		1		dicated Interv				0
Number of Tra-					10,650	De	dicated EP C	atheterization	n Labs		0
Patients Admit		18			1,064						
Emergency Se				Comp	prehensive				rization Utili:	zation	
Number of Em					29 41,525		Cardiac Cath				2,081
Persons Treate Patients Admit					7,930		agnostic Cath				0
Total ED Visits	_	-			52,175		agnostic Cath erventional Ca				780 0
102123 1313	Free-Standin	_	ocy Cente		32,		erventional Co				442
Beds in Free-S		-	iog conti	_	0		Catheterizati		. (10.)		859
Patient Visits in					ő			Cardiac Sur	nany Data		
Hospital Admis			Center		0	Total 0	Cardiac Surge		gery Data		60
	Outpatient S	ervice Data	1				diatric (0 - 14				0
Total Outpatier			-		289,813	Ad	ult (15 Years	and Older):			60
	/isits at the Hos	spital/ Camp	ous:		285,466	Co	ronary Artery				
	/isits Offsite/off				4,347		performed o	of total Cardi	ac Cases:		41
Diagnostic/Interventi	onal Equipme	ent			Examination	ons	Therapeu	tic Equipme	ent		Therapies/
		Owne	d Contra	ct Inpati	ent Outpt	Contract			Owned	Contract	Treatments
General Radiography	«Fluoroscopy	1	3	0 22,92	20,250	0	Lithotripsy		(	) 1	13
Nuclear Medicine				0 45			Linear Acce		1	1 0	2,017
Mam mography					0 12,289		_	ided Rad Th			676
Ultrasound				0 3,01	5 7,629	0	-	Modulated R			645
Angiography			2	0			_	Brachytherap	-		3
Diagnostic Angiogr				3,83			Proton Bear				0
Interventional Angi		т.			0 0		Gamma Kni	te	(	-	0
Positron Emission To Computerized Axial T			-	1 0 7.49	0 0		Cyber knife		(	0	0
Gornparenzea Axiai I		-	-								
Magnetic Resonance	Imaging		3	0 1,72	9 5,300	9					

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

Hospital Profile - CY	2016	Rockford	Memorial H	lospital			Rock	ford		Page 1
Ownership, Mana	gement and	General Inform	nation			Patients by	Race		Patients by Et	hnicity.
ADMINISTRATOR NAME:	Sue Rips	ch			W	nite	73	3.8% H	ispanic or Latino	z 7.6
ADMINSTRATOR PHONE	: 815-971-	7202			Bla	ick	17	7.9% N	ot Hispanic or L	atino: 90.5
OWNERSHIP:	Rockford	Memorial Hos	pital		An	erican Indian	(	0.1% U	nknown:	1.8
OPERATOR:	Rockford	Memorial Hos	pital			ian	(	0.5% -		
MANAGEMENT:			n (Not Church-F	1	-	waiian/Pacific		0.1%	IDPH Number	20.0
CERTIFICATION:	(Nat Ans				Ur	known	7	7.7%	HPA	B-01
FACILITY DESIGNATION									HSA	1
ADDRESS	2400 Nar	th Rockton Ave		Y: Rockford			: Winneb	ago Coun	ty	
		d Peak Beda	Facility Utiliza	rtion Darta by	/ Category	of Service			CON	Staffed Bed
	Authorized CON Beds				Inpatient	Observation	Average Length	Average Daily	Occupancy	Occupancy
Clinical Service	12/31/2010		Census	Admissions	Days	Days	of Stay	Census	Rate %	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 2,054	7,898					
75 Years +				,	10,414					
Pediatric	12	20	13	865	2,199	736	3.4	0.8	66.8	40.1
ntensive 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 include	d in Facility A			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	16					2244				
Facility Utilization	288			12,675	64,610	5,636	5.5	191.9	66.6	
			In patier	nts and Outp	patients Se	rved by Payo	r Source			
	fedicare	Medicaid	Other Public	Private In:		Private Pay		Ch	arity Care	Totals
_	31.6%	30.9%	10.9%		23.6%	0.6%			2.5%	
Inpatients	4000	3911	1379		2990	82			313	12,675
										12,070
Outpatients	19.3%	41.0%	8.7%		26.2%	3.2%			1.6%	404.000
	20262	43081	9086		27491	3340	_		1720	104,980
Financial Year Reported:	7/1/2015	to 6/30/20	16 Inpatie	nt and Outp	atient Net	Revenue by P	ayor Sour	rce		Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Totals	Care	1,322,902
Inpatient	22.0%	28.3%	7.2%		42.1%	0.3%	1	00.0%	Expense	
Revenue (\$)	,691,470	63,808,298	16,261,332	95,	015,434	684,660	225,4	61,194	731,425	Total Charity Care as % of
Outpatient	13.6%	15.3%	5.9%		62.2%	3.0%		00.0%		Net Revenue
D		13.376		00.0	389,155	4.362.294			504 477	0.4%
19,	481,889 2	1,9/1,/36	8,423,384	89,3	169,100	4,362,294	143,6	28,458	591,477	0.475
Birth	ing Data			Newl	born Nurs	ery Utilization			Organ Tran	splantation
Number of Total Births:		1,	487		Level I	Level II	Lev	el II+	Kidney:	
Number of Live Births:		1,	480 Beds		2		)	0	Heart:	
Birthing Rooms:			0 Patient	Days	2,59		Ď	0	Lung:	
Labor Rooms:			0 Total N	lewborn Patie				2,596	HearVLung:	
Delivery Rooms:			0					_,	Pancreas:	
Labor-Delivery-Recovery			12		aboratory	Studies			Liver:	
Labor-Delivery-Recovery-	Postpartum F	Rooms:		nt Studies				0,829	Total:	
C-Section Rooms: CSections Performed:				ient Studies Performed				5,412 0,035		

