

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

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

**RECEIVED**

### Facility/Project Identification

Facility Name:	Holy Cross Hospital--Discontinuation of Obstetrics Category of Service		
Street Address:	2701 West 68 <sup>th</sup> Street		
City and Zip Code:	Chicago, IL 60629		
County:	Cook	Health Service Area	VI Health Planning Area: A-03

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

Exact Legal Name:	Holy Cross Hospital
Street Address:	2701 West 68 <sup>th</sup> Street
City and Zip Code:	Chicago, IL 60629
Name of Registered Agent:	Karen Teitelbaum
Registered Agent Street Address:	2750 W. 15 <sup>th</sup> Street
Registered Agent City and Zip Code:	Chicago, IL 60608
Name of Chief Executive Officer:	Karen Teitelbaum
CEO Street Address:	2750 W. 15 <sup>th</sup> Street
CEO City and Zip Code:	Chicago, IL 60608
CEO Telephone Number:	773/541-2000

### Type of Ownership of Applicants

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship |
|---|---|
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
  - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

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

**Facility/Project Identification**

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Street Address:	2701 West 68 <sup>th</sup> Street		
City and Zip Code:	Chicago, IL 60629		
County:	Cook	Health Service Area	VI Health Planning Area: A-03

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

Exact Legal Name:	Sinai Health System
Street Address:	2701 West 68 <sup>th</sup> Street
City and Zip Code:	Chicago, IL 60629
Name of Registered Agent:	Karen Teitelbaum
Registered Agent Street Address:	2750 W. 15 <sup>th</sup> Street
Registered Agent City and Zip Code:	Chicago, IL 60608
Name of Chief Executive Officer:	Karen Teitelbaum
CEO Street Address:	2750 W. 15 <sup>th</sup> Street
CEO City and Zip Code:	Chicago, IL 60608
CEO Telephone Number:	773/541-2000

**Type of Ownership of Applicants**

- |  |  |                          |
|--|--|--------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership         |                          |
| <input type="checkbox"/> For-profit Corporation            | <input type="checkbox"/> Governmental        |                          |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> |
| Other  |  |                          |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
  - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	Ms. Airica Steed
Title:	Executive Vice President and Chief Operating Officer
Company Name:	Sinai Health System
Address:	2750 W. 15 <sup>th</sup> Street Chicago, IL 60608
Telephone Number:	773/541-2000
E-mail Address:	Airica.Steed@Sinai.org
Fax Number:	

**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:	Ms. Stephanie Guinto
Title:	System Director, Business Operations and Strategic Planning
Company Name:	Sinai Health System
Address:	2750 W. 15 <sup>th</sup> Street Chicago, IL 60608
Telephone Number:	773/541-2000
E-mail Address:	Stephanie.Guinto@Sinai.org
Fax Number:	N/A

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Holy Cross Hospital
Address of Site Owner:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629
Street Address or Legal Description of the Site:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Holy Cross Hospital		
Address:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
Other			
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Organizational Relationships**

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

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

**Narrative Description**

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

The applicants, Holy Cross Hospital and its parent, Sinai Health System, propose to formally discontinue the obstetrics category of service at Holy Cross Hospital. Obstetrics admissions to the hospital were suspended October 28, 2019, with the vast majority of prospective patients transitioning their care to the obstetrics unit at Mount Sinai Hospital Medical Center, approximately 6.6 miles to the north of Holy Cross Hospital.

As this application addresses the discontinuation of a HFSRB-designated category of service, the application is classified as "substantive".



BE STRONGER | CARE HARDER | LOVE DEEPER

October 21, 2019

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

Ms. Karen Senger  
Division Chief  
Illinois Department of Public Health  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

RE: Suspension of – Obstetrics Services at Holy Cross Hospital

Dear Ms. Avery and Ms. Senger,

Holy Cross Hospital, a part of Sinai Health System, is providing notice that we must suspend admission to its family birth center as of October 28, 2019.

Holy Cross Hospital continues to see low and steadily decreasing obstetrics utilization at the hospital. In the last year the unit averaged 16 deliveries each month, with the unit being void of patients on a frequent basis.

Due to low activity, we have unfortunately experienced staffing shortages and unable to maintain minimum staffing requirements. We believe that it would be more responsible to suspend services at this time than to risk inadequate staffing at time of delivery. Because of this we will suspend all services on October 31, 2019, until further notice.

Should any additional information be needed by your offices at this time, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Airica Steed", written over a horizontal line.

Airica Steed  
Chief Operating Officer, Sinai Health System

**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.

Applicant Sinai Health System has two Certificate of Need Permits that have yet to be completed: #20-031 and # 20-032, addressing the relocation of Mount Sinai Hospital Medical Center's surgery/endoscopy services and its end stage renal disease services, respectfully. Neither of these projects will be complete upon the proposed discontinuation of the obstetrics category of service at Holy Cross Hospital.

**Anticipated exemption completion date** (refer to Part 1130.570): \_\_\_\_ within 30 days of COE issuance \_\_\_\_\_

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

X All reports regarding outstanding permits


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

**CERTIFICATION**

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

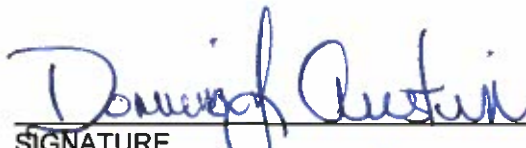
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application is filed on the behalf of Holy Cross Hospital in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

  
SIGNATURE

Airica Steed  
PRINTED NAME

EVP/COO  
PRINTED TITLE

  
SIGNATURE

Donnica L. Austin  
PRINTED NAME

Chief Administrative Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 7 day of October, 2020


  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 7 day of October, 2020

  
Signature of Notary

Seal





**CERTIFICATION**

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

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


Arica Stead  
PRINTED NAME

EVP/COO  
PRINTED TITLE

PRINTED TITLE


Notarization:

