

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

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

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

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

Type of Ownership of Applicants

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

☐ Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
☐ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Amy Bradshaw
Title:	Director of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue, Rockford, IL 61103
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

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

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

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

Type of Ownership of Applicants

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

☐ 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:	Amy Bradshaw
Title:	Director of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue, Rockford, IL 61103
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

Additional Contact

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

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

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:	Director of Legal Services
Company Name:	Javon Bea Hospital
Address:	2400 North Rockton Avenue, Rockford, IL 61103
Telephone Number:	608-314-2468
E-mail Address:	abradshaw@mhemail.org
Fax Number:	608-756-6236

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Javon Bea Hospital
Address of Site Owner:	2400 North Rockton Avenue, Rockford, IL 61103
Street Address or Legal Description of the Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

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

Organizational Relationships

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

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

Narrative Description

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

The applicants propose the discontinuation of 70 medical/surgical beds at Rockton Avenue Campus of the Javon Bea Hospital. The Rockton Campus is located at 2400 North Rockton Avenue, Rockford, Illinois 61103 and is a part of the Javon Bea Hospital, a hospital with a single license and two campuses. The proposed project involves the discontinuation of the medical/surgical beds category of service within an existing healthcare facility and as such 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 ☒ 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.

- **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.

Anticipated exemption completion date (refer to Part 1130.570): January 12, 2022, 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.

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

Javon R. Bea
SIGNATURE
Javon R. Bea
PRINTED NAME
Chief Executive Officer
PRINTED TITLE

Todd Anderson
SIGNATURE
Todd Anderson
PRINTED NAME
Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of November 2021

Notarization:
Subscribed and sworn to before me
this 22 day of November 2021

Jennifer L. Springbrum
Signature of Notary
OFFICIAL SEAL
Seal Jennifer L. Springbrum
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires September 13, 2022
*Insert name of entity or the applicant

Jennifer L. Springbrum
Signature of Notary
OFFICIAL SEAL
Seal Jennifer L. Springbrum
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires September 13, 2022

SECTION II. DISCONTINUATION**Type of Discontinuation**☒ Discontinuation of a single category of service**Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	82	49	185
Outpatient	378	940	1135
Total	460	989	1320
Charity (cost in dollars)			
Inpatient	\$492,290	\$426,003	\$469,980
Outpatient	\$1,245,389	\$387,556	\$526,771
Total	\$1,737,679	\$813,559	\$996,751
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	4490	1102	2887
Outpatient	49411	42502	42,327
Total	53,901	43,604	45,214
Medicaid (revenue)			
Inpatient	\$72,895,865	\$58,475,740	\$70,925,261

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	Outpatient	\$24,740,328	\$27,938,038	\$21,180,467
	Total	\$97,636,193	\$86,413,778	\$92,105,728

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

SECTION V. CHARITY CARE INFORMATION

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

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

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

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$357,923,621	\$397,201,613	\$393,592,232
Amount of Charity Care (charges)			
Cost of Charity Care	\$1,738,679	\$813,559	\$996,751

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		15-17
2	Site Ownership		18-19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		20
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		21
5	Discontinuation General Information Requirements		22-24
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10	Charity Care Information		68

ATTACHMENT 1 – CERTIFICATE OF GOOD STANDING

Included with this attachment are the following documents:

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

ATTACHMENT 1
CERTIFICATE OF GOOD STANDING - JAVON BEA HOSPITAL

File Number 0215-546-0



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2131501912 verifiable until 11/11/2022
Authenticate at: <http://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of NOVEMBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
CERTIFICATE OF GOOD STANDING - MERCY HEALTH CORPORATION

File Number 6975-235-7

***To all to whom these Presents Shall Come, Greeting:***

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MERCY HEALTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 24, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2131502008 verifiable until 11/11/2022
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of NOVEMBER A.D. 2021 .

A handwritten signature in cursive script that reads "Jesse White".

SECRETARY OF STATE

**ATTACHMENT 2
SITE OWNERSHIP**

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

ATTACHMENT 2
LETTER ATTESTING TO OWNERSHIP



Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22, 2021

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

Re: Attestation of Site Ownership

Dear Ms. Avery,

As representative of Javon 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
Mercy Health Corporation

Subscribed and sworn to before me this

22 day of November, 2021.

Notary Public

Seal

ATTACHMENT 3
LICENSEE CERTIFICATE OF GOOD STANDING

File Number 0215-546-0

***To all to whom these Presents Shall Come, Greeting:***

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

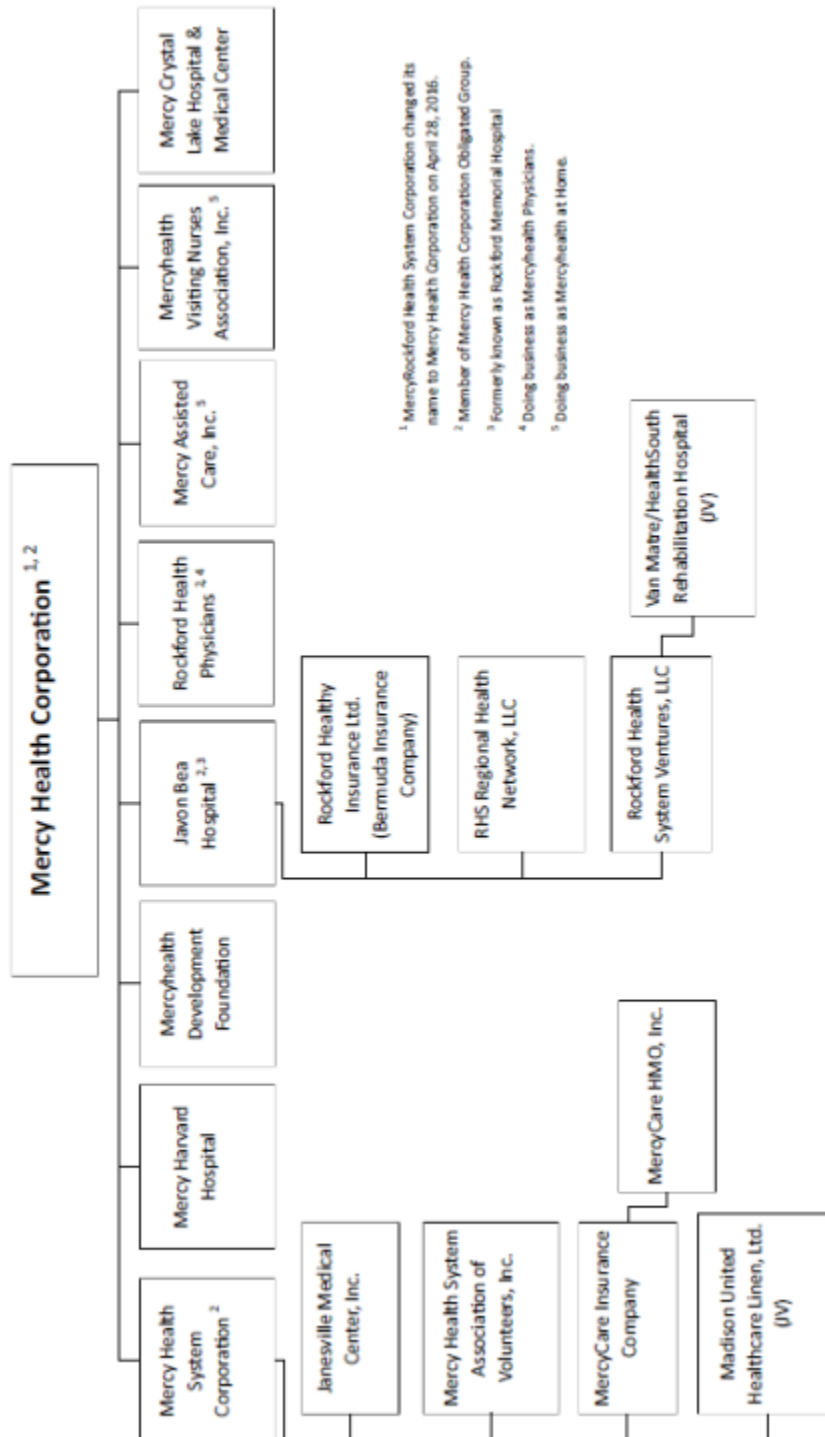


Authentication #: 2131501912 verifiable until 11/11/2022
Authenticate at: <http://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of NOVEMBER A.D. 2021 .***

SECRETARY OF STATE

ATTACHMENT 4
ORGANIZATIONAL CHART



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

The applicant proposes to discontinue the portion of the medical/surgical category of service located at the Rockton Avenue Campus of the Javon Bea Hospital. The portion being discontinued consists of the 70-bed unit at the Rockton Avenue Campus. The medical/surgical beds at the Riverside Campus will remain unaffected. There will be no other clinical services that are to be discontinued as part of this application.

It is important to note that the medical/surgical category of service will remain unmodified at the Riverside campus and that the service line will remain available without interruption. The Javon Bea Hospital maintains a single hospital license pursuant to the Illinois Hospital Licensing Act (210 ILCS 85/4.5), and the hospital will maintain this category of service at its Riverside campus. Moreover, this change will allow for a robust offering of inpatient services at its Riverside Campus as the applicant intends to evaluate, continue, and expand a number of outpatient services at the Rockton Campus. As the applicant evaluates all of the potential future uses, it will remain cognizant of and compliant with its obligations under the Health Facilities Planning Act and its regulations.

The applicant proposes to discontinue the medical/surgical category of service by January 12, 2022 or immediately following the approval of this application. The applicant is undergoing an evaluation of the future use of the physical space occupied by the unit and the appropriate utilization of the equipment following the discontinuation. The applicant does propose to re-purpose the space 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 medical surgical patients are maintained in an electronic health records information system that Javon Bea Hospital utilizes. While the record maintenance provisions of the law do apply because this is not the discontinuation of a category of service in the traditional sense where the service will no longer be available. Rather, this is the unification and consolidation of these services at a single campus of a single hospital. Nevertheless, so that the public and the Board can rest assured, all 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. Any inquiry regarding the accessing of records should still be addressed to the Javon Bea Hospital.

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



Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22, 2021

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

Re: Attestation of Notice Compliance

Dear Ms. Avery,

As representative of Javon Bea Hospital, I, Amy Bradshaw, hereby attest that the facility provided the required notice of the medical/surgical 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
Director of Legal Services
Mercy Health Corporation

Subscribed and sworn to before me this

22 day of November, 2021.

Notary Public



Seal

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 November 24, 2021. The Rockford Register Star has a print circulation of 14,505 and an online presence. The Rockford Register Star is a newspaper 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 medical/surgical services at the Javon Bea Hospital – Rockton Avenue Campus located at 2400 North Rockton Avenue, Rockford, Illinois in the first quarter of 2022 with an anticipated effective date of January 12, 2022. It is important to note that the medical/surgical category of service will remain unmodified at the Riverside campus. The Javon Bea Hospital maintains a single hospital license pursuant to the Illinois Hospital Licensing Act (210 ILCS 85/4.5), and the hospital will maintain a robust offering of inpatient services at its Riverside Campus and intends to evaluate, continue, and expand a number of outpatient services at the Rockton Campus. If you are or have been a patient at Javon Bea Hospital and have questions about accessing your medical records, please call 888-396-3729."

**ATTACHMENT 6
REASON FOR DISCONTINUATION**

The patient census is insufficient to justify the continued operation of a second inpatient medical/surgical set of beds in the Rockton Campus of the Javon Bea Hospital. The capacity at the Riverside Campus is more than sufficient to meet this need. This is evidenced by the chart below which shows the historical utilization data of the unit since 2018 through 2020 (the most recently available published utilization data). Utilization at the campus has steadily declined and utilization for last month was at 25.55%, well below the state's target utilization rate.

Utilization by Year of Inpatient Medical/Surgical Category of Service

	2018	2019	2020	October 2021
Javon Bea Hospital – Rockton Campus*	57.4%	57.02%	29.96%	25.55%
	19,276 Inpatients admitted.	8,534 Inpatients admitted.	4,427 Inpatients admitted.	788 Inpatients admitted.

*As the Javon Bea Hospital is multi-campus hospital with a single license, the Board combines the utilization data for both campuses in its annual report. In order to provide a more accurate count of the utilization of the Rockton Campus, the chart above does not include utilization data from the Riverside Campus.