Hospital Profile - 0	CY 2016	Roc	kford	Mem	orial H	ospital			Rockfor	rd		Page 2
				Su	rg ery and		ig Room Ut					
Surgical Specialty		erating Roo	_			Surgical C			irgical Hours			рег Саве
	Inpatient Out;			Total			Outpatient		Outpatient To			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
Gastroenterdogy	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
Uralogy	0	0	2	2	2	146	179	339	558	897	2.3	3.1
Totals	0	0	14	14	ı	3442	6315	10129	10799	20928	2.9	1.7
SURGICAL RECOVE	RY STATION	s	Stage	1 Rec	covery St	ations	14	Stag	e 2 Recovery	Stations	18	
			Dedic	ated a	nd Non-	Dedicated	Procedure	Room Utilza	tion			
		Procedi					a Cases		Surgical Hours	1	Hours	per Case
Procedure Type	Inpatie	nt Outpatie	nt Com	bined	Total	Inpatient	Outpatien	t Inpatient	Outpatient 1	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0		3	3	753	2129	564	3777	4341	0.7	1.8
aser 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
				м.	Hinurno	ea Non-De	edicated Ro	ome				
Peds GI	0	0		1	1	28	306	27	378	405	1.0	1.2
Bronoscopy	0	0		1	1	627	312		206	1147	1.5	0.7
Jidiidadapy	o	0		0	ò	0	0.12	0	0	0	0.0	0.0
	- :-	-										
	Emergency/Tr	rauma Care	1						Cardiac Cath	eterization	Labs	
Certified Traum						Yes			edicated+None			2
Level of Traum	a Service		Leve			evel 2			for Angiograp			0
Oceanies Beer	no Dodostod (		dult and	Pedia	N ot Ar	nswered 1			nostic Cathete			0
Operating Roor Number of Trau		or trauma	care			9,222			ventional Cath		.abs	0
Patients Admitt		va.				1,130	D	edicated EP C	atheterization	Labs		0
Emergency Ser		id.			Compre			Com	iac Catheteri	notion Hill	nation	
Number of Eme		Stations			Cultiple	29				zation utili	zamon	
Persons Treate						41.520		Cardiac Cath				2,119
Patients Admitt						7,440			eterizations (0 eterizations (1			0 807
Total ED Visits						50,742			atheterizations			0
	Free-Standin		ocy Cen	ter		30,142			atheterization			543
Beds in Free-S			,					Catheterizat		(101)		769
Patient Visits in								0011010120				
Hospital Admis		2	Center				Total	Condina Sum	Cardiac Surg	ery Data		112
Traspita Parilis								Cardiac Surge ediatric (0 - 14				112
	Outpatient S	ervice Data	1					fult (15 Years				112
Total Outpatien						22,895			Bypass Graft	s (CABGs)		112
Outpatient V	ISITS AT THE MOS		ous:		3	18,052 4,843			of total Cardia			76
Outpatient V		campus				-1						Thomasico
	isits Offsite/off				E	vaminatio	ns	Therape	utic Equipmen	n#		
	isits Offsite/off	nt	ed Cont	ract		xaminatio	ns Contract	Therape	utic Equipmer		Contract	
	isits Offsite/off on al Equipme	nt		ract 0			_	Therape:	utic Equipmer	Owned	Contract	Treatment
Diagnostic/Interventi	isits Offsite/off on al Equipme	nt. Owne			Inpatien	t Outpt	Contract			Owned		Treatment
Diagnostic/Interventi General Radiography Nuclear Medicine	isits Offsite/off on al Equipme	nt. Owne	9	0	Inpatien 21,833	21,982 1,314	Contract 2 300	Lithotripsy Linear Aco	elerator	Owned	5	Treatment 5 2,143
Diagnostic/Interventi General Radiography Nuclear Medicine Mammography	isits Offsite/off on al Equipme	nt. Owne	9	0	Inpatien 21,833 394 0	21,982 1,314 12,289	Contract 2 300	Lithotripsy Linear Aco	elerator uided Rad The	Owned erapy	5	Treatment 5 2,143 135
Diagnostic/Interventi General Radicgraphy Nuclear Medicine Mammography Utrascund	isits Offsite/off on al Equipme	nt. Owne	9 3 1 3	0 0	Inpatien 21,833 394	21,982 1,314	Contract 2 300 0	Lithotripsy Linear Acc Image G Intensity	elerator uided Rad The Modulated Ra	Owned erapy ad Thrpy	5 1 0	7reatment 5 2,143 135 1,360
Diagnostic/Interventi General Radiography Nuclear Medicine Mammography Utrasound Angiography	isits Offsite/off on al Equipme /Fluoroscopy	nt. Owne	9 3 1	0	21,833 394 0 3,102	21,982 1,314 12,289 8,174	2 300 0 0	Lithotripsy Linear Acc Image G Intensity High Dose	elerator uided Rad The Modulated Ra Brachytherapy	Owned erapy ad Thrpy	5 1 0	5 2,143 135 1,360 0
Diagnostic/Interventi General Radiography Nuclear Medicine Mammography Ultrasound Angiography Diagnostic Angiogr	isits Offsite/off on al Equipme Fluoroscopy aphy	nt. Owne	9 3 1 3	0 0	Inpatien 21,833 394 0	21,982 1,314 12,289	Contract 2 300 0	Lithotripsy Linear Acco Image G Intensity High Dose Proton Bee	elerator uided Rad The Modulated Ra Brachytherapy m Therapy	Owned erapy ed Thrpy	5 1 0	Treatment 5 2,143
Diagnostic/Interventi General Radiography Nuclear Medicine Mammography Ultrasound Angiography Diagnostic Angiogr Interventional Angio	isits Offsite/off onal Equipme /Fluoroscopy aphy ography	owne Owne	9 3 1 3 2	0 0 0	21,833 394 0 3,102 3,890 0	21,982 1,314 12,289 8,174 2,229 0	2 300 0 0	Lithotripsy Linear Acco Image G Intensity High Dose Proton Bee Gamma Kr	elerator uided Rad The Modulated Ra Brachytherapy m Therapy Ve	Owned	0 5	5 2,143 135 1,360 0
Diagnostic/Interventi General Radiography, Nuclear Medicine Mammography Ulrasound Angiography Diagnostic Angiogr	isits Offsite/off onal Equipme Fluoroscopy sphy ography mography (PE	Owner 1:	9 3 1 3	0 0	21,833 394 0 3,102 3,890	21,982 1,314 12,289 8,174 2,229	2 300 0 0	Lithotripsy Linear Acco Image G Intensity High Dose Proton Bee	elerator uided Rad The Modulated Ra Brachytherapy m Therapy Ve	Owned	0 5 1 0	135 1,360 0 0