Subscribed and sworn to before me  
this 7 day of October, 2020

  
Signature of Notary

Seal



  
SIGNATURE


JASON SPIGNER  
PRINTED NAME

VP/CHRO  
PRINTED TITLE

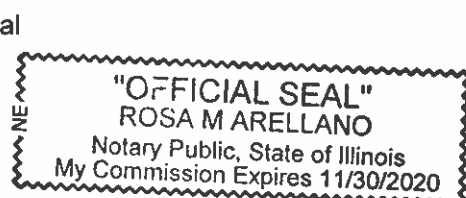
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 7 day of October, 2020

  
Signature of Notary

Seal



**SECTION II. DISCONTINUATION****Type of Discontinuation**

X      Discontinuation of a single category of service

**Criterion 1130.525 and 1110.290 - Discontinuation**

**READ THE REVIEW CRITERION and provide the following information:**

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

**REASONS FOR DISCONTINUATION**

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

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

**IMPACT ON ACCESS**

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

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

**SECTION III. BACKGROUND**

**READ THE REVIEW CRITERION and provide the following required information:**

**BACKGROUND OF APPLICANT**

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

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

**SECTION IV. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 9.**

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Inpatient	363	340	413
Outpatient	6673	8665	3676
<b>Total</b>	<b>7036</b>	<b>9005</b>	<b>4089</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$2,480,400	\$2,249,827	\$5,041,946
Outpatient	\$5,603,100	\$8,878,994	\$5,353,499
<b>Total</b>	<b>\$8,083,500</b>	<b>\$11,128,821</b>	<b>\$10,395,445</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Inpatient	3573	4147	4729
Outpatient	33889	43260	41708
<b>Total</b>	<b>37262</b>	<b>47407</b>	<b>46437</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$22,602,163	\$18,682,684	\$54,284,833
Outpatient	\$12,543,221	\$14,889,064	\$9,147,060
<b>Total</b>	<b>\$35,145,384</b>	<b>\$33,571,748</b>	<b>\$63,431,893</b>

**SECTION V. CHARITY CARE INFORMATION**

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

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

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

CHARITY CARE			
	2016	2017	2018
<b>Net Patient Revenue</b>	<b>\$94,728,741</b>	<b>\$94,511,146</b>	<b>\$119,558,093</b>
Amount of Charity Care (charges)	\$30,869,302	\$49,526,475	\$51,133,728
Cost of Charity Care	\$8,083,500	\$11,128,821	\$10,395,445

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

File Number

2073-273-3



***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*

HOLY CROSS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 10, 1929, 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.



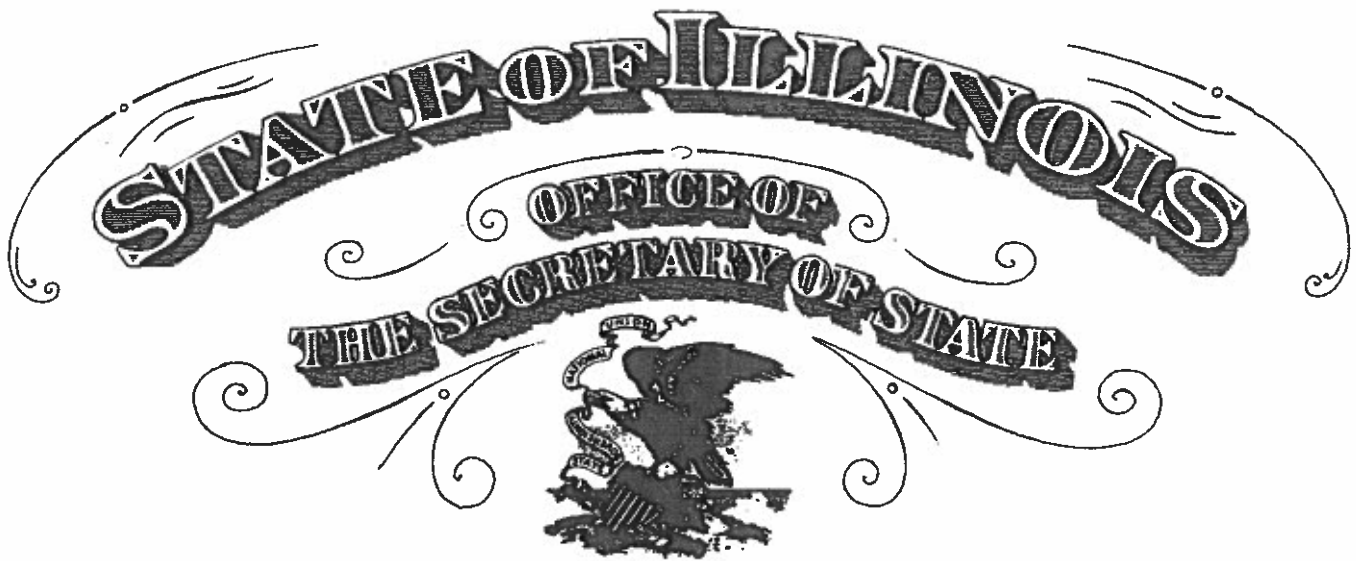
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 4TH  
day of AUGUST A.D. 2020 .***

*Jesse White*  
15

SECRETARY OF STATE ATTACHMENT 1

File Number

5255-749-6



**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**

SINAI HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 12TH  
day of MAY A.D. 2020 .**

*Jesse White*  
16

SECRETARY OF STATE ATTACHMENT 1

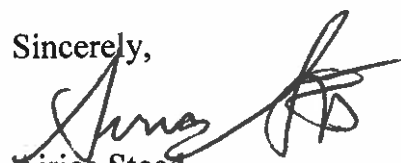


Illinois Health Facilities and  
Services Review Board  
Springfield, Illinois

To Whom It May Concern:

This letter is being provided as confirmation that Holy Cross Hospital owns the hospital's site.