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ATTACHMENT 6 – REASON FOR DISCONTINUATION

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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ATTACHMENT 6 – REASON FOR DISCONTINUATION

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

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

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

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

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

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

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ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2018				Javon Bea Hospital		Rockford		Page 1		
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Sue Ripsch			White	66.5%	Hispanic or Latino:	11.6%			
ADMINSTRATOR PHONE:	815-971-7202			Black	21.4%	Not Hispanic or Latino:	86.2%			
OWNERSHIP:	Javon Bea Hospital			American Indian	0.3%	Unknown:	2.2%			
OPERATOR:	Javon Bea Hospital			Asian	0.9%					
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.1%	IDPH Number:	2048			
CERTIFICATION:				Unknown	10.9%	HPA	B-01			
FACILITY DESIGNATION:	General Hospital					HSA	1			
ADDRESS	2400 N. Rockton Avenue	CITY: Rockford	COUNTY: Winnebago County							
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	154	157	150	6,507	32,806	3,309	5.6	98.9	64.3	63.0
0-14 Years				0	0					
15-44 Years				1,150	5,114					
45-64 Years				2,134	10,921					
65-74 Years				1,382	7,065					
75 Years +				1,841	9,706					
Pediatric	12	20	14	803	2,168	975	3.9	8.6	71.8	43.1
Intensive Care	30	28	26	2,631	5,117	54	2.0	14.2	47.2	50.6
Direct Admission				1,737	3,377					
Transfers				894	1,740					
Obstetric/Gynecology	20	35	35	2,485	6,775	151	2.8	19.0	94.9	54.2
Maternity				2,422	6,594					
Clean Gynecology				63	181					
Neonatal	52	52	52	577	15,159	0	26.3	41.5	79.9	79.9
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			593	3,521	0	5.9	9.6	48.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		14	14	593	3,521	0	5.9	9.6		68.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	16					1773				
Facility Utilization	288			12,702	65,546	6,262	5.7	196.7	68.3	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care	Totals	
Inpatients	28.1%	35.3%	12.3%	21.7%	1.9%			0.6%		
	3571	4490	1567	2757	235			82	12,702	
Outpatients	21.9%	37.2%	13.0%	23.6%	3.9%			0.3%		
	29121	49411	17265	31372	5123			378	132,670	
Financial Year Reported:	7/1/2017 to	6/30/2018	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals		1,738,679	
Inpatient Revenue (\$)	19.3%	33.6%	8.5%	38.4%	0.1%	100.0%				
	41,785,393	72,895,865	18,517,089	83,339,031	305,417	216,842,795	493,290		Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	13.2%	17.5%	7.6%	61.2%	0.5%	100.0%				
	18,564,989	24,740,328	10,666,702	86,339,324	769,483	141,080,826	1,245,389		0.5%	
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		2,274		Level I	Level II	Level II+	Kidney:		0	
Number of Live Births:		2,257	Beds	26	0	0	Heart:		0	
Birthing Rooms:		0	Patient Days	3,549	0	0	Lung:		0	
Labor Rooms:		0	Total Newborn Patient Days			3,549	Heart/Lung:		0	
Delivery Rooms:		12					Pancreas:		0	
Labor-Delivery-Recovery Rooms:		0	Laboratory Studies				Liver:		0	
Labor-Delivery-Recovery-Postpartum Rooms:		0	Inpatient Studies			536,175	Total:		0	
C-Section Rooms:		2	Outpatient Studies			386,143				
CSections Performed:		859	Studies Performed Under Contract			474,066				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2018 Javon Bea Hospital Rockford Page 2

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

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

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

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>				<u>Therapeutic Equipment</u>				<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Owned	Contract			
General Radiography/Fluoroscopy	20	0	21,262	21,340	0	1			14
Nuclear Medicine	3	0	377	1,368	0	0			1,280
Mammography	1	0	0	10,978	0	0			863
Ultrasound	4	0	3,276	8,563	0	0			722
Angiography	2	0							
Diagnostic Angiography			6,422	4,911	0	0			0
Interventional Angiography			0	0	0	0			0
Positron Emission Tomography (PET)	0	1	0	0	335	0			0
Computerized Axial Tomography (CAT)	3	0	8,398	15,189	0	0			0
Magnetic Resonance Imaging	3	0	1,418	5,159	0	0			0

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

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ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2019		Mercyhealth Javon Bea Hospital-Rockton Campus				Rockford		Page 1			
Ownership, Management and General Information				Patients by Race				Patients by Ethnicity			
ADMINISTRATOR NAME:	Shannon Dunphy Alexander			White		69.2%		Hispanic or Latino:		5.6%	
ADMINSTRATOR PHONE:	608-757-3126			Black		25.1%		Not Hispanic or Latino:		92.8%	
OWNERSHIP:	Mercyhealth Corporation			American Indian		0.6%		Unknown:		1.7%	
OPERATOR:	Mercyhealth Javon Bea Hospital			Asian		0.2%		License Number:		2048	
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific		0.2%		Site Number:		2048	
CERTIFICATION:				Unknown		4.8%		HPA:		B-01	
FACILITY DESIGNATION:	General Hospital							HSA:		1	
ADDRESS	2400 North Rockton Avenue			CITY: Rockford		COUNTY: Winnebago County					
Facility Utilization Data by Category of Service											
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	70	137	108	3,264	15,590	3,543	5.9	52.4	74.9	38.3	
0-14 Years				0	0						
15-44 Years				523	2,061						
45-64 Years				1,107	5,102						
65-74 Years				670	3,569						
75 Years +				964	4,858						
Pediatric	0	20	11	14	34	21	3.9	0.2	0.0	0.8	
Intensive Care	4	28	22	331	1,178	14	3.6	3.3	81.6	11.7	
Direct Admission				258	924						
Transfers				73	254						
Obstetric/Gynecology	0	26	24	33	76	1	2.3	0.2	0.0	0.8	
Maternity				33	76						
Clean Gynecology				0	0						
Neonatal	6	52	42	10	163	0	16.3	0.4	7.4	0.9	
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			654	3,292	0	5.0	9.0	45.1		
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0	
Adult AMI		14	14	654	3,292	0	5.0	9.0		64.4	
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Dedicated Observation	8					155					
Facility Utilization	100			4,233	20,333	3,734	5.7	65.9	65.9		
(Includes ICU Direct Admissions Only)											
Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care		Totals	
Inpatients	39.0%	26.0%	17.8%	12.5%	3.5%			1.2%			
	1649	1102	754	529	150			49		4,233	
Outpatients	43.4%	25.4%	14.7%	13.6%	2.3%			0.6%			
	72680	42502	24532	22840	3932			940		167,426	
Financial Year Reported:	7/1/2018 to	6/30/2019	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense		
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals					
Inpatient Revenue (\$)	20.9%	25.9%	9.9%	42.3%	1.0%	100.0%					
	47,232,271	58,475,740	22,342,386	95,594,000	2,243,656	225,888,053	426,003	Total Charity Care as % of Net Revenue			
Outpatient Revenue (\$)	11.1%	16.3%	7.1%	57.4%	8.1%	100.0%					
	19,002,574	27,938,038	12,096,817	98,333,085	13,943,046	171,313,560	387,556	0.2%			
Birthing Data			Newborn Nursery Utilization				Organ Transplantation				
Number of Total Births:	28		Level I		Level II		Level II+		Kidney:	0	
Number of Live Births:	28		Beds		26		0		Heart:	0	
Birthing Rooms:	0		Patient Days		34		0		Lung:	0	
Labor Rooms:	0		Total Newborn Patient Days				34		Heart/Lung:	0	
Delivery Rooms:	12								Pancreas:	0	
Labor-Delivery-Recovery Rooms:	0								Liver:	0	
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies				242,107		Total:	0	
C-Section Rooms:	2		Outpatient Studies				432,942				
CSections Performed:	7		Studies Performed Under Contract				0				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2019 Mercyhealth Javon Bea Hospital-Rockton Campus Rockford Page 2

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	1	0	8	0	8	8.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	217	273	470	496	966	2.2	1.8
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	3	0	9	0	9	3.0	0.0
OB/Gynecology	0	0	0	0	5	1	8	2	10	1.6	2.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	2	1520	2	1434	1436	1.0	0.9
Orthopedic	0	0	1	1	158	275	398	687	1085	2.5	2.5
Otolaryngology	0	0	0	0	3	0	4	0	4	1.3	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	49	209	88	558	646	1.8	2.7
Totals	0	0	4	4	438	2278	987	3177	4164	2.3	1.4
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		10	Stage 2 Recovery Stations		22		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal			4	4	426	1943	490	2234	2724	1.2	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	7	7618	7	7618	7625	1.0	1.0
Cystoscopy	0	0	1	1	43	188	72	344	416	1.7	1.8

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0.0	0.0
	0	0	0	0	0.0	0.0
	0	0	0	0	0.0	0.0
	0	0	0	0	0.0	0.0
	0	0	0	0	0.0	0.0
	0	0	0	0	0.0	0.0

Certified Trauma Center	Yes	Total Cardiac Catheterization Labs:	0
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	2
Operating Rooms Dedicated for Trauma Care	Adult	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	1	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	6,380	Dedicated EP Catheterization Labs	0
	264		
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	0
Number of Emergency Room Stations	13	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	30,978	Diagnostic Catheterizations (15+)	0
Patients Admitted from Emergency:	3,889	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	37,358	Interventional Catheterization (15+)	0
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Emergency Centers	0		
Hospital Admissions from Free-Standing Emergency Center	0	Total Cardiac Surgery Cases:	1
		Pediatric (0 - 14 Years):	0
Total Outpatient Visits	249,034	Adult (15 Years and Older):	1
Outpatient Visits at the Hospital/ Campus:	246,734	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	2,300	performed of total Cardiac Cases :	1

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>				<u>Therapies/</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>	<u>Contract</u>	<u>Treatments</u>	
General Radiography/Fluoroscopy	18	0	7,291	13,912	0	Lithotripsy	0	1	8	
Nuclear Medicine	2	0	251	873	0	Linear Accelerator	1	0	2,783	
Mammography	0	0	0	0	0	Image Guided Rad Therapy			1,896	
Ultrasound	3	0	1,251	4,836	0	Intensity Modulated Rad Thrpy			1,259	
Angiography	2	0				High Dose Brachytherapy	0	0	0	
Diagnostic Angiography			731	55	0	Proton Beam Therapy	0	0	0	
Interventional Angiography			0	0	0	Gamma Knife	0	0	0	
Positron Emission Tomography (PET)	0	1	0	0	421	Cyber knife	0	0	0	
Computerized Axial Tomography (CAT)	2	0	4,254	10,228	0					
Magnetic Resonance Imaging	2	0	611	1,704	0					

Source: 2019 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2020		Mercyhealth Javon Bea Hospital			Rockford		Page 1				
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity				
ADMINISTRATOR NAME:	Todd Anderson			White	74.4%	Hispanic or Latino:	9.0%				
ADMINSTRATOR PHONE:	815-971-6738			Black	17.0%	Not Hispanic or Latino:	89.6%				
OWNERSHIP:	Mercy Health Corporation			American Indian	1.2%	Unknown:	1.5%				
OPERATOR:	Mercyhealth Javon Bea Hospital			Asian	0.7%	License Number:	2048				
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.2%	Site Number:	2048				
CERTIFICATION:				Unknown	6.5%	HPA:	B-01				
FACILITY DESIGNATION:	General Hospital					HSA:	1				
ADDRESS	2400 North Rockton Avenue			CITY: Rockford	COUNTY: Winnebago County						
Facility Utilization Data by Category of Service											
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	154	154	154	5,870	31,489	5,284	6.3	100.5	65.2	65.2	
0-14 Years				32	136						
15-44 Years				972	4,464						
45-64 Years				1,879	10,214						
65-74 Years				1,291	7,121						
75 Years +				1,696	9,554						
Pediatric	12	11	11	168	764	420	7.0	3.2	27.0	29.4	
Intensive Care	30	31	31	2,101	6,932	380	3.5	20.0	66.6	64.4	
Direct Admission				1,779	5,475						
Transfers				322	1,457						
Obstetric/Gynecology	20	35	35	1,905	5,127	248	2.8	14.7	73.4	42.0	
Maternity				1,892	5,099						
Clean Gynecology				13	28						
Neonatal	52	47	47	473	11,776	0	24.9	32.2	61.9	68.5	
Long Term Care	17	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds			0	0	0		0.0	0.0			
Total AMI	0			230	1,183	0	5.1	3.2	0.0		
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0	
Adult AMI		0	0	230	1,183	0	5.1	3.2		0.0	
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	285			10,425	57,271	6,332	6.1	173.8	61.0		
(Includes ICU Direct Admissions Only)											
Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care	Totals		
Inpatients	28.1%	27.7%	15.5%	25.4%	1.6%			1.8%			
	2930	2887	1615	2643	165			185	10,425		
Outpatients	27.7%	25.3%	21.0%	23.1%	2.2%			0.7%			
	46245	42327	35109	38600	3632			1135	167,048		
Financial Year Reported:	7/1/2019 to	6/30/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense		
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals		996,751		
Inpatient Revenue (\$)	19.0%	31.3%	9.2%	37.8%	2.8%		100.0%				
	43,133,242	70,925,261	20,810,772	85,729,370	6,271,825		226,870,470	469,980	Total Charity Care as % of Net Revenue		
Outpatient Revenue (\$)	11.9%	12.7%	7.2%	62.1%	6.2%		100.0%				
	19,864,483	21,180,467	11,977,680	103,608,280	10,290,852		166,921,762	526,771	0.3%		
Birthing Data			Newborn Nursery Utilization				Organ Transplantation				
Number of Total Births:	1,823		Level I	Level II	Level II+	Kidney:	0				
Number of Live Births:	1,815		Beds	20	0	Heart:	0				
Birthing Rooms:	0		Patient Days	2,674	0	Lung:	0				
Labor Rooms:	0		Total Newborn Patient Days	2,674			Heart/Lung:	0			
Delivery Rooms:	10						Pancreas:	0			
Labor-Delivery-Recovery Rooms:	0		Laboratory Studies				Liver:	0			
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies	459,162			Total:	0			
C-Section Rooms:	2		Outpatient Studies	468,164							
CSections Performed:	690		Studies Performed Under Contract	0							