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

ADMINISTRATOR NAME	: Sue Ripso	h			Wh	ste	66	5.6% H	ijspanje or Latin	0: 11-3%
ADM INSTRATOR PHONE					Bla	ick	19	9.9% N	lot Hispanic or L	atino: 86.9%
OWNERSHIP:		Memorial Hosp			Am	erican Indian			Inknown:	1.9%
OPERATOR:		Memorial Hosp			Asi			0.8% -		
MANAGEMENT:	Not for Pr	ofit Corporation	n			waiian/Pacific		0.1%	IDPH Number	
CERTIFICATION:					Un	known	12	2.4%	HPA	B-01
FACILITY DESIGNATION				W. Davidson		0.0111177			HSA	1
ADDRESS	2400 N. R	ockton Avenue		Y: Rockford		COUNTY:	vvinneo	ago Cour	ity	
			Facility Utiliza	tion Data by	/ Category	of Service				
Clinical Service	Authorized CON Beds 1 2/31/2017	Peak Beds Setup and Staffed	Peak	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		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
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16				-	1955	0.0	0.0	0.0	0.0
Facility Utilization	288			12.873	64.841	5,759	5.5	193.4	67.2	
racinty offization	200		(Includes ICU L	,	+ 4+++	-,	0.0	155.4	07.2	
							Course			
						rved by Payor	Source			
,	Medicare	Medicaid	Other Public	Private Ins		Private Pay		Ch	arity Care	Totals
Inpatients	28.6%	37.1%	11.0%		20.1%	0.6%			2.6%	
	3684	4770	1411		2593	83			332	12,873
Outpatients	18.0%	43.1%	9.5%		24.7%	2.8%			1.9%	
	19416	46362	10235		26643	2994			2038	107,688
Financial Year Reported:	7/1/2016 a	6/30/201	7 Inpatier	nt and Outpo	atient Net	Revenue by Pa	yor Sour	ce	Charity	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private In:	surance	Private Pay		Totals	Care	1,104,249
Inpatient	22.0%	33.3%	7.7%		36.7%	0.3%	1	00.0%	Expense	
Revenue (\$) 51	,664,637 7	7,974,985	17,974,872	85,	989,796	720,705	234,3	24,995	447,125	Total Charity Care as % of
Outpatient	13.5%	16.0%	6.4%		62.1%	2.0%		00.0%		Net Revenue
Decree ( #)		1,450,651	9,778,602	95,0	75,389	3,105,673		38,907	657,124	0.3%
Dist	ning Data			Nowi	haza Nuzaa	ry Utilization			Occupant Trans	nsplantation
Number of Total Births:	ing Data	2.5	321	New						1 spiantation 0
Number of Live Births:					Level I	Level II		el II+	Kidney: Heart:	0
Birthing Rooms:		2,3		Dave	26	-		0	Lung:	0
			n raveill	- 2	3,701	0		0	HearVLung:	_
			Total N	ewborn Patie	ent Days			3,701	Pancreas:	ő
Labor Rooms: Delivery Rooms:			12							
Labor Rooms:	Rooms:		12 0		aboratory	Studies			Liver:	0
Labor Rooms: Delivery Rooms:		ooms:	0		aboratory	Studies	52	4,310		
Labor Rooms: Delivery Rooms: Labor-Delivery-Recovery		ooms:	0 Inpatie 2 Outpati	L		_		4,310 0,644	Liver: Total:	0 0