Sincerely,

  
Airica Steed  
EVP/COO



Notarized:



File Number

2073-273-3



**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*

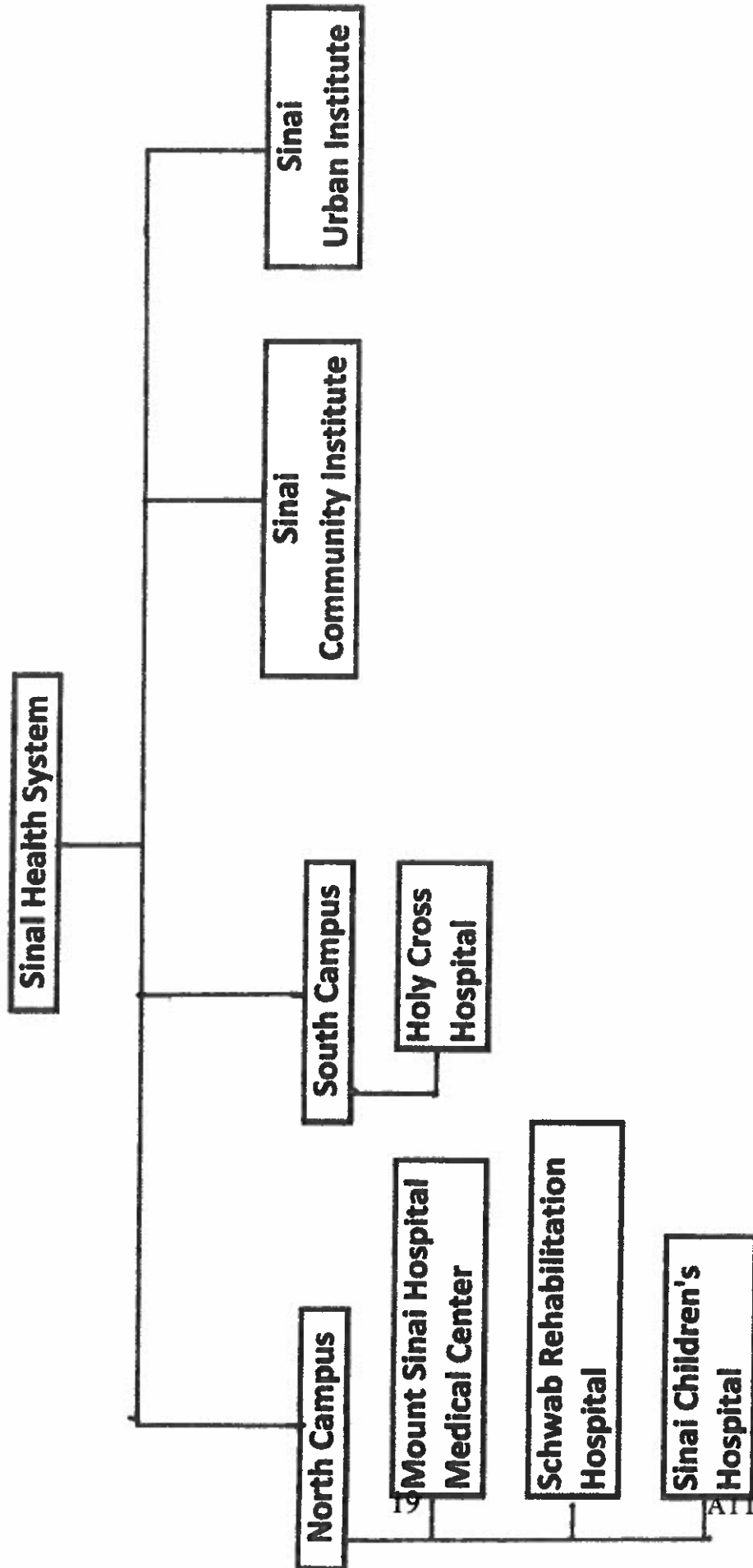
HOLY CROSS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 10, 1929, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 4TH  
day of AUGUST A.D. 2020 .***

*Jesse White*  
18

SECRETARY OF STATE ATTACHMENT 3



## GENERAL INFORMATIONAL REQUIREMENTS

1. This Certificate of Exemption ("COE") application addresses the discontinuation of Holy Cross Hospital's 16-bed obstetrics category of service.
2. In addition to the hospital's obstetrics/postpartum unit, the newborn nursery and C-section services will be discontinued.
3. The obstetrics category of service was suspended on October 28, 2019, and remains suspended as of the filing of this COE application. Formal discontinuation will occur within thirty days of receipt of the requested COE, via the hospital's written notification of IDPH and the HFSRB of the discontinuation.
4. The C-Section area will be used for surgery, and the postpartum unit will be used for post-surgical recovery, with neither reaching the CON reviewability threshold. The future use of the nursery area has yet to be determined. The equipment, depending upon its age and usefulness will be used in other parts of the hospital or Mount Sinai Hospital Medical Center, donated to other providers, or discarded.
5. A notice, consistent with HFSRB requirements, was published in the *Chicago Sun Times* on October 12, 2020, and a confirmation of that publishing is attached.

## MOUNT SINAI HOSPITAL

LEGAL NOTICE Holy Cross Hospital, located at 2701 W. 68th St

ADORDERNUMBER: 0001115212-01

PO NUMBER: Holy Cross Hospital

AMOUNT: 154.00

NO OF AFFIDAVITS: 1

## LEGAL NOTICE

Holy Cross Hospital, located at 2701 W. 68th Street in Chicago, intends to cease the operations of its inpatient obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before January 1, 2021. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by October 21, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at [hfsrb.illinois.gov](http://hfsrb.illinois.gov).  
10/12/2020 #1115212

## Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

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

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 10/12/2020

Chicago Sun-Times

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

by



Susan Quinn

Manager | Recruitment &amp; Legals

This 12th Day of October 2020

MOUNT SINAI HOSPITAL  
1500 S FAIRFIELD AVE  
AARON ROSMAN  
DIGITAL MARKETING SPECIALIST  
CHICAGO, IL 60608

## REASONS FOR DISCONTINUATION

Holy Cross Hospital's proposed discontinuation of its obstetrics category of service is the result of low historical utilization and the availability of numerous alternatives, including Mount Sinai Hospital Medical Center, within the HFSRB-designated geographic service area ("GSA").

During the three-year period, 2016-2018, the last three full years during which the service was operational at the hospital, the average daily census ("ADC") was 2.0 patients; with the ADC dropping to 1.7 patients in 2018.

The service was suspended on October 28, 2019; and during the ensuing ten months, the hospital has not encountered any significant difficulties in the referral or transfer of patients presenting themselves at Holy Cross Hospital in need of inpatient obstetrics care. In addition, the applicants are unaware of area residents in need of outpatient or inpatient obstetrics care having unusual accessibility difficulties.