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

ATTACHMENT 6 – REASON FOR DISCONTINUATION

Hospital Profile - CY 2020 Mercyhealth Javon Bea Hospital Rockford Page 2

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	56	0	345	0	345	6.2	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	870	1311	2312	2684	4996	2.7	2.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	2	2	364	179	1565	506	2071	4.3	2.8
OB/Gynecology	0	0	1	1	163	810	500	1427	1927	3.1	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	3	1232	7	1198	1205	2.3	1.0
Orthopedic	0	0	3	3	711	1018	2043	2680	4723	2.9	2.6
Otolaryngology	0	0	1	1	28	259	47	382	429	1.7	1.5
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	113	407	294	1116	1410	2.6	2.7
Totals	0	0	14	14	2308	5216	7113	9993	17106	3.1	1.9
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		24	Stage 2 Recovery Stations		82		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	10	0	10	680	2679	516	1535	2051	0.8	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	2	2	6	5416	6	5416	5422	1.0	1.0
Cystoscopy	0	0	1	1	16	145	29	281	310	1.8	1.9
<u>Multipurpose Non-Dedicated Rooms</u>											
	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
	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

Certified Trauma Center	Yes	Total Cardiac Catheterization Labs:	0
Trauma Service Level 1 Adult Level 2		Cath Labs used for Angiography procedures	4
Operating Rooms Dedicated for Trauma Care	1	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	8,561	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	1,041	Dedicated EP Catheterization Labs	1
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	1,617
Number of Emergency Room Stations	22	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	40,685	Diagnostic Catheterizations (15+)	633
Patients Admitted from Emergency:	6,351	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	49,246	Interventional Catheterization (15+)	328
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	656
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	56
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	167,047	Adult (15 Years and Older):	56
Outpatient Visits at the Hospital/ Campus:	164,423	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	2,624	performed of total Cardiac Cases :	45

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>				<u>Therapeutic Equipment</u>				<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Owned</u>	<u>Contract</u>	<u>Owned</u>	<u>Contract</u>	
General Radiography/Fluoroscopy	20	0	21,766	22,554	0	0	0	2	2
Nuclear Medicine	2	0	379	1,257	0	0	1	0	3,350
Mammography	1	0	0	63	0	0			2,214
Ultrasound	6	0	3,166	9,049	0	0			1,729
Angiography	3	0							
Diagnostic Angiography			3,253	2,109	0	0	0	0	0
Interventional Angiography			0	0	0	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	441	0	0	0	0
Computerized Axial Tomography (CAT)	4	0	9,812	17,689	0	0			
Magnetic Resonance Imaging	3	0	1,681	4,817	0	0			

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

**ATTACHMENT 7
IMPACT ON ACCESS**

The discontinuation of the medical/surgical category of service at the Rockton Campus will not have an adverse effect upon access to care for residents of the facility's market area. According to the Board's most recent inventory data for medical/surgical Beds in Hospital Planning Area B-01 there is an excess of 159 medical/ surgical beds. The discontinuation of the 70 medical/surgical beds at the Rockton Campus will result in a reduction of the existing excess number of beds in the Hospital Planning Area, but in accordance with the Board's need methodology, an excess availability of this service will remain.

Furthermore, applicants are confident that there will not be adverse impact on area facilities given the size of the community, population, availability of multiple facilities, and considering the current utilization of the facilities within the Hospital Planning Area. The U.S. Census Bureau reported in 2019 that the City of Rockford has 147,070 residents, and Winnebago County which makes up most of the Hospital Planning Area has 282,572 residents. This particular community has two Level 1 Trauma Centers and one Level II Trauma Center already serving its residents currently. Other than Chicago there is no other part of the state that can boast such comprehensive healthcare service availability. Following the proposed discontinuation, the community will continue to have two Level 1 Trauma Centers and one Level II Trauma Center to serve residents.

In 2020, Swedish American's medical/surgical beds only had a 70% utilization rate, and OSF Saint Anthony's medical/surgical beds only had 59.5% utilization rate. Both facilities have ample capacity to accommodate additional inpatients in their medical/surgical units. The Swedish American Medical Center in Belvidere which is the furthest facility also has sufficient capacity for additional patients. Importantly, Javon Bea Hospital's medical/surgical beds collectively at both campuses only have a 65.2% utilization rate. More than sufficient capacity exists within the community to meet its needs.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS									
Illinois Health Facilities and Services Review Board Illinois Department of Public Health							10/25/2021 Page A- 21		
MEDICAL-SURGICAL and PEDIATRIC Categories of Service									
Hospital Planning Area: B-01									
Hospital	City						Beds	2019 Admissions	2019 Patient Days
CATEGORY OF SERVICE:		Medical-Surgical							
Javon Bea Hospital-Riverside Campus	Rockford						84	4,433	26,902
Javon Bea Hospital-Rockton Campus	Rockford						70	3,264	19,133
Saint Anthony Medical Center	Rockford						190	8,072	45,179
SwedishAmerican Hospital	Rockford						199	8,493	50,461
SwedishAmerican Medical Center Belvidere	Belvidere						34	29	104
Medical-Surgical TOTAL							577	24,291	141,779
CATEGORY OF SERVICE:		Pediatrics							
Javon Bea Hospital-Riverside Campus	Rockford						12	667	3,064
Javon Bea Hospital-Rockton Campus	Rockford						0	14	55
SwedishAmerican Hospital	Rockford						10	132	876
Pediatrics TOTAL							22	813	3,995
Medical-Surgical/Pediatrics Planning Area Totals							599	25,104	145,774
Patient Days by Age	2017	2018	2019	TOTAL	3 Year Average	2019 Population	Use Rates	2024 Population	Projected Days
0-14 Years Old	3,643	3,980	4,004	11,627	3,876	76,460	0.0507	72,480	3,674
15-44 Years Old	15,242	15,613	15,756	46,611	15,537	142,150	0.1093	143,470	15,681
45-64 Years Old	42,872	42,701	43,413	128,986	42,995	104,470	0.4116	94,480	38,884
65-74 Years Old	30,958	30,603	34,646	96,207	32,069	41,320	0.7761	48,070	37,308
75-up Years Old	40,481	40,682	47,955	129,118	43,039	28,560	1.5070	34,570	52,096
Out-Migration	In-Migration	Net Migration	Average Length of Stay		Migration Days	Adjustment Factor	Adjustment	Total Projected Days	Adjusted Days
2,317	3,573	-1,256	5.018		-6,303	0.50	-3,151	147,643	144,492
Adjusted Days	Days in Year 2024		Adjusted Average Daily Census		Occupancy Target*	Adjusted Beds Needed		Existing Beds	Excess Beds
144,492	366		396		0.90	440		599	159

* If ADC less than 100 in Planning Area, Occupancy Target is 80%; if the Planning Area has ADC of 100-199, the Occupancy Target is 85%; if ADC is 200 or more, 90%.

Included with this attachment are notification letters to the other health care facilities that provide the same medical surgical 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 2018			SwedishAmerican Hospital			Rockford			Page 1			
Ownership, Management and General Information						Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Ann Gantzer, PhD					White	84.0%	Hispanic or Latino:	7.0%			
ADMINISTRATOR PHONE:	815-961-2030					Black	13.5%	Not Hispanic or Latino:	91.6%			
OWNERSHIP:	SwedishAmerican Hospital					American Indian	0.1%	Unknown:	1.4%			
OPERATOR:	SwedishAmerican Hospital					Asian	1.4%					
MANAGEMENT:	Not for Profit Corporation					Hawaiian/ Pacific	0.0%	IDPH Number:	2725			
CERTIFICATION:						Unknown	1.0%	HPA	B-01			
FACILITY DESIGNATION:	General Hospital							HSA	1			
ADDRESS	1401 East State Street					CITY: Rockford	COUNTY: Winnebago County					
Facility Utilization Data by Category of Service												
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %		
Medical/Surgical	199	190	143	9,608	38,473	9,686	5.0	131.9	66.3	69.4		
0-14 Years				0	0							
15-44 Years				1,579	4,952							
45-64 Years				3,397	13,550							
65-74 Years				2,264	9,629							
75 Years +				2,368	10,342							
Pediatric	10	10	6	132	330	393	5.5	2.0	19.8	19.8		
Intensive Care	30	30	30	1,541	4,105	79	2.7	11.5	38.2	38.2		
Direct Admission				900	2,358							
Transfers				641	1,747							
Obstetric/Gynecology	34	25	20	1,462	3,239	68	2.3	9.1	26.6	36.2		
Maternity				1,392	3,054							
Clean Gynecology				70	185							
Neonatal	10	0	0	0	0	0	0.0	0.0	0.0	0.0		
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0		
Swing Beds			0	0	0		0.0	0.0				
Total AMI	42			1,335	6,667	0	5.0	18.3	43.5			
Adolescent AMI		12	12	344	1,957	0	5.7	5.4		44.7		
Adult AMI		20	20	991	4,710	0	4.8	12.9		64.5		
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0		
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0		
Dedicated Observation	0					0						
Facility Utilization	325			13,437	52,814	10,226	4.7	172.7	53.1			
(Includes ICU Direct Admissions Only)												
Inpatients and Outpatients Served by Payor Source												
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care		Totals		
Inpatients	44.9%	22.1%	2.5%	28.0%	1.8%			0.7%				
	6027	2971	335	3763	248			93		13,437		
Outpatients	35.4%	20.0%	1.6%	39.8%	2.5%			0.6%				
	129863	73530	5962	146059	9323			2261		366,998		
Financial Year Reported: 7/1/2017 to 6/30/2018 Inpatient and Outpatient Net Revenue by Payor Source												
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care Expense		Total Charity Care Expense		
Inpatient Revenue (\$)	38.0%	18.5%	1.7%	41.2%	0.6%			100.0%		2,538,863		
	64,718,427	31,497,117	2,904,908	70,311,302	1,063,576			170,495,330	1,308,772		Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	24.5%	13.1%	1.8%	60.2%	0.4%			100.0%			0.6%	
	57,111,750	30,645,178	4,223,771	140,642,762	896,743			233,520,204	1,230,091			
Birthing Data			Newborn Nursery Utilization					Organ Transplantation				
Number of Total Births:	1,593		Level I		Level II		Level II+		Kidney:	0		
Number of Live Births:	1,582		0		0		0		Heart:	0		
Birthing Rooms:	0		Beds		2,766		1,747		Lung:	0		
Labor Rooms:	0		Patient Days						Heart/Lung:	0		
Delivery Rooms:	0		Total Newborn Patient Days				4,513		Pancreas:	0		
Labor-Delivery-Recovery Rooms:	9								Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0								Total:	0		
C-Section Rooms:	2											
CSections Performed:	524											
			Laboratory Studies									
			Inpatient Studies					286,260				
			Outpatient Studies					1,036,726				
			Studies Performed Under Contract					97,856				

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Hospital Profile - CY 2018

SwedishAmerican Hospital

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Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	296	164	1205	369	1574	4.1	2.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	490	1426	980	2899	3879	2.0	2.0
Gastroenterology	0	0	0	0	156	225	357	420	777	2.3	1.9
Neurology	0	0	0	0	463	360	1527	726	2253	3.3	2.0
OB/Gynecology	0	0	0	0	90	911	198	1503	1701	2.2	1.6
Oral/Maxillofacial	0	0	0	0	7	133	8	163	171	1.1	1.2
Ophthalmology	0	0	0	0	0	1	0	1	1	0.0	1.0
Orthopedic	0	0	1	1	1385	1176	2813	1696	4509	2.0	1.4
Otolaryngology	0	0	0	0	21	370	24	476	500	1.1	1.3
Plastic Surgery	0	0	0	0	4	82	8	232	240	2.0	2.8
Podiatry	0	0	0	0	18	79	19	96	115	1.1	1.2
Thoracic	0	0	0	0	13	1	42	3	45	3.2	3.0
Urology	0	0	1	1	192	934	327	862	1189	1.7	0.9
Totals	0	0	13	13	3135	5862	7508	9446	16954	2.4	1.6
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14	Stage 2 Recovery Stations			40	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	6	0	6	755	1483	755	1292	2047	1.0	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
Minor Procedure Roo				1	0	222	0	160	160	0.0	0.7
CDU (Broncs, Lumbar				1	0	358	0	465	465	0.0	1.3
					0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center		Yes		Total Cath Labs (Dedicated+Nondedicated labs):			4
Level of Trauma Service	Level 1	Level 2	Adult	Cath Labs used for Angiography procedures			4
Operating Rooms Dedicated for Trauma Care		0		Dedicated Diagnostic Catheterization Labs			0
Number of Trauma Visits:		9,354		Dedicated Interventional Catheterization Labs			0
Patients Admitted from Trauma		665		Dedicated EP Catheterization Labs			0
Emergency Service Type:		Comprehensive		Cardiac Catheterization Utilization			
Number of Emergency Room Stations		41		Total Cardiac Cath Procedures:			2,743
Persons Treated by Emergency Services:		58,575		Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:		10,897		Diagnostic Catheterizations (15+)			1,657
Total ED Visits (Emergency+Trauma):		65,929		Interventional Catheterizations (0-14):			0
Free-Standing Emergency Center				Interventional Catheterization (15+)			899
Beds in Free-Standing Centers		0		EP Catheterizations (15+)			187
Patient Visits in Free-Standing Centers		0		Cardiac Surgery Data			
Hospital Admissions from Free-Standing Center		0		Total Cardiac Surgery Cases:			669
Outpatient Service Data				Pediatric (0 - 14 Years):			0
Total Outpatient Visits		805,444		Adult (15 Years and Older):			669
Outpatient Visits at the Hospital/ Campus:		419,309		Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits Offsite/off campus		386,135		performed of total Cardiac Cases :			62