			Su	rgeryand	Operation	g Room Ut	ilization				Page 2
Surgical Specialty	Opera	ting Rooms			Surgical (			irgical Hours	3	Hours	oer Case
	patient Outpati		Total			Outpatient	_	Outpatient	-		Outpatient
Cardiovascular	0	0 2	2	2	62	0	378	0	378	6.1	0.0
Dermatdlogy	0	0 0		)	0	0	0	0	0	0.0	0.0
General	0	0 3	3	3	1240	1780	3142	3746	6888	2.5	2.1
Gastroenterdogy	0	0 0		)	0	0	0	0	0	0.0	0.0
Neurology	0	0 2	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
Ophthalmology	0	0 1	1		4	1860	7	1787	1794	1.8	1.0
Orthopedic	0	0 2	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
Podiatry	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
Uralogy	0	0 2	2	2	130	143	342	554	896	2.6	3.9
Totals	0	0 14	14	ı	2933	6159	8286	10602	18888	2.8	1.7
SURGICAL RECOVER	Y STATIONS	Sta	oe 1 Re	covery Sta	tions	14	Star	ge 2 Recover	ry Stations	18	
									,		
		<u>Dec</u> Procedure Re		nd Non-D		Procedure cal Cases	Room Utilza	<u>tion</u> Surgical Hou	urs.	Hours	per Case
ocedure Type	Inpatient	Outpatient Co		Total	Inpatient	Outpatien		_	Total Hours	Inpatient	Outpatient
astrointestinal	0	0	3	3	1315	3418		3072	4058	0.7	0.9
aser Eve Procedures	0	ō	0	0	0	0		0	0	0.0	0.0
ain Management	ō	ō	2	2	13	9648	-	9648	9661	1.0	1.0
ystoscopy	0	0	0	0	0	0		0	0	0.0	0.0
,,				tinurne	a Non-D	edicated Ro	ome				
ediatric Gastro-Int			mi	unip urpos	21	308		380	400	1.0	1.2
ronchoscopy					305	283		187	645	1.5	0.7
iono soupy	0	0	0	0	0	0		0	0	0.0	0.0
-	·	0									
Certified Trauma 0	nergency/Trau	ma Care			Yes	_			theterization		
Level of Trauma S		1.0	vel 1		evel 2				indedicated la		2
Level of Trauma c	sai vilua	Adult 8			0 V GI Z				aphy procedu	es	0
Operating Rooms	Dedicated for 1		Citio		1				eterization Lab theterization L	aba	0
Number of Trauma				1	10,147		edicated EP (			aus	0
Patients Admitted	from Trauma				984		cucatou EF (	Add Indig I May	JII Laus		
Emergency Service	e Type:			Compreh	ensive		Car	diac Cathete	erization Utili	zation	
Number of Emerg	ency Room Sta	tions			29	Total	Cardiac Cath				4,831
Persons Treated b	y Emergency 3	Services:		4	19,788		agnostic Cati				0
Patients Admitted	from Emergen	cy:			7,174		agnostic Cati				3,412
Total ED Visits (E	mergency+Trai	uma):			59,935	In	terventional C	atheterizatio	ons (0-14):		0
Fr.	ree-Standing E	Emergency Co	enter			In	terventional C	atheterizatio	on (15+)		687
Beds in Free-Stan	ding Centers				0	B	P Catheteriza	tions (15+)			732
Patient Visits in Fr	ree-Standing C	enters			0			Cardiac Su	irgery Data		
Hospital Admissio	ns from Free-S	Standing Cente	er		0	Total	Cardiac Surg	ery Cases:			62
<u>o</u>	utpatient Serv	rice Data					ediatric (0 - 14				0
Total Outpatient V	fsts			32	25,135		dult (15 Years				62
Outpatient Visit				32	22,459	C	aronary Arter	of total Card			EA
Outpatient Visit	ts Offsite/off ca	mpus			2,676						54
Diagnostic/Intervention:	al Equipment				aminatio		Therape	utic Equipm			Therapies Treatment
0		Owned Co				Contract	I Wheelest environment			Contract	
General Radiography/Flo Nuclear Medicine	uoloscopy	20 3	0	21,072 452	21,836	0	Lithotripsy Linear Acc			1 0	3,327
		1	0	452		0				. 0	3,327
Mammography		4	0		11,128		_	luided Rad T			
Ultrasound Applicaments		2	0	3,239	9,339	0		Modulated F		0 0	1,374
Angiography Diographic Angiograph	hu	2	U	enen	4 207		_	Brachythera		0 0	
Diagnostic Angiograpi Interventional Angiogr				6,069	4,367	0	Proton Bee Gamma Ki	m Therapy		0 0	
Interventional Anglogi Positron Emission Tomo		0	1	0	0	_	Cyber knife			0 0	0
Computerized Axial Tom		_	0	7,811	14,848	200	Cycer will	7	,	, ,	
			147	1.00	:,00						