Copies of policies used in the hospital's ED to address the care of a patient presenting herself at the hospital's Emergency Department, and in need of obstetrics care are attached. Also attached is a copy of a policy addressing the care of newborns delivered at the hospital.

In addition to Holy Cross Hospital, there are nineteen hospital providers of inpatient obstetrics services in the GSA, including Mount Sinai Hospital Medical Center. Those providers are:

Advocate Christ Hospital and Medical Center  
Advocate Trinity Hospital  
Foster G. McGaw Hospital Loyola University Medical Center  
John H. Stroger Hospital of Cook County  
OSF Little Company of Mary Hospital  
MacNeal Memorial Hospital  
Mercy Hospital and Medical Center  
Mount Sinai Hospital Medical Center  
Northwestern Memorial Hospital  
Norwegian American Hospital  
Palos Community Hospital  
AMITA Health Saint Mary's Hospital  
Roseland Community Hospital  
Rush University Medical Center  
St. Anthony Hospital  
St. Bernard Hospital  
University of Chicago Medical Center  
University of Illinois Hospital at Chicago  
West Suburban Medical Center



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Site/Location: Holy Cross Emergency Department	Revised Date: 8/13/20
Policy Number: 1	Reviewed Date: 8/13/20
Policy Title: Care of the Obstetrical Vaginal Delivery Patient in the Emergency Department	Origination Date: 10/25/2019
Revised by: Christine Murphy, MSN RN System Director Women and Children Services	
Approved by (Vice President): Michele A. Mazurek, RN, MSN, MBA, CCRN Chief Administrator/Senior Vice President/Chief Nursing Officer Katrina Conine RN, MSN, CNOR System Vice President of Surgical and Ancillary Services	
Supersedes:	

**I. PURPOSE**

To outline the process for an potential or actual vaginal delivery occurring in the Emergency Department.

**II. SCOPE**

This policy applies to the Emergency room staff and its care givers/staff designated to care for the obstetrical patient who presents to the Holy Cross Emergency Department for a potential or actual vaginal delivery.

**III. POLICY STATEMENT**

- A. Upon arrival to emergency department, the pregnant patient's labor status should be evaluated by assessing the following including (but is not limited) to:
  - a. Brief maternal obstetrical history to include (but is not limited to), gravid, parity, surgical history, and health history.
  - b. Maternal Vital signs: blood pressure (in a sitting position); pulse, temperature.
  - c. Uterine activity-frequency, duration and intensity (by palpation)
  - d. Cervical dilatation by digital exam or vaginal ultrasound (if indicated)
  - e. Establish estimated date of delivery based on a 1<sup>st</sup> trimester ultrasound if available, last menstrual period or bedside ultrasound
  - f. Auscultate fetal heart rate with a Doppler, and assess rate and rhythm
  - g. Potential or actual rupture of membranes by visual inspection, point of care Amniotest or/and ultrasound
- B. The nurse or clinician should report findings to provider who should designate the patient's disposition.





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- a. If it is determined by the provider that delivery is not imminent and the patient is safe for transfer or transport, the provider should notify Mount Sinai for transfer/transport.
- C. The referring MD should notify Mount Sinai Hospital (MSH) – Labor and Delivery of the reason for transfer/transport. MSH (773-257-6691)
  - i. Provide the patient's name, birth date, diagnosis
  - ii. Provide the referring facility & attending contact information
  - iii. Provide the patient's demographic face sheet and fax.
  - iv. Follow steps for transport/transfer based on perinatal center's instruction.
- b. If it is determined that delivery is imminent, the patient should be moved to the designated area for a private delivery if possible.
  - i. Position and drape the patient for delivery.
  - ii. Set up delivery instruments utilizing sterile technique
  - iii. Notify respiratory to assist with the newborn resuscitation if needed
- c. After delivery of the newborn and placenta
  - i. Administer third stage oxytocin via a hospital approved smart pump as a piggyback as listed below.
    1. At the beginning of the third stage of labor (delivery of the anterior shoulder of the infant) or end (delivery of the placenta) according to the physician's preference, the provider should request to start the Oxytocin infusion through a hospital-approved smart pump.
    2. The concentration should be 30 units of oxytocin added to 500ml of LR or per provider's order.
    3. Oxytocin should be administered according to the following parameters or per provider order:
      - a. Initial rate (until fundus is firm and should not exceed an hour)
        1. Rate 300 mL/hour = 18 Units
      - b. Second rate ( if fundus is not firm after an hour of the initial rate dose)
        1. Rate 60 mL/hour = 3.6 Units
      - c. Third rate if needed until fundus is firm
        1. Rate 60 mL/hour = 3.6 Units
        2. For each rate change, two providers (medical and/or nursing) should verbally verify that the rate change is correct.
        4. In the presence of uterine atony, oxytocin can be increased to a rate of 600 mL/hour for one hour (36 Units).
    5. If atony does not resolve, oxytocin infusion cannot be increased above 600mL/hour, an alternate uterotonics (e.g., methyl-ergonovine, prostaglandins) should be considered.
    6. For patients without intravenous access (i.e. precipitous delivery):



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- a. The registered nurse or designee, should administer oxytocin 10 Units IM per order
  - b. Establish IV access. Infuse the premixed solution of oxytocin (30 Units in 500 ml LR) via the hospital-approved smart pump at a rate of 60 ml/hour until the fundus is firm, and upon transfer to the appropriate disposition i.e. medical surgical unit.
7. The IV should be hepllocked if and when the infusion is complete.
8. Complete delivery information should include, time and date of delivery of infant(s) and delivery time of placenta, sex of infant and any other pertinent information.
9. Baby and mother must be banded before separated for appropriate dispositions, i.e. transfer/transport to another facility.
- D. Postpartum assessments should be performed every 30 minutes x 4 to include but is not limited to:
  - a. Vital signs
  - b. Amount of lochia and color
  - c. Fundal firmness
- E. Each delivery should be entered into the delivery log.
- F. If the mother is transferred to another facility, the delivery should be entered in the transfer/transport log.
- IV. It is the policy of HCH that, policies, procedures and guidelines for clinical areas should not be construed as Standards of Care, nor should they be used to substitute for the clinical judgment of the healthcare provider when addressing a specific patient condition.