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

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

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Hospital Profile - CY 2019		SwedishAmerican Hospital		Rockford		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Ann Gantzer, PhD			White	83.2%	Hispanic or Latino:	8.3%			
ADMINISTRATOR PHONE:	815-961-2030			Black	14.9%	Not Hispanic or Latino:	90.8%			
OWNERSHIP:	SwedishAmerican Hospital			American Indian	0.2%	Unknown:	0.9%			
OPERATOR:	SwedishAmerican Hospital			Asian	1.2%	License Number:	2725			
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.1%	Site Number:	2725			
CERTIFICATION:				Unknown	0.5%	HPA:	B-01			
FACILITY DESIGNATION:	General Hospital					HSA:	1			
ADDRESS	1401 East State Street	CITY:	Rockford	COUNTY:	Winnebago County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	199	191	122	8,493	40,804	9,657	5.9	138.2	69.5	72.4
0-14 Years				0	0					
15-44 Years				1,056	4,429					
45-64 Years				2,890	13,165					
65-74 Years				2,075	10,356					
75 Years +				2,472	12,854					
Pediatric	10	10	6	132	463	413	6.6	2.4	24.0	24.0
Intensive Care	30	30	24	2,074	5,621	91	2.8	15.6	52.2	52.2
Direct Admission				1,735	4,555					
Transfers				339	1,066					
Obstetric/Gynecology	34	20	19	1,754	4,161	83	2.4	11.6	34.2	58.1
Maternity				1,707	4,059					
Clean Gynecology				47	102					
Neonatal	10	10	10	106	1,066	0	10.1	2.9	29.2	29.2
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	42			1,395	7,603	0	5.5	20.8	49.6	
Adolescent AMI		12	12	339	2,198	0	6.5	6.0		50.2
Adult AMI		20	20	1,056	5,405	0	5.1	14.8		74.0
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	325			13,615	59,718	10,244	5.1	191.7	59.0	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care		Totals	
Inpatients	46.4%	22.6%	1.1%	26.3%	2.8%		0.8%			
	6318	3078	151	3581	384		103		13,615	
Outpatients	39.0%	19.6%	1.1%	38.4%	1.7%		0.4%			
	166343	83535	4505	163711	7141		1581		426,816	
Financial Year Reported:	7/1/2018 to	6/30/2019	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals			
Inpatient Revenue (\$)	39.4%	19.2%	0.7%	39.7%	1.0%		100.0%			
	63,732,737	31,077,132	1,131,460	64,098,752	1,598,676		161,638,757	1,226,370		Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	25.3%	13.7%	0.5%	60.1%	0.5%		100.0%			
	63,940,430	34,487,717	1,254,457	151,736,729	1,141,272		252,560,605	1,084,162		0.6%
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		1,548		Level I	Level II		Level II+	Kidney:		0
Number of Live Births:		1,576	Beds	32	0		14	Heart:		0
Birthing Rooms:	0		Patient Days	2,714	0		1,549	Lung:		0
Labor Rooms:	0		Total Newborn Patient Days				4,263	Heart/Lung:		0
Delivery Rooms:	0							Pancreas:		0
Labor-Delivery-Recovery Rooms:	9							Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	0							Total:		0
C-Section Rooms:	2		Inpatient Studies				312,512			
CSections Performed:	426		Outpatient Studies				852,160			
			Studies Performed Under Contract				59,649			

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Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	289	184	1130	290	1420	3.9	1.6
Dermatology	0	0	0	0	3	2	13	3	16	4.3	1.5
General	0	0	11	11	395	1403	921	2633	3554	2.3	1.9
Gastroenterology	0	0	0	0	210	199	689	233	922	3.3	1.2
Neurology	0	0	0	0	272	462	859	965	1824	3.2	2.1
OB/Gynecology	0	0	0	0	47	874	108	1293	1401	2.3	1.5
Oral/Maxillofacial	0	0	0	0	6	152	11	171	182	1.8	1.1
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	1	1	1275	1313	2637	1689	4326	2.1	1.3
Otolaryngology	0	0	0	0	11	387	18	413	431	1.6	1.1
Plastic Surgery	0	0	0	0	17	82	83	364	447	4.9	4.4
Podiatry	0	0	0	0	9	62	9	52	61	1.0	0.8
Thoracic	0	0	0	0	5	0	15	0	15	3.0	0.0
Urology	0	0	1	1	167	967	332	818	1150	2.0	0.8
Totals	0	0	13	13	2706	6087	6825	8924	15749	2.5	1.5
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations			14	Stage 2 Recovery Stations			40	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	6	0	6	928	1666	1195	2405	3600	1.3	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

<u>Multipurpose Non-Dedicated Rooms</u>								
Minor Procedure Roo	3	3	82	4	41	45	1.3	0.5
CDU - Bronchoscopy,		240	550	186	423	609	0.8	0.8
		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

Certified Trauma Center	Yes	Total Cardiac Catheterization Labs:	5
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	5
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	8,530	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	579	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	2,450
Number of Emergency Room Stations	41	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	54,189	Diagnostic Catheterizations (15+)	1,865
Patients Admitted from Emergency:	8,477	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	62,719	Interventional Catheterization (15+)	431
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	154
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	652
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	834,808	Adult (15 Years and Older):	652
Outpatient Visits at the Hospital/ Campus:	426,815	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	407,993	performed of total Cardiac Cases :	44

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	25	0	17,810	45,916	0	Lithotripsy	0	1	226
Nuclear Medicine	3	0	642	3,456	0	Linear Accelerator	2	0	4,204
Mammography	5	0	6	17,669	0	Image Guided Rad Therapy			0
Ultrasound	48	0	7,502	33,154	0	Intensity Modulated Rad Thrp			6,568
Angiography	5	0				High Dose Brachytherapy	1	0	29
Diagnostic Angiography			1,152	618	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,782	1,030	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	3	769	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	8,790	25,407	0				
Magnetic Resonance Imaging	2	0	1,440	5,637	0				

Source: 2019 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Hospital Profile - CY 2020			SwedishAmerican Hospital			Rockford			Page 1		
Ownership, Management and General Information						Patients by Race			Patients by Ethnicity		
ADMINISTRATOR NAME:	Ann Gantzer, PhD					White	80.1%	Hispanic or Latino:	10.1%		
ADMINISTRATOR PHONE:	779-898-2030					Black	17.6%	Not Hispanic or Latino:	88.9%		
OWNERSHIP:	SwedishAmerican Hospital					American Indian	1.3%	Unknown:	1.0%		
OPERATOR:	SwedishAmerican Hospital					Asian	0.2%	License Number:	2725		
MANAGEMENT:	Not for Profit Corporation					Hawaiian/ Pacific	0.1%	Site Number:	2725		
CERTIFICATION:						Unknown	0.7%	HPA:	B-01		
FACILITY DESIGNATION:	General Hospital							HSA:	1		
ADDRESS	1401 East State Street					CITY: Rockford	COUNTY: Winnebago County				
Facility Utilization Data by Category of Service											
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	199	193	123	8,174	40,700	8,949	6.1	135.7	68.2	70.3	
0-14 Years				0	0						
15-44 Years				1,122	4,634						
45-64 Years				2,936	14,442						
65-74 Years				1,955	10,070						
75 Years +				2,161	11,554						
Pediatric	10	10	5	133	406	333	5.6	2.0	20.2	20.2	
Intensive Care	30	40	30	1,986	7,189	67	3.7	19.8	66.1	49.6	
Direct Admission				1,582	5,013						
Transfers				404	2,176						
Obstetric/Gynecology	34	34	30	2,339	5,710	122	2.5	15.9	46.9	46.9	
Maternity				2,291	5,589						
Clean Gynecology				48	121						
Neonatal	24	10	10	249	2,626	0	10.5	7.2	29.9	71.7	
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	42			1,385	7,172	0	5.2	19.6	46.7		
Adolescent AMI		12	11	298	1,933	0	6.5	5.3		44.0	
Adult AMI		20	20	1,087	5,239	0	4.8	14.3		71.6	
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	339			13,862	63,803	9,471	5.3	200.2	59.1		
(Includes ICU Direct Admissions Only)											
Inpatients and Outpatients Served by Payor Source											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care	Totals		
Inpatients	41.4%	28.9%	1.1%	25.9%	2.8%			0.0%			
	5737	4002	153	3585	385			0	13,862		
Outpatients	38.3%	22.0%	21.1%	16.1%	2.5%			0.0%			
	150294	86376	82529	62992	9715			0	391,906		
Financial Year Reported:	7/1/2019 to	6/30/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense		
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals		1,630,729		
Inpatient Revenue (\$)	41.2%	19.3%	1.1%	37.3%	1.0%		100.0%		Total Charity Care as % of Net Revenue		
	63,751,097	29,912,871	1,752,470	57,714,412	1,553,854		154,684,704	622,010			
Outpatient Revenue (\$)	29.7%	14.0%	0.4%	54.8%	1.0%		100.0%				
	75,481,738	35,625,480	1,054,491	139,253,142	2,532,466		253,947,317	1,008,719	0.4%		
Birthing Data			Newborn Nursery Utilization				Organ Transplantation				
Number of Total Births:	2,162		Level I	Level II	Level II+		Kidney:	0			
Number of Live Births:	2,158		Beds	32	0	14	Heart:	0			
Birthing Rooms:	0		Patient Days	3,045	0	1,570	Lung:	0			
Labor Rooms:	0		Total Newborn Patient Days	4,615			Heart/Lung:	0			
Delivery Rooms:	0							Pancreas:	0		
Labor-Delivery-Recovery Rooms:	9							Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0							Total:	0		
C-Section Rooms:	2		Inpatient Studies					374,957			
CSessions Performed:	706		Outpatient Studies					801,231			
			Studies Performed Under Contract					91,051			

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<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	307	167	1333	297	1630	4.3	1.8
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	433	1369	1083	2995	4078	2.5	2.2
Gastroenterology	0	0	0	0	184	193	518	271	789	2.8	1.4
Neurology	0	0	0	0	208	452	741	1148	1889	3.6	2.5
OB/Gynecology	0	0	0	0	45	876	98	1358	1456	2.2	1.6
Oral/Maxillofacial	0	0	0	0	5	125	8	168	176	1.6	1.3
Ophthalmology	0	0	0	0	1	0	2	0	2	2.0	0.0
Orthopedic	0	0	0	0	826	1492	1713	2600	4313	2.1	1.7
Otolaryngology	0	0	0	0	16	293	24	343	367	1.5	1.2
Plastic Surgery	0	0	0	0	16	55	53	211	264	3.3	3.8
Podiatry	0	0	0	0	15	63	19	79	98	1.3	1.3
Thoracic	0	0	0	0	31	0	95	0	95	3.1	0.0
Urology	0	0	1	1	176	908	295	954	1249	1.7	1.1
Totals	0	0	13	13	2263	5993	5982	10424	16406	2.6	1.7
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14	Stage 2 Recovery Stations		39		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	801	1243	1460	2405	3865	1.8	1.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
Minor Procedure Roo					0	42	0	28	28	0.0	0.7
CDU - Paracentesis,					242	475	207	442	649	0.9	0.9
					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

Certified Trauma Center	Yes	Total Cardiac Catheterization Labs:	5
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	5
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	7,292	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	532	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	1,534
Number of Emergency Room Stations	41	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	50,500	Diagnostic Catheterizations (15+)	762
Patients Admitted from Emergency:	9,007	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	57,792	Interventional Catheterization (15+)	503
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	269
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	679
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	810,951	Adult (15 Years and Older):	679
Outpatient Visits at the Hospital/ Campus:	391,906	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	419,045	performed of total Cardiac Cases :	80

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	25	0	19,584	38,136	0	Lithotripsy	0	1	242
Nuclear Medicine	3	0	566	2,793	0	Linear Accelerator	2	0	3,459
Mammography	5	0	4	16,233	0	Image Guided Rad Therapy			0
Ultrasound	48	1	7,978	3,353	0	Intensity Modulated Rad Thrpy			6,008
Angiography	5	0				High Dose Brachytherapy	1	0	15
Diagnostic Angiography			504	404	0	Proton Beam Therapy	0	0	0
Interventional Angiography			264	116	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	7	807	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	9,721	19,896	0				
Magnetic Resonance Imaging	2	0	1,507	4,853	0				