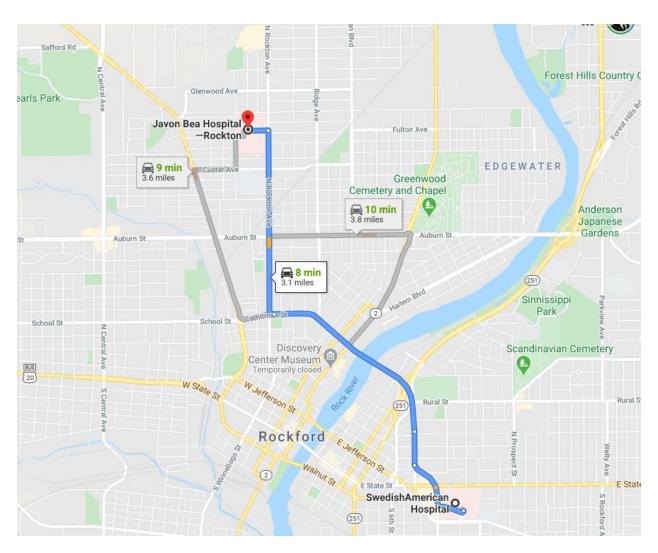
Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Manag	ement and	General Inform	nation			Patients by	Race		Patients by Et	Page 1
ADMINISTRATOR NAME:	Sue Rips				W			8.5% H	fispanic or Latino	
ADMINSTRATOR PHONE:	815-971-				Bla				lot Hispanic or La	
OWNERSHIP:		a Hospital				erican Indian			Inknown:	2.2
OPERATOR:	Javon Be	a Hospital			As	ian	(	0.9% -		
MANAGEMENT:		rofit Corporation	n		Ha	waiian/Pacific	(	0.1%	IDPH Number:	2048
CERTIFICATION:					Un	known	10	0.9%	HPA	B-01
FACILITY DESIGNATION:	General	Hospital							HSA	1
ADD RESS	2400 N. F	Rockton Avenue	• сп	Y: Rockford		COUNTY	: Winneb	ago Coun	ity	
			Facility Utiliza	ation Data by	Category	of Service				
Clinical Service	Authorized CON Beds 12/31/2018	Setup and	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		43.1
ntensive 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					
Veonatal	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	1	
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 Admiss	ions Only)					
			In patie	nts and Outp	atients Se	rved by Payor	r Source			
Me	dicare	Medicaid	Other Public	Private Ins	urance	Private Pay		Ch	arity Care	Totals
Impetionto	28.1%	35.3%	12.3%		21.7%	1.9%			0.6%	
Inpatients	3571	4490	1567		2757	235			82	12,702
Outrofonto	21.9%	37.2%	13.0%		23.6%	3.9%			0.3% 378	132,670
Outpatients	20121	49411	17265		31372	5123			370	102,070
	29121	49411 6 8/30/201	17265		31372 diant Nat	5123 Revenue by P	avor Sou	ra		Total Charity
Financial Year Reported:	7/1/2017	6/30/201	18 Inpatie	nt and Outpa	tient Net	Revenue by P	-		Charity	Total Charity Care Expense
Financial Year Reported:	7/1/2017 a	to 6/30/201 Medicaid	8 Inpatie Other Public	nt and Outpa	tient Net	Revenue by P		Totals	Charity	
Financial Year Reported:  Milipatient Revenue (S)	7/1/2017 : edicare 19.3%	6/30/201 Medicaid 33.6%	8 Inpatie Other Public 8.5%	nt and Outpa Private Ins	tient Net urance 38.4%	Revenue by P Private Pay 0.1%		Totals	Charity Care Expense	1,738,679
Financial Year Reported:  Milipatient Revenue (5)	7/1/2017 a edicare 19.3%	to 6/30/201 Medicaid	8 Inpatie Other Public	nt and Outpa Private Ins	tient Net	Revenue by P		Totals	Charity	Care Expense 1,738,679 Total Charity
Financial Year Reported:  Minpatient Revenue (\$)  Outpatient	7/1/2017 a edicare 19.3% 85,393	6/30/201 Medicaid 33.6% 72,895,865 17.5%	8 Inpatie Other Public 8.5% 18,517,089 7.6%	nt and Outps Private Ins 83,3	tient Net urance 38.4% 39,031 61.2%	Revenue by P Private Pay 0.1% 305,417 0.5%	1 216,8	Totals 100.0% 142,795	Charity Care Expense 493,290	Care Expense 1,738,679 Total Charity Care as % of Net Revenue
Financial Year Reported:  Months Inpatient Revenue (\$) 41,7 Outpatient	7/1/2017 a edicare 19.3% 85,393	6/30/201 Medicaid 33.6% 72,895,865	18 Inpatie Other Public 8.5% 18,517,089	nt and Outps Private Ins 83,3	tient Net urance 38.4% 39,031	Revenue by P Private Pay 0.1% 305,417	1 216,8	Totals 100.0% 142,795	Charity Care Expense	1,738,679
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,50	7/1/2017 a edicare 19.3% 85,393	6/30/201 Medicaid 33.6% 72,895,865 17.5%	8 Inpatie Other Public 8.5% 18,517,089 7.6%	nt and Outps Private Ins 83,3 86,3	tient Net urance 38.4% 39,031 61.2% 39,324	Revenue by P Private Pay 0.1% 305,417 0.5%	1 216,8	Totals 100.0% 142,795	Charity Care Expense 493,290	Care Expense 1,738,679 Total Charity Care as % of Net Revenue
Financial Year Reported:   MM	7/1/2017 / edicare 19.3% 85,393 13.2% 64,989 2	6/30/201 Medicaid 33.6% 72,895,865 17.5% 24,740,328	18 Inpatis Other Public 8.5% 18,517,089 7.6% 10,666,702	nt and Outps Private Ins 83,3 86,3	tient Net urance 38.4% 39,031 61.2% 39,324	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483	216,8 1 141,08	Totals 100.0% 142,795	Charity Care Expense 493,290 1,245,389 Organ Tran Kidney:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% splantation 0
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,50  Birthir  Number of Total Births: Number of Live Births:	7/1/2017 / edicare 19.3% 85,393 13.2% 64,989 2	6/30/201 Medicaid 33.6% 72,895,865 17.5% 24,740,328	8 Inpatie Other Public 8.5% 18,517,089 7.6% 10,666,702	nt and Outps Private Ins 83,3 86,3	38.4% 39,031 61.2% 39,324 orn Nurse	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	141,00 Lev	Totals 100.0% 142,795 100.0% 80,826	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5%  splantation 0
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,50  Birthin Number of Total Births: Number of Live Births: Birthing Rooms:	7/1/2017 / edicare 19.3% 85,393 13.2% 64,989 2	6/30/201 Medicaid 33.6% 72,895,865 17.5% 24,740,328	8 Inpatis Other Public 8.5% 18,517,089 10,666,702 274 257 Beds 0 Patien	Private Ins 83,3 86,3 Newb	38.4% 39,031 61.2% 39,324 orn Nurse	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	141,00 Lev	Totals 100.0% 142,795 100.0% 80,826	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart: Lung:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% asplantation 0 0 0
Financial Year Reported:  Milipatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,5  Birthin  Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms:	7/1/2017 / edicare 19.3% 85,393 13.2% 64,989 2	6/30/201 Medicaid 33.6% 72,895,865 17.5% 24,740,328	8 Inpatis Other Public 8.5% 18,517,089 7.6% 10,666,702 274 275 Beds 0 Patien 0 Total N	Private Ins 83,3 86,3 Newb	tient Net surance 38.4% 39,031 61.2% 39,324 orn Nurse Level I 26 3,549	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	1 216,8 1 141,00 Lev	Totals 100.0% 142,795 100.0% 80,826 rel II+ 0	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart: Lung: Heart/Lung:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% splantation 0 0 0
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,5  Birthin Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	7/1/2017 ; edicare 19.3% 85,393 13.2% 64,989 2 ig Data	6/30/201 Medicaid 33.6% 72,895,865 17.5% 24,740,328	8 Inpatis Other Public 8.5% 18,517,089 7.6% 10,666,702 274 275 Beds 0 Patien 0 Total N 12	Private Ins 83,3 86,3 Newb	tient Net surance 38.4% 39,031 61.2% 39,324 orn Nurse Level I 26 3,549 nt Days	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	1 216,8 1 141,00 Lev	Totals 100.0% 142,795 100.0% 80,826 rel II+ 0	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% splantation 0 0 0 0
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,5  Birthir Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Labor-Delivery-Recovery Recovery	7/1/2017 edicare 19.3% 85,393 13.2% 64,989 2 eg Data	6/30/201 Medicaid 33.6% 72,895,865 17.5% 44,740,328 2,2	8 Inpatie Other Public 8.5% 18,517,089 7.6% 10,666,702 274 257 Beds 0 Patien 0 Total N 12	Private Ins 83,3 86,3 Newb	tient Net surance 38.4% 39,031 61.2% 39,324 orn Nurse Level I 26 3,549	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	1 216,8 1 141,00 Lev	Totals 100.0% 142,795 100.0% 80,826 rel II+ 0 0 0 3,549	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% seplantation 0 0 0 0
Financial Year Reported:  Minpatient Revenue (\$) 41,7  Outpatient Revenue (\$) 18,5  Birthir  Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	7/1/2017 edicare 19.3% 85,393 13.2% 64,989 2 eg Data	6/30/201 Medicaid 33.6% 72,895,865 17.5% 44,740,328 2,2	8 Inpatie  Other Public  8.5%  18,517,089  7.6%  10,666,702  274  257 Beds 0 Patien 0 Total N 0 Inpatie	Private Ins 83,3 86,3 Newb	tient Net surance 38.4% 39,031 61.2% 39,324 orn Nurse Level I 26 3,549 nt Days	Revenue by P Private Pay 0.1% 305,417 0.5% 769,483 ery Utilization Level II	1 216,8 1 141,00 Lev	Totals 100.0% 142,795 100.0% 80,826 rel II+ 0	Charity Care Expense 493,290  1,245,389  Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	Care Expense 1,738,679 Total Charity Care as % of Net Revenue 0.5% splantation 0 0 0