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Site/Location: Holy Cross Emergency Department	Revised Date: 8/13/20
Policy Number: 3	Reviewed Date: 8/13/20
Policy Title: Maternal Transfer and Neonatal Transport	Origination Date: 10/25/19
Revised by: Christine Murphy, MSN RN System Director Women and Children Services	
Approved by (Vice President): Michele A. Mazurek, RN, MSN, MBA, CCRN Chief Administrator/Senior Vice President/Chief Nursing Officer Katrina Conine RN, MSN, CNOR System Vice President of Surgical and Ancillary Services	
Supersedes:	

**I. PURPOSE**

To outline the process for maternal transfer and newborn transports upon arrival to Emergency Department when Obstetrical and Neonatal services are not available and a higher level of care is required.

**II. SCOPE**

This policy applies to the Emergency room staff and its care givers/staff designated to care for the neonate who is born in the Holy Cross Emergency Department.

**III. POLICY STATEMENT**

- A. Mount Sinai Hospital should be notified upon the arrival of an obstetrical patient to the ED so not to delay transfer.
- B. To arrange for maternal transfer Mount Sinai Hospital can be contacted by calling: (773-257-6691)
- C. To arrange for neonatal transport Mount Sinai Hospital can be contacted by calling 773-257-6695

**Consultation:**

1. A consultation may be sought with Mount Sinai Hospital for those patients who are identified as needing a higher level of care. Decisions regarding the transfer/transport of a patient to Mount Sinai should be made collaboratively with the obstetrician and the Emergency room attending physician.
2. In the event Mount Sinai is unable to accept a OB patient, Mount Sinai should arrange for care at another Level III facility.



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1. Decisions regarding the transport, transfer and mode of transport or transfer of the obstetrical patient should be made by the obstetrician/ neonatologist in collaboration with the referring emergency physician.

#### Communication:

1. Direct physician to physician telephone communication between the hospitals (referring/receiving) should occur before the transfer/transport can occur.
2. Nurse to Nurse report should be given to the receiving hospital and should include standard documentation of RN name and time that the communication occurred.

#### Nursing Care:

1. Maternal and fetal well-being should be established and documented.
2. The patient and family, as appropriate, should be provided with a reasonable explanation as to the need to transfer/transport to another facility.
3. Consent for transfer and consent for release of information should be obtained.
4. The medical record is provided to the receiving facility.

#### Documentation:

1. Documentation in the maternal and neonatal chart should include:
  - a. Time of transfer/transport
  - b. Condition of the patient at the time of transfer/transport.
2. Maternal transports and neonatal transports should be entered into the transfer log books.

#### IV. PROCEDURE

It is the policy of HCH that, policies, procedures and guidelines for clinical areas should not be construed as Standards of Care, nor should they be used to substitute for the clinical judgment of the healthcare provider when addressing a specific patient condition.



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Site/Location: Holy Cross-Emergency Department	Revised Date:
Policy Number: 2	Reviewed Date: 8/13/20
Policy Title: Stabilization of a Newborn in the Emergency Department	Origination Date: 10/26/19
Revised by: Tracie Shelton-System Director of Maternal Child Services & Raquel Prendkowski-System Director Emergency Department	
Approved by (Vice President): Michele Mazurek	
Supersedes:	

## I. PURPOSE

To outline the stabilization of a newborn when delivered in Emergency Department when neonatal services are not available and a higher level of care is needed.

## II. SCOPE

This policy applies to the Emergency room (ER) staff and its care givers/staff designated to care for the neonate who is born in the Holy Cross Emergency Department.

## III. POLICY STATEMENT

- A. In the event of an imminent delivery of an infant, the emergency room staff should assure that at least 1 qualified individual who is skilled in the initial steps of newborn care and positive pressure ventilation, and is identified to care for the newborn is present. The identified person should be able to perform the steps of resuscitate according to the American Academy of Pediatric Neonatal resuscitation 7<sup>th</sup> edition guidelines. See attached algorithm.
- B. The ER staff should call the Neonatal transport center (Mount Sinai Hospital 773-257-6695) to arrange for transport and should include the history, maternal clinical presentation and delivery information to allow arrival time for severe preterm or compromised infant.
- C. Equipment set up should include , but is not limited to:
  - a. The warmer should be on always and set to preheat and increase heat at time of delivery.
  - b. The suction should be checked and set to 80-100 mmHg
  - c. The oxygen blender should be set at 21% if a term infant is expected and set 25-30% if preterm is expected.



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- d. Equipment for positive pressure ventilation should be checked prior to each delivery and set up for use at delivery.
- e. Intubation equipment of various sizes should be available for each delivery
- f. At delivery ongoing assessment of the newborn should include but not limited to:
  - i. Breathing efforts/crying
  - ii. Tone
  - iii. Targeted oxygen saturation levels
  - iv. Provide and record Apgars at 1 minute and 5 minutes of life as indicated below.

APGAR SIGN	0	1	2
Heart Rate	Absent	< 100	≥ 100
Respirations	Absent	Gasping; weak cry	Good, strong, cry
Muscle tone	Limp	Some flexion	Active motion
Reflex	No response	Grimace	Cry or active withdrawal
Skin color	Blue or pale	Body pink; extremities blue	Completely pink

- v. Severe premature infants or infants with medical issues should be stabilized for transport.
- vi. Prepare and apply identification bands.
- vii. Perform footprints and complete the form. The person applying the bands must sign along with one other caregiver to verify bands are correct.
- viii. The infant should be kept warm (between 36.5 and 37.5 axillary), and if stable may be skin to skin with mother, if not stable then should remain under radiant warmer with a temperature probe to assure temperature stability. Severe premature infants can be wrapped in a polyethylene plastic wrap for added warmth.
- ix. Infant and mother should not be separated until bands have been verified.
- x. Vital signs should be performed every 15 minutes x four.
- xi. Stable infants can be put to breast feed immediately after delivering
- xii. Glucose should be assessed in the large for gestational age, small for gestational age, premature, infants born to mothers with diabetes, or after a long resuscitation.
- xiii. Administer erythromycin eye ointment and Vitamin K if time allows prior to transfer.
- g. Time, route, and any complications of delivery along with any resuscitation efforts should be documented and communicated to the transport team.