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2018			OSF Saint Anthony Medical Center			Rockford			Page 1	
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Paula Carynski			White	84.6%		Hispanic or Latino:	5.3%		
ADMINISTRATOR PHONE:	815-484-7458			Black	5.7%		Not Hispanic or Latino:	94.0%		
OWNERSHIP:	OSF Saint Anthony Medical Center			American Indian	0.2%		Unknown:	0.7%		
OPERATOR:	OSF Healthcare			Asian	0.5%					
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.1%		IDPH Number:	2253		
CERTIFICATION:				Unknown	8.9%		HPA	B-01		
FACILITY DESIGNATION:	General Hospital						HSA	1		
ADDRESS	5666 E. State St.			CITY: Rockford			COUNTY: Winnebago County			
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	190	190	159	9,132	41,476	3,870	5.0	124.2	65.4	65.4
0-14 Years				29	104					
15-44 Years				772	3,462					
45-64 Years				2,691	12,521					
65-74 Years				2,161	9,829					
75 Years +				3,479	15,560					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	38	38	35	2,470	8,076	75	3.3	22.3	58.8	58.8
Direct Admission				2,056	6,666					
Transfers				414	1,410					
Obstetric/Gynecology	13	13	10	478	1,060	17	2.3	3.0	22.7	22.7
Maternity				469	1,046					
Clean Gynecology				9	14					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	241			11,666	50,612	3,962	4.7	149.5	62.0	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care		Totals	
Inpatients	64.0%	11.0%	0.7%	21.9%	0.7%		1.7%		11,666	
	7472	1279	85	2554	76		200			
Outpatients	51.1%	16.7%	0.5%	29.3%	1.7%		0.8%		221,185	
	112971	36910	1029	84764	3655		1856			
Financial Year Reported:	10/1/2017 to	9/30/2018	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals			
Inpatient Revenue (\$)	31.4%	13.4%	0.7%	53.9%	0.5%		100.0%		5,266,863	
	56,717,926	24,115,596	1,345,242	97,322,368	966,576		180,467,708	2,649,565		
Outpatient Revenue (\$)	19.4%	6.4%	0.4%	69.7%	4.1%		100.0%		Total Charity Care as % of Net Revenue	
	35,967,049	11,887,950	706,059	129,053,148	7,633,886		185,248,092	2,617,298	1.4%	
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		464		Level I	Level II	Level II+	Kidney:		0	
Number of Live Births:		460	Beds	20	3	0	Heart:		0	
Birthing Rooms:		0	Patient Days	898	88	0	Lung:		0	
Labor Rooms:			Total Newborn Patient Days			986	Heart/Lung:		0	
Delivery Rooms:		0					Pancreas:		0	
Labor-Delivery-Recovery Rooms:		4					Liver:		0	
Labor-Delivery-Recovery-Postpartum Rooms:		0	Laboratory Studies				Total:		0	
C-Section Rooms:		0	Inpatient Studies			438,147				
CSessions Performed:		160	Outpatient Studies			522,400				
			Studies Performed Under Contract			75,871				

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Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	3	3	456	34	2067	96	2163	4.5	2.8
Dermatology	0	0	0	0	29	59	43	89	132	1.5	1.5
General	0	0	4	4	803	1484	2228	2941	5169	2.8	2.0
Gastroenterology	0	0	0	0	90	163	228	213	441	2.5	1.3
Neurology	0	0	2	2	154	34	435	69	504	2.8	2.0
OB/Gynecology	0	0	0	0	23	286	67	638	705	2.9	2.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	379	2	562	564	2.0	1.5
Orthopedic	0	0	4	4	1663	1131	4985	2563	7548	3.0	2.3
Otolaryngology	0	0	0	0	5	644	10	846	856	2.0	1.3
Plastic Surgery	0	0	0	0	43	260	149	704	853	3.5	2.7
Podiatry	0	0	0	0	124	173	213	447	660	1.7	2.6
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	51	240	96	380	476	1.9	1.6
Totals	0	0	15	15	3442	4887	10523	9548	20071	3.1	2.0
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14	Stage 2 Recovery Stations		20		

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	781	1589	740	1705	2445	0.9	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	3	3	46	556	58	695	753	1.3	1.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
	<u>Multipurpose Non-Dedicated Rooms</u>										
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center	Level 1			Yes	Total Cath Labs (Dedicated+Nondedicated labs):		
Level of Trauma Service	Adult			Level 2	Cath Labs used for Angiography procedures		
Operating Rooms Dedicated for Trauma Care	0				Dedicated Diagnostic Catheterization Labs		
Number of Trauma Visits:	1,095				Dedicated Interventional Catheterization Labs		
Patients Admitted from Trauma	783				Dedicated EP Catheterization Labs		
Emergency Service Type:	Comprehensive				Cardiac Catheterization Utilization		
Number of Emergency Room Stations	24				Total Cardiac Cath Procedures:		
Persons Treated by Emergency Services:	38,270				Diagnostic Catheterizations (0-14):		
Patients Admitted from Emergency:	6,668				Diagnostic Catheterizations (15+):		
Total ED Visits (Emergency+Trauma):	39,365				Interventional Catheterizations (0-14):		
Free-Standing Emergency Center					Interventional Catheterization (15+):		
Beds in Free-Standing Centers	0				EP Catheterizations (15+):		
Patient Visits in Free-Standing Centers	0				Cardiac Surgery Data		
Hospital Admissions from Free-Standing Center	0				Total Cardiac Surgery Cases:		
Outpatient Service Data					Pediatric (0 - 14 Years):		
Total Outpatient Visits	221,185				Adult (15 Years and Older):		
Outpatient Visits at the Hospital/ Campus:	150,571				Coronary Artery Bypass Grafts (CABGs)		
Outpatient Visits Offsite/off campus	70,614				performed of total Cardiac Cases :		

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract	Contract	
General Radiography/Fluoroscopy	26	0	23,929	39,332	0	Lithotripsy	0	2	24
Nuclear Medicine	3	0	614	3,192	0	Linear Accelerator	2	0	7,083
Mammography	6	0	3	12,065	0	Image Guided Rad Therapy			5,063
Ultrasound	12	0	3,798	13,320	0	Intensity Modulated Rad Thrpy			3,765
Angiography	4	0				High Dose Brachytherapy	1	0	117
Diagnostic Angiography			1,285	2,448	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,076	847	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	921	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	10,816	21,610	0				
Magnetic Resonance Imaging	4	0	1,811	6,017	0				

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

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Hospital Profile - CY 2019		OSF Saint Anthony Medical Center		Rockford		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Paula Carynski			White	72.0%	Hispanic or Latino:	5.5%			
ADMINSTRATOR PHONE:	815-484-7458			Black	4.5%	Not Hispanic or Latino:	92.7%			
OWNERSHIP:	OSF Saint Anthony Medical Center			American Indian	0.2%	Unknown:	1.8%			
OPERATOR:	OSF Healthcare			Asian	0.4%	License Number:	2253			
MANAGEMENT:	Not for Profit Church			Hawaiian/ Pacific	0.0%	Site Number:	2253			
CERTIFICATION:				Unknown	22.9%	HPA:	B-01			
FACILITY DESIGNATION:	General Hospital					HSA:	1			
ADDRESS	5666 East State Street	CITY:	Rockford	COUNTY:	Winnebago County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	190	190	148	8,072	41,342	3,837	5.6	123.8	65.1	65.1
0-14 Years				0	8					
15-44 Years				681	3,357					
45-64 Years				2,264	11,694					
65-74 Years				2,074	10,205					
75 Years +				3,053	16,078					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	38	38	36	2,670	8,400	88	3.2	23.3	61.2	61.2
Direct Admission				2,261	6,830					
Transfers				409	1,570					
Obstetric/Gynecology	13	13	8	451	1,083	19	2.4	3.0	22.8	22.8
Maternity				439	1,043					
Clean Gynecology				12	20					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	241			10,784	50,805	3,944	5.1	150.0	62.2	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	64.8%	11.7%	0.8%	20.6%	0.7%		1.3%			
	6989	1266	87	2223	77		142	10,784		
Outpatients	52.3%	16.3%	0.5%	28.7%	1.1%		1.0%			
	111160	34527	1121	60965	2429		2148	212,350		
Financial Year Reported:	10/1/2018 to	9/30/2019	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			Total Charity Care as % of Net Revenue	
Inpatient Revenue (\$)	31.2%	13.2%	0.8%	53.9%	0.9%	100.0%				
	53,712,945	22,696,708	1,447,220	92,675,842	1,542,714	172,075,429	3,226,073			
Outpatient Revenue (\$)	19.4%	9.7%	0.5%	69.3%	1.1%	100.0%				
	36,115,560	18,102,412	849,448	128,811,336	2,092,766	185,971,522	2,830,449	1.7%		
Birthing Data			Newborn Nursery Utilization			Organ Transplantation				
Number of Total Births:		429		Level I	Level II	Level II+	Kidney:		0	
Number of Live Births:		428	Beds	20	3	0	Heart:		0	
Birthing Rooms:		0	Patient Days	876	53	0	Lung:		0	
Labor Rooms:		0	Total Newborn Patient Days			929	Heart/Lung:		0	
Delivery Rooms:		0					Pancreas:		0	
Labor-Delivery-Recovery Rooms:		4					Liver:		0	
Labor-Delivery-Recovery-Postpartum Rooms:		0				423,534	Total:		0	
C-Section Rooms:		0	Inpatient Studies			488,411				
CSections Performed:		150	Outpatient Studies			71,910				
			Studies Performed Under Contract							

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Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	3	3	456	36	1990	68	2058	4.4	1.9
Dermatology	0	0	0	0	27	61	41	106	147	1.5	1.7
General	0	0	4	4	766	1146	2184	2528	4712	2.9	2.2
Gastroenterology	0	0	0	0	94	185	257	240	497	2.7	1.3
Neurology	0	0	2	2	164	18	442	39	481	2.7	2.2
OB/Gynecology	0	0	0	0	25	236	65	434	499	2.6	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	0	340	0	504	504	0.0	1.5
Orthopedic	0	0	4	4	1570	1262	4758	2558	7316	3.0	2.0
Otolaryngology	0	0	0	0	0	562	0	779	779	0.0	1.4
Plastic Surgery	0	0	0	0	78	231	222	627	849	2.8	2.7
Podiatry	0	0	0	0	130	185	223	517	740	1.7	2.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	45	282	92	419	511	2.0	1.5
Totals	0	0	15	15	3355	4544	10274	8819	19093	3.1	1.9
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14	Stage 2 Recovery Stations			20	

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	869	1589	852	1686	2538	1.0	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	3	3	68	509	85	636	721	1.3	1.2
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0

Certified Trauma Center				Yes	Total Cardiac Catheterization Labs:	4
Trauma Service	Level 1	Adult	Level 2		Cath Labs used for Angiography procedures	4
Operating Rooms Dedicated for Trauma Care				0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:				1,354	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma				806	Dedicated EP Catheterization Labs	0
Emergency Service Type:				Comprehensive	Total Cardiac Catheterization Procedures:	4,189
Number of Emergency Room Stations				24	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:				33,937	Diagnostic Catheterizations (15+)	1,501
Patients Admitted from Emergency:				6,130	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):				35,291	Interventional Catheterization (15+)	1,727
Beds in Free-Standing Emergency Centers				0	EP Catheterizations (15+)	961
Patient Visits in Free-Standing Emergency Centers				0	Total Cardiac Surgery Cases:	509
Hospital Admissions from Free-Standing Emergency Center				0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits				212,350	Adult (15 Years and Older):	509
Outpatient Visits at the Hospital/ Campus:				144,463	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus				67,887	performed of total Cardiac Cases :	136

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	26	0	22,521	38,327	0	Lithotripsy	0	1	14
Nuclear Medicine	3	0	600	2,934	0	Linear Accelerator	2	0	6,890
Mammography	6	0	2	11,459	0	Image Guided Rad Therapy			4,645
Ultrasound	12	0	3,590	12,874	0	Intensity Modulated Rad Thrpy			3,678
Angiography	6	0				High Dose Brachytherapy	1	0	73
Diagnostic Angiography			1,176	2,152	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,084	836	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	6	803	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	10,893	21,076	0				
Magnetic Resonance Imaging	4	0	1,766	5,513	0				

Source: 2019 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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

Hospital Profile - CY 2020			OSF Saint Anthony Medical Center			Rockford			Page 1	
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Paula Carynski			White		85.1%	Hispanic or Latino:		6.1%	
ADMINISTRATOR PHONE:	815-484-7458			Black		6.9%	Not Hispanic or Latino:		91.3%	
OWNERSHIP:	OSF Saint Anthony Medical Center			American Indian		0.2%	Unknown:		2.6%	
OPERATOR:	OSF Healthcare			Asian		0.5%	License Number:		2253	
MANAGEMENT:	Not for Profit Church			Hawaiian/ Pacific		0.1%	Site Number:		2253	
CERTIFICATION:				Unknown		7.1%	HPA:		B-01	
FACILITY DESIGNATION:	General Hospital						HSA:		1	
ADDRESS	5666 East State Street			CITY: Rockford		COUNTY: Winnebago County				
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	190	190	161	6,761	37,964	3,445	6.1	113.1	59.5	59.5
0-14 Years				0	3					
15-44 Years				662	3,745					
45-64 Years				1,865	10,568					
65-74 Years				1,667	9,311					
75 Years +				2,567	14,337					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	38	38	36	3,023	9,691	72	3.2	26.7	70.2	70.2
Direct Admission				2,604	8,064					
Transfers				419	1,627					
Obstetric/Gynecology	13	13	7	366	812	27	2.3	2.3	17.6	17.6
Maternity				359	804					
Clean Gynecology				7	8					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	241			9,731	48,467	3,544	5.3	142.1	59.0	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care	Totals	
Inpatients	63.6%	12.7%	1.6%	20.5%	0.4%			1.2%	9,731	
	6186	1236	152	1995	41			121		
Outpatients	54.5%	14.0%	0.7%	28.8%	0.9%			1.0%	200,126	
	109145	28091	1481	57600	1770			2039		
Financial Year Reported:	10/1/2019 to	9/30/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals		5,685,222	
Inpatient Revenue (\$)	29.5%	16.6%	1.0%	52.8%	0.2%		100.0%		Total Charity Care as % of Net Revenue	
	47,473,053	26,660,601	1,554,275	84,863,914	299,539		160,851,382	2,836,610		
Outpatient Revenue (\$)	20.4%	8.9%	1.3%	68.9%	0.6%		100.0%		1.7%	
	33,913,417	14,738,268	2,091,045	114,643,051	971,109		166,356,890	2,848,612		
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		348		Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:		344	Beds	20	3	0	Heart:	0		
Birthing Rooms:	0		Patient Days	614	60	0	Lung:	0		
Labor Rooms:	0		Total Newborn Patient Days	674			Heart/Lung:	0		
Delivery Rooms:	0						Pancreas:	0		
Labor-Delivery-Recovery Rooms:	4						Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies	429,391			Total:	0		
C-Section Rooms:	0		Outpatient Studies	449,305						
CSections Performed:	119		Studies Performed Under Contract	74,646						