_ •	CY 2018		on Be				- B	The address				Page
Surgical Specialty	0	rating Ro		Sur		Operatir Surgical (	g Room Ut		unded Herm		Haum I	oer Case
Surgical Specialty	Inpatient Outpo			Total	-		Autpatient	Inpatient	Outpetient	E Total Hours		Outpatien
Cardiovascular	0	0	2	2	шр	56	0	410	0	410	7.3	0.0
Dermatalogy	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
Gastroenterdogy	0	0	0	0		0	0	0	0	0,00	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
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	000	0.0	0.0
	0	0	0	0		0	0	0	0	0	0.0	0.0
Podiatry	0	0	0				0					0.0
Thoracic	0	0	2	0		0	-	0	0	0	0.0	
Urdlogy	U	U	Z	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 RECOVE	RY STATIONS		Stage	e 1 Rec	overy Sta	tions	14	Sta	ge 2 Recove	ry Stations	22	
			Dedic	cated a	nd Non-D	edicated	Procedure	Room Utitz	ation			
			ture Roc	_			al Cases		Surgical Ho	_		per Case
rocedure Type		t Outpati				npatient	Outpatien			Total Houn		Outpatier
Sastrointestinal	0	0		4	4	088	3181	660		3519	8.0	0.9
aser Eye Procedures	0	0		0	0	0	0	0	-	0	0.0	0.0
ain Management	0	0		0	2	9	9035	9		9044	1.0	1.0
ystoscopy	U	0		-				-	0	0	0.0	0.0
ed GI				Mu	Itip urpos 1	e Non-De 22	edicated Ro 298	oms 23	293	316	1.0	1.0
ronchoscopy					1	324	274	486		666	1.5	0.7
						0	0			0	0.0	0.0
	Emergency/Tra	uma Car	e						Cardiac Ca	theterization	a Labe	
Certified Traum			_			Yes	Total	Cath Labs ([	Dedicated+No			2
Level of Trauma	a Service		Lev	el 1	Le	evel 2			d for Angiogr			0
			AdulVC	hild					gnostic Cathe			0
Operating Roor		r Trauma	Care			1	De	edicated Inte	rventional Ca	theterization	Labs	0
Number of Trau						9,756	De	edicated EP	Catheterization	on Labs		0
Patients Admitt	ed from Trauma	1				1,063						
Emergency Ser	vice Type:				Compreh	ensive		Car	diac Cathete	erization Uti	ization	
Number of Eme	ergency Room S	tations				29	Total	Cardiac Cati	Procedures			1,541
Persons Treate	d by Emergency	y Services	s:		4	7,206	Di	agnostic Cat	heterizations	(0-14)		0
Patients Admitt	ed from Emerge	ncy:				7,033		-	heterizations			658
Total ED Visits	(Emergency+Tr	auma):			5	6,962		-	Catheterizatio			0
	Free-Standing	Emerge	ncy Cer	nter			Int	terventional (	Catheterizatio	on (15+)		299
Beds in Free-St	tanding Centers					0	EF	Catheteriza	tions (15+)			584
Patient Visits in						0			Cardiac Su	ırgery Data		
Hospital Admiss			Center			0	Total	Cardiac Surt		angery Date		58
	Outpatient Se	rvice Dat	ta					ediatric (0 - 1				0
Total Outpatien			_		34	5,970			s and Older):			58
	isits at the Hosp	ital/ Can	VALUE !			3,443	C	aronary Arter	y Bypass Gra	afts (CABGs)		
	isits Offsite/off		ipus.		31	2,527		performed	d of total Care	diac Cases:		47
Diagnostic/Intervention	onal Equipmen	t			Ex	aminatio	ns	Therape	utic Equipm	nent		Therapi
			ed Con	tract i	npatient		Contract				Contract	Treatme
General Radiography	/Пиоговсору	- 2	20	0	21,262	21,340	0	Lithotripsy			0 1	
Nuclear Medicine			3	0	377	1,368	0	Linear Acc	celerator		1 0	1,28
Mammography			1	0	0	10,978	0	lmage (	Guided Rad T	Therapy		88
Ultrasound			4	0	3,276	8,563	0	Intensit	y Modulated I	Rad Thrpy		72
Angiography			2	0					Brachythera		0 0	
Diagnostic Angiogn	aphy				6,422	4,911	0	_	am Therapy		0 0	
Interventional Angio					0	0		Gamma K			0 0	
Positron Emission Tor		)	0	1	0	0	-	Cyber knii			0 0	
Computerized Axial T			3	0	8,398	15,189		-,	-			
Currigialerized Pixiai I												