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- h. All infants transported out to another facility, should be logged into the delivery log and the transport log book.
- i. Mothers should be allowed to see their infant prior to transport, unless unstable.

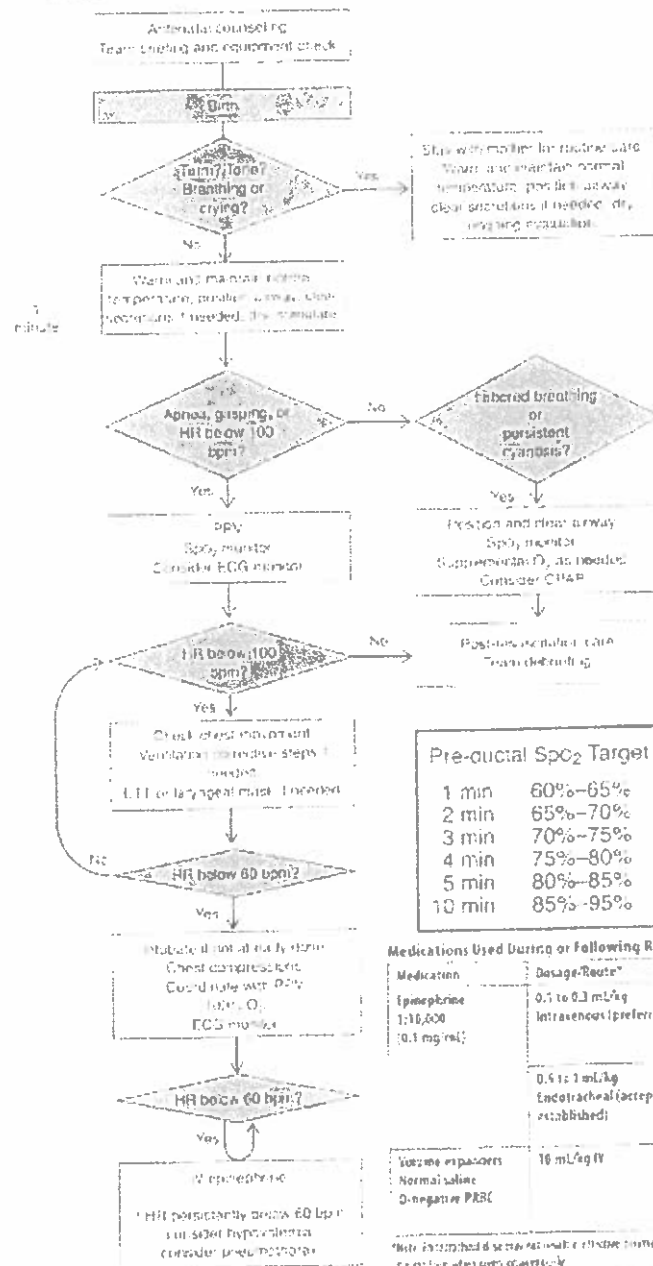
#### **IV. PROCEDURE**

It is the policy of HCH that, policies, procedures and guidelines for clinical areas should not be construed as Standards of Care, nor should they be used to substitute for the clinical judgment of the healthcare provider when addressing a specific patient condition.

#### **I. RELATED DOCUMENTS**

## Neonatal Resuscitation Program® - Reference Chart

The most important and effective action in neonatal resuscitation is ventilation of the baby's lungs.



- Airway
  - Place head in "sniffing" position.
  - Suction mouth, then nose.
- Breathing
  - If apnoeic, gassing, or HR < 100 bpm, give PPV at 40-60 breaths/min.
  - Listen for rising heart rate for first 15 seconds of PPV.
  - If HR not rising and chest not moving with PPV, do: AR, SCFA until chest moves with PPV for 30 seconds.
  - Attach pulse oximeter; consider cardiac monitor.
  - Intubate or place laryngeal mask and give PPV for 30 seconds prior to starting compressions.
  - Use CO<sub>2</sub> detector after intubation or insertion of laryngeal mask.
- Circulation
  - Start compressions if HR is < 60 bpm after 30 seconds of PPV with chest movement. Check HR every 60 seconds.
  - Cardiac monitor is preferred method for assessing HR during CPR
  - Give 3 compressions: 1 breath every 2 seconds. Use 100% oxygen.
  - Compress one third of the anterior-posterior diameter of the chest.
- Drugs
  - Give epinephrine if HR is < 60 bpm after 60 seconds of CPR.
  - Caution, ephedrine dosage is different for ET and IV routes.

## MR SOPA Corrective Steps

M and R	Main argument, repetitive disjunct
S and O	Surprise, mouth and nose, open mouth
P	Pressure increase
A	Alternative (orway) (tube or large oral mass)

Indoxacarb: 500 mg/l

Gestation Age (weeks)	Depth of Insertion at Age (cm)	Weight (g)	ET Tube Size (ID mm)
23-24	5.5	500-600	Size 2.5
25-26	6.0	700-800	<1,000 g at <28 weeks
27-29	6.5	900-1,000	Size 3.0
30-32	7.0	1,100-1,400	1,000-2,000 g at 28-34 weeks
33-34	7.5	1,500-1,800	Size 3.5
35-37	8.0	1,900-2,400	>2,000 g at >34 weeks
38-40	8.5	2,500-3,100	
41-43	9.0	3,200-4,200	3.5-4.0

5. The first of these steps is to identify the variables that are likely to be affected by the intervention. In this case, the variables of interest are the number of people who are infected with the disease, the number of people who die from the disease, and the number of people who are hospitalized. The second step is to identify the variables that are likely to be affected by the intervention. In this case, the variables of interest are the number of people who are infected with the disease, the number of people who die from the disease, and the number of people who are hospitalized. The third step is to identify the variables that are likely to be affected by the intervention. In this case, the variables of interest are the number of people who are infected with the disease, the number of people who die from the disease, and the number of people who are hospitalized.