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Hospital Profile - CY 2020

OSF Saint Anthony Medical Center

Rockford

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Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	3	3	414	7	1767	18	1785	4.3	2.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	661	1072	1670	2102	3772	2.5	2.0
Gastroenterology	0	0	0	0	2	0	2	0	2	1.0	0.0
Neurology	0	0	2	2	203	40	537	87	624	2.6	2.2
OB/Gynecology	0	0	0	0	17	292	38	543	581	2.2	1.9
Oral/Maxillofacial	0	0	0	0	15	17	33	34	67	2.2	2.0
Ophthalmology	0	0	1	1	0	334	0	419	419	0.0	1.3
Orthopedic	0	0	4	4	1204	1500	3595	3615	7210	3.0	2.4
Otolaryngology	0	0	0	0	6	439	9	607	616	1.5	1.4
Plastic Surgery	0	0	0	0	59	172	162	529	691	2.7	3.1
Podiatry	0	0	0	0	109	193	198	533	731	1.8	2.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	135	331	272	561	833	2.0	1.7
Totals	0	0	15	15	2825	4397	8283	9048	17331	2.9	2.1
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations			14	Stage 2 Recovery Stations			20	

	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	811	1280	812	1401	2213	1.0	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	3	3	42	304	53	380	433	1.3	1.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
	<u>Multipurpose Non-Dedicated Rooms</u>										
Otolaryngology					0	63	0	62	62	0.0	1.0
General					0	177	0	195	195	0.0	1.1
Orthopaedic					0	48	0	50	50	0.0	1.0
Plastic					0	45	0	69	69	0.0	1.5
					0	0	0	0	0	0.0	0.0

Certified Trauma Center				Yes	Total Cardiac Catheterization Labs:		4
Trauma Service	Level 1	Adult	Level 2		Cath Labs used for Angiography procedures		4
Operating Rooms Dedicated for Trauma Care				0	Dedicated Diagnostic Catheterization Labs		0
Number of Trauma Visits:				1,446	Dedicated Interventional Catheterization Labs		0
Patients Admitted from Trauma				908	Dedicated EP Catheterization Labs		0
Emergency Service Type:				Comprehensive	Total Cardiac Catheterization Procedures:		4,639
Number of Emergency Room Stations				24	Diagnostic Catheterizations (0-14)		0
Persons Treated by Emergency Services:				30,475	Diagnostic Catheterizations (15+)		1,850
Patients Admitted from Emergency:				6,566	Interventional Catheterizations (0-14):		0
Total ED Visits (Emergency+Trauma):				31,921	Interventional Catheterization (15+)		1,902
EP Catheterizations (15+)							887
Beds in Free-Standing Emergency Centers				0	Total Cardiac Surgery Cases:		417
Patient Visits in Free-Standing Emergency Centers				0	Pediatric (0 - 14 Years):		0
Hospital Admissions from Free-Standing Emergency Center				0	Adult (15 Years and Older):		417
Total Outpatient Visits				200,126	Coronary Artery Bypass Grafts (CABGs)		
Outpatient Visits at the Hospital/ Campus:				143,551	performed of total Cardiac Cases :		95
Outpatient Visits Offsite/off campus				56,575			

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	26	0	21,690	32,223	0	Lithotripsy	0	1	1
Nuclear Medicine	3	0	473	2,203	0	Linear Accelerator	2	0	6,174
Mammography	6	0	1	8,496	0	Image Guided Rad Therapy			4,832
Ultrasound	12	0	3,444	10,662	0	Intensity Modulated Rad Thrpy			3,828
Angiography	6	0				High Dose Brachytherapy	0	0	49
Diagnostic Angiography			1,266	1,917	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,324	643	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	8	680	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	11,244	18,515	0				
Magnetic Resonance Imaging	4	0	1,830	4,465	0				

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2020		SwedishAmerican Medical Center - Belvidere			Belvidere		Page 1			
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Ann Gantzer, PhD			White	83.3%	Hispanic or Latino:	0.0%			
ADMINISTRATOR PHONE:	779-696-2030			Black	16.7%	Not Hispanic or Latino:	100.0%			
OWNERSHIP:	SwedishAmerican Hospital			American Indian	0.0%	Unknown:	0.0%			
OPERATOR:	SwedishAmerican Hospital			Asian	0.0%	License Number:	5504			
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	Site Number:	5504			
CERTIFICATION:				Unknown	0.0%	HPA:	B-01			
FACILITY DESIGNATION:	General Hospital					HSA:	1			
ADDRESS	1625 South State Street			CITY: Belvidere	COUNTY: Boone County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	34	7	2	6	37	2	6.5	0.1	0.3	1.5
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				2	12					
75 Years +				4	25					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	34			6	37	2	6.5	0.1	0.3	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	0.0%	0.0%	0.0%	100.0%	0.0%		0.0%			
	0	0	0	6	0		0	6		
Outpatients	32.7%	25.9%	0.7%	36.9%	3.2%		0.5%			
	8618	6833	181	9742	853		139	26,366		
Financial Year Reported: 7/1/2019 to 6/30/2020 Inpatient and Outpatient Net Revenue by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	31.2%	2.3%	0.0%	58.6%	8.0%	100.0%		98,201		
	381,865	28,122	0	716,973	97,418	1,224,378	6,800	Total Charity Care as % of Net Revenue		
Outpatient Revenue (\$)	20.5%	2.1%	0.4%	75.6%	1.4%	100.0%		0.6%		
	3,085,546	322,334	57,874	11,387,705	212,456	15,065,915	91,401			
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:	0			Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:	0			Beds	0	0	Heart:	0		
Birthing Rooms:	0			Patient Days	0	0	Lung:	0		
Labor Rooms:	0			Total Newborn Patient Days	0		Heart/Lung:	0		
Delivery Rooms:	0							Pancreas:	0	
Labor-Delivery-Recovery Rooms:	0			Laboratory Studies				Liver:	0	
Labor-Delivery-Recovery-Postpartum Rooms:	0			Inpatient Studies	22		Total:	0		
C-Section Rooms:	0			Outpatient Studies	30,730					
CSections Performed:	0			Studies Performed Under Contract	1,444					

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Hospital Profile - CY 2020 SwedishAmerican Medical Center - Belvidere Belvidere Page 2

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	0	63	0	82	82	0.0	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	1	0	1	1	0.0	1.0
OB/Gynecology	0	0	0	0	0	72	0	117	117	0.0	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	123	0	191	191	0.0	1.6
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	57	0	94	94	0.0	1.6
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	2	2	0	316	0	485	485	0.0	1.5
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		3	Stage 2 Recovery Stations		5		

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

Certified Trauma Center	No	Total Cardiac Catheterization Labs:	0
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	0	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	0	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Basic	Total Cardiac Catheterization Procedures:	0
Number of Emergency Room Stations	4	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	9,365	Diagnostic Catheterizations (15+)	0
Patients Admitted from Emergency:	515	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	9,365	Interventional Catheterization (15+)	0
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	26,366	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:	26,366	Coronary Artery Bypass Grafts (CABGs)	0
Outpatient Visits Offsite/off campus	0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	6	0	4	5,228	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	1	0	0	1,816	0	Image Guided Rad Therapy			0
Ultrasound	4	0	0	4,070	0	Intensity Modulated Rad Thrp			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	0	4,627	0				
Magnetic Resonance Imaging	0	1	0	0	715				

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Hospital Profile - CY 2019		SwedishAmerican Medical Center - Belvidere		Belvidere		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Fiona Springman	White	82.8%	Hispanic or Latino:	6.9%					
ADMINISTRATOR PHONE:	815-544-1390	Black	17.2%	Not Hispanic or Latino:	93.1%					
OWNERSHIP:	SwedishAmerican Hospital	American Indian	0.0%	Unknown:	0.0%					
OPERATOR:	SwedishAmerican Hospital	Asian	0.0%	License Number:	5504					
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	Site Number:	5504					
CERTIFICATION:		Unknown	0.0%	HPA:	B-01					
FACILITY DESIGNATION:	General Hospital			HSA:	1					
ADDRESS	1625 South State Street	CITY: Belvidere	COUNTY: Boone County							
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	34	7	2	29	94	10	3.6	0.3	0.8	4.1
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				7	34					
65-74 Years				11	37					
75 Years +				11	23					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	34			29	94	10	3.6	0.3	0.8	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	3.4%	0.0%	0.0%	96.6%	0.0%	0.0%				
	1	0	0	28	0	0	29			
Outpatients	30.2%	26.4%	0.6%	38.0%	4.3%	0.4%				
	9693	8475	191	12183	1386	134	32,062			
Financial Year Reported:	7/1/2018 to	6/30/2019	Inpatient and Outpatient Net Revenue by Payor Source				Charity Care Expense	Total Charity Care Expense 133,475		
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%				
	0	0	0	184,010	0	184,010	0			
Outpatient Revenue (\$)	16.9%	11.0%	0.3%	71.5%	0.4%	100.0%				
	3,520,336	2,301,568	54,971	14,921,634	76,515	20,875,024	133,475	Total Charity Care as % of Net Revenue 0.6%		
Birth Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:	0			Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:	0		Beds	0	0	0	Heart:	0		
Birth Rooms:	0		Patient Days	0	0	0	Lung:	0		
Labor Rooms:	0		Total Newborn Patient Days			0	Heart/Lung:	0		
Delivery Rooms:	0						Pancreas:	0		
Labor-Delivery-Recovery Rooms:	0						Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0						Total:	0		
C-Section Rooms:	0		Inpatient Studies			83				
CSections Performed:	0		Outpatient Studies			36,276				
			Studies Performed Under Contract			941				

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

Hospital Profile - CY 2019 SwedishAmerican Medical Center - Belvidere Belvidere Page 2

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	0	98	0	101	101	0.0	1.0
Gastroenterology	0	0	0	0	0	1	0	1	1	0.0	1.0
Neurology	0	0	0	0	0	2	0	3	3	0.0	1.5
OB/Gynecology	0	0	0	0	0	98	0	158	158	0.0	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	1	183	3	232	235	3.0	1.3
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	2	0	4	4	0.0	2.0
Podiatry	0	0	0	0	0	79	0	109	109	0.0	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	2	2	1	463	3	608	611	3.0	1.3
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		3	Stage 2 Recovery Stations		5		

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

Multipurpose Non-Dedicated Rooms

0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0

Certified Trauma Center	No	Total Cardiac Catheterization Labs:	0
Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	0	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	0	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Basic	Total Cardiac Catheterization Procedures:	0
Number of Emergency Room Stations	4	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	12,099	Diagnostic Catheterizations (15+)	0
Patients Admitted from Emergency:	552	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	12,099	Interventional Catheterization (15+)	0
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	31,928	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:	31,928	Coronary Artery Bypass Grafts (CABGs)	0
Outpatient Visits Offsite/off campus	0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Examinations						Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract		
General Radiography/Fluoroscopy	6	0	9	6,628	0	Lithotripsy	0	0	0	
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0	
Mammography	1	0	0	2,214	0	Image Guided Rad Therapy			0	
Ultrasound	4	0	0	4,732	0	Intensity Modulated Rad Thrp			0	
Angiography	0	0				High Dose Brachytherapy	0	0	0	
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0	
Interventional Angiography			0	0	0	Gamma Knife	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	
Computerized Axial Tomography (CAT)	1	0	0	5,041	0					
Magnetic Resonance Imaging	0	1	0	0	680					

Source: 2019 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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

Hospital Profile - CY 2018		SwedishAmerican Medical Center - Belvidere		Belvidere		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Fiona Springman	White	90.9%	Hispanic or Latino:	3.0%					
ADMINISTRATOR PHONE:	815-544-1390	Black	9.1%	Not Hispanic or Latino:	97.0%					
OWNERSHIP:	SwedishAmerican Hospital	American Indian	0.0%	Unknown:	0.0%					
OPERATOR:	SwedishAmerican Hospital	Asian	0.0%							
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	IDPH Number:	5504					
CERTIFICATION:		Unknown	0.0%	HPA	B-01					
FACILITY DESIGNATION:				HSA	1					
ADDRESS	1625 South State Street	CITY:	Belvidere	COUNTY:	Boone County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	34	7	2	33	87	6	2.8	0.3	0.7	3.6
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				10	26					
65-74 Years				11	24					
75 Years +				12	37					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
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	34			33	87	6	2.8	0.3	0.7	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals			
Inpatients	6.1%	0.0%	87.9%	6.1%	0.0%	0.0%				
	2	0	29	2	0	0		33		
Outpatients	27.9%	27.6%	3.1%	36.1%	4.9%	0.4%				
	7967	7907	873	10330	1401	119		28,597		
Financial Year Reported:	7/1/2017 to	6/30/2018	Inpatient and Outpatient Net Revenue by Payor Source				Charity Care Expense	Total Charity Care Expense 123,837		
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	23.5%	3.2%	52.3%	21.0%	0.0%	100.0%				
	35,781	4,902	79,867	32,033	0	152,583	0	Total Charity Care as % of Net Revenue		
Outpatient Revenue (\$)	13.6%	10.9%	6.1%	69.1%	0.3%	100.0%				
	2,618,016	2,094,197	1,179,383	13,296,383	63,752	19,251,731	123,837	0.6%		
Birthing Data										
Number of Total Births:	0	Newborn Nursery Utilization				Organ Transplantation				
Number of Live Births:	0		Level I	Level II	Level II+	Kidney:	0			
Birthing Rooms:	0	Beds	0	0	0	Heart:	0			
Labor Rooms:	0	Patient Days	0	0	0	Lung:	0			
Delivery Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:	0			
Labor-Delivery-Recovery Rooms:	0		Laboratory Studies				Pancreas:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies			85	Liver:	0			
C-Section Rooms:	0	Outpatient Studies			38,673	Total:	0			
CSections Performed:	0	Studies Performed Under Contract			4,320					