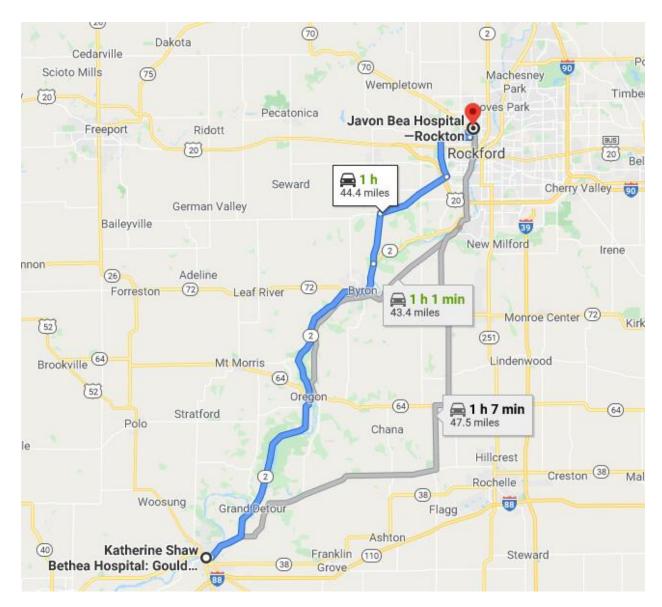
Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