#### Medications Used During or Following Resuscitation of the Newborn

Medication	Dosage/Route*	Wt(kg)	Total Volume(ml)	Precautions
Epinephrine	0.1 to 0.3 mL/kg	1	0.1-3	Give rapidly followed by dose with 0.5-1 ml normal saline flush
1:10,000	Intraosseal (preferred route)	2	0.2-6	
10.1 mg/mL		3	0.3-9	Repeat every 3 to 5 minutes if HR < 60 with chest compressions.
		4	0.4-12	
	0.5 to 1 mL/kg	1	1.5-1	
	Endotracheal (acceptable if IV established)	2	1-2	After IV dose, may give IV epinephrine as soon as IV route is established.
		3	1.5-3	
		4	2-4	
Saline expanders	10 mL/kg IV	1	10	Not responding to steps of resuscitation and has signs of shock or history of acute blood loss.
Normal saline		2	20	
D-negative PRBC		3	30	
		4	40	Give over 5 to 10 minutes.

\*Note: Interpretation of the results must include a discussion of the consequences of drug use and abuse and should be evaluated in terms of providing drugs given evidence-based information.



2014 American Academy of Pediatrics and American Heart Association

American Academy  
of Pediatrics



1581 75775 75814 75853 75892 75931 75970 76009 76048 76087 76126 76165 76204 76243 76282 76321 76360 76399 76438 76477 76516 76555 76594 76633 76672 76711 76750 76789 76828 76867 76906 76945 76984 77023 77062 77101 77140 77179 77218 77257 77296 77335 77374 77413 77452 77491 77530 77569 77608 77647 77686 77725 77764 77803 77842 77881 77920 77959 77998 78037 78076 78115 78154 78193 78232 78271 78310 78349 78388 78427 78466 78505 78544 78583 78622 78661 78700 78739 78778 78817 78856 78895 78934 78973 79012 79051 79090 79129 79168 79207 79246 79285 79324 79363 79402 79441 79480 79519 79558 79597 79636 79675 79714 79753 79792 79831 79870 79909 79948 79987 80026 80065 80104 80143 80182 80221 80260 80299 80338 80377 80416 80455 80494 80533 80572 80611 80650 80689 80728 80767 80806 80845 80884 80923 80962 80999 81038 81077 81116 81155 81194 81233 81272 81311 81350 81389 81428 81467 81506 81545 81584 81623 81662 81701 81740 81779 81818 81857 81896 81935 81974 82013 82052 82091 82130 82169 82208 82247 82286 82325 82364 82403 82442 82481 82520 82559 82598 82637 82676 82715 82754 82793 82832 82871 82910 82949 82988 83027 83066 83105 83144 83183 83222 83261 83300 83339 83378 83417 83456 83495 83534 83573 83612 83651 83690 83729 83768 83807 83846 83885 83924 83963 84002 84041 84080 84119 84158 84197 84236 84275 84314 84353 84392 84431 84470 84509 84548 84587 84626 84665 84704 84743 84782 84821 84860 84899 84938 84977 85016 85055 85094 85133 85172 85211 85250 85289 85328 85367 85406 85445 85484 85523 85562 85601 85640 85679 85718 85757 85796 85835 85874 85913 85952 85991 86030 86069 86108 86147 86186 86225 86264 86303 86342 86381 86420 86459 86498 86537 86576 86615 86654 86693 86732 86771 86810 86849 86888 86927 86966 87005 87044 87083 87122 87161 87200 87239 87278 87317 87356 87395 87434 87473 87512 87551 87590 87629 87668 87707 87746 87785 87824 87863 87902 87941 87980 88019 88058 88097 88136 88175 88214 88253 88292 88331 88370 88409 88448 88487 88526 88565 88604 88643 88682 88721 88760 88799 88838 88877 88916 88955 88994 89033 89072 89111 89150 89189 89228 89267 89306 89345 89384 89423 89462 89501 89540 89579 89618 89657 89696 89735 89774 89813 89852 89891 89930 89969 90008 90047 90086 90125 90164 90203 90242 90281 90320 90359 90398 90437 90476 90515 90554 90593 90632 90671 90710 90749 90788 90827 90866 90905 90944 90983 91022 91061 91100 91139 91178 91217 91256 91295 91334 91373 91412 91451 91490 91529 91568 91607 91646 91685 91724 91763 91802 91841 91880 91919 91958 91997 92036 92075 92114 92153 92192 92231 92270 92309 92348 92387 92426 92465 92504 92543 92582 92621 92660 92699 92738 92777 92816 92855 92894 92933 92972 93011 93050 93089 93128 93167 93206 93245 93284 93323 93362 93401 93440 93479 93518 93557 93596 93635 93674 93713 93752 93791 93830 93869 93908 93947 93986 94025 94064 94103 94142 94181 94220 94259 94298 94337 94376 94415 94454 94493 94532 94571 94610 94649 94688 94727 94766 94805 94844 94883 94922 94961 95000 95039 95078 95117 95156 95195 95234 95273 95312 95351 95390 95429 95468 95507 95546 95585 95624 95663 95702 95741 95780 95819 95858 95897 95936 95975 96014 96053 96092 96131 96170 96209 96248 96287 96326 96365 96404 96443 96482 96521 96560 96599 96638 96677 96716 96755 96794 96833 96872 96911 96950 96989 97028 97067 97106 97145 97184 97223 97262 97301 97340 97379 97418 97457 97496 97535 97574 97613 97652 97691 97730 97769 97808 97847 97886 97925 97964 98003 98042 98081 98120 98159 98198 98237 98276 98315 98354 98393 98432 98471 98510 98549 98588 98627 98666 98705 98744 98783 98822 98861 98900 98939 98978 99017 99056 99095 99134 99173 99212 99251 99290 99329 99368 99407 99446 99485 99524 99563 99602 99641 99680 99719 99758 99797 99836 99875 99914 99953 99992

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ISBN 978-1-61002-029-9 90000

The recommendations in this guide should not be taken as an exclusive course of treatment or serve as a standard of medical care. Variations in taking into account individual circumstances may be appropriate.