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Hospital Profile - CY 2018

SwedishAmerican Medical Center - Belvidere

Belvidere

Page 2

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2		123	0	143	143	0.0	1.2
Gastroenterology	0	0	0	0	0	6	0	6	6	0.0	1.0
Neurology	0	0	0	0	0	5	0	6	6	0.0	1.2
OB/Gynecology	0	0	0	0	0	62	0	112	112	0.0	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	220	0	323	323	0.0	1.5
Otolaryngology	0	0	0	0	0	2	0	4	4	0.0	2.0
Plastic Surgery	0	0	0	0	0	5	0	16	16	0.0	3.2
Podiatry	0	0	0	0	0	63	0	82	82	0.0	1.3
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	2	2	0	486	0	692	692	0.0	1.4
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations			3	Stage 2 Recovery Stations			6	

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

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center		No		Total Cath Labs (Dedicated+NonDedicated labs):			0
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures			0
Operating Rooms Dedicated for Trauma Care		0		Dedicated Diagnostic Catheterization Labs			0
Number of Trauma Visits:		3,179		Dedicated Interventional Catheterization Labs			0
Patients Admitted from Trauma		64		Dedicated EP Catheterization Labs			0
Emergency Service Type:		Basic		Cardiac Catheterization Utilization			
Number of Emergency Room Stations		4		Total Cardiac Cath Procedures:			0
Persons Treated by Emergency Services:		9,986		Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:		1,114		Diagnostic Catheterizations (15+)			0
Total ED Visits (Emergency+Trauma):		13,165		Interventional Catheterizations (0-14):			0
Free-Standing Emergency Center				Interventional Catheterization (15+)			0
Beds in Free-Standing Centers		0		EP Catheterizations (15+)			0
Patient Visits in Free-Standing Centers		0		Cardiac Surgery Data			
Hospital Admissions from Free-Standing Center		0		Total Cardiac Surgery Cases:			0
Outpatient Service Data				Pediatric (0 - 14 Years):			0
Total Outpatient Visits		35,133		Adult (15 Years and Older):			0
Outpatient Visits at the Hospital/ Campus:		35,133		Coronary Artery Bypass Grafts (CABGs)			0
Outpatient Visits Offsite/off campus		0		performed of total Cardiac Cases :			0

Diagnostic/Interventional Equipment			Examinations			Therapeutic Equipment			Therapies/ Treatments	
	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract		
General Radiography/Fluoroscopy	6	0	0	8,091	0	Lithotripsy	0	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0	0
Mammography	1	0	0	2,308	0	Image Guided Rad Therapy			0	0
Ultrasound	5	0	0	3,537	0	Intensity Modulated Rad Thrapy			0	0
Angiography	0	0				High Dose Brachytherapy	0	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	0	7,469	0					
Magnetic Resonance Imaging	0	1	0	0	760					

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

ATTACHMENT 7
IMPACT ON ACCESS NOTIFICATION LETTER

Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22, 2021

Travis Anderson
President and CEO
Swedish American Hospital
1401 E. State Street
Rockford, Illinois 61104

Re: Discontinuation of Medical Surgical Beds at Javon Bea Hospital-Rockton Campus

The Javon Bea Hospital-Rockton Campus 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 discontinuation of the medical/surgical beds at the Rockton Campus. The discontinuation of the medical/surgical beds is anticipated by January 12, 2022 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

Below you will find the Rockton Campus inpatient utilization of medical/surgical beds for calendar years 2018 through 2020. In addition, we have included the utilization of the beds for the recent month this year.

Utilization by Year of Inpatient Medical/Surgical Category of Service

	2018	2019	2020	October 2021
Javon Bea Hospital – Rockton Campus	57.4%	57.02%	29.96%	25.55%

A copy of the Javon Bea Hospital's Annual Hospital Questionnaire Profiles, which are maintained by the HFSRB on their website are enclosed for your reference. As Javon Bea Hospital is single hospital with two campuses, it is the practice of the HFSRB to combine the utilization data for both campuses on one report. Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Amy Bradshaw
Director of Legal Services
Mercy Health Corporation



Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22, 2021

Paula A. Carynski
President
OSF Saint Anthony Medical Center
5666 East State Street
Rockford, Illinois 61104

Re: Discontinuation of Medical Surgical Beds at Javon Bea Hospital-Rockton Campus

The Javon Bea Hospital-Rockton Campus 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 discontinuation of the medical/surgical beds at the Rockton Campus. The discontinuation of the medical/surgical beds is anticipated by January 12, 2022 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

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Sincerely,

Amy Bradshaw
Director of Legal Services
Mercy Health Corporation

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



Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22, 2021

Ann Gantzer, PhD
Administrator
Swedish American Medical Center- Belvidere
1625 South State Street
Belvidere, Illinois 61008

Re: Discontinuation of Medical Surgical Beds at Javon Bea Hospital-Rockton Campus

The Javon Bea Hospital-Rockton Campus 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 discontinuation of the medical/surgical beds at the Rockton Campus. The discontinuation of the medical/surgical beds is anticipated by January 12, 2022 or immediately after approval of the Certificate of Exemption application filed with the HFSRB.

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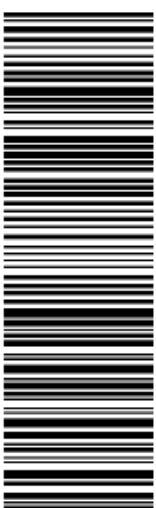
Sincerely,

Amy Bradshaw
Director of Legal Services
Mercy Health Corporation

ATTACHMENT 7
IMPACT ON ACCESS NOTIFICATION LETTER CERTIFIED MAIL RECEIPTS

ORIGIN: DREDA (000) 000-0000 JAYON BEA HOSPITAL JAYON BEA HOSPITAL 2400 N ROCKTON AVE ROCKFORD, IL 61103 UNITED STATES US		SHIP DATE: 22NOV21 ACTWGT: 1.00 LB CHD: 108408018NET/4400
TO: JENNIFER MAHER, PRESIDENT AND CEO SWEDISH AMERICAN HOSPITAL 1401 E. STATE STREET ROCKFORD IL 61104		BILL SENDER
(000) 000-0000 REF: 47544 10 DEPT. INV. PO.		
		
TUE - 23 NOV 4:30P STANDARD OVERNIGHT TRK# 7752 8556 3559 0201 79 RFDA IL-US ORD 61104 		

56D.029A7E5FE4A

ORIGIN: DREDA (000) 000-0000 JAYON BEA HOSPITAL JAYON BEA HOSPITAL 2400 N ROCKTON AVE ROCKFORD, IL 61103 UNITED STATES US		SHIP DATE: 22NOV21 ACTWGT: 1.00 LB CHD: 108408018NET/4400
TO: PAULA A. CARYNSKI, PRESIDENT OSF SAINT ANTHONY MEDICAL CENTER 5666 E. STATE STREET ROCKFORD IL 61104		BILL SENDER
(000) 000-0000 REF: 47544 10 DEPT. INV. PO.		
		
TUE - 23 NOV 4:30P STANDARD OVERNIGHT TRK# 7752 8557 8025 0201 79 RFDA IL-US ORD 61104 		

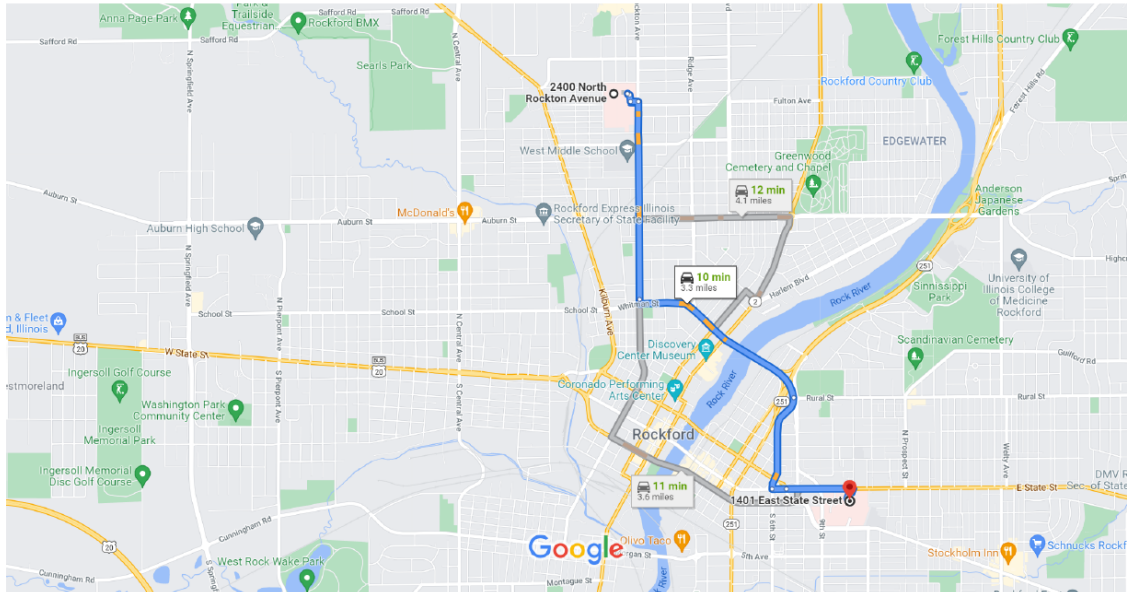
56D.029A7E5FE4A

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

MAP REFLECTING DISTANCE OF AREA PROVIDERS

Distance from Javon Bea Hospital-Rockton Campus to Swedish American

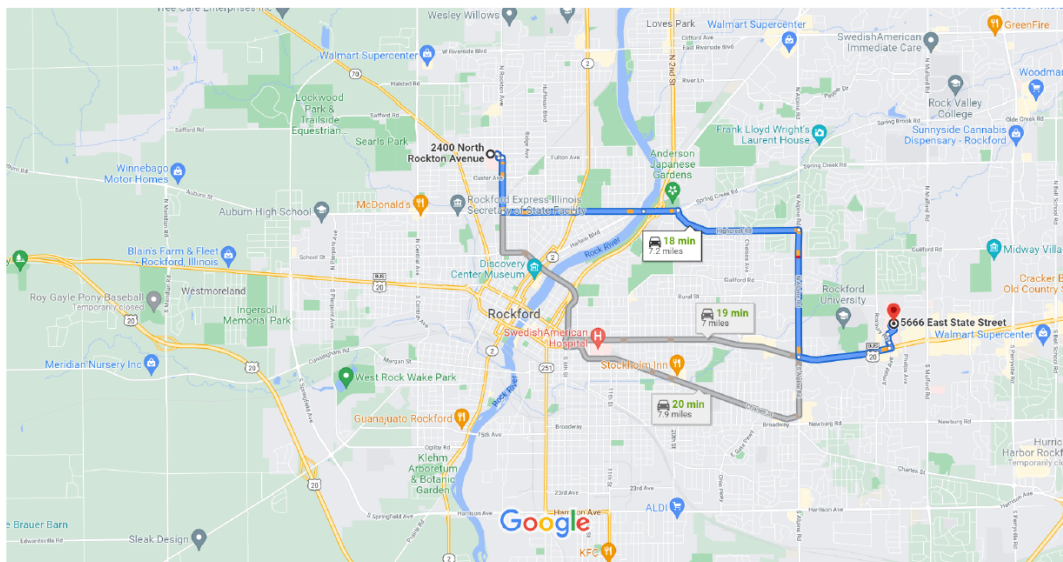
Google Maps 2400 N Rockton Ave, Rockford, IL 61103 to 1401 East State Street, Rockford, IL Drive 3.3 miles, 10 min



Map data ©2021 2000 ft

Distance from Javon Bea Hospital-Rockton Campus to OSF Saint Anthony

Google Maps 2400 N Rockton Ave, Rockford, IL 61103 to 5666 East State Street, Rockford, IL Drive 7.2 miles, 18 min