# ATTACHMENT 7- MAP REFLECTING DISTANCE OF AREA PROVIDERS



Source: Google Maps

# ATTACHMENT 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:

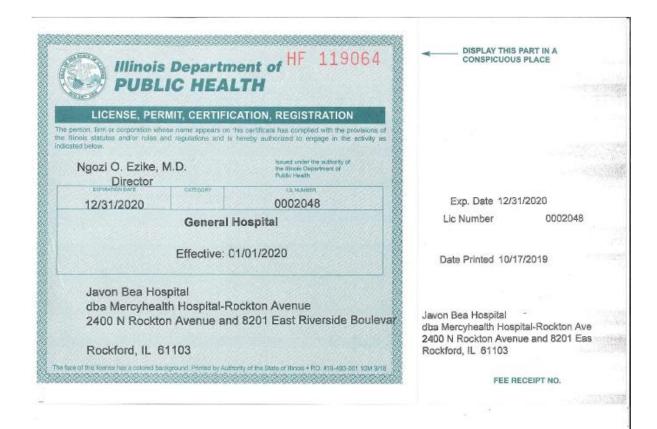
- Javon Bea Hospital
- Mercy Harvard Hospital
- Van Matre Rehabilitation Hospital (through Javon Bea Hospital).

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.

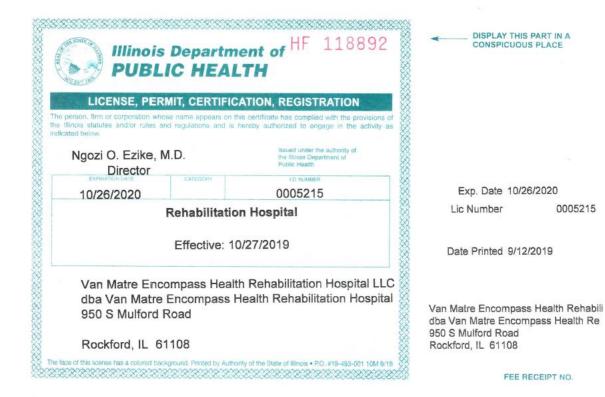
#### **ATTACHMENT 8- JAVON BEA HOSPITAL LICENSE**



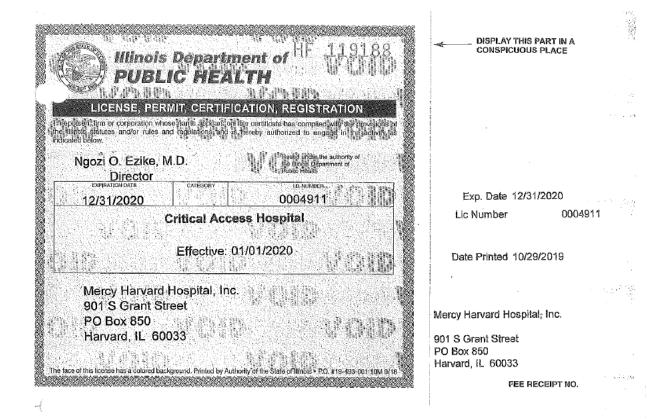
#0002048

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

#### **ATTACHMENT 8- VAN MATRE REHABILITATION HOSPITAL**



#### **ATTACHMENT 8- MERCY HARVARD HOSPITAL LICENSE**



#### 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, 2<sup>nd</sup> 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,

AmyBradshaw

Manager of Legal Services Mercy Health Corporation Subscribed and sworn to before me this

30 day of June, 2020.

Notary Public

OFFICIAL SEAL
JENNIFER L. SPRINGBRUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPTEMBER 13, 2020

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 Ne	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				