## II. CROSS-REFERENCE



### IMPACT ON ACCESS

Because of the numerous hospitals providing inpatient obstetrics services in Holy Cross Hospital's geographic service area, including Mount Sinai Hospital Medical Center, and because the hospital's inpatient obstetrics service has been suspended since October 2019, the applicants do not believe that area residents have or will have undue difficulties when attempting to access obstetrics services.

Notification letters, consistent with the requirements of Section 1110.290, have been sent to each of the area hospitals identified in ATTACHMENT 6. A template of that letter is attached, and any responses received by the applicants will be forwarded to HFSRB staff.

name  
title  
hospital  
street address  
city/state/ZIP code

RE: Holy Cross Hospital  
Proposed Discontinuation of Obstetrics  
Category of Service

Dear \_\_\_\_\_ :

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Holy Cross Hospital, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next thirty days. Admissions to the service were suspended on October 28, 2019, and it is anticipated that the service will be formally discontinued within thirty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 427 patients were admitted to the hospital's obstetrics unit, and 1,025 patient days of care were provided. 412 babies were born at the hospital during that period.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Airica Steed  
EVP/COO

## BACKGROUND OF THE APPLICANT

Applicant Sinai Health System owns and operates three IDPH-licensed hospitals:

- Mt. Sinai Hospital Medical Center, Chicago
- Holy Cross Hospital, Chicago
- Schwab Rehabilitation Hospital and Care Network, Chicago

Attached are a copy of Holy Cross Hospital's IDPH license and confirmation of accreditation.

Please refer to ATTACHMENT 11 of application 20-031, for confirmation that no adverse actions have been taken against the applicants and authorization for IDPH and HFSRB to access documents in order to verify information contained in this COE application.

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**Illinois Department of  
PUBLIC HEALTH**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
12/31/2020		0000992
<b>General Hospital</b>		
<b>Effective: 01/01/2020</b>		

**Holy Cross Hospital**  
**2701 W 68th St**  
**Chicago, IL 60629**

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

Exp. Date 12/31/2020

Lic Number 0000992

Date Printed 10/23/2019

Holy Cross Hospital  
2701 W 68th St  
Chicago, IL 60629

FEE RECEIPT NO.



506 North Clark Street  
Suite 301  
Chicago, IL 60654

P: 312.920.7383  
www.hfap.org

January 16, 2020

Ms. Tamara Schaeffer  
Chief Executive Officer  
Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

Dear Ms. Schaeffer:

Congratulations! The AAHHS Survey Review Group, on behalf of the Board of Directors, has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on January 7, 2020.

In reviewing your survey report, the AAHHS Survey Review Group made the observations contained on the Survey Progress Report. Two Interim Progress Report are required to be submitted by **October 15, 2020 and December 15, 2020**.

AAHHS recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

**Program:** Acute Care Hospital

**CCN #** 140133

**HFAP ID:** 161571

**Triennial Survey Dates:** 10/15/2019 – 10/17/2019

**Focused Resurvey Date(s):** 12/13/2019

**Plan(s) of Correction Received:** 12/02/2019

**Effective Date of Accreditation:** 03/28/2020 – 03/28/2023

**Condition Level Deficiencies:** ☐ None

(Use crosswalk and CFR citations, if applicable):

§482.42

§482.41

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the focused resurvey.

Holy Cross Hospital does not have Swing Beds, a PPS Excluded Rehab Unit or a PPS Excluded Psych Unit and was not surveyed under those standards.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

Meg Gravesmill, MBA



Chief Executive Officer

MG/JC

c: CMS Central Office  
Region V, CMS

506 North Clark Street  
Suite 301  
Chicago, IL 60654

P: 312.920.7383  
[www.hfap.org](http://www.hfap.org)



506 North Clark Street  
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Chicago, IL 60654

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January 16, 2020

Ms. Tamara Schaeffer  
Chief Executive Officer  
Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

Dear Ms. Schaeffer:

Congratulations! The AAHHS Survey Review Group, on behalf of the Board of Directors, has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on January 7, 2020.

In reviewing your survey report, the AAHHS Survey Review Group made the observations contained on the Survey Progress Report. Two Interim Progress Report are required to be submitted by **October 15, 2020 and December 15, 2020**.

AAHHS recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

**Program:** Acute Care Hospital

**CCN #** 140133

**HFAP ID:** 161571

**Triennial Survey Dates:** 10/15/2019 – 10/17/2019

**Focused Resurvey Date(s):** 12/13/2019

**Plan(s) of Correction Received:** 12/02/2019

**Effective Date of Accreditation:** 03/28/2020 – 03/28/2023

**Condition Level Deficiencies:** ☐ None

(Use crosswalk and CFR citations, if applicable):

§482.42

§482.41

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the focused resurvey.

Holy Cross Hospital does not have Swing Beds, a PPS Excluded Rehab Unit or a PPS Excluded Psych Unit and was not surveyed under those standards.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

Meg Gravesmill, MBA



Chief Executive Officer

MG/JC

c: CMS Central Office  
Region V, CMS

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## SAFETY NET IMPACT STATEMENT

The proposed discontinuation of inpatient obstetrical services at Holy Cross Hospital (“HCH”) will not have a material impact on the provision of safety net services in the communities and neighborhoods historically served by HCH. As noted in other parts of this Certificate of Exemption application, inpatient obstetrical services at the hospital have been suspended for approximately ten months, and the applicants are not aware of any significant issues related to accessibility that have resulted from that suspension. Historical utilization of the service has, in recent years, been low, and other area hospitals, and particularly Mount Sinai Hospital Medical Center, have “absorbed” the hospital’s caseload.

That being said, Holy Cross Hospital is a designated safety net hospital, and will continue to be one; serving as a primary provider of charity care services and services to Medicaid recipients. As evidence of such, in 2018 the charity care provided by HCH equaled 8.7% of the hospital’s total net revenue, compared to 5.1% provided by all hospitals in Health Service Area 7 and 2.7% provided by the hospitals in Health Planning Area A-03. Similarly, in 2018 53.5% of HCH’s admissions were Medicaid recipients, compared to 32.0% in the hospitals in HSA 7 and 42.7% in the hospitals in HPA A-03. In addition, HCH has historically operated one of the highest-volume Emergency Departments in Chicago.

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

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