Map data ©2021 1 mi

Distance from Javon Bea Hospital-Rockton Campus to Swedish American- Belvidere

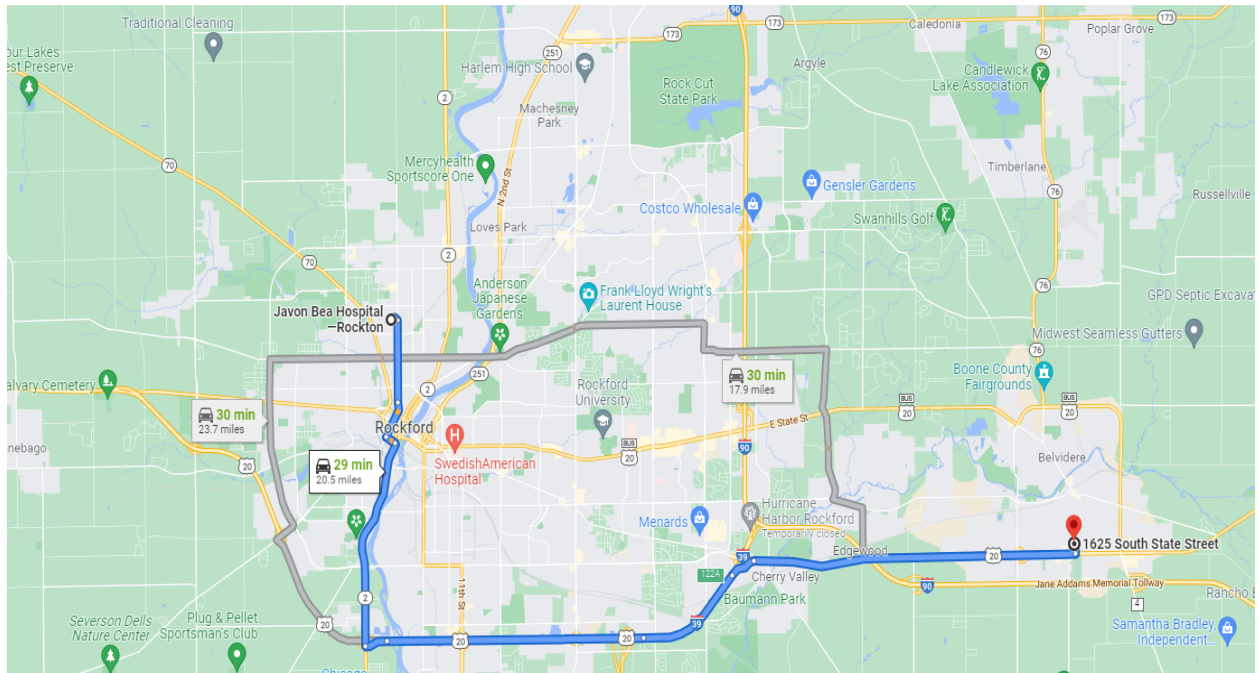
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Javon Bea Hospital—Rockton to 1625 S State St, Belvidere, IL 61008

Drive 20.5 miles, 29 min

You can enter notes here.



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 facilities in the three years prior to the filing of the application.

Additionally, a copy of a letter providing authorization to HFSRB and IDPH to access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.


ATTACHMENT 8 – JAVON BEA HOSPITAL LICENSE

		Illinois Department of		HF 121622	
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.			Issued under the authority of		
Director			the Illinois Department of		
			Public Health		
EXPIRATION DATE	CATEGORY	I.D. NUMBER			
12/31/2021		0002048			
General Hospital					
Effective: 01/01/2021					
Javon Bea Hospital					
dba Mercyhealth Hospital-Rockton Avenue					
2400 N Rockton Avenue and 8201 East Riverside Boulevard					
Rockford, IL 61103					
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18					

ATTACHMENT 8 – VAN MATRE REHABILITATION HOSPITAL

	Illinois Department of PUBLIC HEALTH	HF 123696
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	I.D. NUMBER
10/26/2022		0005215
Rehabilitation Hospital		
Effective: 10/27/2021		
Van Matre Encompass Health Rehabilitation Hospital LLC dba Van Matre Encompass Health Rehabilitation Hospital 950 S Mulford Road Rockford, IL 61108		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18		

ATTACHMENT 8 – MERCY HARVARD HOSPITAL LICENSE

 Illinois Department of PUBLIC HEALTH			HF 121440
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	I.D. NUMBER	
12/31/2021		0004911	
Critical Access Hospital Effective: 01/01/2021			
Mercy Harvard Hospital, Inc. 901 S Grant Street PO Box 850 Harvard, IL 60033			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18</small>			

ATTACHMENT 8 – CERTIFICATION AND AUTHORIZATION LETTER



Corporate Office
3401 N Perryville Rd Ste 303
Rockford, IL 61114
MercyHealthSystem.org

November 22 2021

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

Re: Certification and Authorization

Dear Ms. Avery,

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

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

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

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

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

Sincerely,

Amy Bradshaw
Director of Legal Services
Mercy Health Corporation

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, to ensure the existence of robust outpatient services within the community, and to ensure the continued vibrancy of services available at the Rockton campus. As is evidenced by the most recent hospital data, the utilization for the Javon Bea Hospital-Rockton Campus was below 29.96% for its medical/surgical category of service. This is, in part, due to the availability of other quality providers in the community and the concentration of services at the more modern Riverside campus.

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.

The more effective and efficient utilization of existing facilities results in improved healthcare delivery, consistent with the HFSRB priority. This discontinuation should help address challenges other providers have faced, including availability of staff and low census, and could improve the overall ability to provide care. It will also ensure the existence of robust outpatient services within the community and ensure the continued vibrancy of services available at the Rockton campus.

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 also 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. More importantly, it will ensure the existence of robust outpatient services within the community and ensure the continued vibrancy of services available at the Rockton campus.

ATTACHMENT 9 – SAFETY NET IMPACT

JAVON BEA HOSPITAL

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	82	49	185
Outpatient	378	940	1135
Total	460	989	1320
Charity (cost in dollars)			
Inpatient	\$492,290	\$426,003	\$469,980
Outpatient	\$1,245,389	\$387,556	\$526,771
Total	\$1,737,679	\$813,559	\$996,751
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	4490	1102	2887
Outpatient	49411	42502	42,327
Total	53,901	43,604	45,214
Medicaid (revenue)			
Inpatient	\$72,895,865	\$58,475,740	\$70,925,261
Outpatient	\$24,740,328	\$27,938,038	\$21,180,467
Total	\$97,636,193	\$86,413,778	\$92,105,728

ATTACHMENT 9 – SAFETY NET IMPACT**VAN MATRE REHABILITATION HOSPITAL**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0
Charity (cost in dollars)			
Inpatient	\$0	\$0	\$0
Outpatient	\$0	\$0	\$0
Total	\$0	\$0	\$0
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	181	179	185
Outpatient	313	0	0
Total	494	179	185
Medicaid (revenue)			
Inpatient	\$2,818,451	\$2,718,956	\$3,036,558
Outpatient	\$33,478	\$0	\$0
Total	\$2,851,929	\$2,718,956	\$3,036,558

ATTACHMENT 9 – SAFETY NET IMPACT

MERCY HARVARD HOSPITAL

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	12	6	7
Outpatient	75	112	97
Total	87	118	104
Charity (cost in dollars)			
Inpatient	\$21,721	\$79,646	\$69,353
Outpatient	\$96,641	\$13,921	\$4,590
Total	\$118,362	\$93,567	\$73,943
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	45	42	39
Outpatient	3,298	3,282	2,704
Total	3,343	3,324	2,743
Medicaid (revenue)			
Inpatient	\$900,863	\$275,337	\$269,652
Outpatient	\$2,475,799	\$3,663,131	\$3,808,112
Total	\$3,376,662	\$3,938,468	\$4,077,764

ATTACHMENT 10 – CHARITY CARE**JAVON BEA HOSPITAL**

CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	82	49	185
Outpatient	378	940	1135
Total	460	989	1320
Charity (cost in dollars)			
Inpatient	\$492,290	\$426,003	\$469,980
Outpatient	\$1,245,389	\$387,556	\$526,771
Total	\$1,737,679	\$813,559	\$996,751

VAN MATRE REHABILITATION HOSPITAL

CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0
Charity (cost in dollars)			
Inpatient	\$0	\$0	\$0
Outpatient	\$0	\$0	\$0
Total	\$0	\$0	\$0

MERCY HARVARD HOSPITAL

CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	12	6	7
Outpatient	75	112	97
Total	87	118	104
Charity (cost in dollars)			
Inpatient	\$21,721	\$79,646	\$69,353
Outpatient	\$96,641	\$13,921	\$4,590
Total	\$118,362	\$93,567	\$73,943

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		15-17
2	Site Ownership		18-19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		20
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		21
5	Discontinuation General Information Requirements		22-24
6	Reasons for Discontinuation		25-33
7	Impact on Access		34-58
8	Background of the Applicant		59-63
9	Safety Net Impact Statement		64-67
10	Charity Care Information		68

u are advised that
's attorney is
to be a debt collector
ng to collect a debt
any Information
will be used for that

019 CH 554

Public Notices

TE OF ILLINOIS
E CIRCUIT COURT
E 17TH JUDICIAL
CIRCUIT

EBAGO COUNTY
ah Janelle Fricks
vs.

inic K Williams
ase Number:
121-OP-0002277

ICATION NOTICE

inic K Williams
fice that a Petition
r of Protection was
the Circuit Court of
go County, Rock
folds.

ter has been set for
on December 7,
00 AM in Courtroom
ted at Winnebago
ourthouse, 400 West
Rockford, IL 61101.

ovember 12, 2021
A. Klein
he Circuit Court
aussee

13

CIRCUIT COURT
E 17TH JUDICIAL
CIRCUIT
EBAGO COUNTY,
ILLINOIS
KHAWE BANK
Plaintiff,

-v-
DO PEREZ CAMA-
CHO et al
Defendant
019 CH 554

ICE OF SALE

NOTICE IS
GIVEN that
to a Judgment of
re and Sale entered
above cause on
4, 2019, an agent
Judicial Sales Corpora-
ion at 12:30 P.M. on
21, 2021, at the
FILE, LLC., 6885
Way, ROCK-
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known as 1722
COURT, ROCK-
fold 61108
Index No. 12-32-128-

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lose of the sale

The Judicial Sales
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sidential Property
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estate at the rate
ach \$1,000 or frac-
of of the amount
e purchaser not to
300, in certified

cial Sales Corporation at
www.tjsc.com for a 7 day
status report of pending
sales.

CODILIS & ASSOCIATES,
P.C.
15W030 NORTH FRONTAGE
ROAD, SUITE 100
BURR RIDGE IL, 60527
630-794-5300

E-Mail: plead-
ings@il.cslegal.com

Attorney File No. 14-21-00490
Attorney ARDC No. 00468002
Case Number: 2019 CH 554
TJSC#: 41-2808

NOTE: Pursuant to the Fair
Debt Collection Practices
Act, you are advised that
Plaintiff's attorney is
deemed to be a debt collector
attempting to collect a debt
and any information
obtained will be used for that
purpose.

Case # 2019 CH 554
13181855

Mercy Health Corporation
has filed a Certificate of
Exemption application with
the Illinois Health Facilities
and Services Review Board
to discontinue inpatient
medical/surgical services at
the Javon Bea Hospital -
Rockton Avenue Campus
located at 2400 North Rock-
ton Avenue, Rockford, Illi-
nois in the first quarter of
2022 with an anticipated
effective date of January 12,
2022. It is important to note
that the medical/surgical
category of service will
remain unmodified at the
Riverside campus. The
Javon Bea Hospital main-
tains a single hospital license
pursuant to the Illinois
Hospital Licensing Act (210
ILCS 85/4.5), and the hospital
will maintain a robust offer-
ing of inpatient services at
its Riverside Campus and
intends to evaluate, continue,
and expand a number of
outpatient services at the
Rockton Campus. If you are
or have been a patient at
Javon Bea Hospital and have
questions about accessing
your medical records, please
call 888-396-3729.
11/24/2021

PUBLICATION NOTICE
IN THE INTEREST OF:
Elliot Concialdi 2021JA00031
MINOR(S)

TO: SHYANNE FINDLEY
Take notice that on 9/8/2021,
a petition was filed under the
Juvenile Court Act of 1987 by
J. Hanley, State's Attorney,
by his assistant, Paul
Carpenter, in the Circuit
Court of
Winnebago County, state of
Illinois, 17th Judicial Circuit,
entitled: "IN THE INTER-
EST OF:
Elliot Concialdi,
MINOR(S)", and that in
Courtroom 3 at the Juvenile
Justice Center, on 12/6/2021,
at the hour of 11:00 AM., or
as soon thereafter as this
cause may be heard, a pre-
trial conference hearing will
be held upon the petition to
have the child declared to be
a ward of the court under
that Act. THE COURT HAS
AUTHORITY IN THIS
PROCEEDING TO TAKE

TERMINATION OF YOUR
PARENTAL RIGHTS AND
THE APPOINTMENT OF A
GUARDIAN WITH POWER
TO CONSENT TO ADOPT-
TION, YOU MAY LOSE ALL
PARENTAL RIGHTS TO
THE CHILD. Unless you
appear, you will not be en-
titled to further written
notices or publication notices
of the proceedings in this
case, including the filing of
an amended petition or
motion to terminate parental
rights.

Now unless you appear at
the hearing and show cause
against the petition, the al-
legations of the petition may
stand admitted as against
you and each of you, and an
order or judgment entered.
Clerk of the Circuit Court
By: Thomas A. Klein
8229-919482

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mercial Properties

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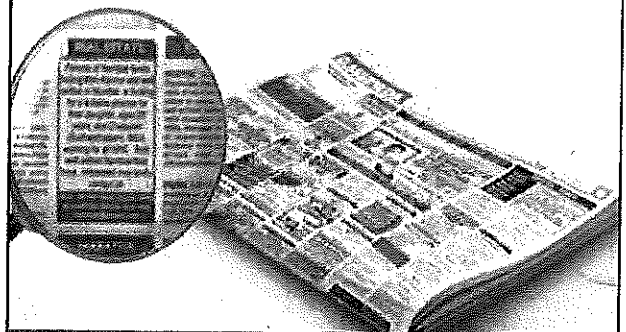
tax issues, and pro,

Seating is limited

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classifieds today!

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representative today